

# PAIR FY 13 PPR

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## RSA-509 - Protection & Advocacy of Individual Rights (PAIR) Program Performance Report

Virginia (disAbility Law Center of Virginia on behalf of the Virginia Office for Protection and Advocacy) - H240A110047 - FY2013

### General Information

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|---------------------------------------|---|
| Designated Agency Identification Name | disAbility Law Center of Virginia                     |
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| State                                 | Virginia  |
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| Name of PAIR Director/Coordinator     | Colleen Miller, Esq.                                  |
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### Part I. Non-Case Services

#### A. Individual Information and Referral Services (I&R)

Multiple responses are not permitted.

1. Individuals receiving I&R within PAIR priority areas 300
2. Individuals receiving I&R outside PAIR priority areas 823
3. Total individuals receiving I&R (lines A1 + A2) 1123

#### B. Training Activities

1. Number of trainings presented by PAIR staff 13
2. Number of individuals who attended training (approximate) 1109

#### C. Information Disseminated to the Public

1. Radio and TV appearances by PAIR staff 0
2. Newspaper/magazine/journal articles 1
3. PSAs/videos aired 0
4. Hits on the PAIR/P&A website 14,396

5. Publications/booklets/brochures disseminated 1275
6. Other (specify separately)

**Describe the trainings presented by PAIR staff. Be sure to include information about the topics covered, the training methods used, and the purpose for the training. Use separate sheets if necessary.**

Using PAIR and other funding sources, VOPA conducted dozens of trainings in varied settings in geographically diverse locations to educate Virginians with disabilities and their friends, families, teachers, and advocates about their rights, effective methods of self-advocacy and how to overcome the barriers they face navigating the complex disability service systems.

VOPA provided these PAIR 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.

VOPA completed two separate presentations regarding special education rights for foster and adoptive children to a total of eighteen parents and advocates.

VOPA trained two groups of advocates and parents from Hispanic and Latino families regarding special education rights and assistive technology to thirty-five people who provide services to Hispanic and Latino populations.

Helping others to navigate the Special Education maze, VOPA completed five presentations this year to parent and advocacy groups which explained special education rights, assistive technology and our agency's work in these areas. We presented to a total of sixty-six advocates and parents.

VOPA created a pilot program for a special education training for novice parents. This program can now be repeated throughout the state in future years.

VOPA provided eleven trainings this year on the topic of alternatives to guardianship to diverse groups of students, providers, parents and community partners. These presentations reached a total of one hundred fifty-two individuals.

VOPA conducted six trainings on employment rights to over two hundred sixty rehabilitation service counselors and clients, students and teachers.

VOPA completed fifteen consumer and advocacy group trainings regarding employment rights at workforce and independent living centers, a Disability Services Board, and a community college reaching two-hundred nineteen consumers, students and staff

VOPA participated in the Youth Leadership Forum at VCU Student Commons. The presentation was in the form of a resource fair where the presentation was done on transition services & employment rights to sixty students.

VOPA produced several Virginia-Approved MCLE trainings provided to VOPA attorneys and several attorneys from legal aid offices and state agencies which provide services to people with disabilities.

In collaboration with a local Center for Independent Living (CIL), VOPA conducted a workshop for thirty-two individuals on Access to Effective Communication in Health Care Settings.

## Part II. Individuals Served

### A. Individuals Served

Count individual once per FY. Multiple counts not permitted for lines A1 through A3.

|   |     |
|---|-----|
| 1. Individuals still served as of October 1 (carryover from prior FY)   | 22  |
| 2. Additional individuals served during the year  | 81  |
| 3. Total individuals served (lines A1 + A2)   | 103 |
| 4. Individuals w. more than 1 case opened/closed during the FY. (Do not add this number to total on line A3 above.) | 7   |

### B. Individuals served as of September 30

Carryover to next FY may not exceed total on line II. A.3 above 19

### C. Problem Areas/Complaints of Individuals Served

|                                 |    |
|---------------------------------|----|
| 1. Architectural accessibility  | 27 |
| 2. Employment                   | 22 |
| 3. Program access               | 1  |
| 4. Housing                      | 7  |
| 5. Government benefits/services | 31 |
| 6. Transportation               | 3  |
| 7. Education                    | 15 |
| 8. Assistive technology         | 1  |
| 9. Voting                       | 0  |
| 10. Health care                 | 5  |
| 11. Insurance                   | 0  |
| 12. Non-government services     | 3  |
| 13. Privacy rights              | 0  |

|                       |   |
|-----------------------|---|
| 14. Access to records | 0 |
| 15. Abuse             | 0 |
| 16. Neglect           | 0 |
| 17. Other             | 3 |

(1-Guardianship, 2-Advance Directives)

D. Reasons for Closing Individual Case Files

|  |    |
|--|----|
| 1. Issues resolved partially or completely in individual favor         | 61 |
| 2. Other representation found  | 6  |
| 3. Individual withdrew complaint                                       | 8  |
| 4. Appeals unsuccessful  | 2  |
| 5. PAIR Services not needed due to individual's death, relocation etc. | 4  |
| 6. PAIR withdrew from case   | 5  |
| 7. PAIR unable to take case because of lack of resources               | 4  |
| 8. Individual case lacks legal merit                                   | 7  |
| 9. Other (please explain)  | 0  |

E. Intervention Strategies Used in Serving Individuals

List the highest level of intervention used by PAIR prior to closing each case file.

|   |    |
|---|----|
| 1. Technical assistance in self-advocacy    | 44 |
| 2. Short-term assistance                    | 27 |
| 3. Investigation/monitoring                 | 0  |
| 4. Negotiation                              | 20 |
| 5. Mediation/alternative dispute resolution | 3  |
| 6. Administrative hearings                  | 2  |
| 7. Litigation (including class actions)     | 1  |
| 8. Systemic/policy activities               | 0  |

**Part III. Statistical Information on Individuals Served**

A. Age of Individuals Served as of October 1

Multiple responses not permitted.

|                |    |
|----------------|----|
| 1. 0 – 4       | 0  |
| 2. 5 – 22      | 22 |
| 3. 23 – 59     | 55 |
| 4. 60 – 64     | 11 |
| 5. 65 and over | 15 |

B. Gender of Individuals Served

Multiple responses not permitted.

|            |    |
|------------|----|
| 1. Females | 54 |
| 2. Males   | 49 |

C. Race/Ethnicity of Individuals Served

|                                |   |
|--------------------------------|---|
| 1. Hispanic/Latino of any race | 2 |
|--------------------------------|---|

