

## 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):**  
Not Applicable
- c. Contract Office(s) (if applicable):**  
Not Applicable

<b>Agency Telephone Number:</b>	804-225-2042
<b>Agency Toll-Free Telephone Number:</b>	800-552-3962
<b>Agency TTY Number:</b>	804-225-2042
<b>Agency Toll-Free TTY Number:</b>	800-552-3962
<b>Agency Fax Number:</b>	804-662-7431
<b>Agency E-Mail Address:</b>	general.vopa@vopa.virginia.gov
<b>Agency Web Address:</b>	www.vopa.state.va.us
<b>Executive Director Name:</b>	Colleen Miller, Esq.
<b>Executive Director Email:</b>	Colleen.Miller@vopa.virginia.gov
<b>Staff Preparing Report Name:</b>	Robert Gray
<b>Staff Preparing Report Email:</b>	Robert.Gray@vopa.virginia.gov
<b>Staff Preparing Report Office Location:</b>	1910 Byrd Avenue, Suite 5 Richmond, Virginia 23230

*[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	801
2. Total Number of Requests for I&R Services during the Fiscal Year	815

### B. TRAINING ACTIVITIES

1. Number of Training Sessions Presented by Staff	11
2. Number of Individuals Who Attended These Training Sessions	173

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 an explanation of assistive technology devices, services and available funding resources for children.
- b. The purpose was to educate parents, teachers and advocates about assistive technology and discuss available funding streams including community resources and insurance benefits.
- c. Sixty-five (65) parents, teachers and advocates from parent advocacy and support groups and day support centers attended five (5) separate training opportunities across the state.

#### Training Event #2

- a. The training topic was the acquisition and use of low-tech assistive technology for adults and children.
- b. The purpose was to educate individuals with disabilities and advocates about low-tech assistive technology and the many potential funding options available to support acquisition.
- c. Thirty-three (33) individuals of all different disability categories received this presentation via two (2) separate training opportunities provided to a Center for Independent Living (CIL) and a Rehabilitation Center via Skype.

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

VOPA provided assistive technology trainings to a diverse number of counties and cities throughout Virginia. The cities included Hampton, Manassas, Staunton, Richmond, Petersburg and Woodbridge. The counties included Chesterfield and Powhatan. The presentations encompassed multiple funding streams and resources that could be used to fund assistive technology in rural and urban areas. 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 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.

VOPA developed and implemented strategies for gathering public comment on the FY12 objectives as well as the work of VOPA in general. A web-based survey was posted on the VOPA website and announced to the public via several list-serves. The VOPA Advisory Councils also participated in focus group activities with VOPA staff and provided input on the objectives.

VOPA provides "Office Hours" at some of the local Centers for Independent Living or other organizations. We inform individuals with disabilities about their rights and provide other legal advice and services per our agency objectives.

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 a request 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.

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 (Individualized Education Program), 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 PAAT experience. We found this to be a natural and logical blending of objectives and funding in order to reach the target population and present comprehensive information.

### 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	1
2. Newspaper/Magazine/Journal Articles Prepared by Agency Staff	0
3. PSAs/Videos Aired by the Agency	0
4. Website Hits	n/a
5. Publications/Booklets/Brochures Disseminated by the Agency	323
a. Number of individuals/agencies receiving documents produced in	323

item 5	
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**

VOPA collaborated with the Virginia Hispanic Chamber Of Commerce and was a guest on their radio show, "Hablar Virginia" Radio Selecta AM1320. VOPA provided information regarding special education services, transition services, assistive technology and other VOPA services for children with disabilities. This segment aired on the radio station to an estimated audience of approximately twenty-thousand (20,000) people.

**2. Newspapers/Magazines/Journals**

N/A

**3. PSAs/Videos**

N/A

**4. Publications/Booklets/Brochures**

VOPA created a fact sheet which detailed availability of Medicaid Early and Periodic, Screening, Diagnosis and Treatment (EPSDT) for children with disabilities and specific benefits including AT coverage which are allowed under the program. We distributed this publication to 150 Special Education Coordinators and Directors across the state.

