

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

Virginia (Disability Law Center of Virginia) - H240A190065 - FY2021

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	152
2. Individuals receiving I&R outside PAIR priority areas	618
Total individuals receiving I&R (lines A1 + A2)	770

B. Training Activities

1. Number of trainings presented by PAIR staff 54

2. Number of individuals who attended training 4,932

Summary of Outreach and Training

dLCV created a resource page on dLCV's website which includes online complaint forms, template letters, and instructions to promote self-advocacy. Specific complaint options include those overseen by the Virginia Department of Behavioral Health and Developmental Services, Virginia Department of Health, Virginia Department of Professional and Occupational Regulation, Virginia Office of the State Long Term Care Ombudsman (LTCO), Virginia State Corporation Commission, Virginia Department of Elections, Virginia Office of the State Inspector General, Virginia Office of the Attorney General, U.S. Access Board, U.S. Department of Justice, U.S. Department of Health and Human Services, U.S. Department of Housing and Urban Development, and US Department of Transportation.

dLCV developed and released a podcast episode about our CHRIS (Computerized Human Rights Informational System) database. The podcast explains dLCV's work to ensure providers licensed by DBHDS are safer and more inclusive. This episode has had 45 unique listens.

dLCV trained 82 case managers and supervisors from Horizon Behavioral Health CSB on "How to Help your Clients Obtain and Maintain Social Security Disability Benefits." The training focused on the populations they serve to ensure relevancy. These case managers now understand the various programs and related health benefits, how decisions are made and what they can do to help document their client's case, observe deadlines, and file appeals. They also understand what resources dLCV has to offer to provide ongoing support around social security and other disability concerns including issues related to one's representative payee.

dLCV developed and released a series of podcast episodes on alternatives to guardianship. The episodes discuss how the guardianship and conservatorship processes work in Virginia, including a discussion about how they often strip people of their right to individual choice. The episodes highlights the many free and low cost alternatives to guardianship that actually help people retain their right to individual choice (such as advance directives). The episodes collectively have 191 listens.

dLCV sent information to all 122 foster care services directors across the state. dLCV explained the unique issues faced by young adults with disabilities when aging out of foster care, especially when no family ties remain. We stressed the important role foster care workers can play in helping transition age youth understand their advanced care planning rights and options. We provided copies of dLCV's supported decision making and transition age resources, such as our do it yourself (DIY) power of attorney forms.

dLCV presented on the Americans with Disabilities Act (ADA) and Virginia laws relating to people with disabilities throughout the year. Ultimately, dLCV trained 591 judges. The trainings focused on access and accommodations required under state and federal law along with important information about the rights of people with disabilities to achieve maximum self-direction through alternatives to guardianship. dLCV staff also covered hot topics such as companion animals, voting laws, housing, and employment law.

dLCV developed and released a podcast episode featuring Miss Wheelchair Virginia, Ryann Mason, for Part 1 of a discussion about self-advocacy in healthcare in September. Ryann discusses her self-advocacy tips and strategies as both a healthcare professional with a disability (she's a registered nurse and a former EMT) and as a longtime healthcare patient (she has Ehlers-Danlos syndrome). The episode also alerts listeners about upcoming CCC Plus open enrollment options and free CCC Plus advocacy services provided by the Office of the State LTCO. This episode currently has 58 unique listens.

dLCV exceeded our goal to educate twelve medical service providers of their legal obligations under Title III of the ADA, instead reaching more than 20 providers in FY21. The training reached solo practitioners, small family and specialist practices, and large health systems. Each medical service provider was educated via written correspondence and dissemination of U.S. Department of Justice (DOJ) technical assistance materials.

dLCV developed and released a podcast episode featuring the Community Services Manager for Virginia Department for the Deaf and Hard of Hearing (VDDHH) and Access and the Functional Needs Officer for Virginia Department of Emergency Management (VDEM). The episode focuses on public health accessibility during the COVID-19 pandemic and beyond. The episode currently has 63 unique listens.

dLCV created four new factsheets in FY21 for the Fair Housing Resource Center webpage and reorganized the contents to make it easier to navigate. dLCV chose topics for the new material based on the most common requests for services in the housing area, assigned accessible parking and assistance animals. dLCV also added two Joint Statement documents from DOJ and the Department of Housing and Urban Development, one on reasonable accommodations under the Fair Housing Act and one on reasonable modifications.

dLCV created two videos entitled "5 TIPS When Applying for Disability Benefits" and "How to Avoid the One-Third Reduction to SSI" have been added to the dLCV's online social security resource page. The video format provides an alternative method to learn self-advocacy skills directed at obtaining an SSI and/or SSDI benefit and ensuing the highest SSI benefit available.