*For individuals who are non-Hispanic/Latino only*

|  |    |
|--|----|
| 2. American Indian or Alaskan Native         | 2  |
| 3. Asian                                     | 1  |
| 4. Black or African American                 | 30 |
| 5. Native Hawaiian or Other Pacific Islander | 0  |
| 6. White                                     | 68 |
| 7. Two or more races                         | 0  |
| 8. Race/ethnicity unknown                    | 0  |

D. Living Arrangements of Individuals Served

Multiple responses not permitted.

|   |    |
|---|----|
| 1. Independent                              | 73 |
| 2. Parental or other family home            | 25 |
| 3. Community residential home               | 0  |
| 4. Foster care                              | 0  |
| 5. Nursing home                             | 1  |
| 6. Public institutional living arrangement  | 0  |
| 7. Private institutional living arrangement | 0  |
| 8. Jail/prison/detention center             | 0  |
| 9. Homeless                                 | 3  |
| 10. Other living arrangements               | 0  |
| 11. Living arrangements not known           | 1  |

E. Primary Disability of Individuals Served

Identify the individual's primary disability, namely the one directly related to the issues/complaints

|  |    |
|--|----|
| 1. Blind/visual impairment             | 4  |
| 2. Deaf/hard of hearing                | 14 |
| 3. Deaf-blind                          | 0  |
| 4. Orthopedic impairment               | 22 |
| 5. Mental illness                      | 6  |
| 6. Substance abuse                     | 0  |
| 7. Mental retardation                  | 1  |
| 8. Learning disability                 | 5  |
| 9. Neurological impairment             | 13 |
| 10. Respiratory impairment             | 10 |
| 11. Heart/other circulatory impairment | 4  |
| 12. Muscular/skeletal impairment       | 19 |
| 13. Speech impairment                  | 0  |
| 14. AIDS/HIV                           | 0  |
| 15. Traumatic brain injury             | 3  |
| 16. Other disability                   | 10 |

1-cerebral palsy, 2-sleep disorders, 4-ADD/ADHD, 1-cancer, 1-renal failure, 1-diabetes

**Part IV. Systemic Activities and Litigation**

A. Systemic Activities

|   |        |
|---|--------|
| 1. Number of policies/practices changed as a result of non-litigation systemic activities | 1      |
| 2. Number of individuals potentially impacted by policy changes                           | 34,420 |

*Describe your systemic activities. Be sure to include information about the policies that were changed and how these changes benefit individuals with disabilities. Include case examples of how your systemic activities impacted individuals served.*

VOPA completed multiple Americans with Disabilities Act Title II and III accessibility surveys in our targeted area, the City of Petersburg, and made substantial progress in making the City more accessible for all Virginians. The project was completed in two phases. We first surveyed multiple locations throughout the city. Some were private businesses including local gas stations, restaurants and hair salons. Other sites included publicly operated museums, parks and cross sections of the city streets and parking lots.

VOPA then identified multiple concerns with the locations relating primarily to path of travel and parking and negotiated resolutions. Most of the attractions have corrected the access issues. These resolutions included the addition of accessible parking spaces and signage, creation of curb cuts, lowering counter heights and removal of barriers such as concrete and brick obstructions. The City of Petersburg recognized these problems, along with other access issues which exist throughout the City, and affirmed a commitment to address accessibility concerns throughout the City over the next five years.

#### B. Litigation/Class Actions

1. Number of individuals potentially impacted by changes as a result of PAIR litigation/class action efforts: (Unable to determine at this time since this is an ongoing case)

2. Number of individuals named in class actions 0

Describe your litigation/class action activities. Explain how individuals with disabilities benefited from your litigation activities. Be sure to include case examples that demonstrate the impact of your litigation.

VOPA filed a federal lawsuit under Title III of the ADA for an inaccessible restaurant in Lynchburg, Virginia which refuses to install an entrance ramp or accessible restrooms. Our client, Derrick, who uses a walker, was denied entrance to the restaurant, and awaits the remedy ordered by the court.

### **Part V. PAIR'S Priorities and Objectives**

#### A. Priorities and Objectives for the Fiscal Year Covered by this Report

For each of your PAIR program priorities for the fiscal year covered by this report, please:

1. Identify and describe priority.
2. Identify the need, issue or barrier addressed by this priority.
3. Identify and describe indicators PAIR used to determine successful outcome of activities pursued under this priority.
4. Explain whether pursuing this priority involved collaborative efforts by other entities. If so, describe this collaboration.

5. Provide the number of cases handled under the priority. Indicate how many of these, if any, were class actions.
6. Provide at least one case summary that demonstrates the impact of the priority.

Goal: Children with disabilities receive an appropriate education

Focus Area: Appropriate therapy and services for children with disabilities with IEPs or 504 Plan

Needs/Issues/Barriers Addressed: Based on public comment, VOPA experience, and the level of requests for services in this area, receiving appropriate therapies and services in order to participate in public education remained a high priority and area of concern for children with disabilities and their families.

Indicators for Success Include the Completion of the Following Objectives:

1. Develop a fact sheet for parents and children on the services available under a 504 Plan.
2. Provide self-advocacy education rights presentation to parent or child advocacy groups regarding special education rights and assistive technology, and an overview of VOPA services.
3. Increase self-advocacy by providing Technical Assistance (TA) or Short Term Assistance to all callers who complain that they were denied appropriate therapy or services in Individualized Education Programs (IEPs) or 504 Plans.
4. Represent children who have improperly been denied needed and appropriate therapy or services in their IEPs or 504 Plans.
5. Represent children from Hispanic or Latino families who have been denied special education services due to inadequate evaluations or assessments.
6. Identify one county, city or region and collaborate with one or more advocacy groups to provide training to students, parents and advocates on the special education eligibility process and services available in IEP and 504 Plans.

Collaborative Efforts: VOPA collaborated with local advocacy and parent groups to address the issues and needs defined in these objectives.

Number of Cases Handled: 5

Case Summary for each indicator that demonstrates the impact of the priority:

1. A fact sheet for parents and children on the services available under a 504 Plan was completed and will be posted on the dLCV website. It is also provided as a Technical Assistance and Short Term Assistance resource to callers with questions about 504 Plans.
2. VOPA completed two separate presentations regarding special education rights for foster and adoptive children to a total of eighteen parents and advocates at Family First Children Services of Virginia, Inc. in Midlothian,

Virginia, with whom VOPA collaborated to schedule and hold the presentation. The first presentation was for the staff and advocates and the second targeted the evening parent support group which included foster and adoptive parents.