**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)	3
2. Additional Individuals Served During Fiscal Year (new for fiscal year)	11
3. Total Number of Individuals Served During Fiscal Year (1 +2)	14
4. a. Total Number of Cases Closed During the Fiscal Year	10
4. b. Total Number of Individuals with All Their Cases Closed During the Fiscal Year	9
5. Total Individuals Still Being Served at the End of the Fiscal Year (3 minus 4b)	5

## 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	0
2. Education	7
3. Employment Discrimination	0
4. SSI/SSDI Work Incentives	0
5. Healthcare <i>(total generated by the system from a-d below)</i>	9
a. Medicaid	7
b. Medicare	2
c. Private Medical Insurance	0
d. Other	0
6. Housing	0
7. Post-Secondary Education	0
8. Rehabilitation Services	0
9. Transportation	0
10. Voting <i>(total generated by the system from a-c below)</i>	0
a. Accessible Polling Place / Equipment	0
b. Registration	0
c. Other	0
11. Other - specify	0
12. Other - specify	0
13. TOTAL	16

## 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)	14
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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	4
b. Devices for mobility	3
c. Devices for hearing or seeing	1
d. Devices for reading or writing	4
e. Devices to assist with household activities	0
f. Devices to assist with participation in play or recreation	0
g. Devices to assist with personal care	0
h. Devices to aid in therapy or medical treatment	0
i. Devices to assist with the use of public/private transportation	0
j. Devices to assist with employment	0
k. Devices to aid with school/learning	1
l. AT services	4
m. Other –	5
n. Total number of devices and services received as a result of casework (a-m)	22

#### 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	7
2. Some Issues Resolved in Client's Favor	5
3. Other Representation Obtained	0
4. Individual Withdrew Complaint	0
5. Services Not Needed Due to Death, Relocation, etc.	0
6. Individual Not Responsive to Agency	0
7. Case Lacked Legal Merit	0
8. Conflict of Interest	0
9. Lack of Resources	0
10. Not Within Priorities	0

11. Issue Not Resolved in Client's Favor	0
12. Other - specify	0
13. Total (number must match Part II A4a)	12

#### 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	4
2. Systemic/Policy Activities	0
3. Investigation/Monitoring	0
4. Negotiation	8
5. Mediation/Alternative Dispute Resolution	0
6. Administrative Hearing	0
7. Legal Remedy/Litigation	0
8. Class Action Suits	0
9. Total ( <i>this should match the total in Part II.A.4.a above</i> )	12

### 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	0
5 to 13	6
14 to 18	3
19 to 21	0
22 to 40	0
41 to 64	2
65 and over	3
Age Unknown	0
Total ( <i>this should match the total in II.A.3</i> )	14

## 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	12
Female	2
Total (this should match the total in II.A.3)	14

## 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	0
b. Asian	0
c. Black or African American	6
d. Native Hawaiian or Other Pacific Islander	0
e. White	8
f. More than one race	0
g. Unknown/not reported	0
h. Total (this should match the total in II.A.3)	14

### 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	0
b. Non- Hispanic/Latino	2



c. Ethnicity unknown/not reported	12
d. Total (this should match the total in II.A.3)	14

**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	0
2. Foster Care	0
3. Homeless/Shelter	0
4. Legal Detention/Jail/Prison	0
5. Nursing Facility	1
6. Parental/Guardian or Other Family Home	8
7. Independent	5
8. Private Institutional Setting	0
9. Public (State Operated) Institutional Setting	0
10. Public Housing	0
11. VA Hospital	0
12. Other – describe the living arrangement	0
13. Other – describe the living arrangement	0
14. Unknown/Not Provided	0
15. Total ( <i>this should match the total in II.A.3</i> )	14

## 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	0
2. AIDS/HIV Positive	0
3. Absence of Extremities	0
4. Auto-immune (non-AIDS/HIV)	0
5. Autism	3
6. Blindness (Both Eyes)	0
7. Other Visual Impairments (Not Blind)	1
8. Cancer	0
9. Cerebral Palsy	0
10. Deafness	0
11. Hard of Hearing/ Hearing Impaired (Not Deaf)	0
12. Deaf-Blind	0
13. Diabetes	0
14. Digestive Disorders	0
15. Epilepsy	0
16. Genitourinary Conditions	0
17. Heart & Other Circulatory Conditions	0
18. Mental Illness	1
19. Mental Retardation	2
20. Multiple Sclerosis	0
21. Muscular Dystrophy	1
22. Muscular/Skeletal Impairment	2
23. Orthopedic Impairments	3
24. Neurological Disorders/Impairment	0

25. Respiratory Disorders/Impairment	0
26. Skin Conditions	0
27. Specific Learning Disabilities (SLD)	1
28. Speech Impairments	0
29. Spina bifida	0
30. Substance Abuse (Alcohol or Drugs)	0
31. Tourette Syndrome	0
32. Traumatic Brain Injury (TBI)	0
33. Other Disability – specify	0
34. Total ( <i>this should match the total in II.A.3</i> )	14

#### 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)	12
2. Rural (<50k population)	2
3. Other - specify	0
4. Unknown	0
5. Total ( <i>this should match the total in II.A.3</i> )	14

### 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

1

##### 2. Describe the agency's systemic activity completed during the fiscal year.

VOPA successfully ensured that students and parents will have the right to be represented by an attorney or advocate in the Virginia Department of Education mediation process. Previously, the Virginia Department of Education (VADOE) mediators had refused to allow attorneys and advocates to speak for their clients, even when the clients wanted them to. As a result of our efforts, VADOE changed its policy and practice and, with VOPA's direct assistance, trained its mediators and employees to implement the change. This project was designed to give parents and students information about their rights, including their right to have an attorney represent

them at mediation. We then created a brief fact sheet describing the process and their rights. We plan to disseminate that fact sheet in FY 13.

