

AT FY13 PPR

AGENCY INFORMATION

Agency Name: disAbility Law Center of Virginia on behalf of the 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

Agency Telephone Number: 804-225-2042

Agency Toll-Free Telephone Number: 800-552-3962

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Richmond, Virginia 23230

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	353
2. Total Number of Requests for I&R Services during the Fiscal Year	353

B. TRAINING ACTIVITIES

1. Number of Training Sessions Presented by Staff	10
2. Number of Individuals Who Attended These Training Sessions	203

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 topics included special education rights and assistive technology and an overview of VOPA services.
- b. The purpose was to provide a self-advocacy education rights presentation to parent or child advocacy groups.
- c. The attendees included sixty-six (66) parents, advocates, case workers and family members residing in Hampton, Winchester, Chesterfield and Richmond over the course of five (5) presentations. The attendees received substantial knowledge about navigating the processes to acquire adequate education and AT for their children or the children they serve.

Training Event #2

- a. The topics covered Americans with Disabilities Act accessibility requirements in medical settings, including physical barriers and the necessity of effective communication, assistive technology and environmental modifications.
- b. The purpose of presentation was to reach a consumer advocacy group and educate the attendees about their rights to access and accommodations.
- c. The attendees included twenty-two (22) adults who were deaf or hard of hearing residing in Fredericksburg. The attendees now understand the requirements of accessibility and how to request accommodations.

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 Charlottesville, Richmond, Hampton and Winchester and Chesterfield. The counties included Chesterfield and Henrico. 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 maintained a website that posted our federal grants' Goals and Focus Areas. This website also posted notices for the Board of Directors' and Advisory Council meetings. Job vacancies, announcements, agency publications, and disability-related links were also available. This website has been converted to dLCV, maintains the same information and can be viewed at www.dlcv.org.

The dLCV Governing Board adopted our FY 14 Goals and Focus Areas in September 2013. Earlier in the year at the request of the initial dLCV Board, development of the FY 2014 Goals and Focus Areas was overseen by the VOPA Governing Board. VOPA also solicited public comment through a public survey posted on our website. This survey ran from June 17, 2013 to August 6, 2013 and we received seventy-six (76) responses. Any public comment received is considered in the planning process for the development of dLCV's Goals and Focus Areas.

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

VOPA utilized a "VOPA Alert." dLCV uses a "dLCV Alert." These are email distribution list services 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.

We include "The Directors' Blog" on our website. This blog is offered as a way of alerting the public to news and developments in disability law, sharing agency activities and getting feedback about how we're doing.

dLCV has a Facebook page which includes agency information and links to resources.

Internally, staff working under the PAAT grant may also work under our other federal 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 staff lacking experience with PAAT, the staff routinely will consult with other staff that have PAAT experience. We found this to be a natural and logical blending of objectives and funding.

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	0
2. Newspaper/Magazine/Journal Articles Prepared by Agency Staff	0
3. PSAs/Videos Aired by the Agency	0
4. Website Hits	14,396
5. Publications/Booklets/Brochures Disseminated by the Agency	2
a. Number of individuals/agencies receiving documents produced in item 5	1006
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**

N/A

4. **Website Hits**

VOPA was able to begin recording this number on 2/5/13. Therefore the tally here is from 2/5/13-9/30/13.

5. **Publications/Booklets/Brochures**

VOPA created a fact sheet which detailed available education services under a 504 Plan and posted to our website. We created a second publication on educating Medicaid recipients, parents and advocates how to create an effective Letter of Medical Necessity which was posted on our website as well. Both publications are valuable tools to help individuals better navigate these complicated processes.

6. **Other**

VOPA educated the General Assembly about our operations and stayed in close contact with the Governor during every phase of our transition.

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)	4
2. Additional Individuals Served During Fiscal Year (new for fiscal year)	7
3. Total Number of Individuals Served During Fiscal Year (1 +2)	11
4. a. Total Number of Cases Closed During the Fiscal Year	14
4. b. Total Number of Individuals with All Their Cases Closed During the Fiscal Year	11
5. Total Individuals Still Being Served at the End of the Fiscal Year (3 minus 4b)	0

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	11
3. Employment Discrimination	0
4. SSI/SSDI Work Incentives	0
5. Healthcare <i>(total generated by the system from a-d below)</i>	3
a. Medicaid	1
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	14
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C. Problem Areas / Complaints

