

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

Virginia (Disability Law Center of Virginia) - H240A190065 - FY2019

General Information

Designated Agency Identification

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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 188

2. Individuals receiving I&R outside PAIR priority areas 355

3. Total individuals receiving I&R (lines A1 + A2) 543

B. Training Activities

1. Number of trainings presented by PAIR staff 24

2. Number of individuals who attended training (approximate) 758

dLCV completed 6 trainings on advance directives for clients and trained 20 individuals on the topic. dLCV provided 9 trainings to over 480 participants on educational transition rights. Participants included individuals with disabilities, parents, teachers, case managers, and other professionals. We conducted 3 social security clinics in FY19. 15 individuals and their families received short term assistance with a vast array of issues. Staff were able to provide record review for many cases and give advice on how to create a more favorable case. dLCV provided live, interactive training to Virginia Department of Corrections staff on Title II of the Americans with Disabilities Act (ADA). dLCV provided information on the law and practical advice for successfully meeting offender's needs. dLCV presented social security disability trainings for Richmond area organizations serving three distinct populations: persons with Downs Syndrome, persons with multiple sclerosis, and persons with fibromyalgia and chronic pain. 42 individuals received training. Our staff trained 51 case managers in Chesterfield County on dLCV and disability rights and services.

C. Information Disseminated to the Public

1. Radio and TV appearances by PAIR staff	7
2. Newspaper/magazine/journal articles	25
3. PSAs/videos aired	4
4. Hits on the PAIR/P&A website	68,366
5. Publications/booklets/brochures disseminated	620
6. Other (specify separately)	0

Narrative

dLCV's trained 30 individuals via webinar on decision-making issues specific to older adults. They received a tool-kit for using the least restrictive legal tool to meet their clients' needs. dLCV produced a finalized video of the presentation that is captioned and will be distributed as an educational and advocacy tool. dLCV used a professional videographer, as well as a professional actor with a disability to shoot a decision making video series. Local families of people with disabilities were also videoed talking about the choices they made regarding decision making for their adult children with disabilities. Two of the videos included interviews with experts in the field. All the videos will be published to the internet and dLCV webpage. dLCV recorded one video detailing how to complete accessibility surveys of parking lots, access aisles, path of travel, and entrances to Title II and Title III entities. The video has closed captions. It debuted early July 2019. The video is on social media and on the dLCV website for training purposes. A brand new Social Security guide is on the dLCV website. This healthcare guide features many healthcare options in Virginia for people with disabilities. The guide has statewide access through the dLCV website and can be hand-carried to presentations and other venues for wider circulation.

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)	8
2. Additional individuals served during the year	67
3. Total individuals served (lines A1 + A2)	75
4. Individuals w. more than 1 case opened/closed during the FY. (Do not add this number to total on line A3 above.)	1

B. Individuals served as of September 30

Carryover to next FY may not exceed total on line II. A.3 above 8

C. Problem Areas/Complaints of Individuals Served

1. Architectural accessibility	5
2. Employment	2
3. Program access	1
4. Housing	1
5. Government benefits/services	31
6. Transportation	2
7. Education	3
8. Assistive technology	0
9. Voting	0
10. Health care	14
11. Insurance	0
12. Non-government services	2
13. Privacy rights	3
14. Access to records	0

15. Abuse 2

16. Neglect 7

17. Other 3

D. Reasons for Closing Individual Case Files

1. Issues resolved partially or completely in individual favor	59
2. Other representation found	0
3. Individual withdrew complaint	0
4. Appeals unsuccessful	1
5. PAIR Services not needed due to individual's death, relocation etc.	1
6. PAIR withdrew from case	1
7. PAIR unable to take case because of lack of resources	0
8. Individual case lacks legal merit	6
9. Other	0

Please explain

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	0
2. Short-term assistance	46
3. Investigation/monitoring	11
4. Negotiation	4
5. Mediation/alternative dispute resolution	0
6. Administrative hearings	1
7. Litigation (including class actions)	6
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 6

3. 23 - 59 36

4. 60 - 64 12

5. 65 and over 21

B. Gender of Individuals Served

Multiple responses not permitted.

