

**P & A Program Performance Report  
PADD PPR**

Grantee: VA

OMB Clearance No.: 0980-0160

Reporting Period: 10/1/2012 - 9/30/2013

Expiration Date.: 06/30/2014

**Section 1 Identification**

<b>State:</b> VA	<b>Reporting Period:</b> 10/1/2012	<b>To:</b> 9/30/2013
<b>P&amp;A Agency Name:</b> VIRGINIA - disAbility Law Center of Virginia		
<b>Contact Person Last Name:</b> Miller <b>First Name:</b> Colleen <b>MI:</b>		
<b>Phone Number:</b> 804-225-2042		

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**Section 2 Individual Clients Served**

<b>A. Number of Individual Clients (Number of Persons with Disabilities Receiving Individual Advocacy):</b>		
1. Number of clients receiving advocacy at start of fiscal year:		63
2. Number of new/renewed clients represented during fiscal year:		112
<b>Total:</b>		175
3. If program income was used to supplement the PADD allotment for the reporting period, estimate the number of individuals served as a result of program income dollars:		0
4. Number of individuals requesting individual advocacy and who are eligible under the PADD program but did not receive such		1,725
<b>B. Number of Case Problems of Individual Clients</b>		199
<b>C. Number of Individual Clients by Age:</b>		
Age 0 to 2:		0
Age 3 to 4:		4
Age 5 to 22:		101
Age 23 to 59:		52
Age 60 and over:		18
<b>Total Clients:</b>		175
<b>D. Number of Individual Clients by Sex:</b>		
Number of Male:		125
Number of Female:		50
<b>Total Clients:</b>		175
<b>E. Number of Individual Clients by Racial/ Ethnic Background:</b>	<b>Single Response</b>	<b>Multiple Response</b>
Asian:	3	0
Black or African American:	47	0
Hispanic / Latino:	1	1
American Indian or Alaskan Native:	0	0
Native Hawaiian or other Pacific Islander	1	0
White:	112	1
<b>Multiple Response:</b>	7	
<b>Information Not Provided</b>	4	
<b>Total Clients:</b>	175	
<b>F. Number of Individual Clients by Geographic Location:</b>	<b>In-State</b>	<b>Out-of-State</b>

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<b>Urban (metropolitan area with population of 50,000 or more):</b>	84	0
<b>Rural (all other):</b>	91	0
<b>Total Clients:</b>	175	0
<b>G. Clients Living Arrangements</b>		<b>Number of Individual Clients</b>
<b>Independent</b>		4
<b>Parental or other Family Home</b>		107
<b>Community Residential Home</b>		14
<b>Foster Care</b>		1
<b>Nursing Home</b>		0
<b>Public (State Operated Institutional Living Arrangement)</b>		45
<b>Private Institutional Living Arrangement</b>		2
<b>Legal Detention / Jail / Prison / Detention Center</b>		0
<b>Homeless</b>		0
<b>Federal Facility (List)</b>		0
<b>Other</b>		2
<b>Information not provided</b>		0
<b>Total Client Cases by Living Arrangement</b>		175
<b>H. Individual Clients Disability</b>		<b>Number of Individual Clients</b>
<b>Autism</b>		58
<b>Cerebral Palsy</b>		11
<b>AIDS/HIV</b>		0
<b>Epilepsy</b>		0
<b>Mental Illness</b>		8
<b>Intellectual Disability</b>		70
<b>Muscular Dystrophy</b>		0
<b>Spina Bifida</b>		0
<b>Learning Disabilities</b>		2
<b>Traumatic Brain Injuries (TBI) and other head injuries</b>		0
<b>Tourette Syndrome</b>		0
<b>Visual Impairment / Blind</b>		2
<b>Hard of Hearing / Deaf</b>		5

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<b>Other Physical / Orthopedic *</b>		2
<b>Other Emotional / Behavioral *</b>		0
<b>Other Intellectual *</b>		17
<b>Disability Unknown</b>		0
<b>Total Disabilities</b>		175
<b>Sections</b>	<b>Name of Disability</b>	<b>Number of Clients</b>
<b>Disability Breakout 1</b>	Other physical / orthopedic: 1-multiple sclerosis, 1-congenital heart defect	2
<b>Disability Breakout 2</b>	Other- 13-ADD/ADHD, 1-Jobert Syndrome, 1-Kleefstra Syndrome, 2-unspecified developmental disability	17

**Section 2 County List**

	<b>County Name</b>	<b>Total Population</b>	<b>Number of Individual Clients</b>
1	Accomack County	33,164	1
2	Albemarle County	98,970	0
3	Alexandria city	139,966	3
4	Alleghany County	16,250	0
5	Amelia County	12,690	0
6	Amherst County	32,353	24
7	Appomattox County	14,973	0
8	Arlington County	207,627	1
9	Augusta County	73,750	0
10	Bath County	4,731	0
11	Bedford city	6,222	0
12	Bedford County	68,676	1
13	Bland County	6,824	0
14	Botetourt County	33,148	0
15	Bristol city	17,835	0
16	Brunswick County	17,434	1
17	Buchanan County	24,098	0
18	Buckingham County	17,146	2
19	Buena Vista city	6,650	0
20	Campbell County	54,842	0

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21	Caroline County	28,545	0
22	Carroll County	30,042	15
23	Charles City County	7,256	0
24	Charlotte County	12,586	0
25	Charlottesville city	43,475	2
26	Chesapeake city	222,209	7
27	Chesterfield County	316,236	11
28	Clarke County	14,034	0
29	Colonial Heights city	17,411	0
30	Covington city	5,961	0
31	Craig County	5,190	0
32	Culpeper County	46,689	2
33	Cumberland County	10,052	0
34	Danville city	43,055	2
35	Dickenson County	15,903	0
36	Dinwiddie County	28,001	2
37	Emporia city	5,927	0
38	Essex County	11,151	1
39	Fairfax city	22,565	0
40	Fairfax County	1,081,726	2
41	Falls Church city	12,332	0
42	Fauquier County	65,203	1
43	Floyd County	15,279	0
44	Fluvanna County	25,691	0
45	Franklin city	8,582	0
46	Franklin County	56,159	1
47	Frederick County	78,305	5
48	Fredericksburg city	24,286	2
49	Galax city	7,042	0
50	Giles County	17,286	0
51	Gloucester County	36,858	4
52	Goochland County	21,717	4

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53	Grayson County	15,533	0
54	Greene County	18,403	0
55	Greensville County	12,243	0
56	Halifax County	36,241	0
57	Hampton city	137,436	2
58	Hanover County	99,863	4
59	Harrisonburg city	48,914	0
60	Henrico County	306,935	13
61	Henry County	54,151	0
62	Highland County	2,321	0
63	Hopewell city	22,591	0
64	Isle of Wight County	35,270	0
65	James City County	67,009	0
66	King and Queen County	6,945	2
67	King George County	23,584	1
68	King William County	15,935	0
69	Lancaster County	11,391	1
70	Lee County	25,587	0
71	Lexington city	7,042	0
72	Loudoun County	312,311	2
73	Louisa County	33,153	2
74	Lunenburg County	12,914	0
75	Lynchburg city	75,568	1
76	Madison County	13,308	0
77	Manassas city	37,821	1
78	Manassas Park city	14,273	0
79	Martinsville city	13,821	0
80	Mathews County	8,978	0
81	Mecklenburg County	32,727	1
82	Middlesex County	10,959	0
83	Montgomery County	94,392	1
84	Nelson County	15,020	0

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85	New Kent County	18,429	0
86	Newport News city	180,719	1
87	Norfolk city	242,803	5
88	Northampton County	12,389	1
89	Northumberland County	12,330	0
90	Norton city	3,958	0
91	Nottoway County	15,853	2
92	Orange County	33,481	2
93	Page County	24,042	1
94	Patrick County	18,490	0
95	Petersburg city	32,420	1
96	Pittsylvania County	63,506	0
97	Poquoson city	12,150	0
98	Portsmouth city	95,535	1
99	Powhatan County	28,046	1
100	Prince Edward County	23,368	0
101	Prince George County	35,725	0
102	Prince William County	402,002	4
103	Pulaski County	34,872	0
104	Radford city	16,408	0
105	Rappahannock County	7,373	1
106	Richmond city	204,214	4
107	Richmond County	9,254	0
108	Roanoke city	97,032	1
109	Roanoke County	92,376	0
110	Rockbridge County	22,307	0
111	Rockingham County	76,314	0
112	Russell County	28,897	0
113	Salem city	24,802	0
114	Scott County	23,177	2
115	Shenandoah County	41,993	1
116	Smyth County	32,208	0

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117	Southampton County	18,570	1
118	Spotsylvania County	122,397	1
119	Stafford County	128,961	3
120	Staunton city	23,746	0
121	Suffolk city	84,585	1
122	Surry County	7,058	0
123	Sussex County	12,087	0
124	Tazewell County	45,078	0
125	Virginia Beach city	437,994	7
126	Warren County	37,575	4
127	Washington County	54,876	0
128	Waynesboro city	21,006	0
129	Westmoreland County	17,454	1
130	Williamsburg city	14,068	0
131	Winchester city	26,203	1
132	Wise County	41,452	0
133	Wythe County	29,235	0
134	York County	65,464	1



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**Section 3 Case Problem Areas of Individual Clients Served**