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)	11
2. Type of AT device or AT service received as a result of casework	Number of devices/ services
a. Devices for communication	2
b. Devices for mobility	3
c. Devices for hearing or seeing	3
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	1
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	3
l. AT services	7
m. Other –	0
n. Total number of devices and services received as a result of casework (a-m)	23

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	10
2. Some Issues Resolved in Client's Favor	2

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	2
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)	14

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	6
2. Systemic/Policy Activities	0
3. Investigation/Monitoring	0
4. Negotiation	7
5. Mediation/Alternative Dispute Resolution	0
6. Administrative Hearing	0
7. Legal Remedy/Litigation	1
8. Class Action Suits	0
9. Total (<i>this should match the total in Part II.A.4.a above</i>)	14

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	3
14 to 18	5
19 to 21	0
22 to 40	0
41 to 64	2
65 and over	1
Age Unknown	0
Total (this should match the total in II.A.3)	11

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	8
Female	3
Total (this should match the total in II.A.3)	11

C. RACE AND ETHNICITY OF INDIVIDUALS SERVED

1. Race / Ethnicity 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.

Race	Number of Individuals
1. Hispanic / Latino of any race	0
2. American Indian or Alaska Native	0
3. Asian	0
4. Black or African American	6
5. Native Hawaiian or Other Pacific Islander	0
6. White	4

7. Two or more race	1
8. Unknown/not reported	0
9. Total	11

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	0
3. Homeless/Shelter	0
4. Legal Detention/Jail/Prison	0
5. Nursing Facility	1
6. Parental/Guardian or Other Family Home	6
7. Independent	3
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>)	11

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)	2
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	0
19. Mental Retardation	0
20. Multiple Sclerosis	0
21. Muscular Dystrophy	1
22. Muscular/Skeletal Impairment	1
23. Orthopedic Impairments	1
24. Neurological Disorders/Impairment	1
25. Respiratory Disorders/Impairment	1
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 (this should match the total in II.A.3)	11

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)	10
2. Rural (<50k population)	1
3. Other - specify	0
4. Unknown	0
5. Total (this should match the total in II.A.3)	11

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
2. Describe the agency’s systemic activity completed during the fiscal year.
n/a
 - 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 n/a
 - b. The manner in which this change benefited individuals with disabilities n/a

- c. Estimate the number of individuals potentially affected by the policy/practice change
n/a
- d. The method used to determine this estimate (or enter n/a) n/a
- e. Include one case example of the agency's systemic activity related to this policy/practice change n/a

3. Number of On-going Non-Litigation Systemic Activities
n/a

4. Describe the agency's systemic activities completed during the fiscal year.
On-going System Activities
n/a

- a. How these activities may benefit individuals with disabilities
n/a
- b. Estimate the number of individuals potentially affected by the policy/practice change
n/a
- c. The method used to determine this estimate (or enter n/a)
n/a
- d. Describe the potential policy/practice change that may result from this activity.
n/a

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. n/a

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. n/a

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. n/a

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. n/a

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: 4

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

- 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 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.**

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

Children are routinely denied appropriate assistive technology or AT assessments from schools due to failure to identify a child's education needs and proactively support them. dLCV advocates for identification and acquisition of devices and services that are appropriate for a child to grow and succeed in the classroom.

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: 9

5. Illustrative Cases/Activities:

James was a high school student who was denied a reasonable assistive technology accommodation of a modified central air system on his public school bus to accommodate his asthma and environmental sensitivity. This led to multiple trips to the clinic just after his bus ride each morning, leading to a loss of instructional time and difficulty breathing in the afternoon upon getting off the bus. Even though the school system had multiple busses equipped with a central air system, they would not use one for James's route, despite multiple requests from his guardian and a letter from James's pediatrician. Our office negotiated with the public school system to provide a new bus which had a modified central air system to meet James's needs. James is now able to safely get to school and home without struggling to breathe.

Emily was fifteen and visually impaired. She attended a public high school that was not providing adequate assistive technology and accommodations to allow her to be successful in school. Our office worked diligently with the client and her mother to review assistive technology options and supports and then successfully negotiated acquisition from the school and the Department for the Blind and Visually Impaired (DBVI) at an IEP meeting. As a result of our advocacy, this student acquired a comprehensive package of assistive technology and accommodations including: multiple laptops with screen enlargement technology in each classroom, an Amigo screen magnification device, color overlays, orientation and mobility training, a personalized thumb drive, a full set of large print textbooks and time adjustment on class transitions. All accommodations were negotiated with the school with the exception of the magnifier, which is an expensive electronic device which magnifies multiple formats and provides backlighting and size adjustment features. However, DBVI agreed to provide this device. This honor student now has a whole new world of wrap around accommodations and technology to give her an equal and accessible education with her peers.

