

**PAAT REPORT**  
**(October 1, 2007 – September 30, 2008)**

**AGENCY INFORMATION**

**Agency Name:** Virginia Office for Protection and Advocacy

**Address of Agency:**

- a. Main Office:**  
1910 Byrd Avenue, Suite 5  
Richmond, Virginia 23230
  
- b. Contract Office(s) (if applicable):**  
Not Applicable

**Agency Telephone Number:** (804) 225-2042

**Agency Toll-Free Telephone Number:** (800) 552-3962

**Agency TTY Number:** (804) 225-2042

**Agency Toll-Free TTY Number:** (800) 552-3962

**Agency Fax Number:** (804) 662-7057

**Agency E-Mail Address:** [general.vopa@vopa.virginia.gov](mailto:general.vopa@vopa.virginia.gov)

**Agency Web Address:** [www.vopa.state.va.us](http://www.vopa.state.va.us)

**Executive Director Name:** Colleen Miller, Esq

**Executive Director Email:** [colleen.miller@vopa.virginia.gov](mailto:colleen.miller@vopa.virginia.gov)

**Staff Preparing Report Name:** Sherry Confer

**Staff Preparing Report Email:** [sherry.confer@vopa.virginia.gov](mailto:sherry.confer@vopa.virginia.gov)

**Staff Preparing Report Office Location:** Richmond, Virginia

## **PART I: NON-CASE SERVICES**

### **A. INFORMATION AND REFERRAL SERVICES (I&R)**

<b>1. Total Number of Individuals Receiving I&amp;R Services during the Fiscal Year</b>	658
<b>2. Total Number of Requests for I&amp;R Services during the Fiscal Year</b>	669

### **B. TRAINING ACTIVITIES**

<b>1. Number of Training Sessions Presented by Staff</b>	13
<b>2. Number of Individuals Who Attended These Training Sessions</b>	356

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

#### **Training Event #1**

- a. Formal definition of assistive technology, different categories of assistive technology, funding sources for assistive technology, and the steps involved in selecting assistive technology
- b. To educate Head Start Center staff, parents and administrators
- c. Head Start Center staff, parents and administrators

#### **Training Event #2**

- a. Formal definition of assistive technology, different categories of assistive technology, funding sources for assistive technology, and the steps involved in selecting assistive technology
- b. To educate Manassas Center for Independent Living and Agency on Aging staff, administrators and clients
- c. Staff and administrators from the Manassas Center for Independent Living and Agency on Aging. CIL members, family members and support staff were also present.

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

VOPA staff completed assistive technology information and acquisition presentations to five (5) Migrant Head Start County Programs around the state. These included Clark County, Frederick County, Winchester County, Northampton County and Accomack County. Northampton and Accomack County are two rural areas on the Eastern Shore of Virginia with very limited resources for the disability community. In addition, we provided these presentations to the Non-Migrant Head Start programs in the Eastern Shore towns of Hallwood, Nelsonia, Belle Haven, Cheriton and Accomack. Through both sets of presentations, we reached 85 staff, administrators and parents. Our agency concentrated on informing the residents there that assistive technology is available through a variety of different resources such as insurance and state programs such as VATS, the Virginia Assistive Technology System. We then offered to provide assistance to the communities on their assistive technology issues as they arise.

VOPA also completed assistive technology presentations for other communities throughout the state that struggle with acquisition of resources for individuals with disabilities. Presentation sites included The Arc of Central Virginia, Manassas Center for Independent Living, Children's Hospital for King's Daughters in Virginia Beach, Endependence Center for Independent Living in Norfolk, PEATC (Parent Advocacy

Training Center) in Fairfax, Woodrow Wilson Rehabilitation Center in Fishersville and Disability Resource Center in Fredericksburg.

VOPA also maintains a website that posts all of our federal grants' goals and objectives. This website also has notices for the Board of Directors' and VOPA's Advisory Council meetings. Job vacancies, announcements, VOPA publications, quarterly newsletters and disability-related links are also available. The annual public comment process is posted on the website and visitors can participate online.