**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**

The Virginia Department of Education agreed to allow attorneys and advocates to represent students and parents at mediation. This will allow a more fair and balanced option for parents who need to seek help with navigating the mediation process. There is no known negative impact.

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

Students and parents will have the right to acquire legal services to ensure their concerns are addressed and they are adequately represented in mediation sessions.

**c. Estimate the number of individuals potentially affected by the policy/practice change**

163,500

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

The most current Virginia Department of Education census shows 163,500 children with disabilities.

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

John had to ride his bus to school back and forth each day for over 5 hours. This resulted in a substantial loss of instructional time and behavior problems began on the bus. VOPA submitted a complaint to VDOE regarding John's shortened school day and lengthy bus ride. As a result of the change in policy and practice VOPA negotiated with the Department of Education, we participated in John's mediation session. VOPA then submitted additional information after an unsuccessful mediation which led VDOE to issue a findings letter in favor of John on all counts (findings of ineffective IEP development, reduced school day, and the excessively long bus ride). VDOE then instructed the school to meet with John and his parents to work out compensatory education and reduce the length of bus ride, as well as providing guidance to the school regarding a full school day for all students. John is finally able to get to school in a reasonable time window and is not losing instructional time. Although this case was opened by VOPA under our DD Program, part of the systemic project it affected was opened under AT. John and many other children with disabilities across the Commonwealth of Virginia now have the right to legal services from VOPA and other agencies for mediation.

**3. Number of On-going Non-Litigation Systemic Activities**

1

**4. Describe the agency's systemic activities completed during the fiscal year.  
On-going System Activities row 1**

VOPA continued a comprehensive project in which we surveyed eight (8) Medicaid Waiver Group Homes and seven (7) Assisted Living Facilities in Staunton, Harrisonburg and Winchester using two survey instruments we developed based on the Virginia Department of Behavioral Health and Development Services and Department of Social Services licensing regulations. Our surveys

included a review of assistive technology and environmental modifications available or needed for the residents and well as a comprehensive overview of the safety of the homes. As a result of the surveys, VOPA was able to inspect the residents' current AT and identified concerns with medical beds, adaptive shower equipment and wheelchairs and educated clients and staff about available devices such as adaptive eating utensils, communication boards and other devices which can help the residents.

**a. How these activates may benefit individuals with disabilities**

As Virginia's P&A, VOPA has an obligation to monitor the safety and welfare of residents living in community residential facilities. VOPA worked with the providers to address the concerns we identified at each location and ensured those issues were addressed to maintain a safe environment for the residents.

**b. Estimate the number of individuals potentially affected by the policy/practice change**

420

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

This is the total of all of the residents residing in all community homes we surveyed.

**d. Describe the potential policy/practice change that may result from this activity.**

Providers are more aware of routine maintenance and the need to replace and acquire appropriate AT for individuals with disabilities who live in residential facilities.

**B. LITIGATION/CLASS ACTIONS**

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

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

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.

- a. In 2011, VOPA represented a client in a Medicaid appeal. As a part of that representation, VOPA requested that the Virginia Department of Medical Assistance Services (DMAS) forward copies of all records it intended to rely upon at the hearing. Both federal and state laws require DMAS to provide such records, upon request. When DMAS failed to do so,

VOPA filed a Motion in Limine seeking to bar it from presenting any evidence. DMAS did provide a response to subpoenas VOPA issued requesting all records regarding our client. The records were contained in several bankers' boxes and did not indicate which, if any, DMAS intended to introduce at trial. After the trial, VOPA stated that DMAS had violated our client's right to due process, resulting in DMAS reversing the Hearing Officer's order and granting VOPA's client the relief he sought. In FY12, VOPA set out to ensure that other clients were not subject to this type of due process violation. After negotiations with the Attorney General's office, DMAS agreed to train all staff working on appeals about the requirement to provide the evidence DMAS will rely upon at trial. However, in two subsequent appeals in FY 12, DMAS failed to provide the evidence it would rely upon, instead simply sending large amounts of records in response to subpoenas without indicating which, if any, it would rely upon. In both cases, VOPA filed Motions in Limine stating that DMAS had violated state and federal law. We also attached a copy of the settlement agreement with DMAS to prove that the violation was not excusable. Unfortunately, in both cases, the Hearing Officer refused to sanction DMAS, his employer. As a result, VOPA filed a complaint with CMS regarding the failure to comply with the agreement among other due process violations. The complaint will be litigated as part of an FY 13 project.