Mark was a high school student with autism, ADHD, and indications of bi-polar disorder. At his first high school, Mark was given audio book materials and access to computers at school and at home so that he could access the curriculum. However, after he transferred schools, Mark was unable to obtain this necessary assistive technology, even though it was required by his IEP. Without the appropriate assistive technology, Mark began failing his classes. His mother contacted our office for assistance and we were able to provide them with information about the IEP process and Mark's rights. Mark and his mother were quickly able to modify Mark's IEP and ensure that he had access to the necessary technology. When we closed the case, Mark was doing well in school again.

In addition to taking on individual cases, our office completed five presentations this year to parent and advocacy groups which carefully explained special education rights, assistive technology, and our agency's work in these areas. We presented to a total of sixty-six (66) advocates and parents at the Essential Pieces Parent Support Groups in Winchester and Hampton, Family First Children Services Support Group in Midlothian, Stop Child Abuse Now (SCAN) Richmond Chapter and Muscular Dystrophy

Association (MDA), which serves the whole state. These parents and advocates now have a better understanding of how the special education processes of eligibility, requesting or challenging a denial for service.

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. 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 healthcare. For example, people who receive Medicaid services may need assistive technology to avoid more restrictive lives. dLCV continues to monitor these complaints and advocate for independence through AT.

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.”**

We did not reach all of our case number objectives because we did not receive enough requests for services. However, we did handle cases in the focus area aimed at assisting individual clients through technical assistance, short-term assistance, or representation.

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

5. Illustrative Cases/Activities:

Jacob was a 40-year-old who utilized a wheelchair for mobility. He found that a Group 4 Power Wheelchair that included a feature to lift him to a standing position was the best way to alleviate problems with his hips, back, and back-side. Unfortunately, Medicare typically does not cover this type of chair, which is significantly more expensive than the chairs they do cover. After Jacob's initial Medicaid denial, our office took the case. We were able to successfully convince Medicare to reimburse the client over \$7000 he had already spent on the device that allowed him to stand. Additionally, we believe this may have been a precedent-setting case in terms of getting Medicare to pay for this technology.

David contacted our office requesting assistance in obtaining a mobility device. In the past, he had used a power chair provided by his nursing home, but when it broke beyond repair, he had difficulty in replacing it. At the time we took the case, David's paperwork had been submitted to the Department of Social Services, but no one knew the status of the process. We started the process again by getting the necessary assessments, documentation of medical necessity from the physician, and an assessment from the provider on the size of the chair and cost. Then our office submitted the information to the Department of Medical Assistance Services (DMAS) for approval. Once the approval from DMAS was received, we then followed-up to make sure that the proper device was purchased. David ultimately

received an upgraded power mobility device, which he reported great success with. David is now able to move with greater efficiency and independence.

Veronica was a teenager with autism who resided in a psychiatric residential treatment facility. While there, Veronica used a communication board to help others to understand her needs. When our office got the request for services, Veronica had been using the same communication board for five years. Her guardian contacted our office for information and assistance in getting Veronica a new assistive technology device. We provided her with technical assistance and researched possible assistive technology options that could meet Veronica's needs. We also provided the family with information on Medicaid Waivers, assistive technology funding, and transition services (as Veronica was about to turn 18). When we closed the case, the parent had established a good working relationship with Veronica's case manager and felt positive about Veronica's options for the future.

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

Early Periodic Screening Diagnosis and Treatment and certain Medicaid Waivers are programs that offer unique pathways to fund AT. Unfortunately just because the benefit exists does not mean the individual is automatically eligible for the AT. Therefore dLCV helps adults and children who receive these benefits by advocating for acquisition of assistive technology.

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: N/a

5. Illustrative Cases/Activities:

We updated our Early and Periodic Screening, Diagnosis and Treatment (EPSDT) brochure to reflect changes to the policies and procedures at the Department of Medical Assistance Services (DMAS). We also posted this information to our website. The brochure includes an explanation of how to use a Letter of Medical Necessity and what the elements of the letter should be. The brochure further details all of the steps involved in requesting services or assistive technology through the EPSDT program, and gives guidance on what to do if the request is denied. The information is now available to advocacy groups and individuals across the Commonwealth via our webpage and can be included in our technical assistance packets as well.