VOPA trained two groups of advocates and parents from Hispanic and Latino families regarding special education rights and assistive technology via a presentation at Creciendo Juntos, which is an organization that brings together advocates to the Hispanic and Latino populations for networking and sharing available services to further serve those communities. The second presentation was completed to the Children's Health Improvement Program, with whom VOPA collaborated to schedule and hold the presentation, to thirty-five people who provide services to Hispanic and Latino populations.

Helping others to navigate the Special Education maze, VOPA completed five presentations this year to parent and advocacy groups which carefully explained special education rights, assistive technology and our agency's work in these areas. We presented to a total of sixty-six advocates and parents at the Essential Pieces Parents Support Groups in Winchester and Hampton, Family First Children Services Support Group in Midlothian, Stop Child Abuse Now (SCAN) Richmond chapter and Muscular Dystrophy Association (MDA) which serves the whole state. VOPA collaborated with each of these entities to schedule and conduct the presentations. These parents and advocates now have a better understanding of how the special education processes of eligibility, requesting or challenging a denial for service can be managed.

3. VOPA provided a minimum of Information and Referral to all callers who complained they were denied appropriate therapy or services in an Individualized Education Program (IEP) or 504 Plan. VOPA opened twenty-eight service requests to provide technical assistance or short-term assistance to assist callers in receiving appropriate therapy and services.

4. VOPA opened twenty-seven cases for children who have improperly been denied needed and appropriate therapy or services in their IEPs or 504 Plans.

James is diagnosed with Autism and was transitioning from elementary to middle school. He exhibited inappropriate touching of female staff and students. His behavior seemed to be an attempt to address heightened sensory stimuli needs associated with puberty. The school's initial reaction was to remove James from all interaction with other students to include, having lunch alone in the classroom, removal from the P.E. class, removal from the computer class, and isolation. The parent rejected this approach and VOPA assisted with negotiation of heightened supervision and positive redirection by the school to address appropriate interaction with females. The school agreed and the IEP team created a plan which adequately addresses his needs.



VOPA opened four cases for children for filing Due Process Hearings or Complaints with the Virginia Department of Education (VDOE).

A student with Autism engaged in an act of physical aggression consistent with her status as a student with Autism. The School System brought a Due Process Action, arguing that a placement somewhere within an alternate private placement including over 100 various classrooms, locations, and programs was adequate for the Individualized Educational Plan. VOPA participated in a five-day due process hearing, arguing that such a vague and general proposal was not adequate. The decision was pending at the close of the fiscal year.

5. VOPA opened two cases for children from Hispanic or Latino families who have been denied special education services due to inadequate evaluations or assessments.

Juan is a child who is deaf with behavioral issues. He was attending public school until October 2011 when he was removed and placed in an alternative school without being suspended or given a behavior plan. Juan's parent argued that a Behavioral Intervention Plan (BIP) had not been provided, even in the alternative placement, and he was only receiving 1/2 hour to an hour of instruction per week. VOPA successfully advocated having a BIP put in place to prevent suspension and help improve behaviors.

6. VOPA collaborated with advocacy groups in Fredericksburg including the Center for Independent Living and other parent advocacy groups to provide training to students, parents and advocates on the special education eligibility process and services available in IEPs and 504 Plans. VOPA created a pilot program for special education training for novice parents. The initial presentation of this training took place at the Central Rappahannock Regional Library in Fredericksburg, complete with a new Special Education Manual, and was well-received by the participants. This program can now be repeated throughout the state in future years.

Goal: Children with disabilities receive an appropriate education

Focus Area: Children who are suspended or who are at risk for long-term suspension

Needs/Issues/Barriers Addressed: Based on public comment, VOPA experience, and the level of requests for services in this area, many children in Virginia still face inadequate behavioral accommodations and services to accommodate their disabilities and avoid disciplinary action.

Indicators for Success Include the Completion of the Following Objectives:

1. Increase self-advocacy by providing TA or STA to all callers who complain that they or their children have been suspended or are at risk of a long-term suspension.
2. Represent children who received a long-term suspension or who are at risk of receiving a long-term suspension due to lack of an appropriate Functional Behavioral Assessment (FBA) or Behavioral Intervention Plan (BIP) and advocate for them to receive services in the least restrictive environment.

3. Identify one county, city or region and collaborate with one or more advocacy groups to provide training to students, parents and advocates on their rights in the special education disciplinary process and their right to file for Due Process and other remedies.
4. Identify one school division and investigate whether children with disabilities are disproportionately suspended or expelled.

Collaborative Efforts: VOPA internally managed these objectives. Collaboration was not warranted.

Number of Cases Handled: 8

Case Summary for each indicator that demonstrates the impact of the priority:

1. VOPA provided TA or STA to all callers who complained that they or their children had been suspended or were at risk of a long-term suspension and opened eighteen service requests for technical assistance or short-term assistance.

Akbar was suspended from school and provided homebound instruction. The IEP team did not properly consider whether his Behavior Intervention Plan (BIP) was sufficient to address his behaviors when it held a Manifestation Determination Review. VOPA conducted records review and found that the Functional Behavior Assessment conducted in May 2012 was poorly summarized or defined. Furthermore, Akbar's May 2012 BIP was vague and nondescript.

VOPA provided extensive technical assistance about FBAs, BIPs, other evaluations, Akbar's Individual Education Plan (IEP) issues (prior written notice, excused or unexcused team members, etc.), and related services - all related to the homebound instruction and suspension issues. Akbar's mother followed the technical assistance when she attended three separate IEP team meetings in April 2013. She asked for prior written notice on the denial of FBA while Akbar is receiving home-bound instruction. At the last IEP team meeting, the mother agreed to an addendum where Akbar will start attending half days in the mornings, with home-bound instruction in the afternoons.

2. VOPA opened ten cases for children who received a long-term suspension or who are at risk of receiving a long-term suspension due to the lack of an appropriate Functional Behavioral Assessment (FBA) or Behavioral Intervention Plan (BIP) and advocate for them to receive services in the least restrictive environment.

Billy is a fourteen-year old student with autism and intellectual disability. He had started his first year in high school in September 2012 with much difficulty adjusting to transitions and new expectations without appropriate supports or services in place.

Billy had a significant behavior event in January 2013 that led to an eight-day out-of-school suspension and being placed on homebound services for eight

hours per week. Billy's mother called VOPA back because she was concerned about the appropriateness of the homebound services when the school had yet to conduct a FBA. VOPA agreed to investigate the suspension and to represent Billy to address the lack of appropriate behavior supports at the Individualized Education Plan (IEP) meetings.