- b. There is no known negative impact.
- c. The Department of Medical Assistance Services agreed to train all employees working on Medicaid appeals on the requirement to provide an appellant, upon request, with the evidence DMAS will rely upon at the appellant's hearing.
- d. 156,900
- e. This is the most recent information we have regarding the number of Medicaid recipients in Virginia per <http://www.thedesk.info/state/virginia/>.

**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. In 2011, VOPA represented a client in a Medicaid Appeal. VOPA filed a Motion asking the Hearing Officer to state which party bore the burden of proof and the quantum of proof that would be needed to prevail. When the Hearing Officer did not respond, VOPA asked the Hearing Officer, at trial, to state the quantum of proof needed. The Hearing Officer held that VOPA's client bore the burden of proof and that the burden was 100%. After the trial, VOPA informed DMAS that the burden of proof applied by the Hearing Officer violated constitutional standards. DMAS then agreed to reverse the Hearing Officer's order and grant VOPA's client the relief he sought. In FY 12, VOPA set out ensure that other people would not be subject to an unlawful burden of proof. After negotiations with the Attorney General's office, DMAS agreed that its hearing officers would be trained each year on the appropriate burden of proof to apply in Medicaid appeals and that the burden would be "preponderance of the evidence."
- b. No negative impact can be identified.
- c. As a result of VOPA advocacy, Medicaid recipients who challenge decisions by DMAS and proceed to hearings will have their appeals judged under a fair and uniform burden of proof, by hearing officers who have been specifically trained to do so.

d. 156,900

e. This is the most recent information we have regarding the number of Medicaid recipients in Virginia per <http://www.thedesk.info/state/virginia/>.

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

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

No

**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**

n/a

**(2) the groups likely to be affected.**

n/a

**(3) Address the major outcomes of the litigation-related monitoring during the fiscal year.**

n/a

**(4) Include at least one case example that demonstrates the impact of the agency's litigation-related monitoring.**

n/a

## **PART V – PRIORITIES**

### **A. PRIORITIES**

**1. Number of priorities:**

5

**2. Describe agency's systemic activity completed during the fiscal year.**

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 (Individualized Education Program) 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. We found this to be a natural and logical blending of objectives and funding in order to reach the target population and present comprehensive information.

**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: Train groups of advocates and parents from Hispanic or Latino families regarding special education rights and assistive technology.

Objective 2: Train parents, teachers, and advocates at parent or child-advocacy groups regarding AT devices and services, and available funding resources.

Objective 3: Develop a fact sheet for parents and children in special education on their rights in the mediation process.

Objective 4: 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.

Objective 5: Represent children who have been denied appropriate assistive technology or AT services under their Individualized Education Programs (IEPs) or 504 Plans.



## **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 to meet the needs of children with disabilities.

## **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 5 of the 10 cases identified in Objective 4. This is direct result of a lower call volume than anticipated this year on assistive technology education issues. All other objectives were met.

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

5

## **5. Illustrative Cases/Activities:**

Objective 1: VOPA provided two special education rights and assistive technology trainings to the Virginia Hispanic Chamber of Commerce and Richmond Hispanic Liaison Office. Both agencies are dedicated networks for Virginia’s Hispanic community. VOPA presented to a total of five (5) advocates who delivered the information to the Hispanic community through a variety of formats. One example is that the Virginia Hispanic Chamber Of Commerce recorded an interview with VOPA staff on these issues by appearing as a guest on their radio show, "Hablar Virginia" Radio Selecta AM1320. This segment aired on the radio station on to audience of approximately twenty-thousand (20,000) people.

Objective 2: VOPA completed five (5) parent and advocacy group trainings to educate parents, teachers and advocates about assistive technology and discuss available funding streams, community resources and insurance benefits. Sixty-five (65) parents, teachers and advocates from parent advocacy and support groups and day support centers were in attendance. The groups included Essential Pieces Autism Support Groups in Hampton and Richmond, Diversity Day Support in Chesterfield, It’s a New Day Support Program in Powhatan and an independent parent support group in Henrico.