<b>This is the total number of problems addressed by the PADD program and collected at case closure. This will allow the PADD program to better determine the outcome of its work. This can be more than the number of problems presented upon intake that is the total number reported in Section 2 B.</b>	
<b>A. The outcome of problems addressed for Individual Clients:</b>	
1. Number of persons with developmental disabilities living in institutions served by the P&A whose complaint of abuse, neglect, discrimination of their rights was remedied by the P&A:	25
2. Number of persons with developmental disabilities living in the community served by the P&A whose complaint of abuse, neglect, discrimination of their rights was remedied by the P&A:	71
<b>B. Types of problems addressed by area of emphasis:</b>	
1. Quality Assurance including abuse, neglect & other violations of rights	66
2. Education and early intervention	82
3. Child care	0
4. Health care	39
5. Employment	0
6. Housing	6
7. Transportation	3
8. Recreation	3
<b>Total Case Problem Areas of Individual Clients Addressed upon closure</b>	<b>199</b>
<b>C. Reasons for Closing Individual's Case Files:</b>	
1. Issues resolved partially or completely in the individual's favor	99
2. Other representation found	2
3. Individual withdrew complaint	2
4. Appeals were unsuccessful	3
5. PADD services were not needed due to individual's death, relocation, etc.	9
6. PADD withdrew because individual would not cooperate	17
7. PADD unable to take care because of lack of resources	1
8. Individual's case lacks merit	15
9. Other	11
<b>D. Intervention Strategies Used in Serving Individuals: (List the highest level of Intervention used by PADD prior to closing each case file.)</b>	
1. Technical assistance in self-advocacy	44
2. Short-term assistance	64

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<b>3. Investigation / monitoring</b>	22
<b>4. Negotiation</b>	26
<b>5. Mediation / alternative dispute resolution</b>	1
<b>6. Administrative hearings</b>	0
<b>7. Litigation</b>	2
<b>E. Satisfaction of Individuals Served:</b>	
<b>1. Number of satisfaction surveys distributed</b>	0
<b>2. Number of satisfaction surveys returned during the year</b>	0
<b>3. Of the total number of surveys returned, indicate how many individuals rated their overall satisfaction with PADD in the following ways:</b>	
<b>a. Satisfied</b>	0
<b>b. Not satisfied</b>	0
<b>4. Number of client grievances filed under the client grievance procedure</b>	3

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### Section 4 Interventions on Behalf of Groups of Clients

A.Summary Data	Number of cases	Potential number of individuals impacted	Number of cases concluded successfully	Number of cases concluded unsuccessfully	Number of cases pending
Summary Data on Group Advocacy Intervention	2	200,002	0	0	2
Summary Data on Investigations Intervention	4	3,108	3	0	1
Summary Data on Monitoring Activities Intervention	3	1,529	2	0	1
Summary Data on Court-Ordered Monitoring Activities Intervention	0	0	0	0	0
Summary Data on Systemic or Class-action Litigation Intervention	0	0	0	0	0
Summary Data on all Group Interventions	9	204,639	5	0	4

#### B. Group Advocacy:

##### 1. What are the major issues addressed?

Major issues include quality and delivery of service systems via Human Rights Regulations and Medicaid Waivers.

##### 2. Which groups are likely to be affected?

Affected groups include: individuals with disabilities living in DBHDS operated facilities, and those receiving or eligible for the Medicaid Elderly Disabled with Consumer Direction Waiver.

##### 3. What have been the major outcomes during the fiscal year?

Taking advantage of a unique opportunity to enhance individuals' rights, VOPA participated in a Department of Behavioral Health and Developmental Services (DBHDS) focus group to revise the Human Rights Regulations within the rulemaking process. Focusing on individual choice, we advocated for input from the community and creation of a stronger and more responsive system. We then initiated a VOPA staff forum with the Director of the DBHDS Office of Human Rights where we shared ideas and further explored revision of the system. DBHDS intends to submit proposed revisions to their Board by December 2014 based on the ideas developed by VOPA and other advocacy groups.

VOPA continued to work with the Federal Centers for Medicare and Medicaid Services (CMS) regarding the Complaint filed with that office last year detailing deficiencies in DMAS' appeal process. At CMS' request, VOPA provided additional information about ongoing and repeated procedural errors DMAS' hearing officers and hearing system encourage, and the harm resulting to our clients. By educating CMS about the system deficiencies, an action plan requiring changes to the DMAS appeals process is being developed. While the final outcome is still pending here, VOPA took major steps to ensure individuals can appeal DMAS service denials in an objective and efficient manner.

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**4. How do these outcomes contribute to the long-term objectives as stated in the Statement of Objectives and Priorities?**

Our review of disability service support systems across the state through surveys, reviews and petitions have allowed us to recognize barriers to systemic issues such as discharge planning and DMAS appeals and create new Objectives and Priorities in FY 14 which address these concerns.

**C. Full Investigations:**

**1. What are the major areas of investigation?**

Major areas include: suspension in schools, community residential transition and service delivery.

**2. Which groups are likely to be affected?**

Groups affected include: students with disabilities disproportionately suspended and individuals with disabilities living in targeted community residential settings and those included the U.S. vs. Virginia settlement agreement.

**3. What have been the major outcomes during the fiscal year?**

VOPA investigated whether Virginia has an adequate system in place to ensure protection from harm for individuals residing in state-operated institutions. This year, VOPA linked several incidents of harm and deficiencies with the quality and thoroughness of one Training Center's internal review following resident deaths, seeking systemic reform.

At one training center, VOPA identified a lack of standardization in record keeping from unit to unit leading to inaccurate or inaccessible information. Following VOPA intervention, the facility standardized record keeping. The facility continues to focus on preparation for community living and has initiated a program of ensuring that residents get 1:1 community visits in addition to group activities. Considerable time was spent working with the new discharge coordinator and community services workers to identify community options and better understand any obstacles toward compliance with the DOJ settlement agreement.

VOPA continued to monitor activities regarding oversight agency quality assurance in the community, through the implementation of our new Monitoring Protocol for training centers and community residential facilities. This Monitoring Protocol improved consistency and quality of our facility monitoring to prevent and detect abuse. This tool explains our Federal authority to access facilities and provides guidance to staff on all aspects of scheduling and conducting a monitoring visit. This tool also creates a set of protocol staff can use to gain initial access to the facilities. It has been valuable in training new advocates and monitoring activities in community based facilities.

VOPA has been assessing the progress under the U.S. vs. Virginia settlement agreement. In focus groups, participants expressed concerns about the speed at which necessary community resources could be developed, and whether existing Medicaid Waivers would be sufficient to support the necessary staffing and service provision. VOPA continues to monitor activities regarding oversight agency quality assurance in the community, as well as the implementation of a new incident reporting system.

**4. How do these outcomes contribute to the long-term objectives as stated in the Statement of Objectives and Priorities?**

By creating a system to implement our monitoring, dLCV was able to immediately begin an organized system in FY 14 to follow treatment in residential settings across the state. We continue to recognize and monitor barriers to systemic issues such as maintaining safe community placement and school placement and created new Objectives and Priorities in FY 14 which address these concerns.

**D. Monitoring:**

**1. What are the major areas of non-court ordered monitoring?**

Major areas include: review of critical incident reports and abuse and neglect in Department of Behavioral Health and Developmental Services (DBHDS) facilities and Adult Protective Services (APS) reports in the community.

**2. Which groups are likely to be affected?**

Groups affected include: individuals with disabilities living in state-operated facilities or in the community.

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<p><b>3. What have been the major outcomes during the fiscal year?</b> VOPA reviewed 286 Critical Incident Reports (CIRs) and 100 Adult Protective Services (APS) reports which outlined incidents of potential abuse or neglect. We review reports to identify incidents of particular concerns or trends. Additionally, VOPA's Executive Director conducted weekly meetings with the advocates and attorneys to discuss the CIRs. VOPA reviewed detailed seclusion and restraint data, as well as census and staffing data. FY 13 marked the first year VOPA actively worked with APS during an investigation.</p>
<p><b>4. How do these outcomes contribute to the long-term objectives as stated in the Statement of Objectives and Priorities?</b> VOPA established a more effective working relationship with APS. Our abuse and neglect monitoring in residential facilities and in the community is also stronger with the new Monitoring Protocol which allowed us to recognize barriers to systemic issues such as adequate treatment and service delivery. We created new Objectives and Priorities in FY 14 to effectively meet the needs of Virginians living in residential placements.  In the course of regular and routine facility monitoring, VOPA assists residents and families to resolve minor and major issues. VOPA encourages the development of self-advocacy skills in every presentation.</p>
<p><b>E. Court Ordered Monitoring:</b></p>
<p><b>1. What are the major areas of court ordered monitoring?</b> n/a</p>
<p><b>2. Which groups are likely to be affected?</b> n/a</p>
<p><b>3. What have been the major outcomes during the fiscal year?</b> n/a</p>
<p><b>4. How do these outcomes contribute to the long-term objectives as stated in the Statement of Objectives and Priorities?</b> n/a</p>
<p><b>F. Systems or Class Action Litigation:</b></p>
<p><b>1. What are the major areas of litigation?</b> n/a</p>
<p><b>2. Which groups are likely to be affected?</b> n/a</p>
<p><b>3. What have been the major outcomes during the fiscal year?</b> n/a</p>
<p><b>4. How do these outcomes contribute to the long-term objectives as stated in the Statement of Objectives and Priorities?</b> n/a</p>
<p><b>G. Other Systems Change Activities:</b></p>
<p><b>1. What are the major areas of systems change activities?</b> n/a</p>
<p><b>2. Which groups are likely to be affected?</b> n/a</p>
<p><b>3. What have been the major outcomes during the fiscal year?</b> n/a</p>

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<b>4. How do these outcomes contribute to the long-term objectives as stated in the Statement of Objectives and Priorities?</b> n/a	
<b>5. Number of people with disabilities impacted?</b>	0

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**Section 5 Non-Case Directed Services**