VOPA discussed, advocated for, and secured an IEP team agreement to conduct further evaluations. The team found Billy eligible to continue to receive special education and related services. Billy's behaviors were drastically reduced. VOPA successfully advocated for the IEP team to revise and develop an IEP that accurately reflects his considered factors, present levels of performance, and provides more thoughtful accommodations and supports, and inclusion of consultative services in areas of Occupational Therapy and Speech Language Therapy.

3. VOPA combined this county-based training objective with the prior educational training objective to provide training to students, parents and advocates on their rights in the special education disciplinary process and their right to file for Due Process and other remedies. VOPA created a pilot program for special education training for novice parents which was conducted in August and left the parents wanting more.

4. VOPA evaluated data that indicated that Caroline and King and Queen County disproportionately suspend students with disabilities and selected that area for the above referenced training. We will consider this data in development of future systemic objectives.

Goal: People with disabilities have equal access to government services

Focus Area: Access to State and Federal Government Services

Needs/Issues/Barriers Addressed: VOPA will seek local and systemic change to increase the quality of life for people with disabilities by removing barriers to ADA Title II services, including government buildings and attractions.

Indicators for Success Include the Completion of the Following Objectives:

1. Increase access to courts and court services by people with disabilities by training Virginia court clerks on the accessibility requirements of the ADA and the obligation to make programs and services fully and equally accessible.
2. Represent individuals denied access to a government building or services due to architectural barriers, failure to provide reasonable accommodations, or denial of the use of a service animal.
3. Represent individuals regarding allegations of disability discrimination in public housing.
4. Represent individuals with disabilities regarding the denial of Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) benefits by the Social Security Administration at the appeal level. Preference will be given to individuals who have been denied representation by private counsel.

5. Survey publicly-operated attractions listed on the Virginia Tourism website for compliance with ADA accessibility requirements and advocate for posting of accurate accessibility information.
6. Survey an Amtrak station for compliance with ADA accessibility requirements regarding architectural accessibility and reasonable accommodations for effective communication.
7. Monitor implementation of the settlement agreement in *Winborne v. Virginia Lottery*. Obtain corrective action as appropriate.

Collaborative Efforts: VOPA collaborated with many different local government officials to address the issues and needs defined in these objectives.

Number of Cases Handled: 22

Case Summary for each indicator that demonstrates the impact of the priority:

1. VOPA participated in the Conference for Virginia District Court Clerks in June, 2013, and was a co-presenter to a group of three-hundred clerks on the topic of Understanding and Assisting Persons with Disabilities: Promoting Disability Awareness. VOPA was able to create future collaboration opportunities with the VCU I-CAN Accessibility Project, the Supreme Court of Virginia Information Technology Department, and collect data relating to clerk self-identification of problems with communication and access to the courts for people with disabilities.

2. VOPA opened thirteen cases for people denied access to a government building or services due to architectural barriers, failure to provide reasonable accommodations, or denial of the use of a service animal.

Veronica is ten and needs multiple behavioral supports at home and in school. The agency providing private counseling and behavior support services outside of the school was denied access by the public school system to come observe her at school for treatment planning and development. VOPA advocated for Veronica via negotiation with the school Principal who eventually agreed to meet with the private counseling agency and then granted access for the private counseling agency to observe the child. As a result of breaking down the access barrier, a successful home based plan is now being crafted and the lines of communication are open between the school and the private counseling agency to ensure the most adequate behavior supports are in place now and in the future.

Jonny called VOPA after he faced difficulty with numerous surface changes and difficulty navigating a long stretch of sidewalk in a heavily populated part of Manassas, Virginia. VOPA negotiated with multiple entities including the City Manager of Manassas, County Executive of Prince William County and the Virginia Department of Transportation (VDOT) who oversee maintenance of this stretch of sidewalk to achieve resolution. As a result of our negotiation, Prince William County completed a comprehensive survey of the stretch of sidewalk.

VDOT then put into place a three part plan to renovate the sidewalk and fix the issues. This includes addressing the surface irregularities, obstructions and outdated curb ramps and signaling devices which will be of great benefit to all individuals who travel along this busy area. Jonny and many others now have a safe sidewalk to reach dozens of businesses in the area.

3. As Ralph has gotten older over the years, his mobility has significantly decreased. He contacted VOPA regarding his inaccessible bathroom at his apartment complex. He did not know where to start to get his tub to an adequate height and make his sink accessible. VOPA first educated the client about how to acquire supporting medical documentation and then request reasonable accommodations from his property manager. VOPA then directly assisted the client with negotiating approval and acquisition of the accommodations which included a modified low rise tub and roll-in sink. Ralph now can safely move around in his bathroom.

4. VOPA opened ten service requests for individuals denied Social Security benefits and has completed three hearings. Two resulted in awards of benefits including multiple years of past-due awards, and a third hearing resulted in encouraging comments from the hearing officer, although the record is still open. The other callers were either provided short-term assistance or are still under review.

Nicky had worked as a nurse for fifteen years before a degenerative muscle condition caused him extreme pain, and eventually made him unable to work. He had been denied representation repeatedly, and had been found ineligible for Social Security Disability Insurance benefits several times. VOPA became involved in the case and encouraged the client to renew his medical treatments to supplement the medical record. In obtaining additional care, Nicky's doctors discovered a previously undiagnosed detached muscle that explained the pain and inability to work. VOPA presented the evidence to the Social Security Administrative Law Judge and argued for a retroactive application, resulting in a past-due award of \$95,000 for the client.

5. VOPA surveyed six publicly operated attractions across Virginia and negotiated resolution of accessibility issues ensuring safe access for individuals with disabilities. Three of the attractions were in the City of Farmville: The Visitors Center, Farmers Market and a downtown intersection. The County Administrator of Prince Edward County fixed the excessive door weight and railing repair issues at the Visitors Center. Farmville restriped and relocated an accessible parking park space which was too narrow and fixed curb cut issues with a well traveled intersection in the heart of the City. The fourth site, Blandy Farm, an attraction operated by UVA, agreed to pave and add accessible spaces, add accessible picnic tables, create safe paths of travel and fix door width and threshold issues. The fifth site, Fighting Creek Park in Powhatan added an accessible parking space to a public area. The sixth and final attraction, Morrison Park in Harrisonburg agreed to address path of travel and access issues via \$10000 City block grant. These attractions are now safer and more accessible for all visitors.