Objective 3: VOPA successfully ensured that students and parents will have the right to be represented by an attorney or advocate in the mediation process. Previously, DOE mediators had refused to allow attorneys and advocates to speak for their clients, even when the clients wanted them to. As a result of our efforts, the Virginia Department of Education (VADOE) changed its policy and practice and, with VOPA’s direct assistance, trained its mediators and employees regarding the change. This project was designed to give parents and students information about their rights, including their right to have an attorney represent them at mediation. We then created a brief fact sheet describing the process and their rights. We plan to disseminate that fact sheet in FY 13.

Objective 4: VOPA created and distributed a fact sheet providing information about using Medicaid’s Early and Periodic Screening, Diagnosis and Treatment program to 150 Special Education Directors at every school district in the Commonwealth with a letter urging the Directors to make use of EPSDT to provide assistive technology, services and supports for children with disabilities.

Objective 5: David is nine and has a genetic condition which has led to significant hearing loss. During the school day, he uses an FM system provided by the school which amplifies sound to help him hear, but this device was not included in the IEP, nor was it being maintained or used effectively by the school to accommodate David. As a result of VOPA's advocacy, the device was successfully added into the IEP and is now working to meet David's needs. VOPA also successfully negotiated the completion of a Functional Hearing Assessment for the back-up device (lapel microphone and speaker system) when the FM System is not working. The school also has documented that the system will also be used for state testing and other applicable testing in addition to daily classroom activities. David now has peace of mind that he can communicate effectively throughout the school day.

Ronald is twelve. Even though he has oppositional defiant disorder and anxiety disorder, the school denied an AT assessment to determine what devices or services may be able to address his concerns. VOPA assisted the parent with requesting an AT assessment from the school system. VOPA also provided further assistance by explaining 'educational AT', acquiring prior written notice, and rebuilding components of the IEP to reflect adequate accommodations. With VOPA's assistance, the School eventually agreed to and completed an AT Assessment. In the Assessment, the school agreed to complete consult sessions every nine weeks during the 2012-2013 school year to assess what AT and devices are needed. The client now has a path to acquire AT.

Brittany is seventeen and has visual and physical impairments which have led to the need for several assistive technology devices and services during school. This year, Brittany's mom acquired a quality AT assessment from an accredited hospital that endorsed the need for assistive technology such as large print books and a reader pen, a pen that scans and reads words. Because Brittany's mother did not follow the process of requesting an AT assessment from the school and chose to get the assessment on her own, the school refused to consider it. VOPA educated Brittany's mother about how to request an AT Assessment from the school and how to acquire an Independent Educational Evaluation (IEE) under her IEP. As a result of our efforts, the school agreed to complete an AT Assessment and is reviewing the private assessment to identify the most appropriate AT for Brittany. The case was completed at the end of the fiscal year and a second case was opened in FY 13 to ensure all identified devices were acquired. Brittany is closer to the technology she needs.

## Priority 2

### 1. Describe the Priority

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

**Focus Area:** Assistive Technology through Insurance

Objective 1: Present an 'office hours' program at each pilot location on the acquisition and use of low-tech assistive devices.

Objective 2: Represent clients denied AT or environmental modifications authorized by Medicaid or other insurance, or for whom authorization was denied.

Objective 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 to be Addressed**

For some individuals with disabilities, assistive technology is a key element of necessary healthcare. For example, people who receive Medicaid often need assistance technology to avoid more restrictive lives. VOPA helps people live in the least restrictive environment by advocating for assistive technology. VOPA continues to analyze complaints received for any trends by major insurance providers in Virginia. No specific trends were discovered this fiscal year.

## **3. Indicate the Outcome of the priority: Met**

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

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

5

## **5. Illustrative Cases/Activities:**

Objective 1: VOPA completed a Skype presentation series on the acquisition and use of low-tech assistive technology for adults and children. The purpose was to educate individuals with disabilities and advocates about low-tech assistive technology and the many potential funding options due available to support acquisition. Thirty-three (33) individuals representing multiple disability categories received this presentation via two (2) separate training opportunities provided to a Center for Independent Living (CIL) and a Rehabilitation Center via Skype.

Objective 2: Conner, a sixty-five year old veteran with mobility issues approached VOPA with multiple concerns regarding his power scooter which was non-operational. After VOPA completed a careful documentation review and met with Conner, we determined that he did not have the co-pay amount necessary to complete the multiple repairs and was not eligible for a new chair via Medicare. VOPA then assisted Conner directly by working with the Foundation for Rehabilitation Equipment and Endowment Recycling (FREE) programs in Richmond and Roanoke (Richmond to acquire the power chair and Roanoke to fund purchasing the new batteries for it.) As a result of our advocacy and collaboration with FREE, Conner was provided with a gently used Invacare Power Chair and new batteries at no cost. He can now access the community once more.

