

# ONE PPR

Annual Program Performance Report (PPR)

Annual Statement Of Goals And Priorities (SGP)

**FY 2022**

**PADD**

**PAAT**

**PATBI**

**PAVA**

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# Part 1: Demographics

## Interventions on behalf of Individuals

### A. Individuals Served

What to Count	PADD	PAAT	PATBI	PAVA
1. Individuals served as of October 1 (Carried over from previous FY).	39	3	1	0
2. Additional individuals served during the year.	120	12	13	2
3. Total individuals served during the year (Add lines A1 and A2).	159	15	14	2
4. Individuals with more than one (1) intervention opened/closed FY.	159	15	14	2
5. Individuals served as of September 30 (Carry over to next FY; <= A3).	29	5	2	0

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

Problem Area/Complaint	PADD	PAAT	PATBI	PAVA
1. Abuse (total)	9	0	0	
a. Inappropriate Use of Restraint & Seclusion	2		0	
b. Involuntary Treatment	0		0	
c. Physical, Verbal, & Sexual Assault	7		0	
d. Excessive Medication	0		0	
e. Financial Exploitation	0		0	
f. Other	0		0	
2. Access to Administrative or Judicial Processes	0	0	0	0
3. Access to Records	0		0	
4. Advance Directives	5		0	
5. Architectural Accessibility	0	2	0	0
6. Assistive Technology Device Procurement (total)	0	6	0	
a. Augmentative Communication Devices	0	1	0	
b. Durable Medical Equipment	0	2	0	
c. Vehicle Modification/Transportation	0	0	0	
d. Other	0	3	0	

Problem Area/Complaint	PADD	PAAT	PATBI	PAVA
7. Aversives (including ECT)	0		0	
8. Civil Commitment	0		0	
9. Criminal Justice	1		0	
10. Custody/Parental Rights	0		0	
11. Education (total)	21	0	0	
a. FAPE: IEP/IFSP Planning/Development/Implementation	13	0	0	
b. FAPE: Discipline/Procedural Safeguards	4	0	0	
c. FAPE: Eligibility	0	0	0	
d. FAPE: Least Restrictive Environment	0	0	0	
e. FAPE: Multi-disciplinary Evaluation/Assessments	0	0	0	
f. FAPE: Transition Services	0	0	0	
g. Other	4	0	0	
12. Employment Discrimination (total)	0	0	0	
h. Benefits	0	0	0	
i. Hiring/Termination	0	0	0	
j. Reasonable Accommodations	0	0	0	
k. Service Provider Issues	0	0	0	
l. Supported Employment	0	0	0	
m. Wage and Hour Issues	0	0	0	
n. Other	0	0	0	
13. Employment Preparation	0	0	0	
14. Financial Benefits (total)	7	0	2	
a. SSDI Work Incentives	0	0	0	
b. SSI Eligibility	4	0	2	
c. SSI Work Incentives	0	0	0	
d. Social Security Benefits Cessation	0		0	
e. Work Related Overpayments	0	0	0	
f. Welfare Reform	0	0	0	
g. Other Financial Entitlements	3	0	0	
15. Forensic Commitment	0		0	
16. Government Benefits/Services	7	0	7	
17. Guardianship/Conservatorship/Substitute Decision maker	2	0	0	0

Problem Area/Complaint	PADD	PAAT	PATBI	PAVA
18. Home and Community Based Services including discharge planning transition follow-up	18	0	1	
19. Healthcare (total)	17	4	1	
a. General Healthcare	9	3	1	
b. Medicaid	7	1	0	
c. Medicare	0	0	0	
d. Private Medical Insurance	0	0	0	
e. Other	1	0	0	
20. Housing (total)	1	0	0	
f. Accommodations	0	0	0	
g. Architectural Barriers	0	0	0	
h. Landlord/Tenant	0	0	0	
i. Modifications	0	0	0	
j. Rental Denial/Termination	0		0	
k. Sales/Contracts/Ownership	0		0	
l. Subsidized Housing/Section 8	1		0	
m. Zoning/Restrictive Covenants	0	0	0	
n. Other	0	0	0	
21. Immigration	0	0	0	
22. Juvenile Justice	0	0	0	
23. Neglect (total)	8	2	0	
a. Failure to Provide Necessary or Appropriate Medical Treatment	3	2	0	
b. Failure to Provide Necessary or Appropriate Mental Health Treatment	1	0	0	
c. Failure to Provide Necessary or Appropriate Personal Care & Safety	4	0	0	
d. Other	0	0	0	
24. Post-Secondary Education	1	0	1	
25. Non-Medical Insurance	0	0	0	
26. Privacy Rights	0	0	0	0
27. Public Accommodations	1	0	1	0
28. Rehabilitation Services (total)	0	2	4	
a. Communications Problems (Individuals/Counselor)	0	1	2	

Problem Area/Complaint	PADD	PAAT	PATBI	PAVA
b. Conflict About Services To Be Provided	0	1	1	
c. Individual Requests Information	0	0	0	
d. Non-Rehabilitation Act	0	0	0	
e. Private Providers	0	0	0	
f. Related to Application/Eligibility Process	0	0	0	
g. Related to IPE Development/Implementation	0	0	1	
h. Related to Title I of ADA	0	0	0	
i. Other Rehabilitation Act-related problems	0	0	0	
29. Suspicious Death	59		0	
30. Transportation (total)	1	1	0	0
a. Air Carrier	0	0	0	0
b. Paratransit	0	0	0	0
c. Public Transportation	0	0	0	0
d. Other	1	1	0	0
31. Unnecessary Institutionalization including identification and assessment	1	0	0	
32. Voting (total)	1	0	0	4
a. Accessible Polling Place / Equipment	0	0	0	2
b. Registration to Vote	0	0	0	0
c. Casting a Ballot	0	0	0	2
d. Voter Eligibility/Competency Issues	1	0	0	0
e. Other Voting Issues	0	0	0	0
33. Other	5	1	0	0

### C. Gender of Individuals Served

Gender	PADD	PAAT	PATBI	PAVA
1. Female	65	10	7	1
2. Male	94	5	7	1
<b>TOTAL</b>	<b>159</b>	<b>15</b>	<b>14</b>	<b>2</b>

### D. Living Arrangements of Individuals Served

Living Arrangement	PADD	PAAT	PATBI	PAVA
1. Independent	6	6	6	1
2. Parental or Other Family Home	62	4	4	0
3. Community Residential Home for Children/Youth (0-18 Yrs.)	0	0	0	0
4. Community Residential Home for Adults	68	0	0	0
5. Non-Medical Community Base Residential Facility for Children and Youth	1	0	0	0
6. Foster Care	0	0	0	0
7. Nursing Homes, Including Skilled Nursing Facilities (SNF)	4	0	0	0
8. Intermediate Care Facilities (ICF)	1	0	0	0
9. Public And Private General Hospitals including Emergency Rooms	2	0	0	0
10. Public Institutional Living Arrangement	0	0	0	0
11. Private Institutional Living Arrangement	4	1	1	0
12. Psychiatric Wards (Public Or Private)	0	0	0	0
13. Jail	5	3	0	0
14. State Prison	2	0	0	0
15. Federal Detention Center	0	0	0	0
16. Federal Prison	0	0	0	0
17. Veterans Administration Hospital	0	0	0	0
18. Other Federal Facility	0	1	0	0
19. Homeless	10	2	4	1
20. Unknown	10	2	4	1
<b>TOTAL</b>	<b>175</b>	<b>19</b>	<b>19</b>	<b>3</b>

## E. Reasons for Closing Individual Intervention Files

Reasons for Closing Individual Advocacy Case File	PADD	PAAT	PATBI	PAVA
1. Number of Closed Cases in which Client's Objective Was Partially or Fully Met	81	10	11	1
2. Some Issues Resolved in Client's Favor	0	0	0	0
3. Other Representation Found	3	0	0	0
4. Individual Withdrew Complaint	6	1	1	1
5. Services Were Not Needed Due To Client's Death or Relocation	36	0	1	0
6. P&A Withdrew Because Individual or Client Would Not Cooperate	2	0	0	0

<b>Reasons for Closing Individual Advocacy Case File</b>	<b>PADD</b>	<b>PAAT</b>	<b>PATBI</b>	<b>PAVA</b>
7. Individual's Case Lacked Merit	0	0	0	0
8. Individual's Issue Not Favorably Resolved	3	1	0	0
9. Appeal(s) Unsuccessful	2	0	0	0
<b>Reason for Closing Individual Investigation File</b>	<b>PADD</b>	<b>PAAT</b>	<b>PATBI</b>	<b>PAVA</b>
1. Complaint was Withdrawn	0	0	0	
2. Other Appropriate Entity Investigating	0	0	0	
3. P&A withdrew because Individual or Client Would Not Cooperate	1	0	0	
4. Investigation Completed	9	0	0	
<b>TOTAL</b>	<b>143</b>	<b>12</b>	<b>13</b>	<b>2</b>

## F. Intervention Strategies Used in Serving Individuals

<b>Individual Advocacy Service</b>	<b>PADD</b>	<b>PAAT</b>	<b>PATBI</b>	<b>PAVA</b>
1. Self-Advocacy Assistance	23	1	9	1
2. Limited Advocacy	87	3	1	1
3. Administrative Remedies	6	2	0	0
4. Negotiation	9	4	2	0
5. Mediation/Alternative Dispute Resolution	0	0	0	0
6. Litigation	7	0	1	
<b>TOTAL (1-6)</b>	<b>132</b>	<b>10</b>	<b>13</b>	<b>2</b>
<b>Individual Investigation Service</b>	<b>PADD</b>	<b>PAAT</b>	<b>PATBI</b>	<b>PAVA</b>
7. Individual Investigation	10	0	0	
<b>TOTAL (1-7)</b>	<b>142</b>	<b>10</b>	<b>13</b>	<b>2</b>

## G. Age Range of Individuals Served

<b>Range</b>	<b>PADD</b>	<b>PAAT</b>	<b>PATBI</b>	<b>PAVA</b>
1. 0 - 2	3	0	0	
2. 3 - 5	3	1	0	
3. 6 - 10	13	0	0	
4. 11 - 22	41	2	1	0
5. 23 - 64	94	10	13	1
6. 65 & Over	5	2	0	1

Range	PADD	PAAT	PATBI	PAVA
<b>TOTAL</b>	159	15	14	2

## H. Primary Disability of Individuals Served

Primary Disability	PADD	PAAT	PATBI	PAVA
1. Absence of Extremities	0	0		0
2. Acquired Brain Injury	1	0		0
3. ADD/ADHD	2	0		0
4. AIDS/HIV Positive	0	0		0
5. All Other Disabilities	0	0		0
6. Autism	41	1		0
7. Auto-immune (non-AIDS/HIV)	0	0		0
8. Blindness (Both Eyes)	0	2		1
9. Cancer	0	0		0
10. Cerebral Palsy	10	2		0
11. Deafness	3	3		0
12. Deaf-Blind	1	1		0
13. Diabetes	2	0		0
14. Digestive Disorders	0	0		0
15. Epilepsy	2	0		0
16. Genitourinary Conditions	0	0		0
17. Hearing Impaired (Not Deaf)/Hard of Hearing	0	0		0
18. Heart & Other Circulatory Conditions	0	0		0
19. Intellectual Disability	63	0		0
20. Mental Illness	3	1		1
21. Multiple Sclerosis	0	0		0
22. Muscular Dystrophy	1	0		0
23. Muscular/Skeletal Impairment	0	2		0
24. Neurological Disorders/Impairments	18	0		0
25. Orthopedic Impairments	1	1		0
26. Other Emotional/Behavioral	0	0		0
27. Other Visual Impairments (not blind)	2	2		0
28. Respiratory Disorders/Impairments	0	0		0

Primary Disability	PADD	PAAT	PATBI	PAVA
29. Skin Conditions	0	0		0
30. Specific Learning Disabilities (SLD)	4	0		0
31. Speech Impairments	0	0		0
32. Spina Bifida	0	0		0
33. Substance Use (Alcohol or Drugs)	0	0		0
34. Tourette Syndrome	1	0		0
35. Traumatic Brain Injury (TBI)	4	0		0
<b>TOTAL</b>	159	15		2

## I. Racial and Ethnic Diversity of Individuals Served

Race/Ethnicity	State %	PADD	PAAT	PATBI	PAVA
1. Hispanic/Latino (of any race)	9.80%	21	1	2	0
<b>(NOT Hispanic/Latino)</b>	<b>State %</b>	<b>PADD</b>	<b>PAAT</b>	<b>PATBI</b>	<b>PAVA</b>
2. American Indian/ Alaskan Native	0.50%	0	0	0	0
3. Asian	6.90%	2	0	0	0
4. Black/African American	19.90%	36	3	2	1
5. Native Hawaiian/Other Pacific Islander	0.10%	0	0	0	0
6. White	69.40%	83	10	9	1
7. Two or more races	3.20%	5	0	0	0
8. Race/Ethnicity Unknown	0.00%	12	1	1	0

Some estimates presented here come from sample data, and thus have sampling errors that may render some apparent differences between geographies statistically indistinguishable. U.S. Census Bureau; data.census.gov; "generated by NDRN"; using data.census.gov"; Population estimates, July 1, 2019, (V2019) <https://www.census.gov/quickfacts>; "April 9, 2021"

## Intervention Benefitting Groups

### J. Groups Served

What to Count	PADD	PAAT	PATBI	PAVA
1. Group cases/projects still open at October 1. (Carried over from prior FY(s))	6	4	3	1
2. New group cases/projects opened during the year.	45	8	11	6
3. Total group cases/projects worked on during the year. (Add lines J1 and J2)	51	12	14	7

What to Count	PADD	PAAT	PATBI	PAVA
4. Total group cases/projects as of September 30. (Carry over to next FY)	51	12	14	7
5. Group cases/projects targeted at serving racial/ethnic minority(ies).	6	1	0	0
6. Total # of individuals potentially impacted by the line I.J.3 projects/cases.	4	1	1	2

## K. Problem Areas

Problem Area/Complaint	PADD	PAAT	PATBI	PAVA
1. Abuse	0	0	0	
2. Access to Administrative or Judicial Processes	0	0	0	0
3. Access to Records	0	0	0	
4. Advance Directives	0	0	0	
5. Architectural Accessibility	0	0	0	0
6. Assistive Technology	0	0	0	0
7. Aversives (including ECT)	0	0	0	
8. Civil Commitment	0	0	0	
9. Custody/Parental Rights	0	0	0	
10. Education	0	0	0	
11. Employment Discrimination	0	0	0	
12. Employment Preparation	0	0	0	
13. Financial Benefits	0	0	0	
a. SSDI Work Incentives	0	0	0	
b. SSI Work Incentives	0	0	0	
14. Forensic Commitment	0	0	0	
15. Government Benefits/Services	0	0	0	
16. Guardianship/Conservatorship/Substitute Decision Maker	0	0	0	0
17. Home & Community Based Services including Discharge Planning Transition Follow-up	0	0	0	
18. Healthcare	0	0	0	
a. Medicaid	0	0	0	
b. Medicare	0	0	0	
c. Private Medical Insurance	0	0	0	

Problem Area/Complaint	PADD	PAAT	PATBI	PAVA
d. Other	0	0	0	
19. Housing	0	0	0	
20. Immigration	0	0	0	
21. Neglect	0	0	0	
22. Post-Secondary Education	0	0	0	
23. Non-Medical Insurance	0		0	
24. Privacy Rights	0	0	0	0
25. Rehabilitation Services	0	0	0	
26. Suspicious Death	0	0	0	
27. Transportation	0	0	0	
28. Unnecessary Institutionalization including Identification and Assessment	0	0	0	
29. Voting	0	0	0	0
a. Accessible polling Place/Equipment	0	0	0	0
b. Registration	0	0	0	0
c. Casting a Ballot	0	0	0	0
d. Voter Eligibility/Competency	0	0	0	0
e. Other Voting Issue	0		0	0
30. Other (PADD/PAAT/PATBI/PAVA) Issue	51	23	18	10

## L. Group Cases by Living Arrangement

Living Arrangement	PADD	PAAT	PATBI	PAVA
1. Independent	0	0	0	0
2. Parental or Other Family Home	0	0	0	0
3. Community Residential Home for Children/youth (0-18 yrs.)	0	0	0	0
4. Community Residential Home for Adults	0	0	0	0
5. Non-Medical Community Base Residential Facility for Children and Youth	0	0	0	0
6. Foster care	0	0	0	0
7. Nursing Homes, including Skilled Nursing Facilities (SNF)	0	0	0	0
8. Intermediate Care Facilities (ICF)	0	0	0	0
9. Public and Private General Hospitals including Emergency Rooms	0	0	0	0

Living Arrangement	PADD	PAAT	PATBI	PAVA
10. Public Institutional Living Arrangement	2	0	0	0
11. Private Institutional Living Arrangement	0	0	0	0
12. Psychiatric Wards (Public Or Private)	0	0	0	0
13. Jail	0	0	0	0
14. State Prison	0	0	0	0
15. Federal Detention Center	0	0	0	0
16. Federal Prison	0	0	0	0
17. Veterans Administration Hospital	0	0	0	0
18. Other Federal Facility	0	0	0	0
19. Homeless	0	0	0	0
20. Not Applicable – Intervention not Focused on a Particular Living Arrangement	49	23	18	10
<b>TOTAL</b>	<b>51</b>	<b>23</b>	<b>18</b>	<b>10</b>

### M. Reasons for Closing Group Cases/Projects

Reason	PADD	PAAT	PATBI	PAVA
1. Concluded Successfully	37	11	14	7
2. Concluded Unsuccessfully	0	0	0	0
3. Other	9	1	0	0
<b>TOTAL</b>	<b>46</b>	<b>12</b>	<b>14</b>	<b>7</b>