<b>A. Information and Referral Services:</b>			
<b>(Individual Non-Case I&amp;R) Total I&amp;R</b>			1,725
<b>B. Public Education and Training Activities</b>			
<b>1. Number of Education / Training Activities Undertaken</b>			14
<b>2. Total number of persons trained (approximate)</b>			838
<b>C. Number of Information Dissemination Activities by type:</b>			
<b>1. Radio TV appearances</b>			0
<b>2. Newspaper articles</b>			0
<b>3. PSAs / video / films / etc. aired</b>			0
<b>4. Report disseminated</b>			0
<b>5. Publications disseminated</b>			3
<b>6. Information about P&amp;A disseminated (include general training / outreach or presentations not included in training activities)</b>			0
<b>7. Number of hits on Website</b>			14,396
<b>8. Other media activities</b>			1,275
<b>Describe other media activities:</b> Posters and brochures			
<b>Outcome Statement:</b>			
<b>Number of persons who received information about the P&amp;A and its services</b>			11,027
<b>Number of persons with disabilities (or their family members) who received education or training about their rights, enabling them to be more effective self-advocates</b>			838
<b>D. Number of Consumers on Board by type:</b>		<b>Governing Board</b>	<b>Advisory Council</b>
<b>Primary consumers</b>		3	0
<b>Secondary consumers</b>		3	0
<b>Other consumers with disabilities</b>		0	0
<b>Total people</b>		6	0
<b>E. Number of People on Board by Racial / Ethnic type:</b>		<b>P&amp;A Staff</b>	<b>Governing Board</b>
<b>African American</b>		6	2
<b>Hispanic American</b>		0	0
<b>Asian American</b>		0	0
<b>Native American</b>		1	1
<b>Other Racial / Ethnic</b>		19	9

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<b>Total people</b>	26	12	0
<b>Does the PADD program utilize volunteers? No</b>			
<b>If so, describe how?</b>			



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**Section 6 Outcomes of Priorities and Goals: 1679 - 4059 People with Disabilities are Free from Abuse and Neglect - VOPA will determine whether VA has an adequate system of protection from harm for individuals residing in state operated institutions via investigations of, and education of, enforcement and response of oversight entities charged with ensuring safety**

List reporting year priorities from the Statement of Objectives and Priorities in order by priority.

For each priority, provide the following information:

<b>1. Priority number:</b> 1679	<b>Priority Description:</b> People with Disabilities are Free from Abuse and Neglect
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**2. Identify and describe indicators PADD used to determine successful outcome of activities pursued under this priority:**

<b>Indicator number:</b> 4059	<b>Indicator Description:</b> VOPA will determine whether VA has an adequate system of protection from harm for individuals residing in state operated institutions via investigations of, and education of, enforcement and response of oversight entities charged with ensuring safety, appropriate level of services, and rights protections for individuals residing in state operated institutions. VOPA will conduct consumer education on filing complaints and will educate policymakers.
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**Indicator is:** Met

**If "Not Met" was checked, explain:**

**If "Met or Partially Met" was checked, summarize details, including one or two cases that exemplify the success; for fully met goals, the example case(s) should be successfully closed:**

VOPA monitors institutions, statistical summaries and trend analyses, investigations of individual injuries and deaths, and secondary investigations of other entities with responsibility to act on behalf of persons with disabilities.

VOPA opened short term reviews and full investigations of reported incidents of deaths, serious injuries, or loss of consciousness ("Serious Incidents") involving individuals living at a Department of Behavioral Health and Developmental Services (DBHDS)-operated ICF/MR (aka "Training Center"). We selected particular serious incidents for review or investigation based on their potential for use in bringing about systemic reform.

As required by state law, VOPA received Critical Incident Reports (CIRs) from Department of Behavioral Health and Developmental Services (DBHDS) when an individual was seriously injured and required medical treatment. We review reports to identify incidents of particular concerns or trends. Additionally, VOPA's Executive Director conducted weekly meetings with the advocates and attorneys to discuss the CIRs. VOPA also reviewed detailed seclusion and restraint data, as well as census and staffing data.

At Northern Virginia Training Center (NVTC), VOPA assisted a client in obtaining a successful discharge plan into the community that includes employment first practices. VOPA established a positive relationship with the Community Services liaison, with increased involvement in the discharge planning process for other residents.

At Central Virginia Training Center (CVTC), VOPA was notified through the critical incident reporting system of two resident deaths and two serious injuries. VOPA identified multiple deficiencies with the quality and thoroughness of CVTC's internal review for both cases involving resident deaths. VOPA apprised facility leadership of these deficiencies and sought systemic reform.

At Southwestern Virginia Training Center (SWVTC), VOPA identified a lack of standardization in record keeping from unit to unit leading to inaccurate or inaccessible information. Following VOPA intervention, the facility standardized record keeping. The facility continues to focus on preparation for community living and has initiated a program of ensuring that residents get 1:1 community visits in addition to group activities. Considerable time was spent working with the new

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discharge coordinator and community services workers to identify community options and better understand any obstacles toward compliance with the DOJ settlement agreement.

In one case, VOPA conducted an investigation on behalf of Madge, who lived at a Training Center and died one month after VOPA was notified through the CIR system that she had sustained multiple unexplained fractures.

VOPA requested and reviewed an internal investigation completed by the Training Center in response to Madge's fractures. VOPA had to assert authority to access these records, as the Training Center initially refused to provide them. VOPA also requested and reviewed Madge's Report of Autopsy.

The Training Center's internal investigation report substantiated a finding of neglect leading to Madge's fractures, and the responsible staff member's employment was terminated. The Report of Autopsy revealed Madge's death was due to apparently unrelated causes. As a result of our investigation, this Training Center will monitor incident reports with greater care and take necessary action to properly document incidents of abuse and neglect.

In another case, VOPA represented Bert, who lived in a Training Center, where he had been placed in restraints and forcibly injected with medication. Bert's parents did not consent to either restraints or forcible medication administration by needle, and a review of records showed the Training Center did not have their consent for any treatment (likely due to Bert's emergency admission to the Training Center, when such admission was a requirement for Medicaid Waiver eligibility).

VOPA produced a written report of the investigation, which was provided to the Training Center and Bert's parents, and included recommendations for the Training Center to obtain and document informed consent in all cases. VOPA instructed the parents in how to file a complaint with the Virginia Department of Health Professions regarding the Training Center's failure to obtain and document consent for treatment provided. As a result, the Training Center will now follow consent procedures, and Bert's parents are better prepared to manage future issues with care.

**3. List other outcomes realized (if applicable):**

This year, the Department of Behavioral Health and Developmental Services (DBHDS) published a Notice of Intent to revise the Human Rights regulations. VOPA submitted comments urging that the complaint resolution process be simplified and made more accessible, and that due process protections for residents be increased. VOPA participated in a DBHDS focus group within the rulemaking process. DBHDS intends to submit proposed revisions to the DBHDS Board in December 2014.

**4. Explain whether pursuing this priority involved collaborative efforts by other entities. If so, describe this collaboration:**

In one case, VOPA conducted a joint investigation with the local Adult Protective Services (APS) Office in response to a third party's allegation of sexual abuse of Annie, a resident of a Training Center. VOPA and APS jointly interviewed the alleged perpetrator and witnesses. VOPA helped facilitate an interview with Annie and review of the medical record. The allegation was not substantiated by APS. This was the first time VOPA has worked directly with APS to conduct a primary investigation.

**5. If this was this addressed through individual advocacy, provide the number of cases handled under the priority.**

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**6. If this priority addressed systemic advocacy or capacity building of the service delivery system for persons with developmental disabilities, please describe how including indicating if any were class actions.**

VOPA used this priority indicator to address systemic issues of whether Virginia has an adequate system in place to ensure protection from harm for individuals residing in state-operated institutions. Each individual investigation or case allows an opportunity for systemic advocacy to ensure the harm does not recur. This year, VOPA linked several incidents of harm and deficiencies with the quality and thoroughness of one Training Center's internal review following resident deaths, seeking systemic reform.

At another Training Center, VOPA identified a lack of standardization in record keeping between units, leading to inaccurate or inaccessible information. The records system was standardized following VOPA intervention.

As Virginia's institutions for individuals with Developmental and Intellectual Disabilities close and residents moved into community placements, VOPA has been and will continue to monitor each Training Center to ensure systems are in place to protect the remaining residents from harm.

**7. Was this priority targeted to under/unserved and minority populations? If so please describe whether or not services to the targeted population resulted in an increase in clients served.**

No

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**8. Provide at least one case summary that demonstrates the impact of the priority.**

VOPA completed an investigation into potential abuse and neglect at Southeastern Virginia Training Center. In this case, the parents and guardians of Edward claimed that SEVTC abused their son by placing him in restraints and forcibly injecting him with medication. The parents further alleged that they did not provide consent for SEVTC to use restraints or injected medication on their son and that furthermore they would never consent to the use of injected medications because their son is scared of needles. VOPA investigated this allegation and discovered that not only did SEVTC not have any documentation of the parents consent to use restraints or injected medications, that in fact there was no documentation of any type of consent by the parents to SEVTC to provide any treatment for Edward.

While SEVTC claimed that they received oral consent from the parents, it was not documented and there was absolutely no written consent to provide medical treatment. The failure to obtain and document informed consent violated Virginia statutes for the practice of medicine and psychology. VOPA wrote a written report to the facility and to the parents and provided assistance to the parents to help file a complaint with the Virginia Department of Health Professions. This written report provided recommendations that SEVTC comply with all requirements to obtain and document informed consent and assure that the facility not cut corners when admitting people on an emergency basis or for respite and assure that SEVTC properly obtain and document informed consent in all cases.