C. Information Disseminated to the Public

1. Radio and TV appearances by PAIR staff 10
2. Newspaper/magazine/journal articles 4
3. PSAs/videos aired 2
4. Hits on the PAIR/P&A website 77,284
5. Publications/booklets/brochures disseminated 2,211
6. Other (specify separately)

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) 11
2. Additional individuals served during the year 53
3. Total individuals served (lines A1 + A2) 63
4. Individuals w. more than 1 case opened/closed during the FY. (Do not add this number to total on line A3 above.) 2

B. Individuals served as of September 30

Carryover to next FY may not exceed total on line II. A.3 above 11

C. Problem Areas/Complaints of Individuals Served

1. Architectural accessibility 3
2. Employment
3. Program access 8
4. Housing
5. Government benefits/services 21
6. Transportation
7. Education
8. Assistive technology 3

- 9. Voting
- 10. Health care 14
- 11. Insurance
- 12. Non-government services 2
- 13. Privacy rights
- 14. Access to records
- 15. Abuse 3
- 16. Neglect 2
- 17. Other 13

D. Reasons for Closing Individual Case Files

- 1. Issues resolved partially or completely in individual favor 35
- 2. Other representation found 1
- 3. Individual withdrew complaint 12
- 4. Appeals unsuccessful
- 5. PAIR Services not needed due to individual's death, relocation etc. 3
- 6. PAIR withdrew from case 5
- 7. PAIR unable to take case because of lack of resources
- 8. Individual case lacks legal merit 1
- 9. Other (please explain) 1 Not within priorities

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 5
- 2. Short-term assistance 39
- 3. Investigation/monitoring 5
- 4. Negotiation 6
- 5. Mediation/alternative dispute resolution
- 6. Administrative hearings 1
- 7. Litigation (including class actions) 1
- 8. Systemic/policy activities 1

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 1
- 3. 23 – 59 40
- 4. 60 – 64 4
- 5. 65 and over 19

B. Gender of Individuals Served

Multiple responses not permitted.

1. Females 33
2. Males 31

C. Race/Ethnicity of Individuals Served

1. Hispanic/Latino of any race 3

For individuals who are non-Hispanic/Latino only

2. American Indian or Alaskan Native
3. Asian 3
4. Black or African American 12
5. Native Hawaiian or Other Pacific Islander
6. White 35
7. Two or more races 1
8. Race/ethnicity unknown 9

D. Living Arrangements of Individuals Served

Multiple responses not permitted.

1. Independent 13
2. Parental or other family home 2
3. Community residential home 1
4. Foster care
5. Nursing home 8
6. Public institutional living arrangement 2
7. Private institutional living arrangement 9
8. Jail/prison/detention center 2
9. Homeless 2
10. Other living arrangements
11. Living arrangements not known 25

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

Part IV. Systemic Activities and Litigation

A. Systemic Activities

1. Number of policies/practices changed as a result of non-litigation systemic activities 6

2. Number of individuals potentially impacted by policy changes 15, 250

Describe your systemic activities.

dLCV worked tirelessly to monitor legislation and educate policymakers prior to, during, and after the legislative session on the importance of expansion of the Children's Services Act (CSA) funding into public school settings. dLCV worked with stakeholder partners to amplify constituent and peer voices.

dLCV worked hard to educate policymakers about the need for dLCV to have access to abuse and neglect reporting in CHRIS, and our efforts were successful. A Code change went into effect on July 1, 2021. dLCV worked closely with state legislators and DBHDS officials to craft an amendment to § 37.2-304 of the Code of Virginia.

dLCV had two cases where our access authority to records was questioned, and both cases involved local police departments. We eventually received all requested records. One request took communication with a city attorney with a draft complaint to Federal District Court. These localities now understand our access authority to protect all residents with disabilities. In addition to resolving these two access issues, dLCV now has template language and a draft complaint that will assist us in any future access fight.

dLCV actively educated policymakers about the need to remove architectural barriers from, and provide reasonable accommodations in, government programs throughout the year. This included reporting the findings of our Amtrak station accessibility survey to national advocacy partners, advocating for the Staunton City Council to offer remote meeting participation for citizens with disabilities, alerting state officials to the lack of accessibility and screen reader compatibility in their COVID-19 vaccine registration and alert websites, collaborating with the OAG on opportunities to strengthen the Virginians with Disabilities Act (VDA), and securing a change to the Virginia Human Rights Act - adding discrimination on the basis of disability as an unlawful practice.