6. VOPA surveyed eleven Amtrak stations, and reported its findings to NDRN. NDRN highlighted Virginia's survey results in a submission to the US Department of Justice (DOJ) relating to physical access. VOPA additionally has a client interested in pursuing a separate DOJ complaint relating to Amtrak's failure to use video signage, and VOPA hopes to pursue that case in FY 2014.

7. VOPA continues to monitor implementation of the settlement agreement in *Winborne v. Virginia Lottery* by surveying lottery retailers while in the field on other projects. VOPA has found several compliance issues and is preparing a summary to compare to the state data. VOPA has sent a Freedom of Information Act request to the state relating to their findings.

After discovering access issues with path of travel and parking at two lottery retailers in Petersburg, VOPA directly negotiated with the owners who made both businesses accessible.

Goal: People with disabilities live in the most appropriate integrated environment

Focus Area: Maximize Individual Choice and Self Direction

Needs/Issues/Barriers Addressed: VOPA will educate and assist individuals with creation of Advance Directives and modification or termination of guardianships to allow for maximized individual choice. We will also respond to legislation and inform policy makers as needed to protect the rights of personal choice and self-direction.

Indicators for Success Include the Completion of the Following Objectives:

1. Train Advance Directive Peer Advisors at Community Service Boards to equip mental health consumers to assist others in drafting advance directives.
2. Represent individuals in preparing a Healthcare Directive or Power of Attorney as an alternative to guardianship.

Collaborative Efforts: VOPA collaborated with multiple advocacy groups whose concurrent mission is to maximize individual choice and self-direction to complete these objectives.

Number of Cases Handled: 4

Case Summary for each indicator that demonstrates the impact of the priority:

1. VOPA provided 11 trainings this year on the topic of alternatives to guardianship: University of Virginia's Mental Health Law clinic; Northwestern Services Consumer Advisory Council; Western State Hospital (WSH) Wellness Recovery Action Plan (WRAP) I; WSH WRAP II; WSH NGRI Issues Group; Department for the Blind and Vision Impaired; Sojourner's Social Action Committee; Hospice of the Piedmont; two sessions at the annual state-wide Parent Summit; Culpeper Parents of Students with Special Needs; Culpeper Parent Teacher Resource Center; the Charlottesville Transition Forum and

Resource Fair; and PAIMI Advisory Council. These presentations reached a total of 152 individuals.

2. VOPA drafted twenty-six advance directives in FY 13. Two of these cases were under PAIR. Five individuals were high school students who had turned eighteen and whose parents were considering guardianship; two were individuals who have had medical care postponed in the past due to questions of capacity and substitute decision-makers.

VOPA opened two new cases regarding alternatives to guardianship this year, and carried forward three cases from FY2012. In one example, Webster called VOPA because his sister filed a petition for guardianship a few days after their mother's death. Although Webster lived with his mother, he has been independent his entire adult life. He is deaf and has mobility limitations due to cerebral palsy, but has no intellectual or cognitive impairment. He owns and drives a vehicle, pays his own bills, and handles his own medical appointments. VOPA represented Webster in two court proceedings and ultimately got the case dismissed with a finding of capacity on the record. Due to VOPA's representation, Webster continues to live independently and makes his own decisions about his life. He also has a court finding of capacity which will make it much more difficult for his sister if she ever tries to file again for guardianship.

Goal: People with disabilities live in the most appropriate integrated environment

Focus Area: Equal Access to Public Accommodations under the ADA

Needs/Issues/Barriers Addressed: VOPA will seek local and systemic change to increase the quality of life for people with disabilities by removing barriers to the enjoyment of places of public accommodation, including tourist locations and retail businesses.

Indicators for Success Include the Completion of the Following Objectives:

1. Represent individuals who have been denied access to a place of public accommodation due to architectural barriers or inaccessible parking, or denial of a service animal.
2. Identify one county, city, or region that is a destination for tourists and survey public accommodations of various types (e.g. hotels, restaurants, and retail establishments) to determine if they are accessible to people with disabilities. Provide technical assistance letters to inaccessible businesses outlining what they must do to become accessible. If any of the businesses surveyed in this objective are under contract with a state agency, inform that state agency that the business is out of compliance with state and federal law and obtain corrective action.
3. Survey private attractions listed on the Virginia Tourism website ([www.virginia.org](http://www.virginia.org)) in a selected region for compliance with ADA accessibility requirements, and advocate for posting of accurate accessibility information. Seek corrective action where necessary.
4. File litigation against non-compliant businesses that refuse to become accessible.

Collaborative Efforts: VOPA internally managed these objectives. Collaboration was not warranted.

Number of Cases Handled: 16

Case Summary for each indicator that demonstrates the impact of the priority:

1. VOPA opened sixteen (16) cases for individuals who were denied access to a place of public accommodation due to architectural barriers or inaccessible parking, or denial of a service animal.

Barry is six and has autism. His mother registered him for participation in the Kids Bloomin' Mile, a huge racing event for children which is part of the Shenandoah Valley Apple Blossom Festival. In order to participate in the race, Barry needed his mother to run as well to shadow him and ensure his safety. The Festival denied Barry's mother the right to shadow her son due to 'insurance reasons.'

VOPA stepped in and demanded that the Shenandoah Valley Apple Blossom Festival allow the client's mother be allowed to participate to act as a reasonable accommodation. The Shenandoah Valley Apple Blossom Festival conceded after consultation with the Road Runners Club of America. Representatives from the Festival then contacted Barry's mother and set up a meeting to determine how best to accommodate him. Barry enjoyed running in one of the largest children's races in Virginia and VOPA provided an educational experience for the organizers of the Festival to use as a lesson in the future for accommodation requests for individuals with disabilities.

2. VOPA completed multiple Title II and III access surveys in the targeted area, the City of Petersburg, and made substantial progress on this objective. Survey sites for Phase I included multiple gas stations, Traditionz Restaurant, Bistro, Maria's Restaurant, Retreat Spa, the Centre Hill Museum, Seige Museum, Visitor's Center, School Administration Building and Pamplin Park and in Phase II our target was a concentrated grid of parking and sidewalk locations in the heart of the City. We identified multiple concerns with the locations relating primarily to path of travel and parking, sent out letters of concern and negotiated resolutions. Most of the attractions have corrected the access issues. These resolutions included the addition of accessible parking spaces and signage, creation of curb cuts, lowering counter heights and removal of barriers such as concrete and brick obstructions. The City of Petersburg recognized these problems, along with other access issues which exist throughout the City, and affirmed a commitment to address accessibility concerns throughout the City over the next five years.