VOPA has continued to make a strong effort to recruit employees that reflect the cultural diversity of Virginia residents and be more reflective of the disability communities in Virginia.

**C. INFORMATION DISSEMINATED TO THE PUBLIC BY YOUR AGENCY**

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

Method of dissemination	Number
1. Radio and TV Appearances by Agency Staff	1
2. Newspaper/Magazine/Journal Articles Prepared by Agency Staff	2
3. PSAs/Videos Aired by the Agency	1
4. Website Hits	25,160
5. Publications/Booklets/Brochures Disseminated by the Agency	2
5a. Number of individuals/agencies receiving documents produced in item 5	251
6. Other (specify)	0

**D. INFORMATION DISSEMINATED ABOUT YOUR AGENCY BY EXTERNAL MEDIA COVERAGE**

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

**1. Radio/TV coverage**

Using other funding, VOPA provided a Q&A interview regarding Voting Rights and Accessibility issues in October to Virginia Voice which was recorded and played repeatedly prior to the Election. Virginia Voice has 1,400 listeners in Central Virginia and 1000 in the Hampton Roads area.

**2. Newspapers/Magazines/Journals**

VOPA published two newsletters this year. These newsletters included disability rights related information.

**3. PSAs/Videos**

Using other funding, VOPA provided public service announcements in several major media markets prior to the election.

#### 4. Publications/Booklets/Brochures-

VOPA created two documents which it distributed to the community. The first was a fact sheet titled Assistive Technology for Young Children. This fact sheet walks a parent, educator, student or advocate through understanding what assistive technology is and how to acquire it from resources including insurance policies, a public school system or alternate channels. At least 133 copies of this fact sheet were distributed. The second brochure was distributed before a presentation at a large children's hospital and explained the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Medicaid Service and the presentation points which were provided to a group of 118 members of the hospital staff.

## **PART II: CASE-SERVICES**

### **A. INDIVIDUALS SERVED**

<b>Individuals</b>	<b>Number</b>
<b>1. Individuals Served Receiving Advocacy at Start of Fiscal Year (carryover from prior)</b>	3
<b>2. Additional Individuals Served During Fiscal Year (new for fiscal year)</b>	36
<b>3. Total Number of Individuals Served During Fiscal Year (1 +2)</b>	39
<b>4a. Total Number of Cases Closed During the Fiscal Year</b>	31
<b>4b. Total Number of Individuals with All Their Cases Closed During the Fiscal Year</b>	28
<b>5. Total Individuals Still Being Served at the End of the Fiscal Year (3 minus 4b)</b>	11

### **B. PROBLEM AREAS/COMPLAINTS**

<b>Complaint Area</b>	<b>Number of cases</b>
<b>1. Architectural Accessibility</b>	1
<b>2. Education</b>	15
<b>3. Employment Discrimination</b>	0
<b>4. SSI/SSDI Work Incentives</b>	0
<b>5. Healthcare</b> <i>(total generated by the system from a-d below)</i>	26
<b>a. Medicaid</b>	20
<b>b. Medicare</b>	1
<b>c. Private Medical Insurance</b>	2
<b>d. Other</b> <b>CASE 1: Interpreter Services for individual in community</b> <b>CASES 2 and 3: Wheelchair acquisition for individual in a state prison</b>	3
<b>6. Housing</b>	1
<b>7. Post-Secondary Education</b>	0
<b>8. Rehabilitation Services</b>	0
<b>9. Transportation</b>	1
<b>10. Voting</b> <i>(total generated by the system from a-c below)</i>	0

a. Accessible Polling Place / Equipment	0
b. Registration	0
c. Other	0
11. Other	0
12. Other	0
13. TOTAL	44