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. 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: Partially Met

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

We completed one presentation, in collaboration with the Disability Resource Center of Fredericksburg. The second presentation was not completed due to inadequate staff resources.

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

5. Illustrative Cases/Activities:

In collaboration with the Disability Resource Center of Fredericksburg, our office provided training to twenty-two (22) individuals, most of whom were either deaf or hearing impaired. The Disability Resource Center initiated the training, which was hosted by Mary Washington Hospital. We provided training materials and gave the presentation. The presentation focused on ADA accessibility requirements in health care settings, with particular time spent on communication needs, including assistive technology and auxiliary aids and services, to allow patients to communicate effectively with medical staff. The individuals who attended the presentation now have a better understanding of their rights, and of the responsibilities of health care providers in ensuring effective communication with patients.

B. PRIORITIES for the CURRENT FISCAL YEAR - FY2014

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

People with Disabilities are Free from Abuse and Neglect

Protection from Harm in Community or Institutional Settings Serving Children

Children at psychiatric residential treatment facilities are free from abuse or neglect and receive appropriate habilitation and discharge planning services including assistive technology.

2. Describe the Need, Issue, or Barrier Addressed

dLCV advocates for children live in the least restrictive environment. In order for discharge to occur assistive technology such as a communication device or an environmental modification may be essential. dLCV advocates for the child to safely integrate into the community with AT.

Priority 2

1. Describe the Priority

Children with Disabilities Receive an Appropriate Education

Educational Services

Children with disabilities receive appropriate assistive technology therapy and services in the most integrated setting as identified in Individualized Education Plans (IEPs) or 504 Plans.

2. Describe the Need, Issue, or Barrier Addressed

Children are routinely denied appropriate assistive technology or AT assessments from schools due to failure to identify a child's education needs. dLCV advocates for acquisition of devices and services that are appropriate for a child to grow and succeed in the classroom.

Priority 3

1. Describe the Priority

People with Disabilities have Equal Access to Appropriate and Necessary Healthcare

Access to Assistive Technology (AT) Individuals with disabilities have access to Assistive Technology and environmental modifications as authorized under Medicaid, Medicare or other insurance.

2. Describe the Need, Issue, or Barrier Addressed

For some individuals with disabilities, assistive technology is a key element of healthcare. For example, people who receive Medicaid services may need assistive technology to avoid more restrictive lives. dLCV continues to monitor these complaints and advocate for independence through AT.

Priority 4

1. Describe the Priority

People with Disabilities have Equal Access to Appropriate and Necessary Healthcare

Denial of Medicaid Services Individuals with disabilities have access to necessary medical services under a Medicaid Waiver program or under the Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT).

2. Describe the Need, Issue, or Barrier Addressed

Early Periodic Screening Diagnosis and Treatment and certain Medicaid Waivers are programs that offer unique pathways to fund AT. Unfortunately just because the benefit exists does not

mean the individual is automatically eligible for the AT. Therefore dLCV helps adults and children who receive these benefits by advocating for acquisition of assistive technology.

Priority 5

1. Describe the Priority

People with Disabilities have Equal Access to Appropriate and Necessary Healthcare

Access to Healthcare Healthcare facilities and services are accessible as required by the ADA, and individuals with disabilities receive reasonable accommodations as needed.

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. We continue to also receive public comment that this issue complicates accessing medical services for many individuals with disabilities.

C. AGENCY ACCOMPLISHMENTS

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

Assistive technology is the key to unlocking independence and access for many individuals with disabilities. VOPA completed individual casework and systemic advocacy to help make AT accessible for Virginians with disabilities.

VOPA successfully advocated for children like James, Mark and Emily to get devices and equipment they need to be successful in the classroom including computers, software, screen enlargement technology, color overlays, a personalized thumb drive, audio and large print textbooks and an electronic magnifier.

VOPA advocated for adults like David, Jacob and Veronica to receive communication devices such as an iPad and mobility devices such as standing wheelchair they need to thrive in the community.

VOPA also informed a variety of educators, parents and advocates across the state of the potential value and benefits of assistive technology through insurance and education plans via our systemic projects.

VOPA educated three hundred fifty-three parents (353), family members and advocates about assistive technology through information and referral. Information includes explain various support networks such as the Virginia Assistive Technology System, Medicaid's EPSDT program and Medicaid Waivers. AT remains a crucially important part of the lives of the people we serve.