### N. Intervention Strategies Used in Group Cases/Projects

Intervention Strategy	PADD	PAAT	PATBI	PAVA
1. Abuse and Neglect Investigation	6	2	0	
2. Systemic Litigation	0	0	0	
3. Educating Policymakers	21	10	10	3
4. Issuance of Public Report	0	0	0	0
5. Other Systemic Advocacy	24	11	8	7
<b>TOTAL</b>	<b>51</b>	<b>23</b>	<b>18</b>	<b>10</b>

### O. Group Advocacy by Age Focus

Focus	PADD	PAAT	PATBI	PAVA
1. Group Cases/Projects Focused on Children Approximately 0-2 yrs. old	0	0	0	
2. Group Cases/Projects Focused on Children Approximately 3-5 yrs. old	0	0	0	
3. Group Cases/Projects Focused on Young People Approximately 6-10 yrs. old	0	0	0	
4. Group Cases/Projects Focused on Young People Approximately 11-22 yrs. old	0	0	0	0
5. Group Cases/Projects Focused on Adults Approximately 23—64 yrs. old	0	0	0	0
6. Group Cases/Projects Focused on Seniors Approximately 65 yrs. & older	0	0	0	0
7. Not Applicable – Intervention Not Focused on Any Particular Age Range Grouping	51	23	18	10
<b>TOTAL</b>	<b>51</b>	<b>23</b>	<b>18</b>	<b>10</b>

## P. Race/Ethnicity of Groups Served

Race/Ethnicity	PADD	PAAT	PATBI	PAVA
1. Hispanic/Latino (of any race)	18	4	5	0
2. American Indian/ Alaskan Native	0	0	0	0
3. Asian	0	0	0	0
4. Black/African American	0	0	0	0
5. Native Hawaiian/Other Pacific Islander	0	0	0	0
6. White	0	0	0	0
7. Two or more races	0	0	0	0
8. Unknown	0	0	0	0

# Part 2: Statement of Goals and Priorities

## A. Report on FY 2022 (Previous Year) Statement of Goals and Priorities (SGP)

<b>1. Goal Number: 1</b>			
<b>Goal Statement:</b> People with Disabilities are Free From Harm			
<input checked="" type="checkbox"/> PADD <input type="checkbox"/> PAAT <input type="checkbox"/> PATBI <input type="checkbox"/> PAVA			
<b>2. Priorities</b>			
<b>#</b>	<i>Priority</i>		
1	People with Disabilities are Free from Harm in Adult Institutions, People with Disabilities are Free from Harm in Adult Community Settings, Children and Youth with Disabilities are Free from Harm in Community or Institutional Settings, Children and Youth with Disabilities Receive Appropriate Services in Juvenile Justice Facilities, Programs Licensed by DBHDS will be Safer and More Inclusive Due to dLCV's Monitoring, At Risk Children and Youth with Disabilities Receive Appropriate Educational Services in the Least Restrictive Environment		
	<input checked="" type="checkbox"/> PADD <input type="checkbox"/> PAAT <input type="checkbox"/> PATBI <input type="checkbox"/> PAVA		
<b>3. Strategies Used to Implement Goal and Address Priorities</b>			
<input checked="" type="checkbox"/> Collaboration		<input type="checkbox"/> Systemic Litigation	
<input checked="" type="checkbox"/> Rights-Based Individual Advocacy Services		<input checked="" type="checkbox"/> Educating Policy Makers	
<input checked="" type="checkbox"/> Investigations of Abuse and Neglect		<input checked="" type="checkbox"/> Other Systemic Advocacy	
<input checked="" type="checkbox"/> Monitoring		<input checked="" type="checkbox"/> Training/Outreach	
<input type="checkbox"/> Issuance of Public Report			
<b>4. Extent to Which Goal was Achieved</b>			
<input type="checkbox"/> Not Achieved	<input type="checkbox"/> Partially Achieved	<input checked="" type="checkbox"/> Achieved	<input type="checkbox"/> No Results This Year
<b>5. Stage of Implementation</b>			
<input type="checkbox"/> Planning	<input type="checkbox"/> Initiation	<input checked="" type="checkbox"/> Implementation	<input type="checkbox"/> Outcome/Fully Integrated
<b>6. Results Narratives of P&amp;A Activities and Accomplishments Related to Above Goal</b>			
Goal #: 1			
Priority #(s): 1			

Collaborator(s):

Underserved/Unserviced/Minorities Targeted?  Yes  No (If yes, describe in narrative).

### People with Disabilities are Free From Harm

Case Examples:

#### Maintaining Safety

dLCV received a report that Colin, a 35-year-old man with an intellectual disability and mental illness, had been severely abused by staff while at a state hospital. dLCV immediately looked into these allegations and visited Colin at the hospital. We learned that the hospital had investigated the abuse allegations as required, and that they had fired the staff who hurt Colin. We gave Colin detailed information on the human rights complaint process, as well as the commitment process, which he had questions about. Thanks to dLCV's resources and monitoring, Colin is now much safer in his environment.

#### Save Me

Through our review of CHRIS reports, dLCV learned that Nadja had died. We opened a secondary investigation to look into her death more closely, considering her young age and the questionable circumstances around her death. We found that her death certificate listed her cause of death as Coronary Artery Disease—even though she had no history of heart issues. We also found that, troublingly, staff at Nadja's group home never performed CPR on her when they found her unresponsive because they did not feel "comfortable" doing so. Sadly, Nadja's was not the only death we investigated where staff refused to give CPR. We identified this as an emerging trend and have reported it to State oversight authorities, to ensure that other group home residents' lives and safety are protected.

#### Somebody to Lean On

Through our review of community incident reports, we learned that Mina died awaiting a mental health screening in her local emergency room. Though Mina's group home staff tried to tell the hospital that Mina needed their support and asked to stay with her, the hospital would not let them. As a result of the hospital's negligence, Mina ran out of the hospital and into traffic and was killed. We investigated the circumstances of her death in relation to a new law that requires hospitals to allow a support person to accompany a person with a disability, if necessary to meet their needs. This law was in effect when Mina died, but the hospital still refused to allow the staff that knew her best to accompany and support her. With that support, she may have stayed in the safety of the hospital. dLCV sent a letter detailing this law and the violation to the Director of DBHDS Office of Licensing who in turn sent it to all licensed providers so they could be aware of the expansion to patient rights in Virginia. Thanks to dLCV's advocacy, families, providers, and individuals in Virginia are in a better position to advocate for the right to a support person in a hospital setting.

#### Stretching Her Wings

Birdie contacted dLCV because she wanted to become her own decision maker, move out of her mother's house, and find a job. dLCV educated Birdie on the steps she could take to become her own decision maker including having a capacity evaluation done. We also gave Birdie information on the resources available to her, such as autism support groups, therapist organizations, and other tools to help her on her way. At this time Birdie is still deciding if she wants to take the steps to become her own decision maker, but we have let her know that dLCV is here for her if and when she decides to move forward with this big decision.

#### Pulling It Together

Steve contacted dLCV on behalf of his wife, Cass, who later spoke to us directly. Cass sustained a traumatic brain injury as a child and continues to struggle with the ill effects of that to this day. Moreover, she has substance use disorder and mental health needs (i.e. crisis services) which were not being adequately addressed by community providers. Cass had cycled in and out of multiple inpatient treatment programs, yet no provider had ever referred her for DD services or supports, including the REACH Crisis Program. With Cass and Steve's permission, dLCV directly connected them with the Community Resource Consultant serving their area. The Consultant quickly responded and intervened on their behalf, helping them schedule a Medicaid waiver screening with the appropriate agency. Thanks to dLCV's advocacy, this family now has hope that help is on the horizon!

#### Help Me Ask for Help

During a monitoring visit to Bon Air Juvenile Correctional Center dLCV met Dennis, who presented issues he believed were connected to ADHD and Tourette Syndrome, but he has been unable to be evaluated for these disabilities while at the facility. He explained that he has auditory outbursts that he cannot control. dLCV provided the client information and guidance on how to formally request evaluations and assessments on his own behalf and on his rights throughout the process.

dLCV further informed Dennis of his right to health care services and behavioral health services that may address his possible ADHD and Tourette Syndrome, and the process for requesting these services. Because of dLCV's assistance, Dennis is aware of his rights as a resident with a disability at Bon Air Juvenile Justice Center and will be a better, more informed self-advocate.

#### Educate and Accommodate

dLCV successfully advocated for De'Shawn to be found eligible for special education and related services under the categories of other health impairment for his ADHD and specified trauma disorder diagnoses and emotional disability. dLCV represented De'Shawn in both his IEP and Behavior Intervention Plan (BIP) development meetings. Because of dLCV's help, De'Shawn now has effective plans with meaningful goals addressing his academic and behavioral needs, and the school agreed to provide 5 requested accommodations and modifications to enable him to fully access and benefit from the educational program.

#### The Road to Services

dLCV successfully advocated for Luis to be found eligible for special education services. The client had previously received special education services in Puerto Rico, but his mother had been frustrated in her efforts to get services in Virginia. Luis had survived the deadly earthquakes that rocked Puerto Rico several years ago and more recently experienced his parents' divorce. These traumatic experiences exacerbated his preexisting educational challenges. dLCV represented Luis in an eligibility meeting where the results of an evaluation were presented and discussed. By the end of that meeting, Luis had been found eligible for special education services. His mother shed tears following that IEP meeting as she explained how hard she had worked to get Luis the services that he needs. She exclaimed that she was "overjoyed to know something is going right for my son in his life for once."

#### Project Examples:

##### Get the Word Out

dLCV monitored DBHDS-operated facilities through review of data, incident reports and other sources throughout the year. dLCV also made 40 on-site monitoring visits at these facilities. We identified trends and developed a targeted response for issues like abuse by hospital security, underreporting of incidents, and concerns around peer-to-peer assaults. We supplied at least 15 dLCV posters to State Hospitals and Training Centers to replace missing, defaced or outdated posters, and we placed Spanish Language posters at applicable sites. Approximately 2,124 patients benefit from the information provided in dLCV's posters.

dLCV prepared a detailed white paper on the effectiveness of Virginia's Human Rights Regulations, which included significant recommendations for improving the process.

In FY 22, dLCV regularly reviewed Critical Incident Reports (CIRs) and tracked emerging trends. In July, we published a report on our findings to our website. The report was highlighted by a Richmond local National Public Radio affiliate. Though we gave the Department of Behavioral Health and Developmental Services (DBHDS) an advance copy of the report and an opportunity to respond, they declined to do so for the first time in at least 5 years. The FY 22 CIR Report focused primarily on staffing shortages, deaths proximate to admission and medically inappropriate admissions—particularly those of individuals with developmental disabilities.

dLCV made 2 monitoring visits to nursing homes and assisted living facilities this year, but completed surveys at an additional 34 assisted living facilities. As a result of this work, we have developed a coordinated response to several trends including denial of access authority, staffing levels, and a lack of resident engagement.

dLCV staff made five unannounced monitoring visits to group homes across Virginia in FY 22, directly visiting at least 24 residents. dLCV staff were able to monitor and observe the living conditions and

interact with residents in every home without staff at these homes having time to prepare or alter the homes at all. The visits went well and dLCV observed significant improvements at one group home that we visited twice, as a result of our monitoring and advocacy.

#### Accessing dLCV

dLCV prepared and distributed an article about our new access authority webpage (<https://www.dlcw.org/access-authority>) in the agency's March Newsletter, reaching over 1,429 people across the Commonwealth. dLCV also presented to the March Coalition for Community Safety meeting about our access authority and corresponding resource page. Individuals in attendance included disability service providers (such as PRTF representatives), disability advocates (such as The Arc of Virginia), and leadership from multiple state agencies (such as OSIG, DBHDS, and VBPD). As we continue to grow our community monitoring efforts, dLCV is working hard to spread the word about our federal access authority and this webpage is a great tool for everyone to learn about the broad reach of our authority!

#### No Dominion

dLCV has been concerned for many years about the lack of meaningful investigation into the unexpected deaths of individuals with Intellectual and Developmental Disabilities (I/DD), especially those living in programs operated or licensed by DBHDS. dLCV shared our concerns with DBHDS' new statewide workgroup, based on our review of deaths identified in the Computerized Human Rights Information System (CHRIS). In FY 22, dLCV also requested 59 Mortality Review Investigation reports, Death Certificates, and Autopsy Reports for individuals with DD whose death was sudden and unexpected.

Through the review of death cases and investigations, dLCV has gained insight into the investigative process of DBHDS' Mortality Review Team and Specialized Investigation Unit. We have also identified limitations of the system, especially in determining the cause of death for young individuals who die with no major medical conditions. We identified breakdowns at the provider level that could lead to or attribute to preventable deaths: most notably, dLCV identified at least 20 cases where staff either failed to conduct CPR on an unresponsive individual, called supervisors or other staff before calling 911, failed to use an automated external defibrillator (AED) when available, or all of the above.

Another issue identified by dLCV and brought up to the DBHDS autopsy workgroup is the quality and reliability of death certificates. dLCV has reviewed death certificates that list as primary cause of death such things as intellectual disability, cerebral palsy, and even "mental retardation." We have also seen a cause of death listed that is contradicted by the medical records, such as listing coronary artery disease as the cause of death when the medical records show the individual had no heart conditions or where the cause of death was listed as seizure disorder when two neurologists had determined in the weeks before death that the individual was NOT having seizures. There can be no meaningful discussion of how to prevent future deaths if we do not have accurate information about why a young, healthy individual dies suddenly. Work on this important issue will continue in FY23.

### US v VA Settlement Agreement

dLCV continued to actively evaluate the state's compliance with the US v VA Settlement Agreement throughout FY 22. We reviewed the biannual reports to the court, participated in Settlement Agreement Stakeholder Group meetings, and advocated with the parties to the agreement. As the matter enters its final phases, vigilance is needed now more than ever to ensure the needs and rights of Virginians with developmental disabilities remain at the fore. When the Judge ordered briefings from the parties about whether to permit ex parte communications early in the year, dLCV prepared and submitted an amicus brief strongly objecting to the use of such communications and arguing that, as a suit between federal and state government, transparency is extremely important. Following our submission, the court has increased efforts to inform the public about what is going on in the case. This has included ordering Virginia to file monthly progress reports with the court and convening the first public status conference since 2019. Thanks to dLCV's continued focus on the US v VA settlement agreement, the parties to the agreement are well informed of issues that might otherwise fly under their radar!

### Maximizing Our Impact Through Data

dLCV regularly reviewed reports throughout FY 22 from the Computerized Human Rights Information System (CHRIS), Adult Protective Services (APS), Psychiatric Residential Treatment Facilities (PRTFs), and Critical Incident Reports (CIRs). Most notably, we gained access to Abuse/Neglect Allegations from CHRIS in the first quarter. With this wealth of new information, we were able to shift our focus from doing primary investigations to enforcing reporting requirements and identifying systemic health, safety, and rights violations. We identified several troubling trends tied to staffing; in particular, we flagged a large number of reports in which group home staff left individuals alone in the home, typically without notifying a supervisor.

dLCV met with representatives from the Department of Behavioral Health and Developmental Services (DBHDS) and the Department of Medical Assistance Services (DMAS) to address these staffing concerns and developed a system to send our contacts at DBHDS and DMAS specific examples of violations. In particular, dLCV met with DMAS leadership and explored contract monitoring and financial penalties as one possible mechanism for addressing improper or nonexistent staffing in Medicaid-funded congregate care settings (such as DD group homes). While we were not able to get a full computerized version of our cross-referencing system operational in FY 22, we implemented review protocols that allowed us to cross-reference reports flagged for follow-up manually. Doing so gave us far more insight into reported incidents overall and served as proof-of-concept for our computerized design. We were able to identify one provider (Good Neighbor) with ongoing and repeated reporting problems and developed a plan to focus on many issues with this provider in FY23 through a year-one impact project. In one particularly egregious case, staff physically attacked a resident, though the provider delayed reporting this to DBHDS for over a month; we learned about this incident through manually cross-referencing APS reports with our CHRIS database.

The Coalition for Community Safety met in each quarter this fiscal year to discuss CHRIS trends, watch list items, and community concerns. The Coalition continued to follow deaths relating to the "Fatal 5" and efforts to improve oversight from state agencies. The Coalition also focused on staff leaving clients unattended in residential settings and proposed ideas to address staffing shortages. They raised questions about dLCV's work on Law Enforcement and Crisis service reform and had particular interest in improving the utilization of DD Crisis Services (REACH) in crisis episodes. The Coalition's Work is ongoing.

dLCV obtained procedures on transition services for institutionalized youth aging out of the foster care system from all 122 Department of Social Services (DSS) offices across the state of Virginia, as well as applicable state guidance. Guidance documents obtained included guidance on the Chaffee Program Transition Plan, The Foster Club's Transition Toolkit; Adult Foster Care Services (AFC); and Foster Futures. Among the guidance documents obtained by dLCV, none provided guidance specific to transition services for institutionalized youth aging out of the child welfare system. dLCV also researched best practices from other states and used these as a foundation for recommended corrective action, such as the provision of community based transition services, transitional housing, and the appointment of a single point person responsible for facilitating an individual's transition services.

#### Access to Eyewear and telephones!

dLCV identified two systemic issues during its monitoring activities at Bon Air Juvenile Correctional Center throughout FY 2022: a failure of the facility to provide timely access to needed corrective eyewear for vision impaired residents; and failure of the facility to provide residents with access to telephones for extended periods of time. dLCV worked with Bon Air to develop a Corrective Action Plan that should prevent future denials and delays in accessing necessary corrective eyewear; and dLCV is continuing to address the systemic denial of access to telephones into FY 2023.