VOPA assisted JD, a client seeking discharge from Northern Virginia Training Center (NVTC). JD had lived at NVTC for more than thirty years, yet JD and his family knew that he could blossom and live successfully in the community. However, NVTC continued to place barriers to JD's discharge. One allegation that NVTC attempted to utilize to block JD's discharge was lack of medical support and availability in the community to meet JD's needs, despite clear documentation and evidence provided by the Community Services Board (CSB) that JD could be served within the community. VOPA collaborated with JD, his family, and JD's Community Services Discharge Planner to ensure that JD's right to live in the community was upheld and honored. Now, JD happily lives in a group home in the Northern Virginia area. Not only are JD's medical needs met, the severity of his NVTC-identified "problematic" behaviors have decreased. Currently VOPA holds this case open as we are advocating for employment per JD's wishes.

VOPA represented Octavia, a student living at a residential school for students with autism. Octavia is fearful of hospitals, but a fall and eye injury required she be treated at the local Emergency Room (ER). Once at the ER, Octavia became afraid and exhibited behaviors related to her autism diagnosis, including flopping onto the floor. The school staff accompanying Octavia to the ER explained the reason for her behaviors, and the ER staff understood.

A police officer came in on an unrelated matter, noted Octavia's behavior and threatened to tase her if she did not calm down. The school staff explained Octavia's behaviors to the officer, but when she crawled under a table and was uncooperative, the officer tased her twice. Hospital staff then removed Octavia to a stretcher and attended to her eye injury.

VOPA successfully advocated for the ER to develop and implement a special set of admission procedures for students and residents of the school. VOPA's investigation of the tasing incident as it relates to the police officer and the local police department is ongoing, but there is already a positive procedural impact.

**9. Rounding off to the nearest hundred dollars how much of this year's grant or award or its program income was spent on this priority?** \$270,794

**10. Will this priority be continued in the next fiscal year?** Yes

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**Section 6 Outcomes of Priorities and Goals: 1679 - 4060 People with Disabilities are Free from Abuse and Neglect - VOPA will determine whether VA has an adequate system of protection from harm for individuals residing in licensed community residential facilities investigating allegations of abuse and neglect, assessing oversight efforts of licensing entities, res**

List reporting year priorities from the Statement of Objectives and Priorities in order by priority.

For each priority, provide the following information:

<b>1. Priority number:</b> 1679	<b>Priority Description:</b> People with Disabilities are Free from Abuse and Neglect
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**2. Identify and describe indicators PADD used to determine successful outcome of activities pursued under this priority:**

<b>Indicator number:</b> 4060	<b>Indicator Description:</b> VOPA will determine whether VA has an adequate system of protection from harm for individuals residing in licensed community residential facilities by investigating allegations of abuse and neglect, assessing oversight efforts of licensing entities, responses to health threats and emergencies, & APS referrals. VOPA will conduct consumer education on filing complaints and will educate policymakers.
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**Indicator is:** Met

**If "Not Met" was checked, explain:**

**If "Met or Partially Met" was checked, summarize details, including one or two cases that exemplify the success; for fully met goals, the example case(s) should be successfully closed:**

This year, VOPA worked to ensure an adequate system for protection from harm in DD community settings through monthly monitoring visits to licensed community residential facilities, provision of rights information to residents, regular reviews of Critical Incident Reports, and individual representation.

In one case, VOPA provided assistance to Johanna, who was living in a group home she was happy with. However, the group home gave Johanna her 30 day notice to leave due to her unwillingness to participate in fire drills, care for her personal belongings and room, and lack of attention to personal care. VOPA provided Johanna with information detailing her rights in regard to the discharge process, and how to file licensure complaints with the Department of Behavioral Health and Developmental Services (DBHDS). As a result of our involvement, Johanna had a better understanding of her rights and expectations of the group home to maintain a safe environment. The group home was also educated that it cannot discharge or threaten discharge in a manner that violates a resident's rights.

**3. List other outcomes realized (if applicable):**

None

**4. Explain whether pursuing this priority involved collaborative efforts by other entities. If so, describe this collaboration:**

In one case, VOPA conducted a joint investigation with the local Adult Protective Services (APS) Office in response to a third party's allegation of sexual abuse of Annie, a resident of a Training Center. VOPA and APS jointly interviewed the alleged perpetrator and witnesses. VOPA helped facilitate an interview with Annie and review of the medical record. The allegation was not substantiated by APS. This was the first time VOPA has worked directly with APS to conduct a primary investigation.

**5. If this was this addressed through individual advocacy, provide the number of cases handled under the priority.**

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**6. If this priority addressed systemic advocacy or capacity building of the service delivery system for persons with developmental disabilities, please describe how including indicating if any were class actions.**

VOPA used this priority indicator to address systemic issues of whether Virginia has an adequate system in place to ensure protection from harm for individuals residing in state-operated institutions. Each individual investigation or case allows an opportunity for systemic advocacy to ensure the harm does not recur. This year, VOPA linked several incidents of harm and deficiencies with the quality and thoroughness of one Training Center's internal review following resident deaths, seeking systemic reform.

At another Training Center, VOPA identified a lack of standardization in record keeping between units, leading to inaccurate or inaccessible information. The records system was standardized following VOPA intervention.

As Virginia's institutions for individuals with Developmental and Intellectual Disabilities close and residents moved into community placements, VOPA has been and will continue to monitor each Training Center to ensure systems are in place to protect the remaining residents from harm.

**7. Was this priority targeted to under/unserved and minority populations? If so please describe whether or not services to the targeted population resulted in an increase in clients served.**

No

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**8. Provide at least one case summary that demonstrates the impact of the priority.**

VOPA completed an investigation into potential abuse and neglect at Southeastern Virginia Training Center. In this case, the parents and guardians of Edward claimed that SEVTC abused their son by placing him in restraints and forcibly injecting him with medication. The parents further alleged that they did not provide consent for SEVTC to use restraints or injected medication on their son and that furthermore they would never consent to the use of injected medications because their son is scared of needles. VOPA investigated this allegation and discovered that not only did SEVTC not have any documentation of the parents consent to use restraints or injected medications, that in fact there was no documentation of any type of consent by the parents to SEVTC to provide any treatment for Edward.

While SEVTC claimed that they received oral consent from the parents, it was not documented and there was absolutely no written consent to provide medical treatment. The failure to obtain and document informed consent violated Virginia statutes for the practice of medicine and psychology. VOPA wrote a written report to the facility and to the parents and provided assistance to the parents to help file a complaint with the Virginia Department of Health Professions. This written report provided recommendations that SEVTC comply with all requirements to obtain and document informed consent and assure that the facility not cut corners when admitting people on an emergency basis or for respite and assure that SEVTC properly obtain and document informed consent in all cases.

VOPA assisted JD, a client seeking discharge from Northern Virginia Training Center (NVTC). JD had lived at NVTC for more than thirty years, yet JD and his family knew that he could blossom and live successfully in the community. However, NVTC continued to place barriers to JD's discharge. One allegation that NVTC attempted to utilize to block JD's discharge was lack of medical support and availability in the community to meet JD's needs, despite clear documentation and evidence provided by the Community Services Board (CSB) that JD could be served within the community. VOPA collaborated with JD, his family, and JD's Community Services Discharge Planner to ensure that JD's right to live in the community was upheld and honored. Now, JD happily lives in a group home in the Northern Virginia area. Not only are JD's medical needs met, the severity of his NVTC-identified "problematic" behaviors have decreased. Currently VOPA holds this case open as we are advocating for employment per JD's wishes.

VOPA represented Octavia, a student living at a residential school for students with autism. Octavia is fearful of hospitals, but a fall and eye injury required she be treated at the local Emergency Room (ER). Once at the ER, Octavia became afraid and exhibited behaviors related to her autism diagnosis, including flopping onto the floor. The school staff accompanying Octavia to the ER explained the reason for her behaviors, and the ER staff understood.

A police officer came in on an unrelated matter, noted Octavia's behavior and threatened to tase her if she did not calm down. The school staff explained Octavia's behaviors to the officer, but when she crawled under a table and was uncooperative, the officer tased her twice. Hospital staff then removed Octavia to a stretcher and attended to her eye injury.

VOPA successfully advocated for the ER to develop and implement a special set of admission procedures for students and residents of the school. VOPA's investigation of the tasing incident as it relates to the police officer and the local police department is ongoing, but there is already a positive procedural impact.

**9. Rounding off to the nearest hundred dollars how much of this year's grant or award or its program income was spent on this priority?** \$270,794

**10. Will this priority be continued in the next fiscal year?** Yes

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**Section 6 Outcomes of Priorities and Goals: 1680 - 4061 Children with Disabilities Receive an Appropriate Education - VOPA will advocate for appropriate therapy and services for children with disabilities via trainings, providing technical assistance, and representation of children whose special education or due process rights have been violated.**

List reporting year priorities from the Statement of Objectives and Priorities in order by priority.

For each priority, provide the following information:

<b>1. Priority number:</b> 1680	<b>Priority Description:</b> Children with Disabilities Receive an Appropriate Education
<b>2. Identify and describe indicators PADD used to determine successful outcome of activities pursued under this priority:</b>	
<b>Indicator number:</b> 4061	<b>Indicator Description:</b> VOPA will advocate for appropriate therapy and services for children with disabilities via trainings, providing technical assistance, and representation of children whose special education or due process rights have been violated.

**Indicator is:** Met

**If "Not Met" was checked, explain:**

**If "Met or Partially Met" was checked, summarize details, including one or two cases that exemplify the success; for fully met goals, the example case(s) should be successfully closed:**

VOPA ensured appropriate therapies and services for students receiving special education services through trainings, technical assistance, and direct representation.

In one case, VOPA represented Venia, a student receiving special education services under a 3-year-old IEP with an eligibility category that had not been changed or updated in three years and was no longer appropriate for her age or diagnosis. VOPA negotiated for Venia at an IEP meeting that resulted in further assessments of her current educational needs. An IEP was then created that met those academic needs, including sufficient in-school Speech, Occupational, and Physical Therapies that allowed her to discontinue the outpatient therapy services that required her to frequently miss school.