VOPA provided PAAT advocacy services this fiscal year as it prepared for transition to become the disAbility Law Center of Virginia (dLCV.) The decision to transition our office from a state agency to a non-profit was initiated by Virginia's General Assembly in 2012. We are following the trend of most protection and advocacy systems across the United States to remove ourselves from state government to allow for greater independence to provide zealous advocacy services for Virginians with disabilities. VOPA's Governing Board, the Governor of Virginia and the general public fully supported and endorsed this decision as well. VOPA successfully transitioned and became dLCV on October 1, 2013. dLCV is now designated as Virginia's Protection and Advocacy System, therefore dLCV is submitting this annual report on behalf of VOPA.

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):	79,237
2. Program income	
3. Other – carryover funds	18,510
4. Other – specify	
5. Other- specify	
6. Total:	97,747

B. DESCRIPTION OF PAAT PROGRAM STAFF

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

dLCV Staffing Plan for FY 14

The dLCV Receptionist may provide information and referral services for anyone requesting services from our agency.

dLCV Disability Rights Advocates and Staff Attorneys provide case level services and pursue systemic reforms via a variety of methods such as investigation and monitoring. They also provide training and outreach.

The Unit Managers 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, Deputy Director for Legal Services, Deputy Director for Deputy Director of Fiscal and Operations and Deputy Director for Compliance and Quality Assurance) provides leadership and direction in the areas of program and policy planning, development, monitoring, and evaluation.

The Executive Director provides the ultimate leadership and direction for all actions of the agency and provides direct supervision for the Management Team.

The Deputy Director for Legal Services supervises the Unit Managers and all legal services provided by the agency.

The Deputy Director for Fiscal and Operations supervises administrative, human resources and information technology staff and manages financial operations of the agency.

The Deputy Director for Compliance and Quality Assurance manages our federal grants and agency performance and efficiency.

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	12	11.5
Part-Time	1	.5
Administrative		
Full-time	7	6
Part-time	1	.5
Totals	21	18.50

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

dLCV values the input we receive from the community. Information about AT services and dLCV's Goals and Focus Areas are published on our website: www.dlc.org. The dLCV Governing Board adopted our FY 14 goals and focus areas in September 2013. Earlier in the year at the request of the initial dLCV Board, development of the FY 2014 Goals and Focus Areas was overseen by the VOPA Governing Board. VOPA also solicited public comment through a public survey posted on our website. This survey ran from June 17, 2013 to August 6, 2013 and we received seventy-six (76) responses.

The dLCV Governing Board may receive public comment at meetings at their discretion. In addition, the Governing Board develops and implements a detailed public comment process based on planning cycle and staff recommendations; these decisions are reflected in the Board's meeting minutes, which will also be posted on the dLCV website. All dLCV 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 dLCV's goals and focus areas.

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

Type	Agency staff	Agency board
Person with a disability	6	3
Family members of a person with a disability	19	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 operated with two Advisory Councils: the Disabilities Advisory Council (DAC) and the Protection and Advocacy for Individuals with Mental Illnesses (PAIMI) Council. The Councils' primary responsibility was to advise the protection and advocacy system on policies and priorities to be carried out in protecting individuals with disabilities. This function helped VOPA to identify underserved and unserved Virginians. Both Councils had strong consumer representation. The Council Chairs were non-voting members of the VOPA Governing Board. Additionally, Council members participated on the Governing Board Committees. On those committees, the Council members had an equal vote. The PAIMI Council will continue to exist under the disAbility Law Center of Virginia, but the DAC has been disbanded.

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 useful information regarding assistive technology for adults and children.

Our collaborators this year included: Family First Children Services, Groups Creciendo Juntos, Jefferson County Comprehensive Health Improvement Project, Children's Health Improvement Program (CHIP), Essential Pieces Hampton and Winchester, Stop Child Abuse Now, Muscular Dystrophy Association, Disability Resource Center, Virginia Board for People with Disabilities, the Partnership for People with Disabilities, Department for Aging and Rehabilitation Services, public schools systems across the state and last but not least, the disAbility Law Center of Virginia.

VOPA worked informally with the State Long-Term Care Ombudsman throughout the year. Coordination with the State Long-Term Care Ombudsman Program 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 has and dLCV will continue to coordinate with DMAS when appropriate.

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.