1. Females 39

2. Males 36

C. Race/Ethnicity of Individuals Served

1. Hispanic/Latino of any race 4

For individuals who are non-Hispanic/Latino only

2. American Indian or Alaskan Native 0

3. Asian 2

4. Black or African American 24

5. Native Hawaiian or Other Pacific Islander 0

6. White 43

7. Two or more races 1

8. Race/ethnicity unknown 1

D. Living Arrangements of Individuals Served

Multiple responses not permitted.

1. Independent	47
2. Parental or other family home	6
3. Community residential home	3
4. Foster care	0
5. Nursing home	8
6. Public institutional living arrangement	1
7. Private institutional living arrangement	1
8. Jail/prison/detention center	4
9. Homeless	3
10. Other living arrangements	2
11. Living arrangements not known	0

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	0
2. Deaf/hard of hearing	0
3. Deaf-blind	0
4. Orthopedic impairment	17
5. Mental illness	12
6. Substance abuse	0
7. Mental retardation	0
8. Learning disability	2
9. Neurological impairment	13
10. Respiratory impairment	0
11. Heart/other circulatory impairment	8
12. Muscular/skeletal impairment	9
13. Speech impairment	0
14. AIDS/HIV	0

15. Traumatic brain injury 0

16. Other disability 14

Part IV. Systemic Activities and Litigation

A. Systemic Activities

1. Number of policies/practices changed as a result of non-litigation systemic activities 50

2. Number of individuals potentially impacted by policy changes 67,500

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.

dLCV monitored the Lottery's compliance with the terms of the settlement agreement, by reviewing findings of inaccessible locations in lottery surveys. As a result, 7 Lottery retailers have moved their accessible parking closer to their entrances. Our agency contacted every county and city in Virginia notifying them of the statutory and regulatory need to have ADA coordinators. 40 of those local governments appointed an ADA coordinator based on dLCV's efforts. People with disabilities in 40 counties and cities now have a local point of contact. dLCV identified that a large, chain retailer selling Virginia Lottery products had a pattern or practice of installing accessible parking away from the entrance. dLCV informed them of the standards under the Americans with Disabilities Act (ADA) and asked them to correct the parking at all affected stores in Virginia. As a direct result of dLCV's advocacy, the chain has relocated the accessible parking where it is on the shortest path to the door at three locations we are aware of. The newest store had correct parking when it opened because of our outreach. Individuals with disabilities are now able to easily access these Lottery retailers and do not have to cross parking lots or inaccessible barriers to enter the buildings. dLCV staff have the privilege of receiving all the Serious Incident and Injury reports from Department of Behavioral Health and Developmental Services licensed facilities and programs. We receive hundreds of reports daily and a select team of dLCV staff reviews them. dLCV also receives all the APS reports from across the state. Staff review and enter these reports into an internal database. Staff then cross-reference APS and CHRIS reports to ensure all entities are reporting, as they should. dLCV has an internal ranking system for ranking severity of cases. Those ranked highly are sent to managers for review and opened for short-term assistance or a secondary investigation/records review. If a report mentions a corrective action plan that includes a change in staff training, policy, or procedures dLCV staff will follow up to ensure these changes have been made to confirm that incident or injury will not happen to any other client.

B. Litigation/Class Actions

1. Number of individuals potentially impacted by changes as a result of PAIR litigation/class action efforts 15,600

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.

dLCV was able to successfully represent three clients in terminating guardianship and conservatorship. These clients were able to move out of their nursing homes or assisted living facilities and back into the community where they can live near family and have supports from service providers. Their rights and their quality of life are restored! dLCV joined as signatories to an amicus brief written by Disability Rights North Carolina and joined by several other disability rights organizations. The case involves the court finding a transfer to an open position for a qualified employee with a disability is an optional accommodation, as opposed to a required one, due to discrepancy in the wording of two parts of Title I of the ADA. The Equal Employment Opportunity Commission has also filed a brief on behalf of the client arguing the Americans with Disabilities Act requires employers reassign persons with disabilities to positions they are qualified for. These briefs indicate a widespread interest, and impact, for employed individuals with disabilities. dLCV filed an amicus brief that was signed onto the National Disability Rights Network in the United States Court of Appeals for the Fourth Circuit. The case involved a denial of a reasonable accommodation for a child with food allergy who attempted to bring his own food into a restaurant on a field trip to ensure he could participate in lunch. The restaurant would not let him bring his food into the establishment and made him eat outside. The Fourth Circuit found in favor of the child; the opinion referenced arguments made by dLCV and provided guidance for future food allergy cases. This case should lead to further victories for others with disabilities.

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.

Indicators for Success Include the Completion of the Following Objectives: 1. Goal: People with Disabilities are Free from Harm in Adult Institutional and Community Settings Focus Area: Adults and Children are Free from Harm 2. Needs/Issues/Barriers Addressed: dLCV will advocate for the safety and well-being of PAIR eligible adults in different institutional settings 3. Indicators for Success Include the Completion of the Following Objectives: A) Investigate ten allegations of abuse or neglect or concerns in licensed community residential or day support programs as evidenced from CHRIS reports, APS reports, or other sources and seek corrective action as needed. B) Provide short-term assistance to all residents at DJJ operated facilities who request it during monitoring and outreach. 4. Explain whether pursuing this priority involved collaborative efforts by other entities. If so, describe this collaboration. Collaborative Efforts: Bon Air JCC, state operated facilities, licensed community residential or day support programs. 5. Provide the number of cases handled under the priority. 11 Indicate how many of these, if any, were class actions. 0 6. Provide at least one case summary that demonstrates the impact of the priority. A) dLCV represented Steve, who faced an unsafe living situation at a residential facility. We worked with the Office of Human Rights, Office of Licensing, and Adult Protective Services. dLCV staff reviewed all pertinent files, consulted with everyone involved in investigating the case, and met the goal of completing a secondary investigation. We closed the case because the Office of the Attorney General is conducting their own investigation into the case. Steve is now safe in a new group home and is doing very well! B) Self-Advocacy Empowerment dLCV staff prepared Simon, an incarcerated youth, for his upcoming IEP meeting. We talked with him about struggles in school and what services and accommodations help him. dLCV contacted the school to inform them of Simon's concerns and a summary of what was discussed in the pre-IEP meeting. Simon was able to attend his IEP meeting, learn self-advocacy, and receive appropriate services to support his behaviors. In addition, the school ensured that all Simon's past educational records were up to date so he would not have to retake any classes. Aurora is a youth at Bon Air Juvenile Correctional Center who is approaching release. She wanted assistance with learning how to apply for social security benefits when she returned to the community. dLCV provided her with several factsheets on how to apply for social security. We explained what the application process entails, and how attending college can affect social security benefits. Aurora is now better able to navigate the application process and self-advocate for herself during this process. 1. Goal: People with Disabilities Have Appropriate Access to Government Services Focus Area: Government Programs Remove Architectural Barriers and Provide Reasonable Accommodations 2. Needs/Issues/Barriers Addressed: dLCV 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 access to government buildings and barriers to vote. 3. Indicators for Success Include the Completion of the Following Objectives: A) In October, 2018, provide one training to DOC staff on rights protected under the ADA. B) Conduct 20 accessibility surveys of DMV agencies. Obtain corrective action against 5 offices that are not accessible to people with disabilities. C) Monitor the Lottery's compliance with the terms of the settlement agreement, by reviewing findings of inaccessible locations in Lottery surveys. Take corrective action against 6 locations. D) Investigate whether all localities that are required to have an ADA coordinator comply. Notify non-compliant localities, and take further corrective action as necessary. 4. Explain whether pursuing this priority involved collaborative efforts by other entities. If so, describe this collaboration. Collaborative Efforts: DOC staff, DMV agencies across Virginia, Virginia Lottery,

and every county and city throughout Virginia. Staff worked with local governmental agencies to educate them on the requirement for an ADA coordinator in their locality. 5. Provide the number of cases handled under the priority. Indicate how many of these, if any, were class actions. 0 6. Provide at least one case summary that demonstrates the impact of the priority. A) dLCV provided live, interactive training to Virginia Department of Corrections staff on Title II of the ADA. dLCV provided information on the law and practical advice for successfully meeting the offenders' needs. B) dLCV meets DMV in Effort to Make Virginia More Accessible. dLCV worked with the Commissioner of the Department of Motor Vehicles to complete 25 surveys at DMV locations across the state. In August, dLCV compiled the findings and sent them to DMV. Of the 25 locations surveyed, dLCV is seeking corrective action against 9 DMV locations. These locations are Altavista, Petersburg, Front Royal, Central Richmond, Northern Henrico, Hampton, Luray, Woodstock, and Madison. Overall dLCV staff was very pleased with the accessibility of many DMV locations. DMV staff is working with their facilities and building committee to ensure all localities become compliant with the ADA. DMV plans to submit a proposal for fixing the issues identified in early FY 20. dLCV is very pleased with the response from the DMV and their action and desire to make all their locations accessible to all Virginians across the state. C) We're Game dLCV and the Virginia Lottery have an agreement where all Lottery retailers licensed after January 1, 2011 must meet certain accessibility criteria under the Americans with Disabilities Act (ADA). In Fiscal Year 2018, dLCV noted a pattern or practice of Lottery retailers having parking that was not on the shortest path to the door. These included retailers the Lottery had certified as being accessible and meeting the minimum criteria. Working with the Lottery, dLCV identified several retailers where the parking was not on the shortest path to the door. We obtained information regarding commission and other survey data from the Lottery and sought corrective action. As a result, seven Lottery retailers have moved their accessible parking closer to their entrances. D) 40 counties and cities in Virginia now have ADA coordinators that did not before. People with disabilities in these localities now have a point of contact for any issues they may have within ADA parameters. 1. Goal: People with Disabilities Live in the Most Appropriate Integrated Environment Focus Area: Maximize Individual Choice 2. Needs/Issues/Barriers Addressed: dLCV will educate and assist individuals with issues including Social Security, self-determination, guardianship and advanced directives to allow for maximized individual choice. 3. Indicators for Success Include the Completion of the Following Objectives: A) Conduct a webinar for Local Area Agencies on Aging on Alternatives to Guardianship including supported decision making and advance directives. B) Conduct Advance Directive Clinics. C) Provide assistance to 20 individuals from the clinics above in completing an Advance Directive. D) Provide training to five advocacy groups on supported decision making with an emphasis on transition-age youth. E) Provide STA to individuals contacted through above social security clinics F) Represent individuals living in institutional settings to eliminate barriers to self-determination, including lack of assistive technology, effective communication, and review of decision making capacity, prevention, or termination of guardianship where there is evidence of capacity. G) Provide STA to individuals negotiating Social Security benefits or benefit reviews. H) Represent individuals in community settings in proceedings to prevent, modify, or terminate guardianship where there is evidence of capacity 4. Explain whether pursuing this priority involved collaborative efforts by other entities. If so, describe this collaboration. Collaborative Efforts: dLCV worked with many agencies, organizations, conferences, committees, retirement homes, group homes, day supports, and nursing facilities under this priority. 5. Provide the number of cases handled under the priority. 31 Indicate how many of these, if any, were class actions. 0 6. Provide at least one case summary that demonstrates the impact of the priority. A) dLCV's effort to educate professionals working with older adults on decision-making rights and alternatives to guardianship on Health Care Decisions Day was a success. Of the 50 registered participants, approximately 30 participated on the day of the webinar. They received detailed information on decision-making issues specific to older adults and a tool-kit for using the least restrictive legal tool to meet their clients' needs. dLCV produced a finalized video of the presentation with closed captioning, to be used as an educational and advocacy tool. B) dLCV held three advance directive clinics. dLCV purposefully allowed the clinic sites to determine what was best for their clients and developed each clinic around the sites' needs. The first clinic was at the Christiansburg Senior Center. The program played dLCV's advance directive videos the week prior to the clinic, which occurred on National Healthcare Decisions Day. The second clinic was at the Radford Senior Center. The final clinic was at dLCV's Richmond office. We completed 6 advance directives and 20 individuals received training. C) dLCV assisted Brandie with completing an advance directive to ensure that her preferences are set forth to speak for her in the future if there ever comes a time when she cannot speak for herself. D) dLCV provided nine training opportunities and had 483 participants. Two of the presentations included a webinar and the taped presentation resides on the web for

others to view. Two presentations were at statewide conferences. One presentation was held specifically for families serving in the foreign service. Participants in the nine presentations included individuals with disabilities, parents, teachers, case managers and other professionals. The hosts for these presentations include: Area Planning and Services Committee for Lifelong Disabilities, Charlottesville's Life After High School Conference and Transition Fair, Foreign Youth Service Foundation, Unity Church, Arc of Northern Virginia, I'm Determined Conference, Hanover Community Services Board, Piedmont Geriatric Institute, Arc Annual Statewide Conference. E) To Apply or Not to Apply, That is the Question! Edgar, a 60-year-old man took advantage of a private consultation to understand whether he was a candidate for social security disability due to osteogenesis imperfecta. dLCV thoroughly assessed the nature of the disorder, how it affects him in the home and in a work setting and explored his work background to determine how Social Security would view his employability in this context. The consultation provided Edgar a better understanding of the disability criteria and how age, education, and work background impact the decision. dLCV advised him on how to parlay an SSDI benefit with early retirement in case these events roughly coincided. Edgar is now in a better position to exercise his rights under this program and how to document his case if necessary. F) Rolling to Self Determination dLCV was contacted by a resident of a large retirement community located in Richmond, Virginia. She had resided in this home for several years. Our client could not drive and she depended upon using the retirement community's transportation services. Suddenly, she was not allowed to use their transportation any more. The complex had been sold and the new owners said, "We are not going to transport people in wheelchairs anymore." dLCV believed that there was a good ADA claim here and demanded corrective action. The result was instantaneous - we received a response indicating that the client would be able to ride in her wheelchair and not be required to transfer out of her wheelchair to ride to the store or a medical appointment. Our client will be able to use the medical appointment rides that she paid for - and she will again be able to go on trips with her friends. We were able to get her to continue to be independent and not have to move to a more restrictive environment. As such, dLCV helped the client roll on to self-determination. G) They'll Think I'm Better and Can Work! In 2015, the disAbility Law Center of Virginia successfully represented Annalee on her social security disability claim. Three years later, she is under review. She's had multiple hospitalizations, has required 24 hour care, and has had extensive and intensive treatment. Currently she is doing well and because the agency only asks for treatment in the last year, she's afraid they won't capture her more serious bouts. dLCV reviewed Annalee's medical history since her benefits began and explained how to convey the true status of her condition to the Disability Determination Services so they do not assume she is well enough to work. dLCV also educated her about Social Security's work incentives that will protect her as she does explore working. She was much relieved now that she better understands the system and that her benefits will likely not be terminated due to medical improvement. H) Sophia had a legal guardian and lived in an assisted living facility not of her choosing. Sophia wished to have guardianship and conservatorship terminated so she could recover and spend her days in her own home. dLCV successfully assisted Sophia in being released from her guardian. She was able to transition from her assisted living facility to a community setting with supports.

1. Goal: People with Disabilities Live in the Most Appropriate Integrated Environment
- Focus Area: People with Disabilities have Equal Access to Public Accommodations
2. 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.
3. Indicators for Success Include the Completion of the Following Objectives:
 - A) Create short videos on how to complete access surveys of parking lots, access aisles, path of travel, and entrances to Title II and III entities.
 - B) Survey entertainment venues (movie theaters, concert halls, community theaters) , including those that provide Spanish-speaking programs, for physical accessibility for people with disabilities and obtain policies on provision of accommodations to individuals with vision and hearing impairments. Obtain corrective action against those that are not accessible to people with disabilities.
 - C) Investigate one chain retailer that sells Lottery products and that has a pattern of noncompliance with the ADA. Take appropriate corrective action.
 - D) Represent individuals who have been denied access to public accommodations due to a denial of effective communication, physical barriers, or any failure to provide reasonable accommodations.
4. Explain whether pursuing this priority involved collaborative efforts by other entities. If so, describe this collaboration. Collaborative Efforts: restaurants, schools, public buildings, gyms, credit unions, colleges, and shared collaborative workspaces. dLCV was very successful in all their advocacy efforts to make public spaces more accessible for people with disabilities.
5. Provide the number of cases handled under the priority. 9
6. Provide at least one case summary that demonstrates the impact of the priority. A) dLCV worked with local videographer and

photographer to complete the accessibility video. This video is full of information and guidelines for Title II and Title III entities under the ADA. The video is fully closed-captioned. B) On the Town As part of its 2019 outreach, dLCV contacted forty entertainment venues located across the Commonwealth. We proposed to complete accessibility surveys and meet with staff at the venues to discuss accommodations they provide and barriers to accessibility that might exist. Venues varied from theaters to museums to art galleries to gardens. Over all, the response to our visits were positive. We discovered that many venues were providing accommodations they had not publicized, like an art gallery providing touch plates of paintings for vision impaired visitors and a historic theater that had put seats on a sled that are removable to create accessible seating. When we identified a barrier to accessibility, we wrote to our contacts and let them know the standard they needed to meet in order to be accessible to all patrons. Several of the venues seemed excited and eager to become more accessible. In addition to physical accessibility, dLCV also looked at the provision of other accommodations, such as descriptive audio and closed captioning. We also visited five venues that offered Spanish-speaking programs and wrote to them regarding barriers to accessibility. C) Expensive Mistakes dLCV identified that a large, chain retailer selling Virginia Lottery products had a pattern or practice of installing accessible parking away from the entrance. We wrote to the corporate office and informed them of the standards under the Americans with Disabilities Act (ADA) and asked them to correct the parking at all affected stores in Virginia. As a direct result of dLCV's advocacy, the chain has relocated the accessible parking where it is on the shortest path to the door at three locations we are aware of. The newest store had correct parking when it opened because of our outreach. D) Stuart is a 4-year-old boy with spina bifida. Like most kids, he loves to eat at a large restaurant chain. His family tried to go to their local restaurant for spirit night, but had extreme difficulty getting from the accessible parking to the entrance. Stuart's mom contacted the manager to share her concerns. After the manager was unwilling to fix the problem, Stuart's family contacted dLCV. We contacted the owner again. Several weeks later, Stuart's mom saw a post on Instagram showing the problem solved! The parking relocated to the quietest part of the lot without impediments from drive-thru traffic; there is also a brand new curb cut and crosswalk. Goal: People with Disabilities have Equal Access to Appropriate and Necessary Health Care Focus Area: People with Disabilities Have Access to Healthcare Needs/Issues/Barriers Addressed: This Focus Area allows dLCV to address the need for greater architectural access, assistive technology, effective communication for people with disabilities accessing healthcare facilities and services. Indicators for Success Include the Completion of the Following Objectives: A) Educate medical service providers of their legal obligations under Title III of the ADA. B) Publish a Social Security guide(s) on dLCV's social security webpage about accessing public health insurance. C) Represent individuals who have been denied appropriate health care services due to a denial of effective communication, physical barriers, or any failure to provide reasonable accommodations. D) Investigate whether people with disabilities are being denied access to healthcare in jails due to a denial of assistive technology, interpreters, or other accommodations. 4. Explain whether pursuing this priority involved collaborative efforts by other entities. If so, describe this collaboration. Collaborative Efforts: Regional Jails across Virginia, Opioid Treatment Programs across Virginia, many medical providers. 5. Provide the number of cases handled under the priority. 7 Indicate how many of these, if any, were class actions. 0 6. Provide at least one case summary that demonstrates the impact of the priority. A) dLCV educated 15 medical providers and case managers of their obligations to obtain and provide interpreters and effective communications services. These providers included Sentara and Inova, two of the largest medical facilities in the state. We also provided a self-advocacy training to 30 people at a presentation for the Virginia Department of Deaf and Hard of Hearing on effective communication in medical centers. B) dLCV's healthcare guide features the many healthcare options in Virginia for people who have disabilities. It is featured on dLCV's Social Security webpage with other guides about accessing this government benefit. The guide stresses the importance of maintaining one's healthcare while applying for disability benefits so their condition remains well documented. C) A Room with a View Moira is a survivor. She has a panic disorder and suffers from depression as the result of sexual abuse. In the past, she was able to get her local hospital to allow an accommodation of someone she knew being involved when she had treatment that required anesthesia. As someone with a family history of colon cancer, Moira knew getting a colonoscopy was important. When she set up the procedure, she asked to have a friend with surgical background accompany her. Initially, she was told if the hospital agreed, the anesthesiologist would, too. When it got closer to the appointment, she was told it wasn't going to work. dLCV worked with Moira and the hospital also retained counsel. After several delays, we met to discuss the situation and the hospital's responsibility to provide reasonable accommodations under the Americans with Disabilities Act (ADA). While the hospital would not let Moira have someone in the room, they offered an operating theater that had an adjacent room with

a window where her support person could keep an eye on her during the procedure. Moira reports that things couldn't have gone more smoothly. In fact, the head anesthesiologist from the settlement negotiations stopped to check in prior to the procedure and the doctor who performed it said that she did not know why it was a problem. Moira was grateful for dLCV's assistance and thanked us for helping her stay on top of it. D) Twenty-two regional jails had over 50 employees therefore are required to have a designated ADA Coordinator. Seven of the 22 did not have a designated coordinator at the start of the project, but after dLCV's educational efforts, every facility appointed an ADA Coordinator. Throughout FY 19, dLCV also responded to 75 letters from inmates. The most common issues identified were inmates seeking reasonable accommodations for hearing impairments, reasonable accommodations for physical disabilities, general accessibility issues, and assistive technology questions regarding glasses or hearing aids.

B. Priorities and Objectives for the Current Fiscal Year

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.

Indicators for Success Include the Completion of the Following Objectives: Goal: People with Disabilities Have Appropriate Access to Government Services Focus Area: Government Programs Remove Architectural Barriers and Provide Reasonable Accommodations Needs/Issues/Barriers Addressed: dLCV 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 access to government buildings. Indicators for Success Include the Completion of the Following Objectives: Train Virginia judges and clerks regarding access and accommodations required under state and federal law while informing judges about rights of people with disabilities to achieve maximum self-direction through alternatives to guardianship and supported decision making. Investigate the requirements of school divisions in Virginia under the ADA/IDEA/Section 504 related to accessibility of their physical facilities and educational programs, determine what legal recourse exists to redress any deficiencies identified, and develop a detailed plan to implement such available remedy. Conduct accessibility surveys of public libraries. Obtain corrective action against locations that are not accessible to people with disabilities, emphasizing physical access and use of technology including internet access and meeting spaces. Investigate one chain retailer that sells Lottery products and that has a pattern of noncompliance with the ADA. Take appropriate corrective action. Take corrective action against the Virginia Lottery for its failure to ensure retailers have accessible parking that is on the shortest path to the door. Goal: People with Disabilities Live in the Most Appropriate Integrated Environment Focus Area: Maximize Individual Choice Needs/Issues/Barriers Addressed: dLCV will educate and assist individuals with issues including Social Security, self-determination, guardianship and advanced directives to allow for maximized individual choice. Indicators for Success Include the Completion of the Following Objectives: Provide training to advocacy groups on supported decision making. Publish source documents for the Supported Decision Making resource webpage. Train CSB Case Managers on Social Security disability programs and rep payee responsibilities to increase their knowledge and skills when helping clients access these critical benefits. Represent individuals in community settings in proceedings to prevent, modify, or terminate guardianship where there is evidence of capacity. Using remote technology to reach unserved areas, conduct social security clinics serving individuals to increase knowledge of the Social Security Administration's disability programs and their self-advocacy skills in accessing these critical benefits. Goal: People with Disabilities Live in the Most Appropriate Integrated Environment Focus Area: People with Disabilities have Equal Access to Public Accommodations 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: Represent individuals alleging a violation of Title III of the ADA. Provide STA or legal representation to all individuals with disabilities who complain about denied access to any lottery retailer. Survey entertainment venues surveyed in FY19 and identified as noncompliant with access laws. Take corrective action against all non-compliant venues. Publish a white paper exploring certification of state and local building codes under 28 CFR 36.601 et seq. Take corrective action against chain restaurant, regarding accessible parking. Survey large commercial parking lots for ADA compliance and take corrective action. Complete a comprehensive ADA survey of historically black Virginia colleges. Obtain corrective action. Improve credit union websites' ADA compliance. Implement a media campaign to call attention to both accessible and inaccessible parking at public accommodations under the ADA. Survey Richmond area grocery stores and take-out food establishments with designate delivery pick-up parking spots for compliance with the ADA. Seek corrective action. Goal: People with Disabilities have Equal Access to Appropriate and Necessary Health Care Focus Area: People with Disabilities Have Access to Healthcare Needs/Issues/Barriers Addressed: This Focus Area allows dLCV to address the need for greater architectural access, assistive technology, effective communication for people with disabilities accessing healthcare facilities and services. Indicators for Success Include the Completion of the Following Objectives: Educate providers of substance abuse services in Virginia on ADA requirements. Create a podcast of effective communications rights in medical offices. Educate medical

service providers of their legal obligations under Title III of the ADA. Represent individuals alleging failure to provide accommodation under the ADA. Provide STA to every individual with a disability alleging a failure to provide an accommodation that creates a barrier to community-based health care services. Identify localities for FOIA requests of issuance of occupancy permits for buildings with community-based health care providers to evaluate ADA compliance enforcement under local building codes. Investigate HIV and AIDS waiver services in Virginia to determine if Virginia is providing appropriate community based services. Investigate whether substance abuse treatment providers are complying with Americans with Disabilities Act requirements for all individuals with disabilities.

Part VI. Narrative

At a minimum, you must include all of the information requested. You may include any other information, not otherwise collected on this reporting form that would be helpful in describing the extent of PAIR activities during the prior fiscal year. Please limit the narrative portion of this report, including attachments, to 20 pages or less.

The narrative should contain the following information. The instructions for this form outline the information that should be contained in each section.

- 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	375,438.80	375,438.80
State	0	0
Program Income	0	0
Private	0	0
All other funds-carryover	0	0
Total (from all sources)	375,438.80	375,438.80

B. Budget for the fiscal year covered by this report

Category	Prior Fiscal Year-FY18	Current Fiscal Year FY19
Wages/salaries	249,451.25	248,002.01
Fringe benefits (FICA, unemployment, etc.)	64,732.15	70,701.29
Materials/supplies	2,500	2,048.61
Postage	1,500	541.17
Telephone	1,870	1261.29
Computer/IT	2,000	3,670.38
Rent	22,000	21,347.86
Travel	15,800	9,236.55
Copying	200	1,279.10
Equipment (rental/purchase)	1,100	1,489.48
Temporary Personnel Services	0	0
Miscellaneous	28,740	15,861.06
Total	389,893.40	375,438.80

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

Type of Position	FTE	% of year filled
Professional Full-time	31	95
Part-time	30	
Vacant		
Clerical Full-time	5	90
Part-time	1	.20
Vacant		

A. D. Involvement with advisory boards (if any)- dLCV operated with one (1) Advisory Council: The Protection and Advocacy for Individuals with Mental Illnesses (PAIMI) Advisory Council. The Council's primary responsibility is to advise the protection and advocacy system on policies and priorities protecting individuals with disabilities concentrating on those with mental illness.

E. Grievances filed under the grievance procedure- dLCV received 5 PAIR Grievances in FY 19. The dLCV Executive Director and dLCV Board of Directors reviewed and responded to the grievances. Four of the five grievances related to criminal matters in jails and prisons outside of the scope of work for the P&A. A fifth grievance related to an unfounded abuse and neglect allegation. The Executive Director and Board of Directors upheld the agency decision to provide I&R only for these individuals.

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? Yes

Signed By Colleen Miller

Title Executive Director

Signed Date 11/27/2019