3. VOPA surveyed several private attractions and negotiated corrective action. In Harrisonburg, we identified a large parking lot in the Valley Plaza which had no accessible spaces. VOPA successfully negotiated the addition of eight accessible parking spaces and appropriate signage with the property's manager. In Farmville, we found a barrier to a diner's ordering window and no accessible seating. Working with the



owner, we negotiated removal of a large planter and the addition of accessible tables. In Alexandria, we negotiated with the property management at a large mall. During negotiation we learned of a pending demolition of the mall for the Spring and negotiated an assurance of ADA compliance from the property manager during the re-build. In New Market, we negotiated with a pizza restaurant owner who agreed to move an arcade machine and re-open an accessible entrance. In Powhatan, we identified a park which had a playground and seating area without an accessible parking space in the lot and negotiated the addition of the accessible parking space. VOPA was able to survey a diverse number of areas and attractions. There were several other attractions in each city we surveyed that did not present accessibility issues. Through these surveys and resolutions, we took a close look at Title III accessibility issues and resolved barriers for Virginians with disabilities.

4. VOPA filed a federal lawsuit under Title III of the ADA for an inaccessible restaurant in Lynchburg, Virginia which refuses to install an entrance ramp or accessible restrooms. Our client, Derrick, who uses a walker, was denied entrance to the restaurant, and plans to visit once the remedy is ordered by the court.

Goal: People with disabilities are employed to their maximum potential

Focus Area: Employment rights under the ADA

Needs/Issues/Barriers Addressed: VOPA seeks to increase access to reasonable accommodations in the workplace, resulting in greater employment opportunities for people with disabilities.

Indicators for Success Include the Completion of the Following Objectives:

1. Train clients and staff at Woodrow Wilson Rehabilitation Center and regional DARS offices, and consumers at state and private rehabilitation centers on employment rights.
2. Train consumer or advocacy groups regarding employment rights under the ADA and VDA.
3. Develop a Virginia State Bar-approved Continuing Legal Education program on disability rights in employment and offer at no charge to attorneys who agree to provide a no-cost consultation or serve as a referral attorney to a person with a disability who alleges discrimination.
4. Provide technical assistance to individuals regarding employment rights or discrimination based on disability under Title I of the ADA or the Virginians with Disabilities Act.
5. Represent individuals who have been denied reasonable accommodations in employment under the ADA in mediation or administrative proceedings before the Equal Employment Opportunity Commission or Virginia Human Rights Council.

Collaborative Efforts: VOPA collaborated with multiple rehabilitation and employment service providers and groups to reach the appropriate populations to complete these objectives.

Number of Cases Handled: 21

Case Summary for each indicator that demonstrates the impact of the priority:

1. VOPA conducted trainings on employment rights at the Charlottesville, Fishersville, and Alexandria DARS offices. At the Woodrow Wilson Rehabilitation Center, VOPA conducted presentations to facility employees and students studying nursing, life skills, food services, materials and handling, employment skills, auto mechanics, and reached additional students in general assemblies. In total, VOPA reached over two-hundred students and dozens of staff, as well as thirty-six DARS clients through these presentations.

2. VOPA completed employment rights training to consumer and advocacy groups including the Charlottesville Workforce Center, the Petersburg Independent Living Center, the Fauquier County Disability Services Board and J. Sargeant Reynolds Community College. The training reached consumers, staff and students.

VOPA participated in the Youth Leadership Forum at VCU Student Commons. The presentation was in the form of a resource fair where the presentation was done on transition services & employment rights to sixty students.

3. VOPA produced several Virginia-Approved MCLE trainings, but was not successful in offering to exchange the training to attorneys for client services. The trainings were provided to VOPA attorneys and several attorneys from legal aid offices and state agencies which provide services to people with disabilities.

4. VOPA opened twenty-five service requests to provide technical assistance to individuals regarding employment rights or discrimination based on disability under Title I of the ADA or the Virginians with Disabilities Act.

Mr. Chow contacted the office to request VOPA's assistance with an employment discrimination issue. Mr. Chow says after being hospitalized for an anxiety issue he was fired from his position. He says he attempted to request reasonable accommodations, and informed his employer that he had a disability. While he was hospitalized he says he made contact with his employer periodically. His employer sent a letter explaining the reason for his termination was due to lack of contact while he was in the hospital. Mr. Chow asked for VOPA's assistance with getting his job back. We provided technical assistance referrals to the Equal Employment Opportunity Commission (explaining their complaint process), and the Virginia State Bar Association as well as legal aid for further legal assistance.

5. VOPA opened service requests to assist four claimants in proceedings before the EEOC, specifically mediation. None moved forward to mediation during the fiscal year, but one was resolved through direct mediation.

VOPA negotiated on behalf of a former client, when the Equal Employment Opportunity Commission (EEOC) reached out to VOPA to resolve an employment dispute. Although unsuccessful in reaching an agreement in 2012, VOPA recognized that the offer was

reasonable, and the client might regret her prior decision to refuse the offer. Rather than burning bridges, VOPA kept the lines of communication open with both the EEOC and the employer, and when the EEOC called with a final request to try to mediate a resolution, the client accepted the offer she had previously rejected for almost two years. VOPA was able to deliver \$10,000 to a client who didn't make that in a year at the job in question, and VOPA managed to strengthen its identity as effective advocates in the eyes of the EEOC.

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

Focus Area: Denial of needed and appropriate Medicaid services

Needs/Issues/Barriers Addressed: Medicaid services are critical to the continued health and safety of many of the individuals VOPA serves. The Medicaid system in Virginia has multiple programs which can be complicated to access and understand. VOPA's experience with service requests in this area demonstrates that this need continues to grow throughout the state.

Indicators for Success Include the Completion of the Following Objectives:

1. Represent individuals denied needed and appropriate Medicaid services under a Waiver Program or under the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program.
2. Advocate for DMAS to require that employees and agents conducting eligibility screenings for Elderly or Disabled with Consumer Direction (EDCD) Waiver eligibility receive training in EDCD Waiver eligibility standards.

Collaborative Efforts: VOPA focused primarily on casework for these objectives; however on-going collaboration with DMAS will be necessary to fulfill the second indicator in the future.

Number of Cases Handled: 10

Case Summary for each indicator that demonstrates the impact of the priority:

1. Randell has a rare brain tumor and sought assistance to remain in the community after being denied receipt of an Elderly or Disabled with Consumer Direction Medicaid Waiver. Randell, through his guardian, requested assistance appealing the denial. He was at serious risk of institutional placement due to behaviors that made him a danger to his family.