A mother called VOPA because the school was not addressing the aggressive behavior of her son Davis. The mother felt his IEP was well-written, it just wasn't being implemented well, and the school was resisting creating a behavior intervention plan (BIP) for Davis despite a recent suspension and a general increase in his behavior issues. VOPA provided technical assistance by talking about some of the ways the mother could better hold the school accountable for implementing his IEP, including adding benchmark goals to his annual goals and objectives. VOPA also gave the mother information on requesting a functional behavior assessment (FBA) so that she could start the BIP process. We also explained that if the school continued to be resistant to her requests, she had options to appeal the decision, including mediation, filing a complaint, or pursuing due process. The mother has quite pleased to have a comprehensive way to address holding the school accountable to provide adequate education services.

**3. List other outcomes realized (if applicable):**

VOPA developed a fact sheet detailing the rights of parents and students seeking or receiving special education services through 504 plans.

**4. Explain whether pursuing this priority involved collaborative efforts by other entities. If so, describe this collaboration:**

VOPA worked with other advocacy organizations to provide special education rights presentations to their members. Sixty-six parents and advocates were trained on special education rights through VOPA presentations to parent support groups in Winchester, Hampton, and Midlothian, the Richmond Chapter of Stop Child Abuse Now (SCAN), and the Muscular Dystrophy Association (MDA).



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<p><b>5. If this was this addressed through individual advocacy, provide the number of cases handled under the priority.</b> 71</p>
<p><b>6. If this priority addressed systemic advocacy or capacity building of the service delivery system for persons with developmental disabilities, please describe how including indicating if any were class actions.</b> This priority indicator did not address systemic advocacy or capacity building this year.</p>
<p><b>7. Was this priority targeted to under/unserved and minority populations? If so please describe whether or not services to the targeted population resulted in an increase in clients served.</b> This year, VOPA sought to represent at least two children from Hispanic or Latino families who were denied special education services due to inadequate evaluations. This successfully resulted in an increase in clients served.</p>
<p><b>8. Provide at least one case summary that demonstrates the impact of the priority.</b> In one case, VOPA represented Sae, whose mother contacted VOPA for help including a modified school day in Sae's IEP, as well as a shorter transportation time to school. Sae's mother attended an IEP meeting where these requested services were denied. At the end of the meeting, she informed the IEP team she would be contacting VOPA. The IEP team reconvened a few days later and agreed to include the modified school day, shorter transportation services, as well as additional speech therapy services Sae's mother had requested for several years without success.  In another case, VOPA represented Portia, a rising middle school student who began to exhibit some inappropriate touching associated with puberty. Because of Portia's behaviors, the school removed Portia from all interaction with other students. VOPA argued for increased supervision and social stories to address appropriate interaction. VOPA successfully advocated for a Behavior Intervention Plan, to address behavior needs more fully, and Portia returned to an inclusive classroom.  VOPA represented Gale, a middle school student receiving services through a 504 plan. While Gale had a history of behaviors impeding his access to the curriculum, his school had never conducted a Functional Behavioral Assessment (FBA) or Behavior Intervention Plan (BIP). At the time Gale's mother contacted VOPA for help, Gale's school had determined he was no longer eligible for special education services, placed Gale on long-term suspension without a manifestation determination review, and was attempting to identify an alternative school placement.  VOPA successfully negotiated for an independent educational evaluation, which found Gale to be eligible for an Individualized Education Plan (IEP). Following VOPA's negotiation at and prior to the IEP meeting, Gale was reinstated back in his home school, with an IEP and BIP to address his behavioral needs.</p>
<p><b>9. Rounding off to the nearest hundred dollars how much of this year's grant or award or its program income was spent on this priority?</b> \$193,425</p>
<p><b>10. Will this priority be continued in the next fiscal year?</b> Yes</p>

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### Section 6 Outcomes of Priorities and Goals: 1680 - 4063 Children with Disabilities Receive an Appropriate Education - VOPA will protect the rights of children who are suspended or at risk of long-term suspension

List reporting year priorities from the Statement of Objectives and Priorities in order by priority.

For each priority, provide the following information:

<b>1. Priority number:</b> 1680	<b>Priority Description:</b> Children with Disabilities Receive an Appropriate Education
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**2. Identify and describe indicators PADD used to determine successful outcome of activities pursued under this priority:**

<b>Indicator number:</b> 4063	<b>Indicator Description:</b> VOPA will protect the rights of children who are suspended or at risk of long-term suspension by providing technical assistance and representation.
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**Indicator is:** Met

**If "Not Met" was checked, explain:**

**If "Met or Partially Met" was checked, summarize details, including one or two cases that exemplify the success; for fully met goals, the example case(s) should be successfully closed:**

This year, VOPA protected the rights of children at risk of suspension through technical assistance, direct representation, and training for students, parents, and advocates.

In one case, VOPA represented Cato, a kindergarten student who was suspended for several days for failure to comply with directions and disrespecting the principal. VOPA gave Cato's mother technical assistance detailing Functional Behavioral Assessments (FBA) and Behavior Intervention Plans (BIP), prior written notice requirements and parental rights. As a result of his mother's increased knowledge and advocacy tools, Cato's school is now addressing his behaviors proactively, and has conducted an FBA/BIP, placing him at lessened risk of future suspensions.

**3. List other outcomes realized (if applicable):**

Through data analysis, VOPA identified two counties (Caroline and King and Queen) where students with disabilities are disproportionately suspended. VOPA concentrated training efforts for students, parents, and advocates in those two counties. VOPA also created a pilot program for annual special education training for novice parents which will repeat in the coming year.

**4. Explain whether pursuing this priority involved collaborative efforts by other entities. If so, describe this collaboration:**

VOPA worked with other advocacy organizations to provide special education rights presentations to their members. Sixty-six parents and advocates were trained on special education rights through VOPA presentations to parent support groups in Winchester, Hampton, and Midlothian, the Richmond Chapter of Stop Child Abuse Now (SCAN), and the Muscular Dystrophy Association (MDA).

**5. If this was this addressed through individual advocacy, provide the number of cases handled under the priority.**

71

**6. If this priority addressed systemic advocacy or capacity building of the service delivery system for persons with developmental disabilities, please describe how including indicating if any were class actions.**

This priority indicator did not address systemic advocacy or capacity building this year.

**7. Was this priority targeted to under/served and minority populations? If so please describe whether or not services to the targeted population resulted in an increase in clients served.**

This year, VOPA sought to represent at least two children from Hispanic or Latino families who were denied special education services due to inadequate evaluations. This successfully resulted in an increase in clients served.

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**8. Provide at least one case summary that demonstrates the impact of the priority.**

In one case, VOPA represented Sae, whose mother contacted VOPA for help including a modified school day in Sae's IEP, as well as a shorter transportation time to school. Sae's mother attended an IEP meeting where these requested services were denied. At the end of the meeting, she informed the IEP team she would be contacting VOPA. The IEP team reconvened a few days later and agreed to include the modified school day, shorter transportation services, as well as additional speech therapy services Sae's mother had requested for several years without success.

In another case, VOPA represented Portia, a rising middle school student who began to exhibit some inappropriate touching associated with puberty. Because of Portia's behaviors, the school removed Portia from all interaction with other students. VOPA argued for increased supervision and social stories to address appropriate interaction. VOPA successfully advocated for a Behavior Intervention Plan, to address behavior needs more fully, and Portia returned to an inclusive classroom.

VOPA represented Gale, a middle school student receiving services through a 504 plan. While Gale had a history of behaviors impeding his access to the curriculum, his school had never conducted a Functional Behavioral Assessment (FBA) or Behavior Intervention Plan (BIP). At the time Gale's mother contacted VOPA for help, Gale's school had determined he was no longer eligible for special education services, placed Gale on long-term suspension without a manifestation determination review, and was attempting to identify an alternative school placement.

VOPA successfully negotiated for an independent educational evaluation, which found Gale to be eligible for an Individualized Education Plan (IEP). Following VOPA's negotiation at and prior to the IEP meeting, Gale was reinstated back in his home school, with an IEP and BIP to address his behavioral needs.

**9. Rounding off to the nearest hundred dollars how much of this year's grant or award or its program income was spent on this priority?** \$193,425

**10. Will this priority be continued in the next fiscal year?** Yes

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**Section 6 Outcomes of Priorities and Goals: 1681 - 4064 People with Disabilities Live in the Most Appropriate Integrated Environment - VOPA will implement the settlement agreement in United States v. Virginia**

List reporting year priorities from the Statement of Objectives and Priorities in order by priority.

For each priority, provide the following information:

<b>1. Priority number:</b> 1681	<b>Priority Description:</b> People with Disabilities Live in the Most Appropriate Integrated Environment
<b>2. Identify and describe indicators PADD used to determine successful outcome of activities pursued under this priority:</b>	
<b>Indicator number:</b> 4064	<b>Indicator Description:</b> VOPA will assist with the implementation of the settlement agreement in United States v. Virginia. We will assist residents in state ICF/MRs with their transition into the community by helping them overcome transition barriers and enforcing oversight. VOPA will also respond to incident reporting mechanisms and proposed legislation or policy changes and respond accordingly.
<b>Indicator is:</b> Met	
<b>If "Not Met" was checked, explain:</b>	

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**If "Met or Partially Met" was checked, summarize details, including one or two cases that exemplify the success; for fully met goals, the example case(s) should be successfully closed:**

VOPA began the long-term process of planning for the discharge of residents from training centers under the settlement agreement, surveying community residential providers, and attending focus groups identifying necessary resource development to comply with the settlement agreement.

VOPA reviewed the extent of community integration of residents of twenty-eight community residential providers. These surveys confirmed that the residential homes provide a more integrated setting than state operated training centers, including residents' involvement in social, religious, sporting, and political activity. VOPA noted that segregation continues, however, for the majority of residents' via attendance at segregated day programs that often lack meaningful content, with many individuals indicating a desire for more extensive employment opportunities. At the end of the fourth quarter, VOPA prepared a summary of these survey results for use in future enforcement and monitoring activities.