#### ASSISTIVE TECHNOLOGY DEVICES/SERVICES

1. Number of individuals that received one or more AT devices or services as a result of casework (unduplicated count)	24
2. Type of AT device or AT service received as a result of casework	Number of devices/services
a. Devices for communication	2
b. Devices for mobility	14
c. Devices for hearing or seeing	0
d. Devices for reading or writing	4
e. Devices to assist with household activities	0
f. Devices to assist with participation in play or recreation	3
g. Devices to assist with personal care	2
h. Devices to aid in therapy or medical treatment	6
i. Devices to assist with the use of public/private transportation	0
j. Devices to assist with employment	0
k. Devices to aid with school/learning	6
l. AT services	5
m. Other – 5 individuals received technical assistance about accessing AT devices or services	5
n. Total number of devices and services received as a result of casework (a-l)	47

#### D. PRIMARY REASON FOR CLOSING A CASE FILE

Primary Reason	Number of cases
1. All Issues Resolved in Client's Favor	22
2. Some Issues Resolved in Client's Favor	4
3. Other Representation Obtained	0
4. Individual Withdrew Complaint	1
5. Services Not Needed Due to Death, Relocation, etc.	0
6. Individual Not Responsive to Agency	3
7. Case Lacked Legal Merit	0
8. Conflict of Interest	0
9. Lack of Resources	0

<b>10. Not Within Priorities</b>	0
<b>11. Issue Not Resolved in Client's Favor</b>	0
<b>12. Other – no longer program eligible</b> <b>CASE 1: Client received fact review, interpretation and advice.</b>	1
<b>13. Total (number must match Part II A4a)</b>	31

#### **E. INTERVENTION STRATEGIES FOR CLOSED CASES**

<b>Interventions</b>	<b>Number of cases</b>
<b>1. Short Term Assistance</b>	24
<b>2. Systemic/Policy Activities</b>	0
<b>3. Investigation/Monitoring</b>	1
<b>4. Negotiation</b>	5
<b>5. Mediation/Alternative Dispute Resolution</b>	0
<b>6. Administrative Hearing</b>	0
<b>7. Legal Remedy/Litigation</b>	1
<b>8. Class Action Suits</b>	0
<b>9. Total (this should match the total in Part II.A.4.a above)</b>	31

\*the "Short-term Assistance" category includes 1 case where VOPA lost contact with the client. These cases are included under this category as the PAAT form does not have a category for "No Strategy Met."

## **PART III: STATISTICAL INFORMATION FOR INDIVIDUALS SERVED**

### **A. AGE OF INDIVIDUALS SERVED**

<b>Age</b>	<b>Number of individuals</b>
0 to 4	3
5 to 13	18
14 to 18	4
19 to 21	2
22 to 40	2
41 to 64	8
65 and over	2
Age Unknown	0
<b>Total (this should match the total in II.A.3)</b>	<b>39</b>

### **B. GENDER OF INDIVIDUALS SERVED**

<b>Gender</b>	<b>Number of individuals</b>
Male	20
Female	19
<b>Total (this should match the total in II.A.3)</b>	<b>39</b>

### **C. RACE AND ETHNICITY OF INDIVIDUALS SERVED**

#### **1. Race of individuals served.**

<b>Race</b>	<b>Number of individuals</b>
a. American Indian or Alaska Native	0
b. Asian	0
c. Black or African American	3
d. Native Hawaiian or Other Pacific Islander	0
e. White	35
f. More than one race	1
g. Unknown/not reported	0
<b>h. Total (this should match the total in II.A.3)</b>	<b>39</b>

**2. Ethnicity of individuals served.**

<b>Ethnicity</b>	<b>Number of individuals</b>
<b>a. Hispanic/Latino</b>	0
<b>b. Non- Hispanic/Latino</b>	23
<b>c. Ethnicity unknown/not reported</b>	16
<b>d. Total (this should match the total in II.A.3)</b>	39