B. Litigation/Class Actions

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

5.439

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 worked with the National Disability Rights Network (NDRN) on a brief by the P&A of the US Virgin Islands arguing that the denial of Social Security Disability benefits and medical services is a violation of the rights of people with disabilities who live (or would like to live) in US territories where benefits are not available. While the case does not directly impact Virginia, because of the lack of Social Security Disability benefits and services to the residents of the US Virgin Islands (and Puerto Rico, Guam, and American Samoa), many children and other people with disabilities are forced to leave their homes to receive necessary services in other states, including Virginia. dLCV joined appellants in arguing that this division of families and denial of services is a violation of equal protection and due process.

dLCV prepared a joint amicus by all the P&As in the 4th Circuit on a case denying attorneys' fees to counsel for an employee who successfully sued a defendant for employment discrimination. He prevailed in a jury trial, but was denied fees because the defendant paid a settlement before the judge wrote a final order naming the plaintiff as the prevailing party. dLCV argued the decision was contrary to Congressional intent, precedent, and would severely impair access to the courts by people with disabilities. The Fourth Circuit Court of Appeals reversed and remanded the decision by the District Court, finding that the plaintiff was a prevailing party. The defendant petitioned the 4th Circuit for a rehearing en banc, but was rejected with no judge requesting a vote. The defendant has petitioned the US Supreme Court for a writ of certiorari and dLCV is monitoring the case.

dLCV prepared an amicus brief on a case dismissing Plaintiff's Title I ADA employment claims at the summary judgement stage. dLCV argued that the district court improperly gave greater weight to the Railway's witness statements, while dismissing the statements of the Plaintiff. This is inconsistent with the legal standard for summary judgment, which requires the court to view the facts in the light most favorable to the non-moving party, in this case the Plaintiff. The Fourth Circuit Court of Appeals issued an opinion affirming the grant of summary judgment to the defendant.

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, list collaborators
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.

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 and children in different settings

3. Indicators for Success Include the Completion of the Following Objectives:

A) Review and analyze every APS report to inform individual investigations and systemic community monitoring activities. Follow-up with five APS offices about reports closed as “invalid” when the reasoning seems improper or unclear.

B) By December 31, 2020, collaborate with the Office of the State LTCO to train all local and regional ombudsmen on dLCV’s FY21 initiatives to protect and promote the rights of Virginians with disabilities who utilize long term care services.

C) Targeted dLCV Casework under this Goal

4. Explain whether pursuing this priority involved collaborative efforts by other entities. If so, list collaborators. DSS, Office of the State LTCO

5. Provide the number of cases handled under the priority. Indicate how many of these, if any, were class actions. 9, 0 class actions

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

A) dLVCV focused on those cases where an APS report was deemed invalid but the reasoning for doing so was unclear. There were only five such cases in FY 2021 and the five reports were from two local offices of the Department of Social Services. dLVCV communicated with DSS on each of these cases explaining that adding a rationale for a determination of "invalid" would create a more transparent and efficient system. We are monitoring to see if this issue continues in the future.

B) dLVCV collaborated with the Office of the State LTCO throughout the year to ensure local and regional staff and volunteers remained aware of dLVCV's initiatives to protect and promote the rights of Virginians with disabilities who utilize long term care services. This included an ongoing partnership coordinated by Justice in Aging, which brought dLVCV and other advocacy partners together for regular meetings. Together, this partnership tackled issues such as: the institutional bias in Medicaid, COVID-19 issues, live-in caregivers, provider rate increases, and service facilitation.

C) dLVCV staff met Ted in his nursing home during a Representative Payee review. He expressed interest in moving into a different nursing facility. dLVCV staff communicated with the Long Term Care Ombudsman in his area and they were successful in getting Ted transferred to a new nursing home. He has reported being much happier in the new nursing home.