VOPA then attended Department of Justice (DOJ) focus groups in Abingdon, Christiansburg and Galax. At those meetings, we met with the ID program coordinators from Highlands CSB, Mount Rogers CSB, and New River Valley CSB and discussed their progress in developing programming and alternatives for their clients, including the development of residential and day options. VOPA then met with family members and discussed with them their concerns and how VOPA might be able to assist their family members and them in making successful transitions to appropriate community options.

We noted particular transition barriers at the meeting. For example, in SWVA, there are still issues in accessing assistive technology and getting environmental modifications and in many other areas across the state other issues like community housing options, availability of group homes and psychiatric and psychological/behavioral services exist. Providers in these locations are pulling together to provide more comprehensive supports for the residents preparing for discharge.

The next phase of this long term Indicator will occur in FY 14. dLCV has drafted a comprehensive list of new objectives to allow us to follow and assist with implementation of the settlement agreement. They include: representing residents of DBHDS-operated ICF/MRs in transition from the institution to community based services, identifying barriers to discharge, developing a uniform data collection tool for monitoring selected issues of compliance, responding to any plan for incident reporting from community providers to ensure that it is part of a comprehensive system for protection from harm, responding to all proposed legislation, regulation, or policy changes that might impede full community integration under the ADA and consent decree and representing residents transitioning from training centers who need supported or substitute decision-making options in the community.

Finally, we reviewed the DBHDS' Consolidated Human Rights Information System (CHRIS). It is too soon to know whether this will truly ensure that reliable incident and death data is collected. DBHDS Mortality Review Committee identified high risk issues and posted information on choking, aspiration pneumonia and constipation on their web page under safety alerts. dLCV will monitor the effectiveness of this system in FY 14.

VOPA developed and implemented new Monitoring Protocol for training centers and community residential facilities. This Monitoring Protocol improved consistency and quality of our facility monitoring to prevent and detect abuse. It has been valuable in training new advocates and in conducting monitoring activities in community based facilities.

**3. List other outcomes realized (if applicable):**

None

**4. Explain whether pursuing this priority involved collaborative efforts by other entities. If so, describe this collaboration:**

Collaborated with multiple entities to prepare for resident community integration

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**5. If this was this addressed through individual advocacy, provide the number of cases handled under the priority.**

27

**6. If this priority addressed systemic advocacy or capacity building of the service delivery system for persons with developmental disabilities, please describe how including indicating if any were class actions.**

VOPA attended focus groups following the settlement agreement. Participants expressed concerns about the speed at which necessary community resources could be developed, and whether existing Medicaid Waivers would be sufficient to support the necessary staffing and service provision. VOPA continues to monitor activities regarding oversight agency quality assurance in the community, as well as the implementation of a new incident reporting system.

**7. Was this priority targeted to under/unserved and minority populations? If so please describe whether or not services to the targeted population resulted in an increase in clients served.**

No

**8. Provide at least one case summary that demonstrates the impact of the priority.**

VOPA represented Prim, a woman living in a group home. Prim was diagnosed with life threatening cancer, requiring surgery. Prim's sister, who was not her guardian, threatened to sue the doctors if they completed the surgery. The doctors cancelled the surgery, despite no prior question of capacity, and weeks of preparatory procedures and tests for which Prim consented. The doctors advised Prim she would either need a guardian appointed or present a medical evaluation stating she has the capacity to consent to surgery.

Prim's sister also contacted Adult Protective Services (APS) alleging that Prim's group home did not provide adequate care. APS was granted a judicial order for psychological testing of Prim's capacity for consent. Prim said her sister told her she would consent to the surgery if Prim would assign her inheritance to her.

Prim did not want her sister to be named her guardian. VOPA met with Prim to execute an advance directive for healthcare decisions. VOPA worked to ensure Prim's evaluation was done by an evaluator with experience assessing people with cognitive impairments.

Ultimately, Prim was found to have capacity to consent to the surgery, which was completed.

**9. Rounding off to the nearest hundred dollars how much of this year's grant or award or its program income was spent on this priority?** \$154,739

**10. Will this priority be continued in the next fiscal year?** Yes

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<b>Section 6 Outcomes of Priorities and Goals: 1681 - 4065 People with Disabilities Live in the Most Appropriate Integrated Environment - VOPA will maximize individual choice and direction for residents of state-operated institutions and other settings</b>	
List reporting year priorities from the Statement of Objectives and Priorities in order by priority.	
For each priority, provide the following information:	
<b>1. Priority number:</b> 1681	<b>Priority Description:</b> People with Disabilities Live in the Most Appropriate Integrated Environment
<b>2. Identify and describe indicators PADD used to determine successful outcome of activities pursued under this priority:</b>	
<b>Indicator number:</b> 4065	<b>Indicator Description:</b> VOPA will maximize individual choice and self direction via trainings at state operated institutions and other settings. VOPA will represent individuals desiring an alternative to guardianship and to maximize individuals in state-operated institutions rights to fully participate in developing and implementing rehab plans that reflect truly active treatment. VOPA will investigate DBHDS appointing substitute decision makers and will educate policy makers of rights violations.
<b>Indicator is:</b> Met	
<b>If "Not Met" was checked, explain:</b>	
<b>If "Met or Partially Met" was checked, summarize details, including one or two cases that exemplify the success; for fully met goals, the example case(s) should be successfully closed:</b>	
<p>VOPA informed consumers, family members, and service providers about alternatives to guardianship by providing nine trainings at conferences and programs. VOPA's presentations reached a total of one hundred and twenty six individuals. Consumers, family members, and service providers obtained a better understanding of alternatives to guardianship to empower individuals to make informed decisions regarding their choices in life, thereby maximizing their individual choice and self-direction.</p> <p>In one case, VOPA represented Mitch, a young man whose mother contacted VOPA to request assistance drafting an advance directive shortly after his eighteenth birthday. Mitch's siblings are former VOPA clients, and his mother was aware of advance directives as alternatives to guardianship. VOPA met with Mitch privately and discussed his options. Mitch clearly indicated his wishes and VOPA drafted a document to allow Mitch to maintain maximum control over his life choices with support from his family as needed.</p> <p>In another case, VOPA represented Rue, a young woman who had difficulty receiving timely healthcare service due to questions of capacity resulting in postponed procedures. Rue contacted VOPA after attending a VOPA presentation on advance directives. VOPA met with Rue, determined she definitively had sufficient capacity to execute an advance directive and drafted a power of attorney based on her wishes.</p>	
<b>3. List other outcomes realized (if applicable):</b>	
<p>At quarterly meetings, and on the legislative committee, of policy makers with the Virginia Public Guardianship, VOPA informed participants of the need for increased personal choice and self direction.</p> <p>VOPA provided multiple trainings to individuals about alternatives to guardianship and Powers of Attorney. VOPA trained thirty-eight high school students, parents, and school personnel, as well as one hundred ninety-two other individuals at conferences and programs.</p>	

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<p><b>4. Explain whether pursuing this priority involved collaborative efforts by other entities. If so, describe this collaboration:</b> Collaborated with multiple entities to prepare for resident community integration</p>
<p><b>5. If this was this addressed through individual advocacy, provide the number of cases handled under the priority.</b> 27</p>
<p><b>6. If this priority addressed systemic advocacy or capacity building of the service delivery system for persons with developmental disabilities, please describe how including indicating if any were class actions.</b> VOPA attended focus groups following the settlement agreement. Participants expressed concerns about the speed at which necessary community resources could be developed, and whether existing Medicaid Waivers would be sufficient to support the necessary staffing and service provision. VOPA continues to monitor activities regarding oversight agency quality assurance in the community, as well as the implementation of a new incident reporting system.</p>
<p><b>7. Was this priority targeted to under/unserved and minority populations? If so please describe whether or not services to the targeted population resulted in an increase in clients served.</b> No</p>
<p><b>8. Provide at least one case summary that demonstrates the impact of the priority.</b> VOPA represented Prim, a woman living in a group home. Prim was diagnosed with life threatening cancer, requiring surgery. Prim's sister, who was not her guardian, threatened to sue the doctors if they completed the surgery. The doctors cancelled the surgery, despite no prior question of capacity, and weeks of preparatory procedures and tests for which Prim consented. The doctors advised Prim she would either need a guardian appointed or present a medical evaluation stating she has the capacity to consent to surgery.  Prim's sister also contacted Adult Protective Services (APS) alleging that Prim's group home did not provide adequate care. APS was granted a judicial order for psychological testing of Prim's capacity for consent. Prim said her sister told her she would consent to the surgery if Prim would assign her inheritance to her.  Prim did not want her sister to be named her guardian. VOPA met with Prim to execute an advance directive for healthcare decisions. VOPA worked to ensure Prim's evaluation was done by an evaluator with experience assessing people with cognitive impairments.  Ultimately, Prim was found to have capacity to consent to the surgery, which was completed.</p>
<p><b>9. Rounding off to the nearest hundred dollars how much of this year's grant or award or its program income was spent on this priority?</b> \$154,739</p>
<p><b>10. Will this priority be continued in the next fiscal year?</b> Yes</p>



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**Section 6 Outcomes of Priorities and Goals: 1682 - 4066 People with Disabilities have Equal Access to Appropriate and Necessary Health Care - VOPA will address the denial of needed and appropriate Medicaid services by representing children, providing training about EPSDT and Waivers, and evaluating Medicaid reimbursed transportation service provider.**

List reporting year priorities from the Statement of Objectives and Priorities in order by priority.