Through zealous advocacy both on the part of the guardian and case manager and navigation guidance from VOPA, Randell was awarded an urgent slot on the Developmental Disabilities (DD) Waiver after being on the wait list for an extended period of time. He is now able to remain at home with his family.

2. VOPA continued to advocate for DMAS to require employees and agents to receive training in EDCD Waiver eligibility standards. VOPA staff have reviewed multiple EDCD waiver denial cases and represented one individual in an appeal of denied benefits. VOPA also updated a fact sheet on Early and Periodic, Screening, Diagnosis and Treatment (EPSDT), and updated the process for submitting requests to include policy changes made by the Department of Medical Assistance Services. The new fact sheet has been updated on our website. Technical Assistance letters for requesting letters of medical necessity (LMNs) as well as LMN requirements and sample LMNs are available internally.

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

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

Needs/Issues/Barriers Addressed: This Focus Area allows VOPA to address the need for greater architectural access and effective communication for people with disabilities using medical facilities.

Indicators for Success Include the Completion of the Following Objectives:

1. Train community based advocacy or consumer groups on ADA accessibility requirements in medical settings, including physical barriers and effective communication issues.
2. Represent five (5) individuals with disabilities denied access to healthcare facilities or services under the ADA due to architectural barriers, failure to provide reasonable accommodations, or denial of the use of a service animal.

Collaborative Efforts: VOPA collaborated with Western State Hospital and other local hospitals including Augusta Health to ensure effective communication was addressed throughout the state.

Number of Cases Handled: 7

Case Summary for each indicator that demonstrates the impact of the priority:

1. In collaboration with the Fredericksburg CIL, VOPA conducted a workshop for 32 individuals on Access to Effective Communication in Health Care Settings. VOPA conducted monthly monitoring visits at Western State Hospital (WSH) with an emphasis on the unit for deaf residents. VOPA consistently observed staff on the unit communicating with individuals using ASL and other means of effective communication.
2. VOPA opened nine service requests for individuals with disabilities denied access to healthcare facilities or services under the ADA due to architectural barriers, failure to provide reasonable accommodations, or denial of the use of a service animal. Seven of those were completed under PAIR

Patti, who is hearing impaired, visited the emergency room at Augusta Health Hospital in Fishersville, Va. and claimed she requested and never received an interpreter for her

treatment. VOPA expressed her concerns to Augusta Health and demanded a response. Augusta Health agreed to and then completed a comprehensive investigation of the incident. In their response letter, Augusta Health explained that for several past visits to the hospital, Patti communicated with staff on multiple occasions with notes, speaking and using a hearing aid and no staff could recall that Patti requested an interpreter for this visit. Augusta Health then explained that during the follow-up conversation with Patti that she felt she had in fact requested an interpreter. Augusta Health then asserted they will provide this client and others with effective communication accommodations in the future and they also provided an explanation of the Hospital policy on effective communication, which is ADA compliant. For future improvement in this area, Augusta Health is also exploring piloting the Language Line's Video Interpreting Service. VOPA is certain that Augusta Health will handle future communication with individuals who are deaf or hearing impaired more carefully.

#### B. Priorities and Objectives for Fiscal Year 2014

Please include a statement of priorities and objectives for the current fiscal year (the fiscal year succeeding that covered by this report), which should contain the following information:

1. a statement of each priority;
2. the need addressed by each priority; and;
3. a description of the activities to be carried out under each priority.

Goal: Children with disabilities receive an appropriate education

Focus Area: Educational Services

Needs/Issues/Barriers Addressed: Based on public comment, experience, and the high volume of requests for services in this area, receiving appropriate educational services in order to participate in public education remains a high priority and area of concern for children with disabilities and their families.

Indicators for Success Include the Completion of the Following Objectives:

1. Increase self-advocacy by providing Short Term Assistance (STA) to all callers who complain that they were denied appropriate therapy or services in Individualized Education Programs (IEPs) or 504 Plans.
2. Represent children who have improperly been denied needed and appropriate therapy or services in their IEPs or 504 Plans.

Goal: Children with disabilities receive and appropriate education

Focus Area: Children who are suspended

Needs/Issues/Barriers Addressed: Based on public comment, experience, and the level of calls and requests for services in this area, many children in Virginia face inadequate behavioral accommodations and services to accommodate their disabilities and avoid disciplinary action.

Indicators for Success Include the Completion of the Following Objectives:

1. Increase self advocacy by providing STA to all callers who complain that they or their children have been suspended or are at risk of a long-term suspension due to disability.
2. Represent children who received a long-term suspension or who are at risk of receiving a long-term suspension due to the lack of an appropriate Functional Behavioral Assessment (FBA) or Behavioral Intervention Plan (BIP) and advocate for them to receive services in the least restrictive environment.

Goal: People with disabilities have equal access to government services

Focus Area: Access to State and Federal Government Services

Needs/Issues/Barriers Addressed: dLVCV will seek local and systemic change to increase the quality of life for people with disabilities by removing barriers to ADA Title II services such as access to government buildings.

Indicators for Success Include the Completion of the Following Objectives:

1. Survey local government public benefit program locations and assess for Title II compliance, including online access and materials. Negotiate or seek resolution of identified access issues
2. Represent individuals denied access to a government building or services due to architectural barriers, failure to provide reasonable accommodations, or denial of the use of a service animal.
3. Represent individuals with disabilities regarding the denial of Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) benefits by the Social Security Administration at the appeal level. Preference will be given to individuals who have been denied representation by private counsel.
4. File a complaint with the United States Department of Justice related to the lack of physical access and the use of effective communication for passengers of Amtrak services in Virginia.
5. Monitor implementation of the settlement agreement in *Winborne v. Virginia Lottery*. Obtain corrective action as appropriate, including litigation against non-accessible lottery retailers identified in Retailer Accessibility Program Reports obtained from the Virginia Lottery.

Goal: People with disabilities live in the most appropriate integrated environment

Focus Area: Maximize Individual Choice and Self Direction

Needs/Issues/Barriers Addressed: dLVCV will educate and assist individuals with creation of Advance Directives and modification or termination of guardianships to allow for maximized individual choice. We will also respond to legislation and inform policy makers as needed to protect the rights of personal choice and self-direction.