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: dLVCV will seek local and systemic change to increase the quality of life for people with disabilities by removing barriers to ADA Title II services including access to government buildings and barriers to vote.

3. Indicators for Success Include the Completion of the Following Objectives:

A) dLVCV will provide casework to individuals under this focus area.

4. Explain whether pursuing this priority involved collaborative efforts by other entities. If so, list collaborators. Virginia Department of Motor Vehicles, Commonwealth of Virginia Judicial System

5. Provide the number of cases handled under the priority. Indicate how many of these, if any, were class actions. 4, 0 class actions

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

A) Rebecca contacted dLCV after denial of an ASL interpreter twice at her local Department of Motor Vehicles when she went to take a test. dLCV contacted the Virginia DMV Commissioner to designate an ADA Coordinator and publicly post ADA grievance procedures.

Roy contacted dLCV concerning issues with getting ADA accommodations in court. He had contacted the court ADA compliance coordinator to submit request for accommodations, received denial of accommodations, and had more issues with his court case in the process. dLCV was able to get involved and work with the Commonwealth of Virginia Judicial System ADA Coordinator and got an accommodation put in place for Roy for the remainder of his case.

1. Goal: People with Disabilities Live in the Most Appropriate Integrated Environment

Focus Area: Maximize Individual Choice and Equal Access to Public Accommodations

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.

Indicators for Success Include the Completion of the Following Objectives:

A) By March 31, 2021, determine whether five state or local government agencies or authorities open to the public comply with requirements to designate ADA Coordinators and to have a process in place for people to report accessibility.

B) Investigate the accessibility of Virginia's new general assembly building with a focus on physical access and assistive technology. Notify the Department of General Services of any inaccessible features identified and negotiate corrective

C) In collaboration with Justice in Aging and Legal Aid, evaluate all nursing home eviction notices for compliance with regulations and make appropriate referrals.

D) Conduct 20 educational and survey visits with community providers and program participants regarding ADA rights including effective communication, physical accessibility, and access to polling places.

E) Using volunteer support, survey twenty grocery stores for compliance with the ADA to include a review of any new or temporary access concerns related to the COVID-19 pandemic. Publish a report of findings.

F) Casework to support work under this Goal.

4. Explain whether pursuing this priority involved collaborative efforts by other entities. If so, list collaborators.

Southern Virginia Mental Health Institute (operated by Virginia Department of Behavioral Health and Developmental Services), Virginia Department of Motor Vehicles, Virginia Alcoholic Beverage Control, Virginia Department of Veterans Services, and Virginia Department of Wildlife Resources, Virginia Department of General Services, Community Services Boards, Medicaid funded service providers across the state, and Dollar General stores.

5. Provide the number of cases handled under the priority. Indicate how many of these, if any, were class actions. 36, 0 class actions

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

A) dLCV identified five state government agencies open to the general public that appeared to be falling short of their obligations to designate ADA Coordinators and have a process in place for people to report accessibility concerns. dLCV wrote to leadership of each government agency to educate them about their responsibilities under federal law and requested prompt corrective action. The state government agencies dLCV outreached were: Southern Virginia Mental Health Institute (operated by Virginia Department of Behavioral Health and Developmental Services), Virginia Department of Motor Vehicles, Virginia Alcoholic Beverage Control, Virginia Department of Veterans Services, and Virginia Department of Wildlife Resources. dLCV promptly heard back from all state agencies and all have successfully implemented corrective action by designating ADA coordinators and implementing ADA grievance procedures.

B) dLCV investigated the accessibility of Virginia's new general assembly building with a focus on physical access and assistive technology. At the end of FY21, construction is still underway, so a physical onsite survey was not possible. However, dLCV nevertheless reviewed publicly available building plans and communicated directly with leadership from the Department of General Services.

C) dLCV reviewed all nursing home eviction notices for compliance with regulations. None of the notices received required referrals. dLCV also provided information and referral services to 5 individuals regarding nursing home eviction notices.

D) dLCV successfully conducted 20 educational and survey visits with community providers and program participants regarding ADA, voting, and COVID-19 vaccine rights during the year. ADA topics reviewed included effective communication and physical access. Providers visited included mental health focused PSR programs, DD focused group homes and day programs, aging focused adult day care, and cross-disability service providers (notably, five CSBs). dLCV provided information to approximately 100 persons with disabilities during these visits in addition to staff.

E) With help from volunteers, dLCV surveyed twenty grocery stores for compliance with the ADA and VDA in FY21. We honed in on Dollar General stores specifically due to their prevalence in rural and other underserved Virginia communities. Moreover, several Dollar General locations collaborated with VDH during the year to serve as COVID-19 testing hubs, making their accessibility a pressing public health issue. In addition to the ADA and VDA,

dLCV surveyed Dollar General locations for compliance with a nationwide settlement agreement negotiated by our sister organization, Disability Rights New York. dLCV drafted a report of our findings, which includes self-advocacy options specific to Dollar General, and we're awaiting publication of the report on our social media platforms/ mailing list dissemination at project close.

F) Phoebe contacted dLCV to request assistance in creating an advance directive. dLCV staff worked together with Phoebe regarding her wishes for future healthcare and assisted her in finalizing an advance directive.

Sharon contacted dLCV with the help of the Florida P&A to have her Virginia guardianship and conservatorship terminated. Sharon was currently living in Florida and dLCV staff had to research jurisdiction issues but were able to advise Sharon on the documentation needed to remove the guardianship and conservatorship. dLCV staff successfully petitioned the court and Sharon's guardianship and conservatorship were both terminated, she is now free to exercise all her civil rights and make decisions about her life and finances.

Mae could not shop at one of her favorite local markets due to the inability to wear a mask. The store would not allow her to wear a face shield or to do curbside pickup. dLCV staff worked with the grocery store to identify an accommodation so that Mae could continue her shopping, she now works with a designated staff person to complete telephone based ordering and pick up.

A local grocery store asked Nate to leave with his service animal, treating it as a pet. dLCV worked with the store's general manager and the manager immediately retrained the staff on ADA compliance and worked with dLCV to fully understand the incident. Nate was pleased with the store staff being retrained and having information from dLCV.

dLCV successfully completed 20 Social Security consultations enabling individuals to better navigate this complicated government program. Individual concerns ranged from securing benefits when transitioning from child to adult, appealing claims and undergoing reviews. Each individual received 90 minutes of face to face (virtual) review of their case facts with a social security subject matter expert and a letter summarizing their situation and the recommendations provided. In many cases, a support person attended the consultation to assist with follow up.

1.Goal: People with Disabilities have Equal Access to Appropriate and Necessary Health Care

Focus Area: People with Disabilities Have Access to Healthcare

2.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.

3. Indicators for Success Include the Completion of the Following Objectives:

A) Prevent discriminatory policies and practices during COVID-19 including, but not limited to, crisis standards of care, visitation prohibitions, and inaccessible testing and treatment sites. Obtain corrective action, to include litigation,

B) Survey five healthcare systems to determine whether patients with disabilities have accessible telehealth options. Publish a report of findings.

C) Casework under this Goal

4. Explain whether pursuing this priority involved collaborative efforts by other entities. If so, list collaborators: Virginia Network of Private Providers, Office of the Governor

5. Provide the number of cases handled under the priority. Indicate how many of these, if any, were class actions. 9, 0 class actions

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

A) dLCV devoted considerable time throughout FY21 to monitoring and preventing discriminatory policies and practices which have emerged during the COVID-19 pandemic. dLCV played an active role in the state's development of Crisis Standards of Care and vaccine distribution plans. This included maintaining open lines of communication with state and local health officials, which enabled us to provide real-time feedback about disability concerns, such as a lack of screen reader compatibility in the federal Vaccine Administration Management System (VAMS), whenever they emerged. dLCV also opened multiple cases involving improper application of hospital visitation prohibitions for people with developmental disabilities and several cases for people who required face mask accommodations due to their disabilities.

In addition to taking part in numerous coalition meetings, dLCV met one-on-one with representatives from the Governor's office about unmet needs in the disability community and provided feedback to VDH and DBHDS leadership regarding their ineffective messaging about COVID vaccine access and informed consent in community based congregate care settings during the year as well.

dLCV proactively outreached disability service providers throughout the state to remind them of dLCV's availability to tackle any barriers to community based COVID healthcare that arise (including vaccine and face mask related barriers). dLCV also presented on vaccine advocacy services, along with Virginia's state vaccination coordinator, during a Virginia Network of Private Providers member call.

B) dLCV surveyed publicly available information for five healthcare systems to assess whether patients with disabilities have accessible telehealth options. Each surveyed provider offers telehealth through one or more platforms as an alternative, or supplement, to in person care. All surveyed providers had clearly posted and accessible information about their nondiscrimination

policies online, including prohibitions on disability discrimination, availability of auxiliary aids and services, and grievance procedures.

C) Dani contacted dLCV when his dermatologist denied his appointment when he arrived to the office without a mask. Danny had documentation from his primary care physical indicating that he should not wear a mask due to concerns for his health. Dani tried to negotiate with the office. Dani worked with dLCV and learned some self-advocacy skills. He wanted to try to use what he had previously learned about the ADA and accommodations to work with his doctor's office. He was able to negotiate an accommodation from his specialist using the tools dLCV staff had taught him.

Keely contacted dLCV after her medical center failed to provide effective communication (ASL interpretation) for her. dLCV assisted her with preparing and submitting three ADA healthcare complaints to the US Department of Justice Civil Rights Division.

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 are Free from Harm in Adult Institutions

Focus Area: Adults with Disabilities are Free from Harm in Institutional and Community Settings

Needs/Issues/Activities: dLCV will review reports and complete projects and casework to protect individuals from abuse, neglect and protect their rights.

Goal: People with Disabilities Have Appropriate Access to Government Services

Focus Area: Government Programs Remove both Architectural Barriers as well as Barriers to Services and Provide Reasonable Accommodations

Needs/Issues/Activities: dLCV will seek local and systemic change to increase the quality of life for people with disabilities by removing barriers to services and issues covered by the ADA and VDA including access to government buildings.

Goal: People with Disabilities Live in the Most Appropriate Integrated Environment

Focus Area: Maximize Individual Choice

Needs/Issues/Activities: dLCV will educate and assist individuals with issues including Social Security, self-determination, guardianship and advanced directives to allow for maximized individual choice.

Goal: People with Disabilities Live in the Most Appropriate Integrated Environment

Focus Area: People with Disabilities have Equal Access to Public Accommodations

Needs/Issues/Activities: 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.

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

Focus Area: People with Disabilities Have Access to Healthcare

Needs/Issues/Activities: This Focus Area allows dLCV to address the need for greater architectural access, assistive technology, and effective communication for people with disabilities accessing healthcare facilities and services.

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. FY 21 PAIR Sources of funds received and expended

Source of Funding	Amount Received	Amount Spent
Federal	\$380,869.00	320,156
State	0	0
Program Income	0	0
Private	0	0
All other funds-carryover	0	0
Total (from all sources)	0	0

B. Budget for the fiscal year covered by this report

Category	Prior Fiscal Year- FY20	Current Fiscal Year FY21
Wages/salaries	250,090.83	213,676.16
Fringe benefits (FICA, unemployment, etc.)	68,997.08	62,964.14
Materials/supplies	1,287	1,700.98
Postage	544.50	411.19
Telephone	970.20	1,264.75
Computer/IT	3,960.00	4,589.01
Rent -	19,800	19,479.84
Travel	9,603	786.96
Copying	1,485	210.17
Equipment (rental/purchase)	1,683	1,238.79
Temporary Personnel	0	886.23

Services		
Miscellaneous	29,264.81	12,947.78
Total	\$ 387,685.42	320,156.00

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

Type of Position	FTE	% of year filled	Person-years
Professional			
Full-time	27	100	27
Part-time	1	100	1
Vacant	0		
Clerical			
Full-time	7	100	
Part-time	2	25	0.5
Vacant	0		

D. Involvement with advisory boards (if any)-

dLCV has 2 advisory councils. The Protection and Advocacy for Individuals with Mental Illness (PAIMI) Advisory Council advises the protection and advocacy system on policies and priorities protecting individuals with disabilities concentrating on those with mental illness.

dLCV also works with youth with disabilities to serve on the SexEdVA youth advisory council managed by James Madison University. SexEdVA aims to ensure that young people across Virginia have access to sexual health information that is positive, inclusive, evidence-based, and medically accurate in order to make informed decisions regarding their health.

E. Grievances filed under the grievance procedure-

dLCV received 0 PAIR Grievances in FY 20. The dLCV Executive Director and dLCV Board of Directors review and respond to the grievances.

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

Date: 10/28/21