During this fiscal year, dLCV monitored all statutory and regulatory proposals that could affect the use of seclusion and restraint in Virginia's public and private schools. Multiple Bills seeking to expand the use of School Resource Officers (SROs) in Virginia's schools were considered by Virginia's General Assembly. dLCV took the opportunity to educate legislators of the increased risk of involvement with law enforcement faced by students with disabilities, as well as the exclusion of law enforcement from the rules and regulations that are designed to ensure that children in our schools are protected from the unnecessary use of restraint and seclusion. Ultimately, none of these proposed laws were enacted, but we anticipate renewed efforts during next legislative session in FY 2023.

In FY 22 dLCV monitored legislative and regulatory activities that could affect the educational rights of students with disabilities in Virginia. dLCV also participated in collaborative activities with advocacy partners to identify and respond to policy developments. This included regular attendance at the meetings of the Virginia Commission on Youth, and Education Law Task Force meetings sponsored by the Legal Aid Justice Center and attended by many of dLCV's advocacy partners. Topics discussed

in these meetings included language access, transition planning with an emphasis on multi-agency collaboration efforts, the state’s complaint processes vs. the federal Office for Civil Rights complaint process, the intersectionality of special education and the juvenile justice system, and the issue of school to prison pipeline.

**Trauma-Informed Approach to Addressing Behavior & Discipline!**

dLCV collaborated with Voices for Virginia’s Children to develop and conduct 2 virtual CLE trainings on Children with Disabilities in Foster Care: a Trauma-Informed Approach to Addressing Behavior & Discipline. A combined total of 63 people registered for these trainings, including a Juvenile and Domestic Relations Court Judge, foster care caseworkers, Virginia Department of Social Services workers, guardians’ ad litem, court appointed special advocates, special education attorneys, and foster parents. Training topics included background information on children in foster care with IEPs; policies, procedures, and funding that can expedite processes for those children; and specific trauma-informed behavior interventions that may help prevent school discipline, disciplinary processes and procedures including legal requirements, the rights of students and families’ during the disciplinary process, and tips for developing trauma-informed IEPs.

Performance Measurement	Number
People with disabilities who had their other rights enforced, retained, restored and/or expanded.	167483

**1. Goal Number: 2**

**Goal Statement:** Children and Youth with Disabilities Receive an Appropriate Education

PADD    PAAT    PATBI    PAVA

**2. Priorities**

#	Priority
1	N/A
	<input checked="" type="checkbox"/> PADD <input type="checkbox"/> PAAT <input type="checkbox"/> PATBI <input type="checkbox"/> PAVA

**3. Strategies Used to Implement Goal and Address Priorities**

<input type="checkbox"/> Collaboration	<input type="checkbox"/> Systemic Litigation
<input type="checkbox"/> Rights-Based Individual Advocacy Services	<input type="checkbox"/> Educating Policy Makers
<input type="checkbox"/> Investigations of Abuse and Neglect	<input type="checkbox"/> Other Systemic Advocacy
<input type="checkbox"/> Monitoring	<input type="checkbox"/> Training/Outreach
<input type="checkbox"/> Issuance of Public Report	

**4. Extent to Which Goal was Achieved**

<input type="checkbox"/> Not Achieved	<input type="checkbox"/> Partially Achieved	<input checked="" type="checkbox"/> Achieved	<input type="checkbox"/> No Results This Year
<b>5. Stage of Implementation</b>			
<input type="checkbox"/> Planning	<input type="checkbox"/> Initiation	<input checked="" type="checkbox"/> Implementation	<input type="checkbox"/> Outcome/Fully Integrated
<b>6. Results Narratives of P&amp;A Activities and Accomplishments Related to Above Goal</b>			
Goal #: 2			
Priority #(s): 1			
Collaborator(s):			
Underserved/Unserved/Minorities Targeted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If yes, describe in narrative).</i>			
<b>Children and Youth with Disabilities Receive an Appropriate Education</b>			
Work under this focus area is consolidated and reported in the previous focus area.			
<b>Performance Measurement</b>			<b>Number</b>
No Performance Measures Met			0

<b>1. Goal Number: 3</b>	
<b>Goal Statement:</b> People with Disabilities Live in the Most Integrated Environment	
<input checked="" type="checkbox"/> PADD <input type="checkbox"/> PAAT <input type="checkbox"/> PATBI <input type="checkbox"/> PAVA	
<b>2. Priorities</b>	
<b>#</b>	<i>Priority</i>
1	People with Disabilities have Maximum Individual Choice People with Disabilities Have Equal Access to Public Accommodations
	<input checked="" type="checkbox"/> PADD <input type="checkbox"/> PAAT <input type="checkbox"/> PATBI <input type="checkbox"/> PAVA
<b>3. Strategies Used to Implement Goal and Address Priorities</b>	
<input checked="" type="checkbox"/> Collaboration	<input type="checkbox"/> Systemic Litigation
<input checked="" type="checkbox"/> Rights-Based Individual Advocacy Services	<input checked="" type="checkbox"/> Educating Policy Makers
<input type="checkbox"/> Investigations of Abuse and Neglect	<input checked="" type="checkbox"/> Other Systemic Advocacy
<input type="checkbox"/> Monitoring	<input checked="" type="checkbox"/> Training/Outreach
<input type="checkbox"/> Issuance of Public Report	
<b>4. Extent to Which Goal was Achieved</b>	
<input type="checkbox"/> Not Achieved	<input type="checkbox"/> Partially Achieved
<input checked="" type="checkbox"/> Achieved	<input type="checkbox"/> No Results This Year
<b>5. Stage of Implementation</b>	

<input type="checkbox"/> Planning	<input type="checkbox"/> Initiation	<input checked="" type="checkbox"/> Implementation	<input type="checkbox"/> Outcome/Fully Integrated
<b>6. Results Narratives of P&amp;A Activities and Accomplishments Related to Above Goal</b>			
Goal #: 3			
Priority #(s): 1			
Collaborator(s):			
Underserved/Unserved/Minorities Targeted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If yes, describe in narrative).</i>			
<b>People with Disabilities Live in the Most Integrated Environment</b>			
Case Examples:			
<p>All Aboard!</p> <p>Dan has cerebral palsy and despite more than 40 years of independent travel (via Amtrak and other carriers), he recently had a restriction placed on his Amtrak account stating that he must have a companion or attendant with him for all future train travel. Dan reported this restriction to dLCV as he felt like it was discriminatory. Dan neither wants nor needs a companion or attendant to travel with him. dLCV researched relevant federal regulations and sent a demand letter to Amtrak's ADA coordinator. We heard back promptly from an Amtrak attorney who investigated the matter and quickly wrote back to provide assurances that Dan would not be required to travel with a companion or attendant. Thanks to dLCV's advocacy, Dan can continue to live the independent life in the way that he chooses!</p>			
<p>Questioning My Voice</p> <p>dLCV was contacted by Cate, an individual who is deaf-blind and seeking services through her local Department of Social Services (DSS). Cate recently tried applying for energy assistance via telephone but faced major barriers to effective communication along the way. Specifically, Cate reports that during the intake process she was asked to provide a voice signature to the DSS representative helping her with an Energy Assistance Program (EAP) application. Because she was utilizing a sign language interpreter, Cate voiced her signature through this qualified interpreter. Worryingly, the DSS representative reportedly refused to recognize this as a valid form of communication and assent. We sent a letter of concern to the DSS Director and asked her to immediately train staff on effective communication requirements under the Americans with Disabilities Act. We also copied the Commonwealth's Department of Social Services Office for Civil Rights on our letter of concern. Thanks to dLCV's intervention, Cate and others in her position will have a smoother path to services in the future.</p>			
<p>Proactive Parents Look Ahead to their Daughter Turning 18!</p> <p>Julia is a 16-year-old young woman with autism. dLCV met with Julia's parents and case manager, to help them better understand the changes that occur with SSI and Medicaid when turning 18, since their daughter turns 17 soon. dLCV's advocate walked them through the necessary actions they will need to take—like applying for SSI soon after Julia's 18th birthday and ensuring that her Medicaid</p>			

Disability Determination is scheduled for this year to keep her Medicaid and waiver eligibility in place. We informed Julia's support network about the Individual Family Support Program (IFSP) (a program they can take advantage of while she remains on the waiver waiting list) which provides annual grants up to \$1000 to fund disability related expenses. Julia's family is now better prepared for what we often call "the cliff" that occurs when students turn 18.

#### Escalating Concerns

Gloria contacted dLCV on behalf of her son, Jorge, who has autism. Jorge receives SSI and his family was assessed an overpayment in excess of \$10,000 last year. Gloria believed this overpayment assessment was issued in error and they had been trying, unsuccessfully, to resolve the overpayment for months. Jorge's family primarily speaks Spanish and has found that language differences have resulted in additional barriers to service. The Social Security Administration (SSA) set up and cancelled 4 appointments with the family before turning them away at a local office because an interpreter was not available. dLCV quickly escalated the matter to the Regional Public Affairs Specialist for SSA, who intervened immediately. After dLCV intervened, SSA facilitated communication via a bilingual representative, finally ensuring a just and equitable process for addressing the family's concerns!

#### Helping with Transitions

Star is a 17-year-old teenager with developmental disabilities and mental health challenges, who was receiving inpatient treatment at a center for juveniles at the time of service. Star's grandmother, who is her legal guardian until Star turns 18, contacted dLCV with questions about dLCV's Power of Attorney (POA) form. Star's treatment team voiced concerns about the fact that people using our POA form can choose not to give their POA the authority to admit them to a mental health facility. dLCV explained the nuances of the admissions process to Star's team, and worked with Star to develop a POA that takes her specific needs and preferences about behavioral health treatment into account. Thanks to dLCV's help, both Star and her treatment team are satisfied with the document and understand the power it gives her POA.

#### Guardianship Averted

Michael's mother contacted dLCV for information and assistance on decision-making options as Michael approached age 18. dLCV encouraged her to check out our Supported Decision-Making resource page, and also explained the benefits of exploring alternatives to guardianship. Michael's mother ultimately was not comfortable with the loss of civil rights that comes with guardianship, and decided not to pursue one. She and Michael used dLCV's POA form, instead and preserved Michael's civil rights in a less restrictive way.

#### Capacity is Presumed

Nico contacted dLCV for information and assistance on decision-making options for his son, Drake, a 21-year-old man with autism. The family recently moved to Virginia from New York and has faced obstacles in getting services because Drake sometimes needs help communicating his decisions.

Before contacting dLCV, Nico spoke to several attorneys, but they all wanted Drake to have evidence of capacity before they would agree to help him. Nico called several doctors about getting a capacity evaluation done, but none could see him for several months. dLCV encouraged Nico to check out dLCV's Supported Decision-Making resource page on our website and contact us again if he has any questions about the form or the process. Nico came back to us with specific questions about POA forms, which a dLCV attorney answered. dLCV's assistance helped Drake preserve his voice while making medical decisions.

#### The Intersection of Survivor and Disability Benefits

Phoebe called dLCV to learn about Social Security survivor benefits and whether her disabled daughter, Lucy, will have a benefit after she leaves high school. dLCV explained that her survivor benefit will end when her daughter turns 16, but that Lucy's benefit could be converted to a Disabled Adult Child (DAC) benefit at 18 with a simple application. We explained that Phoebe would need to apply for DAC to keep Lucy's Medicaid and waiver eligibility intact. dLCV also introduced Phoebe to the concept of "transition planning" since Lucy is 14 and will be transitioning out of school and into her adult life in the next few years. We referred Phoebe to the Department of Aging and Rehabilitative Services (DARS) to oversee transition planning, as well as dLCV's Client Assistance Program in the event she has issues with DARS. Phoebe now understands the benefits available for her Lucy and how to continue advocating for her daughter.

Avery is the mother of two children with disabilities—Bonnie and Ivan. Avery contacted dLCV to seek support with the cessation of their benefits and an overpayment resulting from excess resources. We reviewed the resource issue and found that the family had accidentally placed the money from a business loan into their personal account during the chaos of the pandemic. We explained to Avery how to file a waiver and to document how they remedied the error in hopes that the children's SSI can be re-instated and the overpayment addressed. We also proactively explained the forms Avery can submit if the waiver is denied and she needs to negotiate the payment rate. Avery was relieved to have dLCV's expertise and a plan for addressing these major issues.

#### How do I address past discrimination?

dLCV provided detailed guidance to the mother of a young child with autism whose daycare provider terminated their services after being made aware of his autism diagnosis. ADA litigation was contraindicated because the mother had no interest in continuing to receive services from this provider. Therefore, dLCV walked her through her options for filing a federal complaint against the daycare provider for discriminating against her son based on his disability. Thanks to dLCV's support, another mother is empowered to advocate for her child with a disability!

#### Project Examples:

Let Them Out

dLCV reviewed and analyzed data on the Extraordinary Barriers to Discharge List (EBL) on a monthly basis, with the most recent available data being from July, 2022. During FY 22, we saw that the number of individuals on the EBL fluctuated between 180 at the lowest to 215 at the highest. The number of individuals with DD on the list trended upwards over the last year, most recently coming in at 31. While the number of individuals on the list remains high, the average wait on the EBL and number of individuals waiting over 100 days for discharge decreased, indicating that people are not staying on the EBL for as long as they used to. We issued two alerts during the last fiscal year, most recently in September. Considering the severity of this ongoing issue, dLCV filed a complaint with the United States Department of Justice (DOJ) requesting that the DOJ take legal action to end systemic Olmstead violations affecting Virginians whose names appear on the EBL.

#### Training on Decisions

dLCV trained five groups on supported decision-making in the first quarter of FY 22 reaching approximately 206 individuals. The hosts included Partners in Policymaking, Albemarle County Open Doors Adult Education, The Center at Belvedere (Senior Center for Charlottesville and Albemarle), VOCAL (Virginia Organization of Consumers Asserting Leadership) Peer Support Specialists, and Eastern Shore Community Services Board.

#### dLCV Educates 100 More CSB Case Managers!

dLCV offered "How to Help Your Clients Obtain and Maintain Social Security Disability Benefits" to 167 case managers in two mainly rural Community Service Boards (CSBs). 97 other case managers and their supervisors attended the virtual webinar designed to enhance their social security knowledge and skills. The training focused on helping clients with DD and behavioral health and substance use disorders access and maintain these critical benefits. The training also educated on access issues related to the pandemic and issues involving representative payees. We taught case managers how dLCV can serve as an ongoing resource to them and their clients. The power point presentation was shared with trainees and supervisors and will be shared further with case managers unable to attend live.

dLCV educated a total of 17 people about access issues involving social security benefits during 5 virtual consultations to individuals with I/DD and their families and support staff. We met with individuals ranging from 12 to 60 years old from across the entire Commonwealth. The issues we addressed involved applying for Supplemental Security Income (SSI) benefits as a child, appealing a denial of Social Security Disability (SSDI) benefits, converting from an SSI benefit to a Disabled Adult Child (DAC) benefit, questions pertaining to an award of benefits, and understanding how SSI, SSDI, and spousal benefits will unfold for a 60-year-old woman who wants to continue working. dLCV sent the client's summary letters to recap the consultation and recommendations to encourage follow through. The clients we helped gave us overwhelmingly positive feedback and the number of requests exceeded the number of slots available.

#### The ABCs of the ADA

In recent years, dLCV has received an uptick in calls from people with disabilities reporting disability discrimination by their attorneys or by the Virginia court system. In FY 22, we tackled this through reactive individual case representation and proactive education and outreach. Many attorneys want to do the right thing for their clients with disabilities but simply don't know what that entails. This year we published a user-friendly guide that introduces attorneys to the concepts of effective communication, service animals, physical accessibility, courtroom accommodations, and Department of Justice technical assistance resources. In addition to standard distribution channels (e.g. dLCV's newsletter and social media), we provided these materials directly to thousands of Virginia attorneys through local bar associations including: Virginia Beach, Prince William County, City of Richmond, Alexandria, Arlington, Charlottesville/Albemarle, Chesapeake, Fairfax, Frederick, Hampton, Henrico, Hill Tucker, Norfolk/Portsmouth, Loudon County, McLean, Old Dominion, Roanoke, and South Hampton Roads.

### Lawyering Up

With the help of legal interns, dLCV surveyed nine law offices in the Richmond area for compliance with the Americans with Disabilities Act (ADA) and Virginians with Disabilities Act (VDA). A tenth practice refused to allow us to complete an accessibility survey. All of the surveys we did found accessibility barriers. Two of the firms surveyed had significant barriers to entering their offices that would require meeting with clients with mobility impairments at an alternate location. Seven of the offices had some issue with accessible parking. We provided the offices with the ADA standards and, based on our observations, recommended that the offices note the availability of reasonable accommodations upon request on their website. We have asked all of the firms to follow up with dLCV within 30 days to discuss how they will improve the accessibility of their offices and provide accommodations. We believe these surveys will increase access to legal services for Virginians with disabilities. Thanks to our robust relationship with Virginia's legal aid community, we were also able to provide detailed technical assistance to a legal aid entity during the year that is seeking new office space. They want to proactively ensure the selected space is fully ADA compliant, and will be able to do so thanks to dLCV's guidance and collaboration!

### The ADA and Age Related Disabilities

dLCV completed an ADA training for a senior center in March and another in June, reaching a total of thirty individuals. These trainings increased awareness among older adults about the rights of people with disabilities to have equal access to public accommodations under Title III of the ADA for things like age-related hearing loss, vision changes, and mobility declines.

### Making Public Meetings Accessible to all!

dLCV asked people with disabilities and staff members to attend online and in-person public government meetings and to complete a survey regarding the accessibility of these meetings. While multiple surveyors identified inaccessible features at meeting that they attended, only one provided sufficient information to identify the specific meeting in question and the responsible state agency: the Department of Behavioral Health and Developmental Services. The meeting was a virtual local Human

Rights Committee meeting, and there were no captions available, no transcript of the meeting provided, and the organizer did not ask if anyone in attendance was in need of an accommodation. dLCV outlined these concerns in a letter to the Commissioner of DBHDS and provided information on how he can ensure that future meetings are accessible to all.