Indicators for Success Include the Completion of the Following Objectives:

1. Working with other advocacy groups, implement statewide training curriculum for advance directive peer advisers through training groups of mental health consumers at Community Service Boards as Advance Directive Peer Advisors.
2. Inform consumers, family members, and service providers about supported decision-making options and alternatives to guardianship by providing trainings at conferences and programs.
3. Disseminate information regarding supported decision-making options for children reaching adulthood to every special education director in the state.
4. Identify need for representation of individuals in public guardianship programs where there is medical or psychological evidence that the individual has regained capacity and termination of guardianship is not opposed by the public guardian.
5. Represent individuals in preparing a Healthcare Directive or Power of Attorney as an alternative to guardianship or involuntary treatment.
6. Respond to all proposed legislation, regulation, or policy changes that appear to violate legal rights in substitute decision-making proceedings.
7. Inform policymakers about the need for increased personal choice and self-direction for individuals with disabilities through participation at meetings of the Virginia Public Guardianship and Conservatorship Advisory Board.

Goal: People with disabilities live in the most appropriate integrated environment

Focus Area: Equal Access to Public Accommodations under the ADA

Needs/Issues/Barriers Addressed: dLCV will seek local and systemic change to increase the quality of life for people with disabilities by removing architectural and parking barriers to allow access to places of public accommodation.

Indicators for Success Include the Completion of the Following Objectives:

1. Represent individuals who have been denied access to a place of public accommodation due to architectural barriers or inaccessible parking, or denial of a service animal or other reasonable accommodation and seek appropriate remedies.

Goal: People with disabilities are employed to their maximum potential

Focus Area: Employment rights under the ADA

Needs/Issues/Barriers Addressed: dLCV seeks to educate individuals about their employment rights and increase access to reasonable accommodations in the workplace, resulting in greater employment opportunities for people with disabilities.

Indicators for Success Include the Completion of the Following Objectives:

1. Train groups of clients and staff at Woodrow Wilson Rehabilitation Center and regional DARS offices, and consumers at state and private rehabilitation centers and

other consumer groups on employment rights under Title I of the Americans with Disabilities Act.

2. Provide short-term assistance to individuals regarding employment rights or discrimination based on disability under Title I of the ADA or the Virginians with Disabilities Act.
3. Represent individuals who have been denied reasonable accommodations in employment under the ADA in mediation or administrative proceedings before the Equal Employment Opportunity Commission.

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

Focus Area: Denial of Medicaid services

Needs/Issues/Barriers Addressed: Medicaid services are critical to the continued health and safety of many Virginians with disabilities. The Medicaid system in Virginia has multiple programs which can be complicated to access and understand. Requests for services in this area continue to demonstrate that this area needs dLCV's focus.

Indicators for Success Include the Completion of the Following Objectives:

1. Represent individuals denied needed and appropriate Medicaid services under a Waiver Program or under the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program.
2. Investigate whether DMAS, by itself or through its contractors, provides timely decisions to individuals regarding services. Pursue corrective action as appropriate.

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

Focus Area: Access to Healthcare

Needs/Issues/Barriers Addressed: This Focus Area allows dLCV to address the need for greater architectural access, reliable medical transportation and effective communication for people with disabilities accessing healthcare facilities.

Indicators for Success Include the Completion of the Following Objectives:

1. Train a community-based group on ADA accessibility requirements in medical settings, including physical barriers and effective communication issues.
2. Represent individuals with disabilities denied access to healthcare facilities or services under the ADA due to architectural barriers, failure to provide reasonable accommodations, or denial of the use of a service animal. Collaborate with the United States Attorney's Office and others to identify and pursue corrective action against inaccessible locations or providers who fail to provide accommodations.

## **Part VI. Narrative**



- A. Sources of funds received and expended
- B. Budget for the fiscal year covered by this report
- C. Description of PAIR staff (duties and person-years)
- D. Involvement with advisory boards (if any)
- E. Grievances filed under the grievance procedure
- F. Coordination with the Client Assistance Program (CAP) and the State long-term care program, if these programs are not part of the P&A agency

A. Sources of funds received and expended

| Source of Funding         | Amount Received | Amount Spent |
|---------------------------|-----------------|--------------|
| Federal                   | 368,404         | 44,517       |
| State                     |                 |              |
| Program Income            |                 |              |
| Private                   |                 |              |
| All other funds-carryover | 233,780         | 233,780      |
| Total (from all sources)  | 602,184         | 278,297      |

B. Budget for the fiscal year covered by this report

| Category                                   | Prior Fiscal Year-FY12 | Current Fiscal Year FY13 |
|--|------------------------|--------------------------|
| Wages/salaries                             | 198,083                | 249,658                  |
| Fringe benefits (FICA, unemployment, etc.) | 63,330                 | 91,493                   |
| Materials/supplies                         | 1,232                  | 1,694                    |
| Postage                                    | 492                    | 778                      |
| Telephone                                  | 0                      | 0                        |
| Rent -                                     | 0                      | 0                        |
| Travel                                     | 7,554                  | 5,371                    |
| Copying                                    | 369                    | 467                      |
| Equipment (rental/purchase)                | 0                      | 0                        |

|                              |         |         |
|------------------------------|---------|---------|
| Temporary Personnel Services | 308     | 233     |
| Indirect Costs               | 26,248  | 40,557  |
| Miscellaneous                | 9,796   | 8,821   |
| Total                        | 307,412 | 399,072 |
| Indirect costs               |         |         |
| Miscellaneous                |         |         |
| Total Budget                 |         |         |

C. Description of PAIR staff (duties and person-years)

| Type of Position | FTE | % of year filled | Person-years |
|------------------|-----|------------------|--------------|
| Professional     | 21  | 90               | 19.5         |
| Full-time        | 20  | 80               | 19           |
| Part-time        | 1   | 10               | .5           |
| Vacant           |     |                  |              |
| Clerical         | 7   | 100              | 6.5          |
| Full-time        | 5   | 75               | 5.75         |
| Part-time        | 2   | 25               | .75          |
| Vacant           |     |                  |              |

D. Involvement with advisory boards (if any)

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

E. Grievances filed under the grievance procedure-  
None

F. Coordination with the Client Assistance Program (CAP) and the State long-term care program, if these programs are not part of the P&A agency  
CAP is part of dLCV.

Coordination with the State Long-Term Care Ombudsman Program is particularly important during the legislative session.

The Long-Term Care Ombudsman Program consists of the Office of the State Long-Term Care Ombudsman and twenty 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.

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

### **Certification**

Signed  
Signed By Colleen Miller, Esq.  
Title Executive Director  
Signed Date

### **System Information**

The following information is captured by the MIS.

This form has been approved for use by OMB through Jun 30, 2014.

Last updated on:  
Last updated by:  
Completed on:  
Completed by:  
Approved on:  
Approved by: