

AT FY14 PPR

AGENCY INFORMATION

Agency Name: disAbility Law Center of Virginia

Address of Agency:

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

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

Not Applicable

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

Not Applicable

Agency Telephone Number: 804-225-2042

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

Agency TTY Number: 804-225-2042

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

Agency Fax Number: 804-662-7431

Agency E-Mail Address: info@dclcv.org

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Richmond, Virginia 23230

PART I – NON-CASE SERVICES

A. INFORMATION AND REFERRAL SERVICES (I&R)

1. Total Number of Individuals Receiving I&R Services during the Fiscal Year	28
2. Total Number of Requests for I&R Services during the Fiscal Year	28

B. TRAINING ACTIVITIES

1. Number of Training Sessions Presented by Staff	24
2. Number of Individuals Who Attended These Training Sessions	213

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

Training Event # 1

- a. The topics included special education rights and assistive technology. These presentations included an overview of the process for requesting assistive technology, the assessment tools outlined by the Virginia Department of Education (VDOE) and the many and varying types of technology available. dLCV provided copies of dLCV AT handouts, copies of VDOE request for evaluation forms, actual student and parent assessment questionnaires, and a list of potential AT devices to all attendees.
- b. The purpose was to provide self-advocacy education rights presentations to parents or advocates in urban communities.
- c. The attendees included fifty-eight parents, advocates, case workers and family members residing in Roanoke, Christiansburg, Harrisonburg, and Manassas over the course of four presentations. The attendees received substantial knowledge about navigating the processes to acquire adequate education and AT for their children or the children they serve.

Training Event #2

- a. The topics covered Americans with Disabilities Act (ADA) accessibility requirements in medical settings, including physical barriers and the necessity of effective communication, assistive technology and environmental modifications.
- b. The purpose of presentation was to reach a consumer advocacy group and educate the attendees about their rights to access and accommodations.
- c. The attendees included five adults with disabilities at the Resources for Independent Living Center in Richmond, Virginia. The attendees now understand the requirements of accessibility and how to request accommodations and effectively use and receive AT. dLCV has been asked to present on this topic again in FY15.

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

dLCV provided assistive technology trainings to a diverse number of counties and cities throughout Virginia including Roanoke, Lynchburg, Fredericksburg, Christiansburg, Harrisonburg, Richmond and Manassas. The presentations encompassed multiple funding streams and resources that could be used to fund assistive technology in rural and urban areas. Our agency concentrated on informing the attendees that assistive technology is available through a variety of different resources such as through employers, the public school system, public or private insurance and state programs such as VATS, the Virginia Assistive Technology System. We then offered to provide individual assistance to the attendees on their own assistive technology issues.

A portion of dLCV PAAT training and outreach was provided via 'Office Hours', a diverse program we operate to connect to individuals with disabilities facing PAAT and other advocacy issues through the state's Centers for Independent Living (CILs). dLCV reached out to all fifteen CILs in the first quarter and fostered relationships with eight locations to provide further outreach services and reach underserved areas.

dLCV then provided "Who is dLCV" presentations to these CILs to educate them about our agency in its first year of operation. The sites included: Winchester, Harrisonburg, Norfolk, Richmond, Roanoke, Lynchburg, Fredericksburg and Manassas locations. dLCV then began regular visits to the CILs for presentations and to provide 'Office Hours'. Office Hours is a program where a dLCV advocate or attorney goes on a regular basis to meet with CIL consumers or staff to discuss disability advocacy issues including PAAT related topics that dLCV might be able to assist with. The dLCV staff person will do an intake if appropriate while there visiting with the person. dLCV conducted nineteen total CIL visits during this fiscal year where one-hundred fifty individuals were participants in a variety of presentation topics such as requesting AT as an employment accommodation or while receiving healthcare.

dLCV maintains a website that posted our federal grants' Goals and Focus Areas. This website also posted notices for the Board of Directors' and Advisory Council meetings, Job vacancies, announcements, agency publications, and disability-related advocacy links were also available. This website can be viewed at www.dlc.org.

dLCV also provides outreach and training, exhibits and materials for fairs, conferences, and meetings on request. Whenever a presentation is conducted about dLCV in general, it addresses some of the work we do related to Assistive Technology issues.