#### Training the Judicial System on Disability Rights!

Across two dates in November and December, dLCV trained every magistrate in Virginia via live, virtual presentations. Our training covered reasonable accommodations and modifications under the ADA. In April, dLCV presented to approximately 40 new Virginia General District Court and Circuit Court judges about disability rights. Training topics included effective communication, service animals in the courtroom, COVID-19 masking considerations, reasonable modifications of policies, and much more! Then in May, dLCV presented to 320 Virginia Circuit Court judges on similar topics. dLCV even had the opportunity to provide guidance to the Virginia court system about accommodating members of the public who need disability accommodations to view proceedings. These trainings and consultations equipped Virginia's court system with the information and resources needed to best support individuals with developmental disabilities, traumatic brain injuries, and other disabilities (e.g. sensory and mobility) - including those with assistive technology or environmental modification needs.

#### Training provided to Virginia Court System ADA Coordinators:

In November 2021, dLCV trained every ADA coordinator (as identified by Chief Judges) throughout the state about the need to provide reasonable and appropriate accommodations and remove architectural barriers during the judicial process. This training was offered live in collaboration with the Supreme Court of Virginia and was also archived for later viewing. The training equipped Virginia's court ADA coordinators with the information and resources needed to best support individuals with developmental disabilities, serious mental illness, traumatic brain injuries, and other disabilities (e.g. sensory and mobility). 30 coordinators attended the training live and all others were able to view the recording later! Thanks to this important collaboration, Virginians with disabilities have greater access to the accommodations and modifications needed to take part in the judicial system.

#### Making Government Programming, Services, and Locations Accessible:

Replicating a highly successful FY21 project, dLCV identified five additional state and local government agencies in FY22 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. We wrote to leadership of each government agency to educate them about their responsibilities under federal law and requested prompt corrective action. We worked with the Library of Virginia, Virginia Department of Taxation, City of Danville, and Virginia 529. Each of these agencies have since designated an ADA coordinator and put in place a process for citizens to report accessibility concerns!

#### Surveying Sidewalks:

dLCV conducted accessibility surveys in Virginia Beach, VA (urban) and Luray, VA (rural) to assess

their compliance with the VDA and Title II of the ADA. After completing these surveys, dLVCV notified each locality of identified deficiencies. In addition to these surveys, dLVCV also received complaints from individuals with disabilities, including a complaint from a former dLVCV client who had encountered a hazardous and inaccessible sidewalk near a popular sports complex, shopping center, and convention center. After sending a demand letter to the local government of Virginia Beach, dLVCV successfully negotiated corrective actions aimed at eliminating some of the identified deficiencies and continues to work with the city to address additional issues. For example, the city is working with a local developer to address an inaccessible sidewalk identified by dLVCV during its survey activities. This project will continue into FY 2023. As the most populous city in Virginia with a large contingent of veterans, including veterans with disabilities, the improvements to the accessibility of Virginia Beach’s sidewalks will positively impact tens of thousands of individuals.

**Train the Helpers!**

dLVCV conducted a social security training for Eli's Village, an emerging lifespan planning organization, which works with individuals and families with disabilities to enhance all aspects of their lives. This training oriented staff, including their case managers and financial planners, to the many social security benefits that individuals with disabilities can receive including the associated healthcare programs and related services such as Medicaid and its Home and Community Based Waivers, Medicaid's Health Insurance Premium Payment Program, and much more! Additionally, we provided information about work incentives and representative payee options. Pre and Post tests and evaluations suggest that knowledge of the topic increased significantly enabling Eli's Village to provide better immediate and long term services to its clients.

Performance Measurement	Number
People with disabilities who had their other rights enforced, retained, restored and/or expanded.	15932

<b>1. Goal Number: 4</b>	
<b>Goal Statement:</b> People with Disabilities Have Equal Access to Appropriate and Necessary Healthcare	
<input checked="" type="checkbox"/> PADD <input type="checkbox"/> PAAT <input type="checkbox"/> PATBI <input type="checkbox"/> PAVA	
<b>2. Priorities</b>	
#	Priority
1	People with Disabilities are not Denied Medicaid Services Unlawfully, People With Disabilities Have Access to Healthcare  <input checked="" type="checkbox"/> PADD <input type="checkbox"/> PAAT <input type="checkbox"/> PATBI <input type="checkbox"/> PAVA
<b>3. Strategies Used to Implement Goal and Address Priorities</b>	
<input checked="" type="checkbox"/> Collaboration	<input type="checkbox"/> Systemic Litigation

<input checked="" type="checkbox"/> Rights-Based Individual Advocacy Services	<input type="checkbox"/> Educating Policy Makers		
<input type="checkbox"/> Investigations of Abuse and Neglect	<input checked="" type="checkbox"/> Other Systemic Advocacy		
<input type="checkbox"/> Monitoring	<input checked="" type="checkbox"/> Training/Outreach		
<input type="checkbox"/> Issuance of Public Report			
<b>4. Extent to Which Goal was Achieved</b>			
<input type="checkbox"/> Not Achieved	<input type="checkbox"/> Partially Achieved	<input checked="" type="checkbox"/> Achieved	<input type="checkbox"/> No Results This Year
<b>5. Stage of Implementation</b>			
<input type="checkbox"/> Planning	<input type="checkbox"/> Initiation	<input checked="" type="checkbox"/> Implementation	<input type="checkbox"/> Outcome/Fully Integrated
<b>6. Results Narratives of P&amp;A Activities and Accomplishments Related to Above Goal</b>			
Goal #: 4			
Priority #(s): 1			
Collaborator(s):			
Underserved/Unserved/Minorities Targeted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If yes, describe in narrative).</i>			
<b>People with Disabilities Have Equal Access to Appropriate and Necessary Healthcare</b>			
Cases:			
<p><b>Getting the Hours I Need</b></p> <p>Jason’s parents called dLCV when his service facilitator requested an increase in his personal care attendant hours, and his Managed Care Organization (MCO) responded not only by denying the increase, but cutting his hours from the previously approved 35 hours per week, to 28. The MCO’s own documentation stated that Jason’s care needs had not changed. Although the case for the increased hours requested was not strong, dLCV represented Jason in a state fair hearing and argued that the MCO cannot reduce his approved hours without showing that his needs have decreased. The hearing officer agreed, but found that there was discrepancy in the record as to his actual previously approved hours, so he remanded the case back to the MCO. On remand, thanks to dLCV’s continued advocacy, the MCO agreed to increase Jason’s personal care hours to 38.25 hours per week!</p>			
<p><b>Staying Home</b></p> <p>Caitlyn has a complex disability that will ultimately be fatal. Both her mom and dad are in the military and sometimes get deployed at the same time. Until recently, Caitlyn received the number of care hours she needed to remain at home even when her parents couldn't be with her. Anthem, Caitlyn's Managed Care Organization, drastically cut her hours and put her at risk of institutional placement. dLCV reviewed the documentation submitted in support of the higher hours. We found that it was out of date, despite the fact that Caitlyn's condition has not improved. We recommended that the family get updated letters from Caitlyn's doctors. We explained the appeal process and provided some</p>			

additional information, including Medicaid guidance documents for appeal notices. While Caitlyn's Mom was frustrated, she was grateful to have the additional knowledge we were able to share.

Help! How do we prove DD?

A sister contacted dLCV to report difficulties she is having acquiring a DD waiver for her 58 year old sister who sustained a brain injury due to oxygen deprivation at birth. Her Community Services Board (CSB) refused to accept an application for one of Virginia's Developmental Disabilities Medicaid Waivers (DD Waivers), because they had no evidence of the age of onset of her brain injury, and they could not therefore determine whether her disability met the age of onset criterion (prior to age 22) in the developmental disability definition. dLCV advised the sister on how to obtain medical and educational records, proof from SSA that she obtained SSI at age 18, and relevant written evidence from other family members. Because of dLCV's guidance, the sister was able to obtain relevant evidence and submit it to the CSB. She was very pleased with this guidance and is one step closer to the Waiver.

Educating Providers about Mask Policies and the ADA

dLCV educated a private sponsored residential provider on the requirements of the Americans with Disabilities Act as it relates to face mask policies and private face mask policies. This sponsored residential provider serves a person with a developmental disability who is unable to wear a face mask as a result of her disability (specifically she is unable to put on or take a mask off herself and she does not tolerate having another person putting a mask on her). dLCV educated the provider on how to request accommodations and provided relevant recent CDC guidance pertaining to face masks and people with developmental disabilities.

Medical Office Mask Mistake

The sister of a gentleman with autism and intellectual disability diagnoses called dLCV. This gentleman was denied services from a healthcare provider in southwest Virginia, because the gentleman cannot tolerate wearing a mask due to his disability (he is in fact unable to take a mask on or off and therefore falls within the CDC's recommendations to not wear masks as it is more dangerous to the individual than the risk of COVID). In addition to the small medical office where this individual was refused service, the healthcare provider also operates a large hospital where the individual was also a patient. The individual had been accommodated by the hospital, which agreed to serve him without requiring him to wear a mask. After dLCV sent a demand letter, the medical office acknowledged their mistake and reported that they reeducated their staff on the disability considerations for mask wearing for Mr. Whitlow.

Projects:

Educating Self-Advocates!

dLCV produced three factsheets to educate individuals and their family members about their rights

when their Medicaid benefits are denied, reduced, or revoked by their Managed Care Organization. These included a “know your rights” factsheet, a factsheet on how to prepare for a Medicaid fair hearing, and a Medicaid Fair Hearing FAQ factsheet. This information was shared with representatives of twelve advocacy organizations who work with or on behalf of people with disabilities who may rely on Medicaid for some or all of their healthcare and/or long term services and supports.

During this fiscal year, dLCV monitored proposed statutes and regulations that would affect the rights of Medicaid Members. During the 2022 legislative session, the general assembly considered Bills that would have increased Medicaid funding for assistive technology and devices for Virginian’s with disabilities. These included a Bill that would have increased the funding for manual and electronic wheelchairs and wheelchair repairs for residents of nursing facilities in the Commonwealth, as well as a Bill that would have allowed waiver recipients to pool available funds for Assistive Technology and Environmental Modifications in order to enable members to spend additional funds on one of these categories if they did not use funding from the other category. Currently, each is capped at \$3000 per year. Allowing for aggregation of these funds would allow for \$6000 for any combination of these services/devices. Unfortunately, both of these Bills were unsuccessful this session, but they are likely to be reconsidered next year. dLCV educates policymakers as needed on these and other important issues.

#### COVID Concerns

dLCV devoted considerable time throughout FY22 to monitoring and preventing discriminatory policies and practices which have emerged during the COVID-19 pandemic. We 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 as well. One hospital visitation case was so egregious, it resulted in a death. Therefore dLCV developed and distributed new self-advocacy tools for people with developmental disabilities and their supporters to utilize: this tool was shared with state officials as well. We proactively connected with disability service providers throughout the state to remind them of dLCV’s availability to tackle barriers to community based healthcare that arise. This included working directly with the Department of Juvenile Justice to schedule (and incentivize) COVID-19 vaccines amongst youth in the state’s custody and handing out vetted vaccine materials in congregate care settings for adults. Notably, using other funds, dLCV also represented several children throughout the state in a federal lawsuit that sought to ensure ADA accommodations and modifications were available to immunocompromised youth as they returned to in-person schooling!

#### Educating Policymakers

As the COVID pandemic raged on, dLCV educated policymakers about the rights of people with disabilities to have appropriate in-person and remote access to necessary healthcare. Our education was informed by individual casework along with comprehensive research undertaken by one of our legal interns. While some of the barriers we identified were not disability specific (such as high-speed internet access issues in rural communities) others very much were disability specific. Namely,

significant effective communication barriers in telehealth for people who are deaf/hard of hearing or blind/vision impaired remain. Thankfully, federal civil rights agencies took note of this same issue during the year with DOJ and HHS releasing joint "Guidance on Nondiscrimination in Telehealth: Federal Protections to Ensure Accessibility to People with Disabilities and Limited English Proficient Persons" in July. We shared this guidance with the director and civil rights coordinator for our state Medicaid agency (DMAS) - asking them to ensure fee for service and managed care providers are aware of the guidance and in compliance.

**Medical Monitoring of Unstable Conditions IS a Nursing Function!**

Utilizing non-federal funding but dramatically affecting the DD population, dLVCV had opportunity to comment on proposed changes to the Department of Medical Assistance Services (DMAS) Private Duty Nursing (PDN) Providers Manual in September 2021. The proposed changes would have removed multiple references to "medical monitoring" as a component of the PDN service. During FY 2022, dLVCV obtained an internal working draft of changes to the DMAS Medical Needs Assessment form (DMAS 62), which is used to determine the number of PDN hours that an individual may be approved for. Among the substantive changes to the DMAS 62 included the removal of references to "medical monitoring." The elimination of "monitoring" as an allowable PDN activity and a basis for receiving PDN services would negatively affect many people with disabilities who do not require constant nursing intervention, but whose problems are intermittent, but where failure to intervene quickly could have serious adverse consequences. Following the review of this form, DMAS released its final revised PDN Policy Manual. The final policy manual included language that dLVCV proposed in its regulatory comment affirming the appropriateness of private duty nursing services for individuals who require medical monitoring, and directing providers to document the need for medical monitoring on the medical needs assessment form, indicating that the revisions to the Medical Needs Assessment form removing the "other" category are not likely to be adopted at least in the immediate future.

Performance Measurement	Number
People with disabilities who had their other rights enforced, retained, restored and/or expanded.	1012

<b>1. Goal Number: 5</b>	
<b>Goal Statement:</b> PEOPLE WITH DISABILITIES HAVE APPROPRIATE ACCESS TO ASSISTIVE TECHNOLOGY	
<input type="checkbox"/> PADD <input checked="" type="checkbox"/> PAAT <input type="checkbox"/> PATBI <input type="checkbox"/> PAVA	
<b>2. Priorities</b>	
#	<i>Priority</i>
1	PEOPLE WITH DISABILITIES HAVE APPROPRIATE ACCESS TO ASSISTIVE TECHNOLOGY

<input type="checkbox"/> PADD <input checked="" type="checkbox"/> PAAT <input type="checkbox"/> PATBI <input type="checkbox"/> PAVA			
<b>3. Strategies Used to Implement Goal and Address Priorities</b>			
<input checked="" type="checkbox"/> Collaboration	<input type="checkbox"/> Systemic Litigation		
<input checked="" type="checkbox"/> Rights-Based Individual Advocacy Services	<input type="checkbox"/> Educating Policy Makers		
<input checked="" type="checkbox"/> Investigations of Abuse and Neglect	<input checked="" type="checkbox"/> Other Systemic Advocacy		
<input type="checkbox"/> Monitoring	<input checked="" type="checkbox"/> Training/Outreach		
<input type="checkbox"/> Issuance of Public Report			
<b>4. Extent to Which Goal was Achieved</b>			
<input type="checkbox"/> Not Achieved	<input type="checkbox"/> Partially Achieved	<input checked="" type="checkbox"/> Achieved	<input type="checkbox"/> No Results This Year
<b>5. Stage of Implementation</b>			
<input type="checkbox"/> Planning	<input type="checkbox"/> Initiation	<input checked="" type="checkbox"/> Implementation	<input type="checkbox"/> Outcome/Fully Integrated
<b>6. Results Narratives of P&amp;A Activities and Accomplishments Related to Above Goal</b>			
Goal #: 5			
Priority #(s): 1			
Collaborator(s):			
Underserved/Unserved/Minorities Targeted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If yes, describe in narrative).</i>			
<b>People with Disabilities Have Appropriate Access to Assistive Technology</b>			
Cases:			
<p>She Can Breathe Easily Now</p> <p>McKenzie, a young, preschool aged girl has multiple disabilities including a serious and rare genetic condition. The conditions were so rare that the parents received coverage through the Virginia Medicaid program waiver program in order to cover the cost of her medical care. Despite this insurance coverage, when the parents sought medically necessary durable medical equipment they found nothing but red tape and denial. The condition was bleak – their beautiful daughter, McKenzie not yet old enough to even enter school was requiring multiple surgeries and not being able to breath. The mom, Marilyn needed help with the Medicaid process. She turned to dLCV for representation of her young daughter to receive the DME that she needed in order to avoid a risk of death.</p> <p>Anthem Healthkeepers Plus, had denied continued coverage for her medically necessary Hill Rom Chest Vest. Because of McKenzie's confluence of disabilities that affect her breathing, without access to the chest vest device, her lungs are apt to fill with fluid, causing frequent bouts of pneumonia, frequent hospitalizations, and ultimately, significant risk of death. She had appealed this denial through Anthem's internal appeals process, and then through the Department of Medical Assistance Services'</p>			

(DMAS's) fair hearing process. At both levels of appeal, Anthem's denial had been upheld.

We agreed to represent McKenzie in a Circuit Court appeal of DMAS's fair hearing decision pursuant to the Virginia Administrative Process Act. We notified DMAS of McKenzie's intent to appeal. We then drafted a Petition for Appeal, outlining the errors of law and fact that were the basis of the appeal, and filed this Petition with the Richmond Circuit Court. We were then able to negotiate an amicable settlement with DMAS.

In the settlement agreement, DMAS agreed to reverse its Fair Hearing decision and direct Anthem to approve McKenzie's Hill Rom Chest Vest. She now can breathe safely thanks to DLCV.

Victory is slow but sweet

Last year, dLCV represented Marlene in a case seeking computer equipment and software against the Department of Medical Assistance Services. dLCV successfully negotiated a settlement in Marlene's case

against DMAS but months later, she still did not have the computer equipment and software promised in the settlement. Because of this, dLCV once again stepped in and assisted Marlene getting what she was promised. dLCV worked with her case manager to ensure the items were eventually delivered to Marlene. The shipment was delayed due to supply-chain issues related to the COVID-19 pandemic. Marlene finally received her computer, peripherals, and software. Now comes the fun part as she learns to use the items to increase her self-reliance.

Lightning Fast

Henrietta was recently diagnosed with a learning disability and has been waiting for what she felt like was an unreasonable amount of time for post-secondary classroom accommodations. She attends Regent University, a private college. We quickly intervened and contacted the school's disability accommodations coordinator to assist Henrietta with receiving accommodations. Within a week of opening her case, dLCV negotiated the following accommodations for Henrietta:

- reformatted textbooks that can be read aloud with technology
- extended time for assignments
- extended time for tests

Thanks to dLCV advocacy, Henrietta now has a level playing field as she continues her studies!

Dual Eligibility Means Two Cases

Ava called dLCV after the Department of the Blind and Vision Impaired (DBVI) closed her case because she needed help getting home modifications done. DBVI suggested that Ava apply for Department of Aging and Rehabilitative Services (DARS) because she has multiple disabilities that are barriers to potential success or failure in her goal of obtaining and maintaining being self-employed. After connecting her to DARS and DBVI, dLCV made DBVI aware that we expected them to

collaborate with DARS for the being able to receive the assistive technology and environmental modifications in the bathroom she requires. dLCV then opened a second service request to advocate for an AT home modification evaluation and to further advocate for the recommendations of the evaluation to be implemented. Through this process, dLCV advocated that DBVI assist Ava in teaching her computer skills since they already purchased a laptop for her to assist with all of the activities for daily living and employment that computers can assist persons with modern life.

#### Play Ball!

Hank is a baseball fan who happens to use a wheelchair. One of his favorite things is to enjoy snacks and watch a game in the stadium with other fans. He contacted dLCV when he tried to go to a Flying Squirrels game at The Diamond (a facility owned by the City of Richmond) and found the restroom to be inaccessible.

We arranged an accessibility survey and worked with the team's management to get the necessary changes made. All of the grab bars and paper towel dispensers are now at the correct height. The team even corrected the concerns before the start of the 2022 baseball season and invited us to come back to make sure the standards were met. Hank is thrilled and can't wait to get out to the ballpark!

#### Weighing The Options

dLCV received a telephone call from Theodore, an individual, who uses a wheelchair for mobility and who receives medical care at a large hospital located in the Richmond metropolitan area. Theodore received a procedure that required sedation - however, because he was in a wheelchair, he was not weighed prior to dosing and sedation. Because he received sedation without being weighed first, Theodore was extremely concerned about his safety and contacted dLCV seeking to assure that there would be a portable wheelchair accessible scale available when he returned to the facility in the future. After Theodore contacted dLCV, we sent a letter making the request under the Americans with Disabilities Act. As a result of this letter, the large hospital purchased the portable and wheelchair accessible scale and received it - thus making things more accessible for everyone who visits that hospital and uses a wheelchair.

As a result of dLCV's advocacy on behalf of Theodore, all persons in wheelchairs who go to that hospital (one of the largest and best equipped hospitals in the Richmond area and one that many people prefer to go to for their medical care) will be able to be weighed without leaving their wheelchairs.

#### Navigating and Requesting Assistance when you are NOT Tech Savvy

Macy is a client with dLCV and experienced issues getting DARS to provide Assistive Technology so that she can work independently. dLCV worked with the Fishersville DARS office and assisted Macy in advocating for supports needed to apply for the Small Business Development Center (SBDC), services which traditionally does all of their business transactions online. Macy worked with SBDC to develop a business plan to acquire AT so she can start her self-employment business of voiceover

recording. Macy was finally able to connect with the SBDC and was thrilled with all of the information and supports they can offer an individual looking to start a small business. Macy is looking forward to starting her own business.

#### Projects:

##### Training the Judicial System on Disability Rights and AT!

During this year, dLCV provided training to every magistrate judge, 40 new General District Court Judges, and 320 Circuit Court judges on the requirements to provide accommodations under the Americans with Disabilities Act and the Virginians with Disabilities Act. These trainings and consultations equipped Virginia's court system with the information and resources needed to best support individuals with developmental disabilities, serious mental illness, traumatic brain injuries, and other disabilities (e.g. sensory and mobility) - including those with assistive technology or environmental modification needs. One major focus of these trainings is for judges and courts to recognize the accommodations needs of not only trial participants (parties, witnesses, attorneys), but also spectators. dLCV put this principle into action by advising the Virginia Court system on the use of assistive technology and auxiliary aids and services to provide effective communication.

##### Just the Facts

dLCV drafted a factsheet on Preadmission Screening and Resident Review (PASRR) processes and Assistive Technology as they relate to ensuring that children with disabilities receiving Medicaid receive a program of continuous active treatment, prevent unnecessary institutionalization of children with disabilities, and ensure that children with Serious Mental Illness, Intellectual Disabilities, or related conditions receive the services and supports that they need in whatever setting they reside in. We shared this factsheet with the administrators at the two nursing facilities in Virginia licensed to care for children.

##### Surveying Child Nursing Facilities

dLCV during this year visited one nursing facility for children to observe the use of assistive technology and discuss potential barriers to the receipt and use of assistive technology by individuals receiving care in the facility. The facility selected was Iliff Pediatric Rehabilitation Center located in Fairfax County. One of the most important areas discussed and observed during the visit was assistive technology. Many of their residents have and use assistive technology, such as wheelchairs and other mobility devices, as well as augmentative communication devices. They reported no major barriers to obtaining assistive technology, but did indicate that additional Medicaid funding would be helpful for wheelchairs and wheelchair repairs. This is a commonly reported issue for assistive technology in Virginia for both adults and children.

##### Reviewing Reviews

During our visit to Iliff Pediatric Rehabilitation Facility, dLCV reviewed their compliance with the

Preadmission Screening and Resident Review (PASRR) reviews. In addition, dLCV also reviewed the Independent Reviewer to the Olmstead settlement agreement between the United States and Virginia (United States v. Virginia, 3:12-cv-00059 (Eastern District of Virginia), over the system to provide care for persons with developmental disabilities in Virginia. dLCV also reviewed Iliff policies and procedures and discussed specialized services such as assistive technology. Every child at Iliff has PASRR services and those children all receive specialized services. The most common assistive technology utilized is for communication devices. Iliff reports no difficulty in obtaining specialized services that are identified, including AT devices. The biggest barrier to accessing services is transportation, which could correlate with inadequate AT. Iliff personnel brought this up multiple times, and it has gotten worse in recent years.

#### Getting the word out on AT

dLCV participated in 5 resource fairs that target the underserved Latino Community. dLCV participated in the Que Pasa Festival, Imagine Multicultural Festival, resource fairs in Charlottesville, Fredericksburg, and Galax. dLCV reached over 2900 individuals and families with information about our services including services to assist persons to receive assistive technology.

dLCV conducted outreach to special education parents and families through attendance at 3 resource fairs. These fairs included school divisions with a high number of students from underserved black or Hispanic populations. dLCV attended resource fairs sponsored by the Parent Educational Advocacy Training Center and Danville County Public Schools. In total, about 150 individuals were introduced to dLCV across the Commonwealth as a result of this project. Topics included information about our AT program and receiving AT in the school setting.

During this year, dLCV using assistive technology and promoting assistive technology, worked with the National Federation of the Blind-Virginia RISE program to recruit college students who are blind or low vision. We also tested a partnership with RISE that resulted in young students assisting us with virtual tasks. These students assisted in research and online accessibility projects. This work used assistive technology and assisted persons who use assistive technology to have more access to online resources. This was a new addition to our volunteer program.

Overall, our volunteer program utilized 28 individuals for a total of 318.75 hours. Volunteers represented primarily Northern Virginia and the Richmond area. We had volunteers in other isolated spots around central and Eastern Virginia. Our volunteers mostly worked in areas that required a lot of hands on support that went beyond staff capacity.

#### Educating Attorneys

The ABCs of the ADA: In recent years, dLCV has received an uptick in calls from people with disabilities

reporting disability discrimination by their attorneys and by the Virginia court system. In FY22, we tackled this through reactive individual case representation and, importantly, proactive education and

outreach. Many attorneys want to do the right thing for their clients with disabilities but simply don't know what that entails. This year we published a user friendly guide that introduces attorneys to the concepts of effective communication including through the use of assistive technology, service animals, physical accessibility including through the use of assistive technology, courtroom accommodations including through the use of assistive technology, and DOJ technical assistance resources. In addition to standard distribution channels (e.g. dLCV's newsletter and social media), these materials were provided directly to thousands of Virginia attorneys through local bar associations including: Virginia Beach, Prince William County, City of Richmond, Alexandria, Arlington, Charlottesville/Albemarle, Chesapeake, Fairfax, Frederick, Hampton, Henrico, Hill Tucker, Norfolk/Portsmouth, Loudon County, McLean, Old Dominion, Roanoke, and South Hampton Roads. dLCV has received confirmation that at least the South Hampton Roads and the Fairfax County Bar Associations have distributed this guide to their members.

#### Lawyering Up

dLCV surveyed nine law offices in the Richmond area. A tenth practice refused to allow us to complete an accessibility survey. None of the surveys completed identified an office free of barriers. Two of the firms surveyed had significant barriers for persons entering their offices using assistive technology for mobility such as wheelchairs that would require meeting with clients with mobility impairments at an alternate location. Seven of the offices had some issue with accessible parking. In addition to providing the partners with Americans with Disabilities Act standards, we also requested policies for the provision of sign language interpreters, communication aids and alternative formats. We further recommended that the offices note the availability of reasonable accommodations upon request on their website. All firms have been asked to follow up with dLCV within 30 days to discuss how they will improve the accessibility of their offices including for people who use assistive technology for mobility such as wheelchairs and provide accommodations. It is our hope that this will increase access to legal services for Virginians with disabilities. Thanks to our robust relationship with Virginia's legal aid community, we were also able to provide detailed technical assistance to a legal aid entity during the year that is seeking new office space. They want to proactively ensure the selected space is fully ADA compliant - they will be able to do so thanks to dLCV's guidance and collaboration!

#### AT and Work

dLCV created a fact sheet and distributed through use of the dLCV Social Media and Newsletter. We addressed vocational rehabilitation acquisition of AT and what an individual would face when the VR agency requests financial proof. The fact sheet was posted on our agency website as well as on social media. The fact sheet assists persons to receive services including assistive technology to enable them to start or return to work. Multiple people returned surveys indicating that the fact sheet presented useful information.

#### Vendor input

We contacted three vendors to ask about the number of requests they received annually for assistive technology as well as the number of denials. The overwhelming response from vendors that we

received indicates customers are self-paying for Assistive Technology at their retail locations, with the exception of customized wheelchairs. Diglo and Maxiads did tell us that they do offer account options for agencies and nonprofits such as the Veterans Administration, Easter Seals and the Lions Club.

**Understanding Denials**

dLCV created a survey to learn about the experiences individuals attempting to apply for assistive technology or services. Surveys were distributed to our past and present clients, through our monthly newsletter and via Social Media. dLCV received responses from 23 people with disabilities of which 15 were adults and 8 were parents of children with disabilities who have applied for the technology grant for assistive technology. We learned that 70 percent of survey participants report experiencing assistive technology denials in the last three years. 43 percent of the denials were from the school systems and 21 percent were from the Department of Medical Assistance Services. 47 percent of these denials were for communication devices that impact the ability to access or maintain language including speech generating and reading and writing technology for individuals who are blind, vision impaired, and deafblind. Detailed comments informed us about the assistive technology needed, barriers to be addressed to improve accessibility for individuals with disabilities.

Performance Measurement	Number
People with disabilities who are provided with appropriate community based services or AT devices and services resulting in community integration and independence.	543

<b>1. Goal Number: 6</b>	
<b>Goal Statement: PEOPLE WITH TRAUMATIC BRAIN INJURY HAVE APPROPRIATE SERVICES</b>	
<input type="checkbox"/> PADD <input type="checkbox"/> PAAT <input checked="" type="checkbox"/> PATBI <input type="checkbox"/> PAVA	
<b>2. Priorities</b>	
<i>#</i>	<i>Priority</i>
1	PEOPLE WITH TRAUMATIC BRAIN INJURY HAVE APPROPRIATE SERVICES <input type="checkbox"/> PADD <input type="checkbox"/> PAAT <input checked="" type="checkbox"/> PATBI <input type="checkbox"/> PAVA
<b>3. Strategies Used to Implement Goal and Address Priorities</b>	
<input checked="" type="checkbox"/> Collaboration	<input type="checkbox"/> Systemic Litigation
<input checked="" type="checkbox"/> Rights-Based Individual Advocacy Services	<input type="checkbox"/> Educating Policy Makers
<input checked="" type="checkbox"/> Investigations of Abuse and Neglect	<input checked="" type="checkbox"/> Other Systemic Advocacy
<input type="checkbox"/> Monitoring	<input checked="" type="checkbox"/> Training/Outreach
<input type="checkbox"/> Issuance of Public Report	
<b>4. Extent to Which Goal was Achieved</b>	

<input type="checkbox"/> Not Achieved	<input type="checkbox"/> Partially Achieved	<input checked="" type="checkbox"/> Achieved	<input type="checkbox"/> No Results This Year
<b>5. Stage of Implementation</b>			
<input type="checkbox"/> Planning	<input type="checkbox"/> Initiation	<input checked="" type="checkbox"/> Implementation	<input type="checkbox"/> Outcome/Fully Integrated
<b>6. Results Narratives of P&amp;A Activities and Accomplishments Related to Above Goal</b>			
Goal #: 6			
Priority #(s): 1			
Collaborator(s):			
Underserved/Unserved/Minorities Targeted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If yes, describe in narrative).</i>			
<b>People with Traumatic Brain Injury Have Appropriate Services</b>			
Cases:			
<p><b>Courtroom Accessibility for Invisible Disability - Still Lots of Work to Do</b></p> <p>Diane is an attorney who sustained a traumatic brain injury as well as the ill effects of long COVID. As an attorney, she proceeded pro se in her divorce case in a Virginia Circuit Court. Though she was very familiar with courtroom procedures and very capable of making legal arguments and motions, in other ways, her brain injury hampered her effective self-representation. dLCV made one appearance in court (online due to COVID concerns) to argue for an accommodation based upon invisible disability. This argument proved non-compelling to the judge though this starkly revealed issues that persons with hidden disabilities have when present in court. dLCV counts this outcome a success in that we got before a judge and created awareness to argue for the accommodations for individuals with TBI.</p> <p><b>Brain Injury Complicates Access to Social Security Benefits and Housing</b></p> <p>Savannah, who sustained numerous brain injuries, requested help with her social security disability appeal. Given her housing insecurity dLCV referred her immediately to Virginia's Lead SSI/SSDI Outreach, Access, and Recovery (SOAR) worker to help expedite her Social Security claim. dLCV also educated her about the appeal process and ways she could improve her evidence of disability due to brain injury. dLCV advised her of the importance of keeping the Social Security Administration updated with a mailing address and provided her a referral to the Housing and Benefits Coordinator at Department of Behavioral Health and Disability for re-housing.</p> <p><b>Triple Brain Traumas End Long Career</b></p> <p>George had a long work history as an engineer. At 61, he sustained back-to-back brain traumas including a traumatic brain injury and then a stroke which lead to a diagnosis of a progressive dementia. He and his wife are working with a brain injury case manager who recommended talking with dLCV before beginning an SSDI application to understand how and when to apply as he nears retirement age. dLCV reviewed the implications of him receiving unemployment benefits as well as typical ways to stage one's application for early retirement at 62 while applying for SSDI. Also discussed was the potential importance of an updated neuropsychological evaluation and provided</p>			

him the Brain Injury Checklist tool to document all symptoms and limitations. The family and case manager greatly appreciated this knowledgeable guidance needed for their remaining lifespan planning.

#### Veteran with Acquired Brain Injury Struggles to Complete Social Security Forms

Charlie, a veteran who sustained a traumatic brain injury from a war injury, seeks help completing forms for a social security application. dLCV referred him to Community Brain Injury Services (CBIS) for case management services to provide this help. Since the individual can't comprehend questions on a form the advocate completed CBIS's online contact form with him and communicated directly with staff regarding his limitations. Charlie is now be able to supply Disability Determination Services (DDS) with the information needed regarding his work history and how he functions daily. dLCV's advocacy averted a DDS denial which is typical when forms are not submitted.

#### Language Barrier Adds Complication to Retaining Social Security Benefits at Age 18

Blake, a young adult with a brain injury, resides with her family in southwest Virginia. Blake's SSI was abruptly cut off after her age 18 redetermination resulted in denial. Normally, individuals can request a benefit continuation while they undergo the appeals process. However, this young Spanish speaking woman and her family received a denial for language access services by SSA and were therefore unable to request benefit continuation. They were also unable to secure an appeal appointment despite the dire nature of this matter. dLCV utilized its escalation contacts within SSA to secure an appointment for Blake and her family and, with a brain injury case manager now looped in to help coordinate medical and disability evidence as well, a speedy review and benefit reinstatement are just around the corner!

#### Double Whammy: Navigating System with a TBI

Valerie, a middle-aged woman in the arts, sustains a mild traumatic brain injury but there was nothing mild about it. For over a year now she has had residual issues with vision, stamina, mood and cognition that have prevented her from working and self-advocating for a disability benefit. dLCV reviewed her records and found some gaps in treatment and records that were even misleading. dLCV then coached her on how to educate her doctors and other care providers about her brain injury deficits. dLCV also educated her on how one proves a disability claim, key documentation needed, how unemployment benefits can impact a decision, and the appeal process if it comes to that. Finally, dLCV linked her with key resources that will be necessary on her brain injury journey. She stated that understanding the big picture gave her the leg up she needed to resume her self-advocacy.

#### Woman Receives Vocational Services after dLCV Intervenes

Rhonda has had several Traumatic Brain Injuries (TBIs). She contacted dLCV because she felt as though Virginia's Department of Aging and Vocational Rehabilitation (DARS) did not take her seriously and seemed disinterested in helping her. dLCV and Rhonda met with DARS staff and management two times. DARS agreed to get Rhonda a neuropsychological evaluation, a Vocational Evaluation and an Assistive Technology evaluation. Rhonda told dLCV that she has had a vocational case with DARS

for over a year and she's never had so many services coming her way. She said this never would have happened without dLCV.

#### The Right Supports Make A Difference

Tara's current job overwhelmed her and she felt unsupported by her counselor with the Virginia Department of Aging and Vocational Services (DARS). She had reached out several times but her counselor did not return her calls and emails. With dLCV assistance Tara was able to make her needs known and dLCV advocated for DARS to assign a new counselor to her case. After two meetings with her new counselor they developed an updated Individualized Plan for Employment (IPE). Now Tara will be receiving counseling and guidance services related to employment and rehab technology services to identify what accommodations she needs to be successful at her job. Tara was thrilled with the services received from dLCV and sent the following email to her advocate: "Thank you so much for working to have my DARS counselor switched to someone that is a better fit for me! I've never had someone defend me like this and do so quickly. This is exactly what I needed and something that got denied when I asked for the same request on my own."

#### Living Arrangement Precludes Use of Important Waiver Services

Orlando, now 60, sustained a severe traumatic brain injury at age 21. His sister reached out to dLCV to challenge state regulatory language that is preventing her brother, Tommy, from receiving additional aid in his current residence as his health declines. Medicaid approved him for the Commonwealth Coordinated Care Plus Home and Community Based Service waiver, however, they denied him services since he resides in an assisted living facility (ALF) which Medicaid considers an institutional setting. dLCV carefully considered the request but acknowledged it can only pursue fair hearing appeals that involve programmatic denials not regulatory restrictions. dLCV advised the family that Orlando may have access to the additional services he needs under the Developmental Disability (DD) waiver which does not have the same residence restriction. Fortunately, he qualifies for the DD waiver and with his age and aging family he may be able to receive these services sooner than later.

#### Will Executor Role Threaten My Medicaid Benefits?

Belinda has multiple disabilities including a traumatic brain injury. She receives SSDI and has Medicaid and called dLCV seeking answers about her new role as an executor. She wants to make sure this role will not impact her benefits. dLCV explained the income and resource requirements for Medicaid and reviewed possible ways her role could result in her having too much income or resources. dLCV advised her that her Medicaid is safe assuming she receives no inheritance or executor fees over \$2000. dLCV also referred her to the Virginia Lawyer Referral Service for legal guidance on these transactions.

#### HUD Housing Issues Lead to Homelessness

Meredith has a brain injury and bipolar disorder. She contacted dLCV twice regarding her HUD housing complaints which eventually resulted in her homelessness. dLCV provided her ways to advocate for housing accommodations and provided her information about HUD's multifamily housing complaint line, HUD's Fair Housing complaint form, DPOR's Fair Housing complaint form, HOME's

Fair Housing submission form, HOME's Move to Opportunity application form and an application for brain injury case management through Community Brain Injury Services hoping they could assist her with these forms.

#### Mom is Overwhelmed by Public Benefits Maze

A mother called dLCV trying to navigate public benefits on behalf of Lincoln her teenage son. He has learning disabilities and mental health concerns and recently sustained a TBI in a motor vehicle crash. His Supplemental Security Income (SSI) claim is pending and the mother is exploring additional benefits such as Home and Community Based waivers. dLCV explained the SSI application process and how to navigate this program. dLCV also encouraged the submission of recent and compelling evidence that the mother omitted in the original application and she was instructed in how to contact Disability Determination Services (DDS) to arrange for submission of this important evidence. dLCV also reviewed potential waivers as well as Early Periodic Screening Diagnosis and Treatment services as additional sources of support. Since Lincoln's brain injury services case manager is new and unfamiliar with waivers dLCV provided several links so she could educate herself. dLCV suggested she work with both the case manager and supervisor to identify and apply for the appropriate services. This mother thanked the advocate for simplifying the service system for her and educating her on how to access it for Lincoln.

#### Brain Injury Behaviors in School are met with Restraint

Jamal had a brain injury and is having difficulty adapting to school. His mother contacts dLCV to better understand Virginia's school restraint regulations, discipline rights, placement rights, and dispute resolution options. With the information provided she is better able to determine if the school violated her son's rights and the correct process to pursue to seek a remedy for any violations.

#### Projects:

##### Banner Year for Brain Injury!

dLCV has had a longstanding interest in expanding Virginia Medicaid's services and supports to include persons with brain injury. This year, dLCV took specific action by assembling and educating key stakeholders to consider strategies for enhancing the Department of Medical Assistance's (DMAS) capacity to serve this discrete population. dLCV then agreed to use non-federal funding and put forward a legislative bill to update the State Plan for DMAS to include a provision for the payment of Medicaid targeted case management (TCM) services for individuals with severe traumatic brain injury. The 2022 Virginia General Assembly passed HB 680 for TCM to accomplish this! Through a separate initiative by other stakeholders, the General Assembly also directed DMAS to convene a workgroup in conjunction with relevant stakeholders to develop a plan for a neurobehavioral science unit and a Waiver program for individuals with brain injury and neuro-cognitive disorders. DMAS developed an agency-stakeholder workgroup to address all three programs. Since dLCV promoted the TCM bill and has long advocated for a brain injury waiver and neuro-behavioral services, it took an active role in this

workgroup. By any measure, this was a banner year for Virginia's policymakers giving attention to the many unmet needs of people with brain injury. dLCV was certainly a leader in sounding the bell for change utilizing our TBI program and non-federal funding.

#### Training the Judicial System on Disability Rights!

Across two dates in November and December, dLCV trained every magistrate in Virginia via live, virtual presentations. Our training covered reasonable accommodations and modifications under the ADA. In April, dLCV presented to approximately 40 new Virginia General District Court and Circuit Court judges about disability rights. Training topics included effective communication, service animals in the courtroom, COVID-19 masking considerations, reasonable modifications of policies, and much more! Then in May, dLCV presented to 320 Virginia Circuit Court judges on similar topics. These trainings and consultations equipped Virginia's court system with the information and resources needed to best support individuals with traumatic brain injuries, developmental disabilities, serious mental illness, and other disabilities, including those with assistive technology or environmental modification needs.

#### Train the Lifespan Planning Navigators!

dLCV conducted a Social Security training for Eli's Village, an emerging lifespan planning organization, which works with individuals and families with disabilities to enhance all aspects of their lives. Given the catastrophic nature of severe brain injuries lifespan planning, to include government benefits planning, is essential. This training educated staff, including their case managers and financial planners, of the many social security benefits that individuals with disabilities can receive including the associated healthcare programs and related services such as Medicaid and its Home and Community Based Waivers and Medicaid's Health Insurance Premium Payment Program! Additionally, we provided information about work incentives and representative payee options. Pre and Post tests and evaluations suggest that knowledge of the topic increased significantly enabling Eli's Village to provide better immediate and long-term services to its clients some of whom have a family member with a traumatic brain injury.

#### Case Details Matter When Securing Social Security Benefits

dLCV provided five consultations to state-funded brain injury and Community Service Board case managers and their clients and caregivers. A total of 17 people received education regarding accessing Social Security disability benefits and 4 out of the 5 consultations involved a person with brain injury. The project reached persons of various ages in four regions of the Commonwealth including both rural and urban areas. Issues addressed included applying for Supplemental Security Income (SSI) benefits, appealing a denial of Social Security Disability (SSDI) benefits, converting from an SSI benefit to a Disabled Adult Child (DAC) benefit, questions pertaining to an award of benefits, and understanding how SSI, SSDI, and spousal benefits will unfold for a 60 year- old woman who wants to continue working. dLCV provided a summary letter to recap the consultation and recommendations to enable follow through.

### Accessing Social Security Disability Benefits Can Be Mind Boggling!

dLCV served 9 individuals, including several persons with brain injury, in two social security clinics offered virtually. These clinics provided private 90-minute consultations to address individual concerns related to obtaining and maintaining disability benefits from the Social Security Administration. Issues ranged from applying for disability benefits and appealing case denials to understanding an overpayment of benefits as well as addressing complicated resource questions related to the Social Security Administration's Supplemental Security Income program. Knowledge gained during these consultations enabled the individuals to better understand this critical government benefit and to self-advocate to ensure financial security.

### Persons who Sustain a Brain Injury Qualify for Medicaid Waivers, too!

dLCV conducted a virtual training entitled: "Accessing Medicaid Waivers: Designed for Persons with Brain Injury and the Personal and Professional People who Support Them." The training reached 25 individuals across Virginia. Historically, persons with brain injury don't qualify for these Waivers due to lack of knowledge that they exist as well as key eligibility issues involving age of disability onset. This training served to raise awareness of Waivers and to teach strategies to document a remote brain injury where onset prior to age 22 is in question. Attendees learned about both Commonwealth Coordinated Care Plus and Developmental Disability Waivers, how to apply or appeal a denial, and available resources that can help navigate this complex system. The training provided an ASL interpreter throughout. All 40 registrants received the recording and power point materials which are also associated with dLCV's Medicaid and Traumatic Brain Injury resource webpages for further dissemination.

### Collaborate to Educate!

Utilizing TBI and other funds, DLCV contracted with a brain injury service organization to provide Individualized Education Plan (IEP) representation to students with traumatic brain injury (TBI). Brain Injury Services of Southwest Virginia reported 20 total cases and successfully assisted clients with transition services, addressing barriers in schools to receiving services, helping clients obtain services, and finding children eligible for special education services and supports under a TBI label.

Utilizing other funds, dLCV also conducted community meetings around transportation as a barrier to successful employment. These meetings included individuals with brain injury who shared their own experiences and challenges with transportation and who received guidance from dLCV on their rights to appropriate transportation services so they can be a better self-advocate.

Utilizing other funds, dLCV also monitored HB 241 which sought to modify the Medicaid state plan to allow for the purchase of manual and power wheelchair bases and related accessories for patients who reside in nursing facilities. Since many individuals with TBI reside in nursing facilities and use wheelchairs, this bill and its follow up study will eventually lead to opportunities for rehabilitation, increased mobility, and greater community access.

Performance Measurement	Number
People with disabilities who had their other rights enforced, retained, restored and/or expanded.	5690

<b>1. Goal Number: 7</b>			
<b>Goal Statement: PEOPLE WITH DISABILITIES HAVE EQUAL ACCESS TO VOTE</b>			
<input type="checkbox"/> PADD <input type="checkbox"/> PAAT <input type="checkbox"/> PATBI <input checked="" type="checkbox"/> PAVA			
<b>2. Priorities</b>			
#	<i>Priority</i>		
1	PEOPLE WITH DISABILITIES HAVE EQUAL ACCESS TO VOTE		
	<input type="checkbox"/> PADD <input type="checkbox"/> PAAT <input type="checkbox"/> PATBI <input checked="" type="checkbox"/> PAVA		
<b>3. Strategies Used to Implement Goal and Address Priorities</b>			
<input checked="" type="checkbox"/> Collaboration		<input type="checkbox"/> Systemic Litigation	
<input checked="" type="checkbox"/> Rights-Based Individual Advocacy Services		<input type="checkbox"/> Educating Policy Makers	
<input type="checkbox"/> Investigations of Abuse and Neglect		<input checked="" type="checkbox"/> Other Systemic Advocacy	
<input type="checkbox"/> Monitoring		<input checked="" type="checkbox"/> Training/Outreach	
<input type="checkbox"/> Issuance of Public Report			
<b>4. Extent to Which Goal was Achieved</b>			
<input type="checkbox"/> Not Achieved	<input type="checkbox"/> Partially Achieved	<input checked="" type="checkbox"/> Achieved	<input type="checkbox"/> No Results This Year
<b>5. Stage of Implementation</b>			
<input type="checkbox"/> Planning	<input type="checkbox"/> Initiation	<input checked="" type="checkbox"/> Implementation	<input type="checkbox"/> Outcome/Fully Integrated
<b>6. Results Narratives of P&amp;A Activities and Accomplishments Related to Above Goal</b>			
Goal #: 7			
Priority #(s): 1			
Collaborator(s):			
Underserved/Unserviced/Minorities Targeted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If yes, describe in narrative).</i>			
<b>People with Disabilities Have Equal Access to Vote</b>			
Cases:			
Prepared to Vote Absentee			
Edna contacted the agency frustrated with the local city registrar's office when she did not receive her			

absentee ballot as she requested. dLVCV contacted the local registrar's office and learned that they had mailed Edna an absentee ballot and it was lost in the mail. Edna also needed to fill out a form to cancel out her first absentee ballot, and dLVCV explained this form to her. dLVCV also spoke with Edna about a permanent absentee ballot and helped Edna find a way to cast her vote!

#### Empowered Client with Information about Voting Rights

Stan is a returning dLVCV client. He could not acquire an absentee ballot for a May Primary election from his local registrar and wanted to understand how the process works and make a complaint. dLVCV provided Stan with updated information of his voting rights including new dLVCV handouts to educate him and answer all of his questions. We also gave him information about how to make a complaint with the Va Department of Elections and his local registrar. Stan now understands how to vote absentee and make his voice heard!

#### Projects

##### Give Them Information

In FY 22, dLVCV visited 10 providers in the Valley, Northern Virginia, Tidewater and Richmond areas to provide 500 voting rights fact sheets, answer questions on voting and connect with the residents there on other disability advocacy issues. The sites we visited focused on day support centers, 511 workshops, and group homes.

##### Community-Focused Outreach

dLVCV works to promote healthy and supportive communities. We aim to increase the awareness of the needs of the underserved populations while educating them about their voting rights. This included targeted outreach in FY 22 to the Hispanic community. We spoke to several groups across the Commonwealth including Radio Poder and the Southwood Apartment Complex. Because of this work, approximately 650 community members are ready to vote and have information about their voting rights.

##### Prepare for Voting

Throughout August and September, dLVCV staff prepared for the election in November 2022 by taking voting information materials to Assisted Living Facilities (ALF) throughout the state. Through this project, we also published several voting handouts in multiple languages so that all of our community members are prepared for the election and educated about their rights. We also presented to several organizations that we have been working and collaborating with all year including Rev-Up, Moms in Motion, League of United Latin American Citizens (LULAC), and Parent Educational Advocacy Training Center (PEATC). dLVCV continues to be recognized for spreading information about voting rights and poll site accessibility. These educational efforts reached approximately 2,700 Virginians with disabilities.

**Voting Rights for All**

dLCV produced pamphlets with voting rights information and important dates for the 2021 General Election. We distributed these pamphlets and trained individuals with disabilities on their rights at Eastern State Hospital and Town Creek ALF, speaking with approximately 16 individuals from the two facilities. Additionally, we produced a video with this information, which we submitted to Western State Hospital. They broadcasted the virtual training to all hospital residents, reaching an additional 225 individuals. Due to dLCV's training, nearly 250 Virginians with disabilities living in adult institutions now have the tools and training necessary to enforce and expand their voting rights.

**Voting Made Accessible**

dLCV staff and volunteers surveyed 550 polling locations on Election Day 2021. From the locations surveyed, 48 locations did not have adequate signage about curbside voting. Most of the issues were in New Kent County, Richmond City, and Henrico County. We asked for corrective action from all 3 counties. dLCV spoke to the registrars and changes are being implemented for the upcoming election in November. dLCV is sending out surveyors to these locations to see if changes have been made.

Performance Measurement	Number
People with disabilities are better able to participate fully in the electoral process.	3012

<b>1. Goal Number: 8</b>			
<b>Goal Statement: PEOPLE WITH DISABILITIES HAVE EQUAL ACCESS TO COVID VACCINATIONS</b>			
<input checked="" type="checkbox"/> PADD <input type="checkbox"/> PAAT <input type="checkbox"/> PATBI <input type="checkbox"/> PAVA			
<b>2. Priorities</b>			
<i>#</i>	<i>Priority</i>		
1	DD Vaccination Grant Activities <input checked="" type="checkbox"/> PADD <input type="checkbox"/> PAAT <input type="checkbox"/> PATBI <input type="checkbox"/> PAVA		
<b>3. Strategies Used to Implement Goal and Address Priorities</b>			
<input type="checkbox"/> Collaboration	<input type="checkbox"/> Systemic Litigation		
<input type="checkbox"/> Rights-Based Individual Advocacy Services	<input type="checkbox"/> Educating Policy Makers		
<input type="checkbox"/> Investigations of Abuse and Neglect	<input checked="" type="checkbox"/> Other Systemic Advocacy		
<input type="checkbox"/> Monitoring	<input checked="" type="checkbox"/> Training/Outreach		
<input type="checkbox"/> Issuance of Public Report			
<b>4. Extent to Which Goal was Achieved</b>			
<input type="checkbox"/> Not Achieved	<input type="checkbox"/> Partially Achieved	<input checked="" type="checkbox"/> Achieved	<input type="checkbox"/> No Results This Year

<b>5. Stage of Implementation</b>			
<input type="checkbox"/> Planning	<input type="checkbox"/> Initiation	<input checked="" type="checkbox"/> Implementation	<input type="checkbox"/> Outcome/Fully Integrated
<b>6. Results Narratives of P&amp;A Activities and Accomplishments Related to Above Goal</b>			
Goal #: 8			
Priority #(s): 1			
Collaborator(s):			
Underserved/Unserved/Minorities Targeted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If yes, describe in narrative).</i>			
<b>People with Disabilities Have Equal Access to COVID Vaccines</b>			
Summary:			
<p>dLCV proactively educated Virginians with disabilities and disability caregivers about lifesaving COVID-19 vaccines throughout FY22. This included sharing professionally vetted and accessible vaccine materials 15 times via our social media accounts (Facebook, Twitter, and Instagram), reaching more than 20,000 people. We also shared vaccine information via our e-newsletter, reaching more than 1,500 people.</p> <p>To ensure our information and outreach addressed what people with disabilities most wanted and needed, we conducted a survey with 64 individuals during the year which revealed that 20 percent of respondents had difficulty getting answers to their questions about COVID-19 vaccines. Encouragingly, 64% of our respondents indicated that information provided to the public about COVID-19 vaccines was useful and 93 percent of respondents reported having received at least one COVID-19 vaccine.</p> <p>To directly connect with those individuals most at risk for contracting COVID-19, namely children and adults residing in congregate care, dLCV established protocols for offering COVID-19 vaccine education and individual client assistance during all onsite provider monitoring visits as well. This included onsite visits with five psychiatric residential treatment facilities, six developmental disability Medicaid waiver providers, eight state-operated psychiatric hospitals, one state-operated nursing home, one private nursing home, forty assisted living facilities, and one regional jail during the year. Encouragingly, through our outreach, we learned that most congregate care providers were already actively facilitating COVID-19 vaccination. Ultimately, we identified ten individuals who wanted COVID-19 vaccines but could not access them prior to our intervention and we were able to negotiate prompt access for all affected individuals.</p> <p>We also collaborated with Virginia’s only state-run juvenile correctional facility to host a vaccination drive during the year, providing incentives to those youth who chose to get a COVID-19 vaccine.</p> <p>Moreover, dLCV distributed COVID-19 vaccine materials to underserved communities throughout the Commonwealth through participation in five large resource fairs, including the annual Que Pasa</p>			

<p>Festival and Imagine Multicultural Festival. In total, we reached nearly 3,000 Virginians through these events.</p> <p>Throughout the year, we worked collaboratively with our DD Network partner and other recipients of vaccine education funding to strategize methods for outreach. At all times, dLCV stood ready to advocate for individuals who were denied access to the vaccine.</p>	
<b>Performance Measurement</b>	<b>Number</b>
People with disabilities who live in a healthier, safer or otherwise improved environment.	12820

<b>1. Goal Number: 9</b>			
<b>Goal Statement: dLCV WILL IMPLEMENT PUBLIC HEALTH PROGRAM</b>			
<input checked="" type="checkbox"/> PADD <input type="checkbox"/> PAAT <input type="checkbox"/> PATBI <input type="checkbox"/> PAVA			
<b>2. Priorities</b>			
<b>#</b>	<i>Priority</i>		
1	PHP Funded Activities <input checked="" type="checkbox"/> PADD <input type="checkbox"/> PAAT <input type="checkbox"/> PATBI <input type="checkbox"/> PAVA		
<b>3. Strategies Used to Implement Goal and Address Priorities</b>			
<input type="checkbox"/> Collaboration		<input type="checkbox"/> Systemic Litigation	
<input type="checkbox"/> Rights-Based Individual Advocacy Services		<input type="checkbox"/> Educating Policy Makers	
<input type="checkbox"/> Investigations of Abuse and Neglect		<input type="checkbox"/> Other Systemic Advocacy	
<input type="checkbox"/> Monitoring		<input checked="" type="checkbox"/> Training/Outreach	
<input type="checkbox"/> Issuance of Public Report			
<b>4. Extent to Which Goal was Achieved</b>			
<input type="checkbox"/> Not Achieved	<input checked="" type="checkbox"/> Partially Achieved	<input type="checkbox"/> Achieved	<input type="checkbox"/> No Results This Year
<b>5. Stage of Implementation</b>			
<input type="checkbox"/> Planning	<input checked="" type="checkbox"/> Initiation	<input type="checkbox"/> Implementation	<input type="checkbox"/> Outcome/Fully Integrated
<b>6. Results Narratives of P&amp;A Activities and Accomplishments Related to Above Goal</b>			
Goal #: 9			
Priority #(s): 1			
Collaborator(s):			

Underserved/Unserved/Minorities Targeted?  Yes  No (If yes, describe in narrative).

**dLCV will Implement Public Health Program**

Summary:

With Public Health Worker funding and other funds, dLCV developed a Minority Graduate Fellowship in public health. We solicited applicants from historically black colleges and universities in Virginia and DC, as well as other graduate programs in Virginia.

In September 2022, we hired two fellows in our minority public health program. The fellows have been undergoing intensive training, including training in written advocacy, oral advocacy, presentation skills, and plain language. The fellows did not assist with FY 22 projects, but are working on important projects for FY 23.

Performance Measurement	Number
No Performance Measures Met	0

## B. Priority Setting Process

### 1. Means by which the P&A conducted data-driven strategic planning, including formal public input

Public Hearing	Public Comment	Experience	Focus Groups	Advisory Council(s)	Monitoring Visits	Research/Data
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**Narrative (describe how the P&A conducted data driven strategic planning):**

dLCV offered an annual public input survey during the spring and summer of this fiscal year. This survey allowed our 218 respondents the opportunity to express which disability advocacy issues they feel are most important. The top two categories selected were: quality mental health care and housing. 54.1% of our respondents were individuals with disabilities. Agencies and individuals assisting with our survey included dLCV clients, the Department for Aging and Rehabilitative Services (DARS), Virginia Board for People with Disabilities, 8 state-funded brain injury programs, Virginia’s Long Term Care Ombudsman Program, the Department for Behavioral Health and Developmental Services, Community Services Boards, Department of Veteran Services, SOAR 365, Brain Injury Association of Virginia, Virginia Brain Injury Council Members, The Choice Group, Better Housing Coalition, and dLCV volunteers. dLCV used this information to develop our FY 23 goals and focus areas for PADD, AT, TBI and PAVA as well as other programs.

dLCV is pleased to report a 95.12% satisfaction rate from the 41 client satisfaction surveys we received across all grants. This satisfaction rate breaks down as 33 respondents who indicated a high level of satisfaction, 6 satisfied, and 2 unsatisfied.

dLCV conducted follow-up interviews with 10% of our closed clients for more in depth feedback on our services. 95% percent of clients interviewed reported that they were satisfied with the resources they received from our agency. Clients felt like dLCV was a valuable resource. One client explained: "Without dLCV, I would not have had anyone to help me with my legal rights and advocacy. Thank You!"

**2. Number of days for public comment: 65**

**3. A copy of the proposed SGP for comment was provided to the:**

**State Council on Developmental Disabilities: Yes**

**The University Centers for Excellence in Developmental Disabilities Education, Research and Service: Yes**

**4. Describe efforts to assure diversity (disability, geographic, racial, etc.) in the data-driven strategic planning process**

dLCV continued membership in the Virginia Hispanic Chamber of Commerce. We participated in activities and meetings with the Chamber throughout the year. dLCV provided a round table presentation to the Chamber members on many disability advocacy topics. The 23 members now have a better understanding of supporting people with disabilities.

dLCV participated in 5 community resource fairs in the Hispanic community. The fairs were the Que Pasa Festival in Richmond, a community festival in Galax, a parent resource fair in Charlottesville, a resource fair at the food bank in Fredericksburg, and the Imagine Multicultural festival in Richmond. Through these events, dLCV provided information to over 2900 attendees.

dLCV maintains a cultural competency work group, in which our staff discuss ideas for increased awareness throughout the agency. The work group completes an annual evaluation of our internal knowledge and the effectiveness of our outreach to unserved and underserved communities. This helps maintain diversity in our PADD, TBI, AT, and PAVA programs.

dLCV continues to complete activities to increase our diversity internally as well such as advertisement of employment and volunteer opportunities in minority markets to support the agency.

dLCV used our volunteer core of over 50 individuals to attend fairs, conferences, and other events to provide education across the Commonwealth.

**5. Summary of Findings**

See Narrative in #1 on this section.

**6. Summary of How Data was used to Develop P&A Goals and Priorities (include how priority input used, including input from the DDC and UCEDD)**

dLCV solicits feedback from the Partnership for People with Disabilities and Virginia Board for People with Disabilities during our public input survey effort. We also review public comment provided by the Board on DD issues to other state agencies.

**7. List of topic areas of additional priorities that would be listed but are not due to lack of resources**

We are not able to provide sufficient advocacy services in special education, due to lack of resources. We are also unable to provide significant advocacy relating to housing issues, due to lack of resources.

**C. (Current Year) Statement of Goals and Priorities (SGP)**

*There are no change to the SGP from prior year*                       *There are changes to the SGP*

<b>1. Goal Number: 1</b>	
<b>Goal Statement:</b> People with Disabilities are Free From Harm	
<input checked="" type="checkbox"/> PADD <input type="checkbox"/> PAAT <input type="checkbox"/> PATBI <input type="checkbox"/> PAVA <input type="checkbox"/> COVID <input type="checkbox"/> Public Workforce	
<b>2. Priorities</b>	
<i>#</i>	<i>Priority</i>
1	People with Disabilities are Free from Harm in Adult Institutions, People with Disabilities are Free from Harm in Adult Community Settings, Children and Youth with Disabilities are Free from Harm in Community or Institutional Settings, Children and Youth with Disabilities Receive Appropriate Services in Juvenile Justice Facilities, Programs Licensed by DBHDS will be Safer and More Inclusive Due to dLCV’s Monitoring, At Risk Children and Youth with Disabilities Receive Appropriate Educational Services in the Least Restrictive Environment
<input checked="" type="checkbox"/> PADD <input type="checkbox"/> PAAT <input type="checkbox"/> PATBI <input type="checkbox"/> PAVA <input type="checkbox"/> COVID <input type="checkbox"/> Public Workforce	
<b>3. Strategies Used to Implement Goal and Address Priorities</b>	
<input checked="" type="checkbox"/> Collaboration	<input type="checkbox"/> Systemic Litigation
<input checked="" type="checkbox"/> Rights-Based Individual Advocacy Services	<input checked="" type="checkbox"/> Educating Policy Makers
<input checked="" type="checkbox"/> Investigations of Abuse and Neglect	<input checked="" type="checkbox"/> Other Systemic Advocacy
<input checked="" type="checkbox"/> Monitoring	<input checked="" type="checkbox"/> Training/Outreach
<input type="checkbox"/> Issuance of Public Report	
<b>4. Rationale for Adding/Changing Goal</b>	
<b>5. Rationale for Adding/Changing Priority</b>	

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<b>1. Goal Number: 2</b>	
<b>Goal Statement:</b> People with Disabilities Live in the Most Integrated Environment	
<input checked="" type="checkbox"/> PADD <input type="checkbox"/> PAAT <input type="checkbox"/> PATBI <input type="checkbox"/> PAVA <input type="checkbox"/> COVID <input type="checkbox"/> Public Workforce	
<b>2. Priorities</b>	
<i>#</i>	<i>Priority</i>
1	People with Disabilities have Maximum Individual Choice People with Disabilities Have Equal Access to Public Accommodations  <input checked="" type="checkbox"/> PADD <input type="checkbox"/> PAAT <input type="checkbox"/> PATBI <input type="checkbox"/> PAVA <input type="checkbox"/> COVID <input type="checkbox"/> Public Workforce
<b>3. Strategies Used to Implement Goal and Address Priorities</b>	
<input checked="" type="checkbox"/> Collaboration	<input type="checkbox"/> Systemic Litigation
<input checked="" type="checkbox"/> Rights-Based Individual Advocacy Services	<input checked="" type="checkbox"/> Educating Policy Makers
<input type="checkbox"/> Investigations of Abuse and Neglect	<input checked="" type="checkbox"/> Other Systemic Advocacy
<input type="checkbox"/> Monitoring	<input checked="" type="checkbox"/> Training/Outreach
<input type="checkbox"/> Issuance of Public Report	
<b>4. Rationale for Adding/Changing Goal</b>	
<b>5. Rationale for Adding/Changing Priority</b>	

<b>1. Goal Number: 3</b>	
<b>Goal Statement:</b> People with Disabilities Have Equal Access to Appropriate and Necessary Healthcare	
<input checked="" type="checkbox"/> PADD <input type="checkbox"/> PAAT <input type="checkbox"/> PATBI <input type="checkbox"/> PAVA <input type="checkbox"/> COVID <input type="checkbox"/> Public Workforce	
<b>2. Priorities</b>	
<i>#</i>	<i>Priority</i>
1	People with Disabilities are not Denied Medicaid Services Unlawfully, People With Disabilities Have Access to Healthcare  <input checked="" type="checkbox"/> PADD <input type="checkbox"/> PAAT <input type="checkbox"/> PATBI <input type="checkbox"/> PAVA <input type="checkbox"/> COVID <input type="checkbox"/> Public Workforce
<b>3. Strategies Used to Implement Goal and Address Priorities</b>	
<input checked="" type="checkbox"/> Collaboration	<input type="checkbox"/> Systemic Litigation

<input checked="" type="checkbox"/> Rights-Based Individual Advocacy Services	<input type="checkbox"/> Educating Policy Makers
<input type="checkbox"/> Investigations of Abuse and Neglect	<input checked="" type="checkbox"/> Other Systemic Advocacy
<input type="checkbox"/> Monitoring	<input checked="" type="checkbox"/> Training/Outreach
<input type="checkbox"/> Issuance of Public Report	
<b>4. Rationale for Adding/Changing Goal</b>	
<b>5. Rationale for Adding/Changing Priority</b>	

<b>1. Goal Number: 4</b>	
<b>Goal Statement:</b> PEOPLE WITH DISABILITIES HAVE APPROPRIATE ACCESS TO ASSISTIVE TECHNOLOGY	
<input type="checkbox"/> PADD <input checked="" type="checkbox"/> PAAT <input type="checkbox"/> PATBI <input type="checkbox"/> PAVA <input type="checkbox"/> COVID <input type="checkbox"/> Public Workforce	
<b>2. Priorities</b>	
#	Priority
1	PEOPLE WITH DISABILITIES HAVE APPROPRIATE ACCESS TO ASSISTIVE TECHNOLOGY
	<input type="checkbox"/> PADD <input checked="" type="checkbox"/> PAAT <input type="checkbox"/> PATBI <input type="checkbox"/> PAVA <input type="checkbox"/> COVID <input type="checkbox"/> Public Workforce
<b>3. Strategies Used to Implement Goal and Address Priorities</b>	
<input checked="" type="checkbox"/> Collaboration	<input type="checkbox"/> Systemic Litigation
<input checked="" type="checkbox"/> Rights-Based Individual Advocacy Services	<input type="checkbox"/> Educating Policy Makers
<input checked="" type="checkbox"/> Investigations of Abuse and Neglect	<input checked="" type="checkbox"/> Other Systemic Advocacy
<input type="checkbox"/> Monitoring	<input checked="" type="checkbox"/> Training/Outreach
<input type="checkbox"/> Issuance of Public Report	
<b>4. Rationale for Adding/Changing Goal</b>	
<b>5. Rationale for Adding/Changing Priority</b>	

<b>1. Goal Number: 5</b>
<b>Goal Statement:</b> PEOPLE WITH TRAUMATIC BRAIN INJURY HAVE APPROPRIATE SERVICES

<input type="checkbox"/> PADD <input type="checkbox"/> PAAT <input checked="" type="checkbox"/> PATBI <input type="checkbox"/> PAVA <input type="checkbox"/> COVID <input type="checkbox"/> Public Workforce	
<b>2. Priorities</b>	
<i>#</i>	<i>Priority</i>
1	PEOPLE WITH TRAUMATIC BRAIN INJURY HAVE APPROPRIATE SERVICES
	<input type="checkbox"/> PADD <input type="checkbox"/> PAAT <input checked="" type="checkbox"/> PATBI <input type="checkbox"/> PAVA <input type="checkbox"/> COVID <input type="checkbox"/> Public Workforce
<b>3. Strategies Used to Implement Goal and Address Priorities</b>	
<input checked="" type="checkbox"/> Collaboration	<input type="checkbox"/> Systemic Litigation
<input checked="" type="checkbox"/> Rights-Based Individual Advocacy Services	<input type="checkbox"/> Educating Policy Makers
<input checked="" type="checkbox"/> Investigations of Abuse and Neglect	<input checked="" type="checkbox"/> Other Systemic Advocacy
<input type="checkbox"/> Monitoring	<input checked="" type="checkbox"/> Training/Outreach
<input type="checkbox"/> Issuance of Public Report	
<b>4. Rationale for Adding/Changing Goal</b>	
<b>5. Rationale for Adding/Changing Priority</b>	

<b>1. Goal Number: 6</b>	
<b>Goal Statement: PEOPLE WITH DISABILITIES HAVE EQUAL ACCESS TO VOTE</b>	
<input type="checkbox"/> PADD <input type="checkbox"/> PAAT <input type="checkbox"/> PATBI <input checked="" type="checkbox"/> PAVA <input type="checkbox"/> COVID <input type="checkbox"/> Public Workforce	
<b>2. Priorities</b>	
<i>#</i>	<i>Priority</i>
1	PEOPLE WITH DISABILITIES HAVE EQUAL ACCESS TO VOTE
	<input type="checkbox"/> PADD <input type="checkbox"/> PAAT <input type="checkbox"/> PATBI <input checked="" type="checkbox"/> PAVA <input type="checkbox"/> COVID <input type="checkbox"/> Public Workforce
<b>3. Strategies Used to Implement Goal and Address Priorities</b>	
<input checked="" type="checkbox"/> Collaboration	<input type="checkbox"/> Systemic Litigation
<input checked="" type="checkbox"/> Rights-Based Individual Advocacy Services	<input type="checkbox"/> Educating Policy Makers
<input type="checkbox"/> Investigations of Abuse and Neglect	<input checked="" type="checkbox"/> Other Systemic Advocacy
<input type="checkbox"/> Monitoring	<input checked="" type="checkbox"/> Training/Outreach
<input type="checkbox"/> Issuance of Public Report	