Bill complained to us about his scooter. A mix up by a poor equipment provider and his insurance companies (Medicare and Blue Cross) led to the delivery of an inadequate power scooter which was much too small for his frame. The scooter was also an indoor model only when physician documentation required an indoor / outdoor model. The provider refused to exchange the scooter for the right model. VOPA directly assisted Bill by locating and identifying a new provider and demanding the old provider take the scooter back. As a result of our advocacy, the first provider took the old scooter back and a new provider supplied the client with a new, wider indoor / outdoor power scooter that meets all of his needs. Bill is happy to once again have the freedom of mobility.

Warren used a power wheelchair but it had multiple problems charging properly. Warren could not get it to consistently operate. He was also eligible for a new wheelchair under his insurance policy. VOPA worked with Warren by ensuring the manufacturer educated him about proper maintenance of his wheelchair. This helped, but the power chair still had problems, so VOPA connected the client with the FREE Program, which was able to provide

him with a gently used, more reliable power wheelchair to meet his needs. Warren now does not have to worry about getting stuck in the community without a reliable mobility device.

Objective 3: The Virginia General Assembly passed legislation making it easier for a student to take assistive technology from one school district to another. The law also allows the school to transfer the device to the student after graduation. VOPA educated policy makers, in particular legislative staff and the Disability Commission, about the great need for this legislation.

### **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

Objective 1: Represent children denied needed and appropriate Medicaid services under the EPSDT program.

Objective 2: Advocate or litigate to ensure the DMAS complies with state and federal regulations and its own policy regarding the provision of evidence it intends to present at Medicaid Appeal hearings.

Objective 3: Advocate or litigate to ensure that DMAS Hearing Officers apply an appropriate and uniform Burden of Proof in Medicaid Appeal Hearings.

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

For some individuals with disabilities, assistive technology is a key element of necessary healthcare. For example, people who receive Medicaid services often need assistive technology to avoid more restrictive lives. VOPA helps people live in the least restrictive environment by advocating for assistive technology. Since approximately 156,900 Virginians utilize Medicaid, VOPA concentrated a specific Focus Area to address Medicaid services issues.

#### **3. Indicate the Outcome of the priority: Met**

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

As noted at the beginning of Part 5 of this report, VOPA uses multiple funding sources to meet our objectives. Under objective 1, we served multiple clients, but only one used AT funding. We had sixteen other cases which were managed under DD and PAIR. Additional AT funding would allow VOPA to assist with more cases under this focus area.

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

1

#### **5. Illustrative Cases/Activities:**

Objective 1: Alden is nine. His autism creates significant communication limitations. His mother requested an iPad to use as a communication device via Medicaid. VOPA worked with Alden’s doctor and therapist to draft a Letter of Medical Necessity (LMN) to support the

request. We then worked with Alden's Waiver Case Manager to submit the request. The request was initially declined, because the Department of Medical Assistance Services (DMAS), who manages Virginia's Medicaid program, requested that the Case Manager provide more information but she did failed to do so. VOPA corrected that failure. We worked directly with Alden's doctor to provide a new LMN to justify the specific type of iPad requested and then worked with the Case Manager to submit the request. DMAS approved the request. Alden received a 32 giga byte iPad 2 with Wi-Fi and 3G coverage, as well as the necessary applications to support the device. Alden can now express himself and communicate effectively to allow for greater independence.

Objective 2: VOPA encountered serious problems in the Medicaid fair hearing process. For example, in one hearing we requested that DMAS forward copies of all records it intended to rely upon at the hearing. Both federal and state laws require DMAS to provide such records, upon request. When DMAS failed to do so, we filed a Motion in Limine seeking to bar DMAS from presenting any evidence. After the trial, VOPA stated that DMAS had violated our client's right to due process, resulting in DMAS reversing the Hearing Officer's order and granting VOPA's client the relief he sought. VOPA then filed a new complaint with CMS regarding the failure to comply with the agreement among other due process violations. This complaint will be litigated as part of an FY 13 project. For additional detail on this objective, please review Part IV, Section B, Number 2 in this report.

Objective 3: In this Fiscal Year, VOPA set out to ensure that other people would not be subject to an unlawful burden of proof. After negotiations with the Attorney General's office, DMAS agreed that its hearing officers would be trained each year on the appropriate burden of proof to apply in Medicaid appeals and that the burden would be "preponderance of the evidence." For additional detail on this objective, please review Part IV, Section B, Number 3 in this report.

#### **Priority 4**

##### **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 community based advocacy or consumer groups on ADA accessibility requirements in medical settings, including physical barriers and effective communication issues.

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

Medical offices and clinics, major healthcare providers in the community, are often unaware of their responsibility to provide access, including assistive technology supports. VOPA's experience with service requests in this area demonstrates that this need continues to grow throughout the state. We have also received public comment that this issue complicates accessing medical services for an already underserved population.

##### **3. Indicate the Outcome of the priority:**

Met

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

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

0

**5. Illustrative Cases/Activities:**

Objective 1: VOPA successfully trained seventy (70) individuals with disabilities and advocates at two (2) consumer advocacy groups. These groups were the Potomac Health Foundation in Woodbridge and Staunton Deaf Club in Staunton. 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. The groups gave VOPA positive feedback on the educational opportunity.

**Priority 5**

**1. Describe the Priority**

**Goal:** People with Disabilities Free From Abuse and Neglect

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

Objective 1: Survey community residential settings in a selected geographic region 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**

As a result of the recent settlement with the U.S. Department of Justice, Virginia is continuing to move in the direction of community residential placement rather than institutional placement for individuals with disabilities in need of this level of assistance. The sheer volume of these facilities can make it very difficult for routine oversight by each licensing authority. This year VOPA continued to review the effectiveness of oversight for residents at Medicaid Waiver Groups Homes and this is the first year we reviewed Assisted Living Facilities under this project.

**3. Indicate the Outcome of the priority:**

Met

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

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

N/A

**5. Illustrative Cases/Activities:**

Using multiple funding sources, VOPA surveyed eight (8) Medicaid Waiver Group Homes and seven (7) Assisted Living Facilities in Staunton, Harrisonburg and Winchester using two survey instruments we developed based on the Virginia Department of Behavioral Health and Development Services and Department of Social Services licensing regulations. Our surveys included a review of assistive technology and environmental modifications available or needed for the residents and well as a comprehensive overview of the safety of the homes.

VOPA identified concerns with medical beds, adaptive shower equipment and wheelchairs and educated clients and staff about available devices such as adaptive eating utensils, communication boards and other devices which can help the residents.

## **B. PRIORITIES for the CURRENT FISCAL YEAR - FY2013**

### **1. Number of Priorities**

**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 groups of advocates and parents from Hispanic or Latino families regarding special education rights and assistive technology.
2. Train groups of foster parents or adoptive parents and advocates regarding special education rights and assistive technology.
3. Develop a fact sheet for parents and children on the services available under a 504 Plan.
4. Provide self-advocacy education rights presentation to five (5) parent or child advocacy groups regarding special education rights and assistive technology, and an overview of VOPA services.
5. 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.
6. Represent children who have been denied appropriate assistive technology or AT services under their Individualized Education Programs (IEP) or 504 Plans.
7. Identify one county, city or region and collaborate with one or more advocacy groups to provide training to students, parents and advocates on the special education eligibility process and services available in IEPs and 504s.

##### **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. Increase self-advocacy by providing TA or STA to all callers who complain that they have been denied AT by Medicaid, Medicare, or other insurance.
2. Represent clients denied AT or environmental modifications authorized by Medicaid or other insurance, or for whom authorization was denied.

## 2. Describe the Need, Issue, or Barrier Addressed

For some individuals with disabilities, assistive technology is a key element of necessary healthcare. For example, people who receive Medicaid services often need assistive technology to avoid more restrictive lives. VOPA helps people live in the least restrictive environment. VOPA continues to analyze complaints received for any trends by major insurance providers in Virginia.

### 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. Create a fact sheet giving Medicaid recipients, parents, and advocates seeking assistive technology through the EPSDT program technical information on how to write an effective Letter of Medical Necessity. Distribute the fact sheet to at least twenty-five (25) advocacy groups statewide and to all callers requesting this information.
2. Represent individuals denied needed appropriate Medicaid services under a Waiver program or under the Early Periodic Screening, Diagnosis and Screening (EPSDT) program.

#### 2. Describe the Need, Issue, or Barrier Addressed

For some individuals with disabilities, assistive technology is a key element of necessary healthcare. For example, people who receive Medicaid services often need assistive technology to avoid more restrictive lives. VOPA helps people live in the least restrictive environment by advocating for assistive technology. Since approximately 156,900 Virginians utilize Medicaid, VOPA concentrated a specific Focus Area to address Medicaid services issues.

### Priority 4

#### 1. Describe the Priority

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

**Focus Area:** Access under the ADA and Rehabilitation Act to Healthcare Facilities and Services

1. Train community based advocacy or consumer groups on ADA accessibility requirements in medical settings, including physical barriers and effective communication issues.
2. Represent individuals with disabilities denied access to healthcare facilities or services under the ADA due to architectural barriers, failure to provide reasonable accommodations or denial of use of a service animal.