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

dLCV uses "The Directors' Blog" on our website to alert the public about our activities, as well as news and developments in disability law and to obtain feedback about our work.

dLCV also provides outreach and training, exhibits and materials for fairs, conferences, and meetings on request. Whenever a presentation is conducted about dLCV in general, it addresses some of the work we do related to assistive technology.

C. INFORMATION DISSEMINATED TO THE PUBLIC BY YOUR AGENCY

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

Method of dissemination	Number
1. Radio and TV Appearances by Agency Staff	1
2. Newspaper/Magazine/Journal Articles Prepared by Agency Staff	0
3. PSAs/Videos Aired by the Agency	0
4. Website Hits	71,480
5. Publications/Booklets/Brochures Disseminated by the Agency	1
a. Number of individuals/agencies receiving documents produced in item 5	14,615
6. Other – Annual Report to General Assembly	1

D. INFORMATION DISSEMINATED ABOUT YOUR AGENCY BY EXTERNAL MEDIA COVERAGE

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

1. Radio/TV coverage

dLCV participated as a guest on a disability advocacy awareness public television program organized by a community advocate in Charlottesville Virginia to be aired on Charlottesville Public Access Television.

2. Newspapers/Magazines/Journals

N/A

3. PSAs/Videos

N/A

4. Website Hits

N/A

5. Publications/Booklets/Brochures

dLCV posted an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) brochure to educate parents, advocates and recipients on how you to write an effective letter of medical necessity to request assistive technology and other services. Our website had 14,615 unique visitors this fiscal year that had access to the brochure.

6. Other

dLCV created an annual report summarizing our work across all grants for the 2014 General Assembly session.

PART II – CASE-SERVICES

A. INDIVIDUALS SERVED

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

Individuals	Number
1. Individuals Served Receiving Advocacy at Start of Fiscal Year (carryover from prior)	0
2. Additional Individuals Served During Fiscal Year (new for fiscal year)	11
3. Total Number of Individuals Served During Fiscal Year (1 +2)	11
4. a. Total Number of Cases Closed During the Fiscal Year	10
4. b. Total Number of Individuals with All Their Cases Closed During the Fiscal Year	10
5. Total Individuals Still Being Served at the End of the Fiscal Year (3 minus 4b)	1

B. PROBLEM AREAS/COMPLAINTS

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

Complaint Area	Number of cases
1. Architectural Accessibility	0
2. Education	5
3. Employment Discrimination	0
4. SSI/SSDI Work Incentives	0
5. Healthcare <i>(total generated by the system from a-d below)</i>	5
a. Medicaid	2
b. Medicare	1
c. Private Medical Insurance	1
d. Other	1
6. Housing	0
7. Post-Secondary Education	0
8. Rehabilitation Services	0
9. Transportation	1
10. Voting <i>(total generated by the system from a-c below)</i>	0
a. Accessible Polling Place / Equipment	0
b. Registration	0
c. Other	0

11. Other - specify	0
12. Other - specify	0
13. TOTAL	11

C. Problem Areas / Complaints

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

1. Number of individuals that received one or more AT devices or services as a result of casework (unduplicated count)	11
2. Type of AT device or AT service received as a result of casework	Number of devices/ services
a. Devices for communication	4
b. Devices for mobility	1
c. Devices for hearing or seeing	0
d. Devices for reading or writing	3
e. Devices to assist with household activities	0
f. Devices to assist with participation in play or recreation	2
g. Devices to assist with personal care	1
h. Devices to aid in therapy or medical treatment	2
i. Devices to assist with the use of public/private transportation	0
j. Devices to assist with employment	0
k. Devices to aid with school/learning	1
l. AT services	5
m. Other –	0
n. Total number of devices and services received as a result of casework (a-m)	19