For each priority, provide the following information:

<b>1. Priority number:</b> 1682	<b>Priority Description:</b> People with Disabilities have Equal Access to Appropriate and Necessary Health Care
<b>2. Identify and describe indicators PADD used to determine successful outcome of activities pursued under this priority:</b>	
<b>Indicator number:</b> 4066	<b>Indicator Description:</b> VOPA will address the denial of needed and appropriate Medicaid services by representing individuals, providing training and technical assistance about EPSDT and Waivers, and ensuring DMAS appeals process is appropriate and in accordance with regulations and policy.
<b>Indicator is:</b> Met	
<b>If "Not Met" was checked, explain:</b>	
<p><b>If "Met or Partially Met" was checked, summarize details, including one or two cases that exemplify the success; for fully met goals, the example case(s) should be successfully closed:</b></p> <p>This year, VOPA addressed the denial of Medicaid services through direct client representation trainings, and collaborating with the Federal Center for Medicare and Medicaid Services (CMS) to ensure the DMAS appeals process is appropriate.</p> <p>VOPA advocated for DMAS to require their employees and agents receive additional training in Waiver eligibility or the EPSDT program, resulting in additional training for DMAS staff and agents.</p> <p>In one case, VOPA provided assistance to Effie, a young woman seeking Medicaid services through the Intellectual Disabilities (ID) Waiver. Effie's mother contacted VOPA for assistance because Effie had been on the ID Waiver waiting list for twelve and a half years. Effie was receiving some limited services through the Day Support Services Waiver, which she and her mother wished to continue until greater services became available.</p> <p>VOPA provided Effie's mother with technical assistance in how to request a screening for the urgent ID Waiver wait list, advised and provided information about other Waivers Effie may want to pursue. As a result, Effie's mother's knowledge of Medicaid coverage options was expanded, increasing her ability to advocate for Effie to receive services she needs to live safely in the community.</p>	
<b>3. List other outcomes realized (if applicable):</b>	
<p>Working from an existing fact sheet about the Early and Periodic, Screening, Diagnosis, and Treatment (EPSDT) program, VOPA updated information provided to the general public to reflect changes in the process for submission of requests for services resulting from policy changes made by DMAS in 2012. The new fact sheet is posted on VOPA's agency website.</p>	

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**4. Explain whether pursuing this priority involved collaborative efforts by other entities. If so, describe this collaboration:**

VOPA encouraged individuals with disabilities, case managers, social workers, and other advocacy organizations to notify DMAS each time they or their client faced obstacles related to Elderly or Disabled with Consumer Direct (EDCD) Waiver eligibility. VOPA's community partners and sister advocacy organizations have reported positive results, including DMAS providing additional training for EDCD Waiver evaluators, and a DMAS Memo clarifying some of the issues that had been resulting in inappropriate EDCD Waiver denials.

VOPA continued to work with the Federal Centers for Medicare and Medicaid Services (CMS) regarding the Complaint filed with that office last year detailing deficiencies in DMAS' appeal process. At CMS' request, VOPA provided additional information about ongoing and repeated procedural errors DMAS' hearing officers and hearing system encourage, and the harm resulting to our clients. VOPA hopes for a decision and action plan requiring changes to the DMAS appeals process resulting from the Complaint within the next year.

**5. If this was this addressed through individual advocacy, provide the number of cases handled under the priority.**

15

**6. If this priority addressed systemic advocacy or capacity building of the service delivery system for persons with developmental disabilities, please describe how including indicating if any were class actions.**

Please see above description of VOPA's work collaborating with the Federal Centers for Medicare and Medicaid Services to ensure their appeals process is appropriate.

**7. Was this priority targeted to under/unserved and minority populations? If so please describe whether or not services to the targeted population resulted in an increase in clients served.**

No

**8. Provide at least one case summary that demonstrates the impact of the priority.**

VOPA represented Cinna, a three year old whose previous three requests for Medicaid services through the Elderly or Disabled with Consumer Direction (EDCD) Waiver were denied, despite being approved for the urgent waiting list for the Intellectual Disabilities Waiver. VOPA represented Cinna at the administrative hearing appealing the denial of his fourth request for the EDCD Waiver; however, the hearing officer affirmed the denial. VOPA filed an appeal of the decision in Circuit Court, and has begun settlement negotiations with opposing counsel that should result in approval and Medicaid services for Cinna to access the services she needs to live at home.

VOPA represented Peter, who is deaf and relies on interpreters to communicate. Peter required emergency room (ER) care for a concurrent mental health disorder; however, the ER staff notified Peter that they would not provide an interpreter. Peter's behaviors de-escalated safely, but failure to provide an interpreter could have resulted in a potentially tragic outcome.

VOPA negotiated with the President of Sentara Healthcare ("Sentara"), the system responsible for that ER, and multiple healthcare facilities in Virginia. Sentara completed an internal audit of staff's comprehension of communication and interpreter policies. Sentara found issues with staff training, and created a training packet for Sentara staff. This packet included information on ADA complaint effective communication and interpreters, stated "certified sign-language interpreter shall be obtained for patients unable to communicate by their preferred method of communication," and described "Deaf Talk, a close caption wireless teleconference unit." Implementation will ensure our client and others will receive effective communication across an entire healthcare system.

**9. Rounding off to the nearest hundred dollars how much of this year's grant or award or its program income was spent on this priority? \$154,739**

**10. Will this priority be continued in the next fiscal year? Yes**

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<b>Section 6 Outcomes of Priorities and Goals: 1682 - 4067 People with Disabilities have Equal Access to Appropriate and Necessary Health Care - VOPA will address denial of access to healthcare facilities and services</b>	
List reporting year priorities from the Statement of Objectives and Priorities in order by priority.	
For each priority, provide the following information:	
<b>1. Priority number:</b> 1682	<b>Priority Description:</b> People with Disabilities have Equal Access to Appropriate and Necessary Health Care
<b>2. Identify and describe indicators PADD used to determine successful outcome of activities pursued under this priority:</b>	
<b>Indicator number:</b> 4067	<b>Indicator Description:</b> VOPA will address denial of access to healthcare facilities and services under the ADA and Rehabilitation Act by representing individuals facing architectural barriers, accommodation denials or use of a service animal. VOPA will also train consumer groups to effectively understand these issues.
<b>Indicator is:</b> Met	
<b>If "Not Met" was checked, explain:</b>	
<p><b>If "Met or Partially Met" was checked, summarize details, including one or two cases that exemplify the success; for fully met goals, the example case(s) should be successfully closed:</b></p> <p>VOPA addressed denial of access to healthcare facilities and services under the ADA and Rehabilitation Act through direct representation of individuals, training, and monitoring.</p> <p>In one case, VOPA represented Kat, who uses an interpreter as her only means of effective communication. Kat needed, but was denied, an interpreter for a routine medical appointment at her local clinic. VOPA educated the medical center via detailed letter explaining the ADA and effective communication. This education should ensure interpreters be made available, not only for Kat, but for others requesting reasonable accommodations in the future.</p>	
<b>3. List other outcomes realized (if applicable):</b>	
<p>In collaboration with the disAbility Resource Center of Fredericksburg and Mary Washington Hospital, VOPA provided training to 22 individuals, most of whom were either deaf or hearing impaired, on ADA accessibility requirements in health care settings. Training was focused on communication needs, including assistive technology and auxiliary aids and services, to allow patients to communicate effectively with medical staff.</p>	
<b>4. Explain whether pursuing this priority involved collaborative efforts by other entities. If so, describe this collaboration:</b>	
<p>VOPA encouraged individuals with disabilities, case managers, social workers, and other advocacy organizations to notify DMAS each time they or their client faced obstacles related to Elderly or Disabled with Consumer Direct (EDCD) Waiver eligibility. VOPA's community partners and sister advocacy organizations have reported positive results, including DMAS providing additional training for EDCD Waiver evaluators, and a DMAS Memo clarifying some of the issues that had been resulting in inappropriate EDCD Waiver denials.</p> <p>VOPA continued to work with the Federal Centers for Medicare and Medicaid Services (CMS) regarding the Complaint filed with that office last year detailing deficiencies in DMAS' appeal process. At CMS' request, VOPA provided additional information about ongoing and repeated procedural errors DMAS' hearing officers and hearing system encourage, and the harm resulting to our clients. VOPA hopes for a decision and action plan requiring changes to the DMAS appeals process resulting from the Complaint within the next year.</p>	

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<p><b>5. If this was this addressed through individual advocacy, provide the number of cases handled under the priority.</b> 15</p>
<p><b>6. If this priority addressed systemic advocacy or capacity building of the service delivery system for persons with developmental disabilities, please describe how including indicating if any were class actions.</b> Please see above description of VOPA's work collaborating with the Federal Centers for Medicare and Medicaid Services to ensure their appeals process is appropriate.</p>
<p><b>7. Was this priority targeted to under/unserved and minority populations? If so please describe whether or not services to the targeted population resulted in an increase in clients served.</b> No</p>
<p><b>8. Provide at least one case summary that demonstrates the impact of the priority.</b> VOPA represented Cinna, a three year old whose previous three requests for Medicaid services through the Elderly or Disabled with Consumer Direction (EDCD) Waiver were denied, despite being approved for the urgent waiting list for the Intellectual Disabilities Waiver. VOPA represented Cinna at the administrative hearing appealing the denial of his fourth request for the EDCD Waiver; however, the hearing officer affirmed the denial. VOPA filed an appeal of the decision in Circuit Court, and has begun settlement negotiations with opposing counsel that should result in approval and Medicaid services for Cinna to access the services she needs to live at home.  VOPA represented Peter, who is deaf and relies on interpreters to communicate. Peter required emergency room (ER) care for a concurrent mental health disorder; however, the ER staff notified Peter that they would not provide an interpreter. Peter's behaviors de-escalated safely, but failure to provide an interpreter could have resulted in a potentially tragic outcome.  VOPA negotiated with the President of Sentara Healthcare ("Sentara"), the system responsible for that ER, and multiple healthcare facilities in Virginia. Sentara completed an internal audit of staff's comprehension of communication and interpreter policies. Sentara found issues with staff training, and created a training packet for Sentara staff. This packet included information on ADA complaint effective communication and interpreters, stated "certified sign-language interpreter shall be obtained for patients unable to communicate by their preferred method of communication," and described "Deaf Talk, a close caption wireless teleconference unit." Implementation will ensure our client and others will receive effective communication across an entire healthcare system.</p>
<p><b>9. Rounding off to the nearest hundred dollars how much of this year's grant or award or its program income was spent on this priority?</b> \$154,739</p>
<p><b>10. Will this priority be continued in the next fiscal year?</b> Yes</p>