<b>4. Rationale for Adding/Changing Goal</b>
<b>5. Rationale for Adding/Changing Priority</b>

<b>1. Goal Number: 7</b>	
<b>Goal Statement:</b> PEOPLE WITH DISABILITIES HAVE EQUAL ACCESS COVID VACCINATIONS	
<input checked="" type="checkbox"/> PADD <input type="checkbox"/> PAAT <input type="checkbox"/> PATBI <input type="checkbox"/> PAVA <input type="checkbox"/> COVID <input type="checkbox"/> Public Workforce	
<b>2. Priorities</b>	
<b>#</b>	<i>Priority</i>
1	DD Vaccination Grant Activities
<input checked="" type="checkbox"/> PADD <input type="checkbox"/> PAAT <input type="checkbox"/> PATBI <input type="checkbox"/> PAVA <input type="checkbox"/> COVID <input type="checkbox"/> Public Workforce	
<b>3. Strategies Used to Implement Goal and Address Priorities</b>	
<input type="checkbox"/> Collaboration	<input type="checkbox"/> Systemic Litigation
<input type="checkbox"/> Rights-Based Individual Advocacy Services	<input type="checkbox"/> Educating Policy Makers
<input type="checkbox"/> Investigations of Abuse and Neglect	<input checked="" type="checkbox"/> Other Systemic Advocacy
<input type="checkbox"/> Monitoring	<input checked="" type="checkbox"/> Training/Outreach
<input type="checkbox"/> Issuance of Public Report	
<b>4. Rationale for Adding/Changing Goal</b>	
<b>5. Rationale for Adding/Changing Priority</b>	

<b>1. Goal Number: 8</b>	
<b>Goal Statement:</b> dLCV will implement Public Health Program	
<input checked="" type="checkbox"/> PADD <input type="checkbox"/> PAAT <input type="checkbox"/> PATBI <input type="checkbox"/> PAVA <input type="checkbox"/> COVID <input type="checkbox"/> Public Workforce	
<b>2. Priorities</b>	
<b>#</b>	<i>Priority</i>
1	PHP Funded Activities
<input checked="" type="checkbox"/> PADD <input type="checkbox"/> PAAT <input type="checkbox"/> PATBI <input type="checkbox"/> PAVA <input type="checkbox"/> COVID <input type="checkbox"/> Public Workforce	
<b>3. Strategies Used to Implement Goal and Address Priorities</b>	

<input type="checkbox"/> Collaboration	<input type="checkbox"/> Systemic Litigation
<input type="checkbox"/> Rights-Based Individual Advocacy Services	<input type="checkbox"/> Educating Policy Makers
<input type="checkbox"/> Investigations of Abuse and Neglect	<input type="checkbox"/> Other Systemic Advocacy
<input type="checkbox"/> Monitoring	<input checked="" type="checkbox"/> Training/Outreach
<input type="checkbox"/> Issuance of Public Report	
<b>4. Rationale for Adding/Changing Goal</b>	
<b>5. Rationale for Adding/Changing Priority</b>	

## D. Description of P&A Operations

1. Provide a description of how the P&A operates. Include information on how the P&A coordinates the PADD program with other Protection and Advocacy programs administered by the State Protection and Advocacy System. This description must include the System's processes for intake, internal and external referrals, and streamlining of advocacy services.

dLCV provided PADD advocacy services across all agency Units. Many projects and outreach efforts utilize multiple funding streams including PADD.

dLCV accepts requests for services on Mondays, Wednesdays, and Fridays from 8:30am-4:00pm and during other outreach activities and monitoring visits to facilities and community residential and day programs. We have staff that review all requests for services we receive. Those staff then connect each person with a specific Subject Matter Expert within our agency who has knowledge on the issue or concern.

Requests come in via phone, in person, via e-mail, fax, and are accepted in any other requested alternate formats including through the language line.

Unit Managers assign the service requests and projects to advocates and attorneys. Attorneys maintain close supervision of all legal work.

dLCV provides information and referral and educational materials to individuals with issues outside our work plan. Advocates provide all individuals requesting assistance information and referral at a minimum.

2. Will the System will be requesting or requiring fees or donations from clients as part of the intake process? No

3. Collaboration and Coordination:

**a. Describe how the P&A is collaborating with others in the State, including the DDC and UCEDD.**

This year we received funding through the Virginia Board to continue to develop our database to review incident reports from across the state.

**b. Describe how the P&A is reducing duplication and overlap of services and sharing of information on service needs.**

The DDC, UCEDD and Protection and Advocacy System work closely together during the Virginia Legislative Session. Likewise, we are working together to ensure the implementation of effective regulations to ensure that the community is safe and inclusive.

dLCV reviews the Board's public comment on regulatory actions and in some cases jointly participates in multi-agency feedback on actions utilizing non-federal funding.

dLCV serves on the DDC, the Virginia Board, and on the advisory councils for the UCEDD and Partnership for People with Disabilities.

## Part 3: Results of P&A Activity

### A. End Outcomes of P&A Activity

End Outcome	PADD	PAAT	PATBI	PAVA
1. People with disabilities who are provided with appropriate community based services or AT devices and services resulting in community integration and independence.	5573	1	0	
2. People with disabilities who accessed benefits or services.	15	2	3753	
3. People with disabilities who live in a healthier, safer or otherwise improved environment.	80913	27	0	
4. People with disabilities who were able to stay in their own home.	3	0	0	
5. People with disabilities who work in safer and more humane conditions.	0	1	2	
6. People with disabilities who go to school in safer and more humane conditions.	164057	55	0	
7. Students with disabilities who stayed in school.	12	0	0	
8. Children with disabilities receiving appropriate services in most integrated settings.	565	62	0	
9. People with disabilities who had their other rights enforced, retained, restored and/or expanded.	302196	57	565	37600
10. People with disabilities are better able to participate fully in the electoral process.	0	0	0	602
11. Public and private places/services made more accessible.	0	0	0	2

### By Intervention Type - PADD

End Outcome	Technical Assistance	Individual Advocacy	Abuse & Neglect Investigations	Systemic Litigation	Educating Policy Makers	Other Systemic Advocacy
1	0	172		0	0	5401
2	0	15		0	0	0
3	0	10	0	0	5000	75903
4	0	3		0	0	0
5	0	0	0	0	0	0
6	0	3	0	0	164000	54

End Outcome	Technical Assistance	Individual Advocacy	Abuse & Neglect Investigations	Systemic Litigation	Educating Policy Makers	Other Systemic Advocacy
7	9	3		0	0	0
8	1	10		0	500	54
9	507	13		0	500	301176
10	0	0		0	0	0
<b>TOTAL</b>	517	229	0	0	170000	382588
11	0	0		0	0	0

**By Intervention Type - PAAT**

End Outcome	Technical Assistance	Individual Advocacy	Abuse & Neglect Investigations	Systemic Litigation	Educating Policy Makers	Other Systemic Advocacy
1	0	1		0	0	0
2	0	2		0	0	0
3	0	4	0	0	0	23
4	0	0		0	0	0
5	0	1	0	0	0	0
6	0	1	0	0	0	54
7	0	0		0	0	0
8	0	0		0	0	62
9	36	8		0	3	10
10	0	0		0	0	0
<b>TOTAL</b>	36	17	0	0	3	149
11	0	0		0	0	0

**By Intervention Type - PATBI**

End Outcome	Technical Assistance	Individual Advocacy	Abuse & Neglect Investigations	Systemic Litigation	Educating Policy Makers	Other Systemic Advocacy
1	0	0		0	0	0
2	0	15		0	3738	0
3	0	0	0	0	0	0
4	0	0		0	0	0

End Outcome	Technical Assistance	Individual Advocacy	Abuse & Neglect Investigations	Systemic Litigation	Educating Policy Makers	Other Systemic Advocacy
5	0	2	0	0	0	0
6	0	0	0	0	0	0
7	0	0		0	0	0
8	0	0		0	0	0
9	56	2		0	502	5
10	0	0		0	0	0
<b>TOTAL</b>	56	19	0	0	4240	5
11	0	0		0	0	0

### By Intervention Type - PAVA

End Outcome	Technical Assistance	Individual Advocacy	Abuse & Neglect Investigations	Systemic Litigation	Educating Policy Makers	Other Systemic Advocacy
9	0	0		0	0	37600
10	48	2		0	0	552
<b>TOTAL</b>	48	2	0	0	0	38152
11	0	0		0	0	2

### B. Overview of How Many People with Disabilities Served

Performance Measurement	PADD	PAAT	PATBI	PAVA
1. People with disabilities receiving individual advocacy services to exercise their civil, human and legal rights.	159	15	14	2
2. Abuse and neglect investigations to protect people with disabilities from abuse and neglect.	6	2	0	
3. People with disabilities receiving information, technical assistance and referral services.	505	36	56	48
4. People with disabilities trained to become active participants in making decisions that affect their lives.	5482	2072	91	4548
5. People whose rights were advanced through class and/or systemic impact litigation.	0	0	0	
6. People with disabilities whose rights were enforced, protected or restored as a result of non-litigation group advocacy.	76786	4356	11571	53629

Performance Measurement	PADD	PAAT	PATBI	PAVA
7. People with disabilities who received a lower level of services due to lack of P&A resources.	306	0	0	0
8. People with disabilities impacted by one or more provision(s) in law modified or prevented.	24499	0	13738	0

### C. Rights-Based Individual Advocacy Services

Performance Measurement	PADD	PAAT	PATBI	PAVA
1. People with disabilities who had their rights enforced and/or restored.	81	10	12	2
2. People with disabilities who were assisted in obtaining access to administrative or judicial processes.	7	0	1	0
3. Closed cases in which client objective was met or partially met.	132	10	13	2

### D. Investigations of Abuse and Neglect

Performance Measurement	PADD	PAAT	PATBI
1. Investigations (not death related).	10	0	0
2. Investigations of abuse and neglect completed with a finding or determination (not including death investigations).	8	0	0
3. Death investigations.	55	0	0
4. Death investigations completed with a finding or determination.	54	0	0
5. People with disabilities who benefitted from the findings of investigations of abuse and neglect.	13	0	0
6. Provisions in policy added or prevented.	2	0	0

### Other Qualitative Narrative

Report additional information related to investigations not already reported in Part 2.
N/A

### E. Monitoring

Unique Facility	Facility Type	Facility Capacity	Location (By County)	# of Visits	Court Ordered Monitoring? Yes/No
Total Number of Unique Facilities: 0					

Performance Measurement	PADD	PAAT	PATBI
1. People with disabilities whose living, working and/or other circumstances were monitored by P&A.	71	0	569
2. Cases opened for health and safety issue investigation.	22	5	5
3. Health and/or safety violations validated by the P&A.	20	7	7
4. Rights violations (not health or safety and including quality of life) identified and addressed as a result of P&A monitoring.	51	12	9
5. Complaints referred to regulatory agencies or investigative organizations.	153	56	53
6. Times P&A access was denied during a monitoring/access attempt.	9	1	0
7. Times denial of P&A access was successfully resolved.	8	1	0

### Other Qualitative Narrative

#### Describe P&A's overall approach and strategy for monitoring activities

A summary of monitoring is included in our outcome narratives in PADD- People with Disabilities are Free from Harm.

## F. Systemic Litigation

Performance Measurement	PADD	PAAT	PATBI
1. Systemic or class action lawsuits handled for the benefit of people with disabilities.	0	0	0
2. Provisions in policy modified or prevented.	0	0	0
3. Provisions in regulation modified or prevented.	0	0	0
4. Provisions in law modified or prevented.	0	0	0
5. Lawsuits addressing systemic issues resolved by settlement.	0	0	0
6. Lawsuits addressing systemic issues resolved by judgment.	0	0	0
7. Amicus briefs signed onto or filed.	0	0	0
8. People with disabilities whose rights were advanced as a result of amicus participation.	0	0	0

## G. Educating Policymakers

Performance Measurement	PADD	PAAT	PATBI	PAVA
1. Communications to people with disabilities explaining a policy initiative.	5	1	0	1
2. People with disabilities supported in expressing their own viewpoint on a policy related matter.	3	0	0	0
3. Times written comments were submitted regarding proposed legislation or regulations.	4	0	0	0
4. Times testimony was provided at a legislative public hearing.	12	3	5	0
5. Provisions in regulation modified or prevented.	2	0	1	0
6. People with disabilities impacted by the regulation provision(s) modified or prevented.	58338	0	0	0
7. Provisions in law modified or prevented.	6	0	1	0
8. People with disabilities impacted by one or more provision(s) in law modified or prevented.	76020	0	3738	0
9. Provisions in ordinances modified or prevented.	0	0	0	0

## H. Other Systemic Advocacy

Performance Measurement	PADD	PAAT	PATBI	PAVA
1. Changes in practices made or prevented.	4	3	2	552
2. Provisions in policy modified or prevented.	5	2	2	2

## I. PAAT Program

Performance Measurement	PAAT
1. People receiving one or more AT devices as a result of P&A advocacy	15
2. Type and/or Use of Device	
a. Devices for communication	5
b. Devices for mobility	2
c. Devices for hearing and seeing	2
d. Devices for reading and writing	2
e. Devices for assisting with household chores	2
f. Devices to aid with school/learning	1

<b>Performance Measurement</b>	<b>PAAT</b>
g. Devices to assist with participation in play or recreation	1
h. Devices to assist with personal care	3
i. Devices to aid in therapy or medical treatment	2
j. Devices to assist with the use of public/private transportation	1
k. Devices to assist with employment	3
l. Other	2
<b>Total Number of Devices</b>	<b>26</b>
3. People receiving one or more AT services as a result of P&A advocacy	15
4. Type of Service	
a. AT Evaluation	1
b. Training in use of AT	1
c. AT repair	0
d. Other (including acquisition and customizing of AT device)	3
<b>Total Number of Services</b>	<b>5</b>

## J. PAVA Program

<b>Performance Measurement</b>	<b>PAVA</b>
1. Education and training of election officials, volunteers and poll workers regarding rights of people with disabilities and best practices.	548
2. Education and training of people with disabilities on their voting rights.	2312
3. Registering people with disabilities to vote.	0
4. Monitoring	550
5. Non-partisan candidate forums	0
6. Operating a voter assistance hotline	48
7. Issuance of public reports	0

## Part 4: Public Relations and Outreach

Performance Measure	Number
1. Press releases issued.	9
2. Times a P&A representative was interviewed or featured on TV or radio.	3
3. Articles about the P&A or its work in external mass media such as newspapers, radio, podcasts, blogs or television.	52
4. Social media followers.	5107
5. Absolute unique visitors to blogs/web pages where information about the P&A is posted.	40834
6. Circulation of the P&A's newsletter and/or listserv updates.	29
7. Articles by the P&A about disability rights issues published in newspapers, books, journals or magazines.	0
8. Links to other disability rights related information sources published on the P&A website.	1310
9. Times the P&A exhibited at conferences, community fairs, etc.	16
10. Presentations made to community groups.	87

## Part 5: Collaboration

*Check one or more of the following boxes if the P&A houses any of these programs*

<input checked="" type="checkbox"/> Client Assistance Program	<input type="checkbox"/> Long Term Care Ombudsman	<input type="checkbox"/> Parent Training Center	<input type="checkbox"/> State Grants for Assistive Technology Program
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# Part 6: Board, Staff, and Advisory Council Demographics

## A. Advisory Council

1. Does your P&A have a governing board? Yes

2. Does your P&A have an advisory council(s)?

General  PADD  PAAT  PATBI  PAVA

3. If yes, describe the role of the council(s)

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## B. Board, staff and advisory council race and ethnicity

Race/Ethnicity	Board	Employees
1. Hispanic/Latino (of any race)	0	2

Race/Ethnicity (NOT Hispanic/Latino)	Board	Employees
2. American Indian/Alaskan Native	0	0
3. Asian	0	1
4. Black/African American	3	3
5. Native Hawaiian/Other Pacific Islander	0	0
6. White	15	27
7. Two or more races	0	3
8. Race/Ethnicity Unknown	0	0
<b>TOTAL</b>	<b>18</b>	<b>36</b>

## C. Consumer involvement in P&A governance

Group	Board
1. Total Number of Members (nonduplicative)	18
2. PADD Eligible Primary Consumers	1

Group	Board
3. PADD Eligible Secondary Consumers	11
4. PATBI Eligible Primary Consumers	0
5. PATBI Eligible Secondary Consumers	0
6. AT Users	4
7. PAIMI or PAIR or PABSS Eligible Primary Consumers	6
8. PAIMI or PAIR or PABSS Eligible Secondary Consumers	7
9. Other Members	0

Does the P&A Board meet the requirements of section 144 of the DD Act? Yes

## Part 7: General Program Information

### A. P&A Identification

Name of state, territory or jurisdiction	VA
Name of P&A System	VIRGINIA - disAbility Law Center of Virginia

### B. Main Office (or Office of Record)

Mailing Address of Main Office	1512 Willow Lawn Drive Suite 100 Richmond, VA 23230
Phone Number of Main Office	8042252042

### C. Additional Offices (If any)

### D. CEO Contact Information

Name of P&A CEO	Colleen Miller
Phone Number of P&A CEO	8042252042
Email Address of P&A CEO	colleen.miller@dclv.org

### E. PPR Preparer Contact Information

Name of Preparer	Robert Gray
Title of Preparer	Director for Compliance and QA
Phone Number of Preparer	8042252042
Email Address of Preparer	robert.gray@dclv.org