D. PRIMARY REASON FOR CLOSING A CASE FILE

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

Primary Reason	Number of cases
1. All Issues Resolved in Client's Favor	7
2. Some Issues Resolved in Client's Favor	2
3. Other Representation Obtained	0
4. Individual Withdrew Complaint	0
5. Services Not Needed Due to Death, Relocation, etc.	0
6. Individual Not Responsive to Agency	1
7. Case Lacked Legal Merit	0
8. Conflict of Interest	0
9. Lack of Resources	0
10. Not Within Priorities	0
11. Issue Not Resolved in Client's Favor	0
12. Other - specify	0
13. Total (number must match Part II A4a)	10

E. INTERVENTION STRATEGIES FOR CLOSED CASES

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

Interventions	Number of cases
1. Short Term Assistance	7
2. Systemic/Policy Activities	0
3. Investigation/Monitoring	0
4. Negotiation	3
5. Mediation/Alternative Dispute Resolution	0
6. Administrative Hearing	0
7. Legal Remedy/Litigation	0
8. Class Action Suits	0
9. Total (<i>this should match the total in Part II.A.4.a above</i>)	10

PART III – STATISTICAL INFORMATION FOR INDIVIDUALS SERVED

A. AGE OF INDIVIDUALS SERVED

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

Age	Number of individuals
0 to 4	0
5 to 13	3
14 to 18	3
19 to 21	1
22 to 40	1
41 to 64	3
65 and over	0
Age Unknown	0
Total (this should match the total in II.A.3)	11

B. GENDER OF INDIVIDUALS SERVED

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

Gender	Number of individuals
Male	9
Female	2
Total (this should match the total in II.A.3)	11

C. RACE AND ETHNICITY OF INDIVIDUALS SERVED

1. Race / Ethnicity of individuals served.

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

Race	Number of Individuals
1. Hispanic / Latino of any race	0
2. American Indian or Alaska Native	0
3. Asian	0

4. Black or African American	4
5. Native Hawaiian or Other Pacific Islander	0
6. White	7
7. Two or more race	0
8. Unknown/not reported	0
9. Total	11

D. LIVING ARRANGEMENTS OF INDIVIDUALS SERVED

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

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

E. PRIMARY DISABILITY OF INDIVIDUALS SERVED

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

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

25. Respiratory Disorders/Impairment	0
26. Skin Conditions	0
27. Specific Learning Disabilities (SLD)	1
28. Speech Impairments	0
29. Spina bifida	0
30. Substance Abuse (Alcohol or Drugs)	0
31. Tourette Syndrome	0
32. Traumatic Brain Injury (TBI)	0
33. Other Disability – specify	0
34. Total (<i>this should match the total in II.A.3</i>)	11

F. GEOGRAPHIC LOCATION OF INDIVIDUALS SERVED

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

Geographic Location	Number of individuals
1. Urban/Suburban (50k population)	8
2. Rural (<50k population)	3
3. Other - specify	0
4. Unknown	0
5. Total (<i>this should match the total in II.A.3</i>)	11

PART IV – SYSTEMIC ACTIVITIES AND LITIGATION

A. NON-LITIGATION SYSTEMIC ACTIVITIES

1. Number of Policies/Practices Changed as a Result of Non-Litigation Systemic Activities

1

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

In early 2014, through outreach and community networking dLCV learned multiple individuals had lost their Medicaid services due to their inability to provide their full treatment records. However, these individuals weren't being purposefully noncompliant; the issue was simply that some of their past

providers had closed, or old records are destroyed. As a result, the individuals did not have access to the records themselves, and could not provide them to Medicaid. Even after explaining the circumstances, these individuals continued to face service denial on the basis that they had failed to provide full treatment histories. dLVCV protested this policy in a letter to the Director of the Department of Medical Assistance Services (DMAS). As a result of dLVCV's intervention, DMAS review individual cases and the contractor was told to provide reasonable accommodations. Three individuals represented by dLVCV had their services restored.

a. The policy or practice that was changed, as a result of your agency's non-litigation systemic activity, along with a description of the negative impact upon individuals with disabilities

Medicaid had put into practice a policy of denying services to individuals who could not provide complete records for their treatment history. Many individuals were unable to access their complete records, through no fault of their own, and thus found themselves unfairly disqualified from Medicaid services. As a result of dLVCV's intervention, DMAS clarified this policy, and three individuals had their services restored. There is no known negative impact on individuals with disabilities.

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

As a direct result of dLVCV intervention, policy regarding accessing record submission is clarified, meaning that future Medicaid recipients will not face this obstacle.

c. Estimate the number of individuals potentially affected by the policy/practice change
223,306

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

Most recent estimate of Virginians with disabilities receiving Medicaid funds:
(http://www.dmas.virginia.gov/Content_atchs/atchs/va-medprg.pdf)

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

PAAT did not fund any of these cases, however the project itself was partially PAAT funded.

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

0

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

N/A

a. How these activities may benefit individuals with disabilities

N/A

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

N/A

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

N/A

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

N/A

B. LITIGATION/CLASS ACTIONS

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

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

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

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

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

N/A

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

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

N/A

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

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

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

Using a case example that demonstrates the potential impact of the agency's class action activities, explain (a) the issue that prompted the litigation, (b) the negative impact upon

individuals with disabilities and (c) the potential benefit to individuals with disabilities. If possible, (d) estimate the number of individuals potentially affected by changes resulting from the litigation and (e) the method used to determine this estimate.

N/A

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

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

N/A

C. LITIGATION-RELATED MONITORING

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

NO

If yes, describe any monitoring conducted by the agency related to court orders or case settlements by

(1) providing the major areas of monitoring and

N/A

(2) the groups likely to be affected.

N/A

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

N/A

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

N/A

PART V – PRIORITIES

A. PRIORITIES

1. Number of priorities: 5

2. Describe agency's systemic activity completed during the fiscal year. For each of your PAAT program priorities for the fiscal year covered by this report, please provide the information below. You may enter data on as many priorities as you need. See the instruction manual for more details.

Priority 1

1. Describe the Priority

Goal: People with Disabilities are Free from Abuse and Neglect
Focus Area: Protection from Harm in Community or Institutional Settings Serving Children

Represent children at PRTFs to receive appropriate discharge planning and services including special education, vocational rehabilitation, assistive technology, Medicaid, voting rights information, and benefits planning.

2. Describe the Need, Issue, or Barrier Addressed

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

3. Indicate the Outcome of the priority: Met

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

N/A

4. Total Number of Cases Handled Related to the Priority: 0 (5 completed under PAIMI)

5. Illustrative Cases/Activities:

1. dLCV opened five cases for children living in residential treatment centers who required assistance with discharge planning. In any discharge planning case, dLCV considers the needs of the client to be able to live successfully and as independent as possible in the community. This includes looking at special education, vocational rehabilitation, assistive technology, Medicaid, voting rights information, and benefits planning. This year, dLCV was able to ensure that each of our clients received the services necessary to live safely and successfully in the least restrictive environment possible however none of the cases under this objective were PAAT funded.

Priority 2

1. Describe the Priority

Goal: Children with Disabilities Receive an Appropriate Education
Focus Area: Educational Services

1. Represent children who have been denied appropriate assistive technology services under their IEPs or 504 Plans.
2. Train groups of advocates and parents in urban communities regarding special education rights and AT.