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**Section 7 Developmental Disabilities Network Collaboration**

**A. Provide information related to only those issues / barriers affecting individuals with developmental disabilities and their families in your State that the DDC, P&A, and UCEDD (the DD network) have jointly identified as critical State issues /barriers:**

**Using short titles, list 5-10 areas that the DDC, P&A, and UCEDD have identified as critical State issues/barriers. Then, identify at least one issue/barrier selected by your State DD Network for joint collaboration:**

1. 1. Policy Maker education

2. 2. Increase in ICFs/MR and rebuilding state institutions

3. 3. Medicaid Waivers waiting lists

4. 4. Implementation of United States v. Virginia

5. 5. Lack of integrated developmental disabilities service delivery system

6. 6. Abuse and neglect

7. 7. Outreach

8. 8. Continued need for training in self advocacy

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**Section 7 Issues/Barriers Elaboration: 1. Policy Maker education**

**1. Issue/Barrier number (from A in Section VII): 1**

**2. Provide a brief description of the collaborative issue/barrier and expected outcome(s):**

The DD Council (Virginia Board for People with Disabilities, VPBD) and the P&A (dLCV) will collaborate during Virginia's General Assembly session regarding proposed legislation and budget issues that may impact people with disabilities. The University Center of Excellence (Partnership for People with Disabilities) is also consulted. The DD Network was kept informed about VOPA's transition to dLCV throughout FY 13 and education of the Network and the public will continue in FY 14.

**3. Reference applicable SGP Goals(s): Priority number(s):** 1679 - People with Disabilities are Free from Abuse and Neglect, 1680 - Children with Disabilities Receive an Appropriate Education, 1681 - People with Disabilities Live in the Most Appropriate Integrated Environment, 1682 - People with Disabilities have Equal Access to Appropriate and Necessary Health Care

**4. Describe the P&A's specific roles and responsibilities in this collaborative effort:**

dLCV will distribute literature such as new agency brochures, posters and business cards and reach out to the community through outreach.

**5. Briefly identify problems, if any, encountered as a result of this collaboration:**

none

**6. Describe unexpected benefits, if any, of this collaborative effort:**

VOPA was a state agency and dLCV is a non-profit and has greater flexibility to independently and objectively advocate.

**7. If your P&A can provide technical assistance expertise in this area to other States, please describe:**

We are happy to provide consultation to other state P&As who transition out of state government.

**8. If any, describe the technical assistance needs the P&A/DD Network have in this area:**

n/a

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<b>Section 7 Issues/Barriers Elaboration: 4. Implementation of United States v. Virginia</b>
<b>1. Issue/Barrier number (from A in Section VII):</b> 4
<b>2. Provide a brief description of the collaborative issue/barrier and expected outcome(s):</b> Integration of the residents of Virginia's training centers into the community will require extensive coordination and collaboration with multiple agencies to ensure a network of supports exists post-discharge. dLCV is hopeful residents will safely transfer from the facilities to integrated, accessible community settings.
<b>3. Reference applicable SGP Goals(s): Priority number(s):</b> 1681 - People with Disabilities Live in the Most Appropriate Integrated Environment
<b>4. Describe the P&amp;A's specific roles and responsibilities in this collaborative effort:</b> dLCV will identify barriers to discharge, including the lack of integrated day support services and employment, access to assistive technology or environmental modifications, adequacy of behavioral supports and adequacy of medical supports and monitor applicable providers involved in the residents' transition as appropriate. This includes monitoring and supporting the U.S. vs. Commonwealth of Virginia settlement agreement.
<b>5. Briefly identify problems, if any, encountered as a result of this collaboration:</b> None
<b>6. Describe unexpected benefits, if any, of this collaborative effort:</b> Understanding the roles of each agency involved in the transition processes is furthered by our work in this area.
<b>7. If your P&amp;A can provide technical assistance expertise in this area to other States, please describe:</b> n/a
<b>8. If any, describe the technical assistance needs the P&amp;A/DD Network have in this area:</b> n/a

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**Section 7 Issues/Barriers Elaboration: 7. Outreach**

**1. Issue/Barrier number (from A in Section VII):** 7

**2. Provide a brief description of the collaborative issue/barrier and expected outcome(s):**

Virginia is lacking a strong organization to support self-advocates. As our service system moves toward greater community integration, it is critical that the voices of individuals with intellectual and developmental disabilities be heard.

**3. Reference applicable SGP Goals(s): Priority number(s):** 1679 - People with Disabilities are Free from Abuse and Neglect, 1680 - Children with Disabilities Receive an Appropriate Education, 1681 - People with Disabilities Live in the Most Appropriate Integrated Environment, 1682 - People with Disabilities have Equal Access to Appropriate and Necessary Health Care

**4. Describe the P&A's specific roles and responsibilities in this collaborative effort:**

VOPA worked closely with our DD network partners to support and sustain a new self-advocacy program, Virginia Advocates United Leading Together (VAULT). The DD Planning Council provided VAULT with funding and oversight, while the UCEDD provided staff assistance. VOPA gave VAULT office space, technological support, meeting space and multiple trainings. Additionally, VOPA's Director and VAULT's Director met as needed for problem solving and planning purposes.

**5. Briefly identify problems, if any, encountered as a result of this collaboration:**

Unfortunately, VAULT was not successful. Two successive Directors resigned within six months and due to internal operating concerns, the DD Planning Council discontinued funding. VOPA believes many of the problems that VAULT encountered can be linked directly to the requirement that it be a free-standing non-profit corporation.

**6. Describe unexpected benefits, if any, of this collaborative effort:**

VOPA was able to learn the demands of creating a self-advocacy organization and may be able to assist in meeting this need in the future.

**7. If your P&A can provide technical assistance expertise in this area to other States, please describe:**

n/a

**8. If any, describe the technical assistance needs the P&A/DD Network have in this area:**

n/a



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### Section 8 Coordination

<b>Check if the following programs are housed in the same organization as the P&amp;A program:</b>
<b>Client Assistance Program (CAP)</b> <input checked="" type="checkbox"/>
<b>Long Term Care Ombudsman (Older Americans Act)</b> <input type="checkbox"/>
<b>Other</b> <input checked="" type="checkbox"/>
<p><b>If other, please list:</b></p> <p>Protection and Advocacy for Individuals with Mental Illness,          Protection and Advocacy for Individual Rights,          Protection and Advocacy for Beneficiaries of Social Security,          Protection and Advocacy for Assistive Technology,          Protection and Advocacy for Traumatic Brain Injury, and          Protection and Advocacy for the Help America Vote Act</p>
<p><b>If the Client Assistance Program (CAP) and the Long Term Care Ombudsman (Older Americans Act) are not part of the P&amp;A System (PADD, PAIMI, PAIR and PAAT programs) describe coordination between the PADD program and the CAP and the Long Term Care Ombudsman (Older Americans Act.)</b></p> <p>Coordination with the State Long-Term Care Program is particularly important during the legislative session.</p> <p>The Long-Term Care Ombudsman Program consists of the Office of the State Long-Term Care Ombudsman and 20 local offices located in area agencies on aging throughout the state providing direct service in their communities. The mission of Virginia's State Long Term Care Ombudsman Program is to serve as an advocate for older persons receiving long-term care services. Virginia Local Ombudsmen provide older Virginians and their families with information, advocacy, complaint counseling, and assistance in resolving care problems. The program also represents the interests of long-term care consumers before state and federal government agencies and the General Assembly.</p>
<p><b>Describe your system's relations with agencies other than above and any inter-agency agreements or joint projects you may have, other than mentioned above.</b></p> <p>VOPA routinely collaborated and consulted with the National Disability Rights Network (NDRN). Several staff subscribe to NDRN supported P&amp;A listservs. These listservs offer P&amp;As the opportunity to consult and collaborate nationwide on similar issues and concerns facing people with disabilities.</p> <p>In FY 13, collaboration with multiple advocacy groups, events and disability service providers included Virginia Centers for Independent Living (CILS), Partners in Policymaking, Virginia's Public Guardianship and Conservatorship Advisory Board, Youth Leadership Forum, Virginia Department for the Blind and Visually Impaired, Virginia Department for Aging and Rehabilitative Services, Virginia Department of Social Services and Department of Health.</p>
<b>Section VIII. Services Provided Using Non-Part C Funding:</b>
<b>Are services and activities benefiting persons with developmental disabilities and their families supported by funding other than that provided by Part C of the DD Act or its program income:</b> No
<b>Please describe the projects funded with non-part C funding or its program income:</b>

**P & A Program Performance Report  
PADD PPR**

Grantee: VA

OMB Clearance No.: 0980-0160

Reporting Period: 10/1/2012 - 9/30/2013

Expiration Date.: 06/30/2014

**Section 9 Comments and Clarifications**

**Comments and Clarifications:**

VOPA provided PADD 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.

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PADD PPR**

Grantee: VA

Reporting Period: 10/1/2012 - 9/30/2013

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**Section 10 ADD Comments**

**ADD Comments:**