#### 2. Describe the Need, Issue, or Barrier Addressed

Medical offices and clinics, major healthcare providers in the community, are often unaware of their responsibility to provide access, including assistive technology supports. VOPA's experience with service requests in this area demonstrates that this need continues to grow throughout the state. We have also received public comment that this issue complicates accessing medical services for an already underserved population.



## C. AGENCY ACCOMPLISHMENTS

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

It is easy to take mobility access for granted. However, Conner, Bill and other VOPA clients were literally trapped in their own homes due to inoperable mobility equipment. VOPA took an active role in getting fully functional power chairs and scooters for them. They can now access the community to live independently and on their own terms. Everyone deserves the right of independence and VOPA will continue to advocate for Virginians with disabilities on assistive technology issues.

VOPA continued its role in assisting and educating individuals with disabilities all 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 clients acquire devices such as an FM System and multiple assistive technology assessments to allow for new devices and services to be acquired. VOPA also informed a variety of educators, parents and advocates across the state of the potential value and benefits of assistive technology.

VOPA's assistive technology insurance and provider denial cases covered assistance with acquisition of a variety of devices including an iPad, multiple power wheelchairs and scooters. 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 and Medicaid Waivers.

Finally, it is important to recognize the AT work VOPA does by providing self advocates with information and referral and short term assistance. 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 the lives of the people we serve.

## 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):	86,345
2. Program income	
3. Other – carryover funds	22,005
4. Other – specify	
5. Other- specify	
6. Total:	108,350

**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 Management Team (Executive Director, Managing Attorneys and Fiscal Officer) provides leadership and direction in the areas of program and policy planning, development, monitoring, and evaluation. The Fiscal Officer supervises administrative, human resources and information technology roles. VOPA’s Deputy Director resigned in FY 2012. VOPA created four (4) Coordinator positions to assume some of the responsibilities and duties of the Deputy Director for the following newly-created programs: Quality Assurance and Compliance, Volunteer and Council, and Staff Training and Development.

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 Coordinators.

**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
<b>Professional</b>		
Full-time	15	13.5
Part-Time		
<b>Administrative</b>		
Full-time	6	6
Part-time	1	25
<b>Totals</b>	<b>22</b>	<b>19.75</b>

## 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**

Information about DD services and VOPA's Goals, Focus Areas and Objectives are published on our website. The VOPA Governing Board has adopted a tri-annual schedule for reviewing our goals and focus areas. The FY13 Goals and Focus Areas are in the third year of this cycle. We solicited public comment through a public survey posted on our website. This survey ran from March 19, 2012 to September 28, 2012 and we received 222 responses.

The VOPA Governing Board has an established policy and practice to receive public comment at each quarterly meeting of the Board and that Board Committees may receive public comment at their meetings at their discretion. In addition, the Governing Board develops and implements a detailed public comment process based on the tri-annual planning cycle and staff recommendations; these decisions are reflected in the Board's meeting minutes, which are also posted on the VOPA website. All VOPA Board and advisory council meetings are advertised as open to the public and include receipt of public comment as an agenda item. Any public comment received is considered in the priority planning process for the development of VOPA's goals, focus areas and objectives.

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

Type	Agency staff	Agency board
Person with a disability	5	3
Family members of a person with a disability	15	3
Total	20	6

## 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).**

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. 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: Potomac Health Foundation, Staunton Deaf Club, Lutheran Family Services, Essential Pieces Hampton and Richmond, Independence Empowerment Center, Petersburg Area Rehabilitation Center, Virginia Hispanic Chamber of Commerce, Richmond Hispanic Liaison Office, Diversity Day Support, Virginia Department of Education, the Virginia Board for People with Disabilities, the Partnership for People with Disabilities 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 for Aging and Rehabilitative Services) is particularly important during the legislative session. 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.

### **Please Note:**

No later than January 1, 2014, VOPA will transition from a state agency to a private non-profit, pursuant to state law. VOPA’s Governing Board fully supports this conversion. During the 2012 Session, the Virginia General Assembly passed, and the Governor of Virginia signed, House Bill 1230. The law requires VOPA’s Executive Director to complete a transition plan and to create a private non-profit capable of assuming the duties of the state’s designated protection and advocacy system. The law also requires that the Governor redesignate VOPA as a private non-profit by January 1, 2014. This conversion will likely lead to the reorganization of VOPA staff while preserving the implementation of PAAT advocacy work.

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.