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

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

3. Indicate the Outcome of the priority: Met

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

N/A

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

5. Illustrative Cases/Activities:

1. Richard is a middle school student on the autism spectrum in need of assistive technology to help him succeed on written tasks in the academic setting. An advocate from dLCV attended an IEP meeting with Richard’s parent, and, after discussing all of his options for proposed AT, helped convince the team that Richard needed access to a word processor for written assignments. The advocate then helped Richard acquire this important piece of assistive technology. Richard can now successfully complete written tasks at school.
2. Mark is an eleventh grader with an intellectual disability who is eligible for special education services under IDEA. However, despite his eligibility, Mark’s parents attempted to get appropriate assistive technology services in place for Mark for many years without success. Mark’s parents sought dLCV’s assistance to convince the school to complete an assistive technology assessment, and acquire appropriate assistive technology supports, so that Mark could complete his diploma requirements. dLCV attended IEP meetings on Mark’s behalf and successfully advocated for an assistive technology assessment, which ultimately resulted in Mark being able to use a laptop for all written assessments. This piece of technology allowed Mark to successfully complete his assignments and tests, so that he can now work towards graduation.
3. Jake was a student who used a computer as an assistive technology device, as a part of his IEP. However, the school had not given Jake any instruction on how to use his computer for his academic tasks, and eventually they took the device away from Jake for disciplinary reasons. Jake’s mother contacted dLCV for guidance in advocating for her son. dLCV provided the client and his guardian with information about his rights, including the training the school should provide under federal regulations, a form letter to request an independent educational evaluation, information on due process requirements, information on mediation, and information on how to file a complaint with the Virginia Department of Education. With this information, Jake and his mother are more informed, understand how to self-advocate for AT and better equipped to advocate for Jake’s needs.
4. In addition to taking on individual cases, dLCV provided special education self advocacy trainings to parents and advocates from Manassas, Roanoke, Christiansburg, and Harrisonburg. These presentations included an overview of the request process for assistive technology, the assessment tools outlined by the Virginia Department of Education, and the many and varying types of technology available. dLCV provided copies of dLCV AT handouts, copies of VDOE request for evaluation forms, actual student and parent assessment questionnaires, and a list of potential AT devices to all attendees.

Priority 3

1. Describe the Priority

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

Focus Area: Access to Assistive Technology (AT)

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

2. Describe the Need, Issue, or Barrier Addressed

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

3. Indicate the Outcome of the priority: Met

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

N/A

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

5. Illustrative Cases/Activities:

1. Gary has a spinal cord injury due to a work related injury and surgery. Gary called dLCV because he felt that he needed a functional electrical stimulation (FES) Bike to help him with therapy, and Medicare had denied this as an assistive technology accommodation at his home. dLCV opened Gary's case for short-term assistance. After conducting our research, dLCV sent Gary instructions on how to appeal the Medicare denial, and how to strengthen his case should he re-apply. Gary will now be able to self-advocate with a much greater chance of success in the future.
2. Connor is a child with autism, who had trouble sleeping through the night. His mother contacted dLCV after Medicaid denied funding for a weighted blanket, which Connor's mother thought would enable her son to sleep through the night, and also help with his sensory processing issues. However, Connor's mother did not call dLCV until after her time for appealing the Medicaid denial had elapsed. dLCV opened Connor's case for short-term assistance and provided information on how to re-request the blanket through Medicaid's early and periodic screening, diagnosis and treatment (EPSDT) program. We also provided Connor's mother with examples of previously successful letters of medical necessity, so that she would be able to make the strongest possible case for Connor's needs and give him the best chance to receive this blanket.
3. Harry is an individual with an intellectual disability who lived in an institution in southwestern Virginia. Harry loved to take trips into the community and to visit his mother. However, Harry's behaviors sometimes raised safety concerns when he was traveling the facility cancelled his trips. Harry's psychologist developed a plan to allow Harry to speak to his mother over Skype; however, the facility was unwilling to provide Skype access in Harry's living unit. dLCV

opened Harry's case and successfully negotiated for Harry to have Skype access in his living unit. Harry is now able to speak with his mother much more frequently, and his behaviors have improved.

Priority 4

1. Describe the Priority

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

Focus Area: Denial of Medicaid Services

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.

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

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

3. Indicate the Outcome of the priority: Met

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

N/A

4. Total Number of Cases Handled Related to the Priority: 1

5. Illustrative Cases/Activities:

1. Veronica is a 12-year old with autism and PANDAS, an autoimmune disorder. Her mother contacted dLCV when Medicaid, through EPSDT, denied Veronica an iPad as an assistive technology device. Veronica needed the iPad to manage transitions, facilitate communication, and prompt her to complete the activities of daily living. In addition, an iPad is more socially acceptable and would have allowed Veronica to better fit in with her peers. dLCV staff reviewed the letter of medical necessity (LMN) that Veronica's mother had used for the initial request, and found that it lacked features critical for approval; specifically, the letter did not address how the iPad and recommended apps would help Veronica to manage her disabilities. dLCV recommended that Veronica's mother seek a new LMN and provided short-term assistance on what components of the letter would be more likely to obtain an approval. Veronica now has a much greater chance of successfully acquiring the assistive technology that she needs to manage her disability and participate with her peers in the community.

Priority 5

1. Describe the Priority

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

Focus Area: Access to Healthcare

1. Train a community-based group on ADA accessibility requirements in medical settings, including physical barriers and effective communication issues.

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

Medical offices and clinics, major healthcare providers in the community, are often unaware of their responsibility to provide access, including assistive technology supports. We continue to also receive public comment that this issue complicates accessing medical services for many individuals with disabilities.

3. Indicate the Outcome of the priority: Met

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

N/A

4. Total Number of Cases Handled Related to the Priority: 0

5. Illustrative Cases/Activities:

1. A dLCV staff attorney gave a presentation to a group of four community members and one staff member at Resources for Independent Living, the Center for Independent Living in Richmond, Virginia. The presentation covered a general overview of Title III of the ADA, and then included a particular focus on assistive technology and accessibility in medical settings. The presentation also discussed auxiliary aids and the types of assistive technology that may be appropriate under ADA regulations. The presentation included a useful question and answer forum. The staff member at the Center who helped coordinate the presentation followed up to ask if dLCV could present again to a larger group as part of a conference. As a result of the presentation, several community members understand their rights, and dLCV has forged a relationship with a community-based group that will allow us to work with them more extensively in the future.

B. PRIORITIES for the CURRENT FISCAL YEAR - FY2015

1. Number of Priorities 3

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

Priority 1

1. Describe the Priority

Children with Disabilities Receive an Appropriate Education

Educational Services

Children with disabilities receive appropriate assistive technology services as identified in Individualized Education Plans (IEPs) or 504 Plans.

2. Describe the Need, Issue, or Barrier Addressed

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

Priority 2

1. Describe the Priority

People with Disabilities have Equal Access to Appropriate and Necessary Healthcare

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

2. Describe the Need, Issue, or Barrier Addressed

For some individuals with disabilities, assistive technology is essential. For example, people who receive Medicaid services may need assistive technology to avoid more restrictive lives. dLCV continues to monitor these complaints and advocate for independence through AT. dLCV is also concentrating a portion of our work in this area analyzing insurance programs which serve Veterans and their dependents.

Priority 3

1. Describe the Priority

People with Disabilities have Equal Access to Appropriate and Necessary Healthcare

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

2. Describe the Need, Issue, or Barrier Addressed

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

C. AGENCY ACCOMPLISHMENTS

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

Assistive technology unlocks independence and access for many individuals with disabilities. In FY 14, dLCV completed individual casework and systemic advocacy to make AT accessible for Virginians with disabilities.

As a direct result of dLCV intervention, the DMAS policy regarding accessing record submission has now been clarified breaking down a barrier for service denial for many Virginians with disabilities to allow a greater success rate for approval of AT and other services.

dLCV assisted eleven people acquire devices and services such as computers, a functional electrical stimulation (FES) Bike, a word processor, iPad and access to Skype.

dLCV provided twenty-four presentations to two-hundred fourteen parents, advocates, family members and individuals with disabilities to educate them on topics such as AT acquisition and requesting AT through an employer or health provider.

Through our office hours program, dLCV connected with many unserved and underserved regions across the Commonwealth and has used these relationships to provide information and referral and education on AT to multiple individuals.

PART VI – AGENCY ADMINISTRATION

A. AGENCY FUNDING

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

PAAT funding sources	Amount Received
1. Federal P&A (AT Act funds):	72,401
2. Program income	
3. Other – carryover funds	28,799
4. Other – specify	
5. Other- specify	
6. Total:	101,200

B. DESCRIPTION OF PAAT PROGRAM STAFF

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

dLCV Staffing Plan for FY 14

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

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

The Team Leaders provide supervision and leadership in these efforts. They may also provide case level services and pursue systemic reforms.

Support services (data management, fiscal, human resources, purchasing, for example) are provided by Administrative Staff.

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

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

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

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

The Deputy Director for Compliance and Quality Assurance manages our federal grants, intake and I&R and agency performance and efficiency.

2. PAAT Staff

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

Type of Position	Number of persons*	Number of FTEs
Professional		
Full-time	23	21.5
Part-Time	1	.5
Administrative		
Full-time	8	7

Part-time		
Totals	32	29

C. CONSUMER INVOLVEMENT

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

With direction from the dLCV Board, dLCV launched a detailed survey to obtain meaningful feedback for our goals and focus areas in FY 15. dLCV pursued several methods of distribution of the survey including sending it to our clients, posting the survey on our own website, posting it on the dLCV Facebook page and working with several other agencies to post to listservs, Twitter and website links including the Partnership for People with Disabilities, Virginia Board for People with Disabilities, Virginia Association of Consumers Asserting Leadership (VOCAL) and the Department of Aging and Rehabilitative Services (DARS). Staff also actively distributed the survey in client correspondence and during trainings and other outreach efforts.

From 5/9/14 through 7/15/14 dLCV received three-hundred fourteen (314) responses to our survey. The largest number of responses, thirty-four percent, came directly from individuals with disabilities. Twenty-six percent of the respondents were parents or guardians. The remaining groups represented included family members, teachers, mental health professionals and providers who accounted for the remaining forty percent of responses.

AT related topics of importance to our respondents from the survey included: availability of government programs and services (fourteen percent) and access to health care and assistive technology (ten percent).

The dLCV Board adopted Goals and Focus Areas using this survey data and with input from PAIMI Advisory Council and the dLCV’s past year work experience. We then used the survey information and other information to create our work plan for FY 15.

dLCV also provides client satisfaction surveys in every close letter we send out to assess client satisfaction. We follow up with approximately ten (10) percent of clients we have served through interview callbacks where a neutral member of our staff unfamiliar with a client’s case calls back the client we served and inquires about their overall satisfaction with the services we provided. dLCV is pleased to report a ninety-two percent satisfaction rate from the forty (40) client satisfaction surveys we received across all grants.

All dLCV Board and advisory council meetings are open to the public and include receipt of public comment as an agenda item. Any public comment receives review in the priority planning process for the development of dLCV's goals and focus areas.

dLCV distributed an “annual report” to the members of the General Assembly which provides statistics and case examples about the work we do.

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

Type	Agency staff	Agency board
Person with a disability	8	6
Family members of a person with a disability	20	3
Total	28	9* *There are 11 total members on the Board. The remaining 2 report none of the choices apply to them.

D. GRIEVANCES FILED

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

1. Collaboration with Other P&A Programs and Activities

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

dLCV operated with one (1) Advisory Council: The Protection and Advocacy for Individuals with Mental Illnesses (PAIMI) Advisory Council. The Council’s primary responsibility was to advise the protection and advocacy system on policies and priorities in protecting individuals with disabilities concentrating on those with mental illness. This function helped dLCV to identify underserved and unserved Virginians.

2. All Other Collaboration

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

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

Our collaborators this year included: Virginia Board for People with Disabilities, the Partnership for People with Disabilities, Department for Aging and Rehabilitation Services (DARS), Virginia Association of Consumers Asserting Leadership (VOCAL), and Centers for Independent Living (CILs) in Winchester, Harrisonburg, Norfolk, Richmond, Roanoke, Lynchburg, Fredericksburg and Manassas.

dLCV worked informally with the State Long-Term Care Ombudsman throughout the year. Coordination with the State Long-Term Care Ombudsman Program is particularly important during the legislative session. The Department of Medical Assistance Services (DMAS) is the primary source of funding for the long-term care system in Virginia. dLCV will continue to coordinate with DMAS when appropriate.

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