**D. LIVING ARRANGEMENTS OF INDIVIDUALS SERVED**

<b>Living Arrangement</b>	<b>Number of individuals</b>
<b>1. Community Residential Home</b>	0
<b>2. Foster Care</b>	0
<b>3. Homeless/Shelter</b>	0
<b>4. Legal Detention/Jail/Prison</b>	2
<b>5. Nursing Facility</b>	0
<b>6. Parental/Guardian or Other Family Home</b>	28
<b>7. Independent</b>	8
<b>8. Private Institutional Setting</b>	0
<b>9. Public (State Operated) Institutional Setting</b>	1
<b>10. Public Housing</b>	0
<b>11. VA Hospital</b>	0
<b>12. Other – describe the living arrangement</b>	0
<b>13. Other – describe the living arrangement</b>	0
<b>14. Unknown/Not Provided</b>	0
<b>15. Total (this should match the total in II.A.3)</b>	39

**E. PRIMARY DISABILITY OF INDIVIDUALS SERVED**

<b>Primary Disabling Condition</b>	<b>Number of individuals</b>
<b>1. ADD/ADHD</b>	2
<b>2. AIDS/HIV Positive</b>	0
<b>3. Absence of Extremities</b>	0
<b>4. Auto-immune (non-AIDS/HIV)</b>	0
<b>5. Autism</b>	3
<b>6. Blindness (Both Eyes)</b>	0
<b>7. Other Visual Impairments (Not Blind)</b>	4
<b>8. Cancer</b>	0
<b>9. Cerebral Palsy</b>	12

10. Deafness	1
11. Hard of Hearing/ Hearing Impaired (Not Deaf)	0
12. Deaf-Blind	0
13. Diabetes	0
14. Digestive Disorders	0
15. Epilepsy	0
16. Genitourinary Conditions	0
17. Heart & Other Circulatory Conditions	2
18. Mental Illness	1
19. Mental Retardation	0
20. Multiple Sclerosis	0
21. Muscular Dystrophy	1
22. Muscular/Skeletal Impairment	2
23. Orthopedic Impairments	2
24. Neurological Disorders/Impairment	1
25. Respiratory Disorders/Impairment	1
26. Skin Conditions	0
27. Specific Learning Disabilities (SLD)	4
28. Speech Impairments	1
29. Spina bifida	1
30. Substance Abuse (Alcohol or Drugs)	0
31. Tourette Syndrome	0
32. Traumatic Brain Injury (TBI)	0
33. Other Disability – case 1: Angelman Syndrome	1
34. Total (this should match the total in II.A.3)	39

**F. GEOGRAPHIC LOCATION OF INDIVIDUALS SERVED**

<b>Geographic Location</b>	<b>Number of individuals</b>
<b>1. Urban/Suburban (50k population)</b>	25
<b>2. Rural (&lt;50k population)</b>	14
<b>3. Other - specify</b>	0
<b>4. Unknown</b>	0
<b>5. Total (this should match the total in II.A.3)</b>	39

## **PART IV: SYSTEMIC ACTIVITIES AND LITIGATION**

### **A. NON-LITIGATION SYSTEMIC ACTIVITIES**

<b>1. Number of Policies/Practices Changed as a Result of Non-Litigation Systemic Activities</b>	<b>2</b>
--	----------

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

**Include information about (a) the policy or practice that was changed, as a result of your agency's non-litigation systemic activity, along with a description of the negative impact upon individuals with disabilities, and (b) the manner in which this change benefited individuals with disabilities. If possible, (c) estimate the number of individuals potentially affected by the policy/practice change and (d) the method used to determine this estimate. [If you cannot provide an estimate, enter 'N/A'.] Include (e) one case example of the agency's systemic activity related to this policy/practice change.**

- a. Individuals in a large city in Eastern Virginia faced discrimination from a large assistive technology (medical supply company) provider. Customers of this business were being provided poor customer service, denial of acquisition of needed AT and inadequate billing of AT items to their insurance policies. The AT items included replacement parts for power and manual wheelchairs. The provider's treatment of individuals with disabilities that acquired assistive technology changed after our agency educated them about appropriate treatment and insurance billing of individuals with disabilities.
- b. Our agency was able to assure that the two clients we assisted that were dealing with this provider received fully functional, safe and reliable repairs to both their manual and power wheelchairs.
- c. Approximately 325
- d. We contacted the owner of the business and inquired what his average number of customers was over the last year (2008) and he "estimated" 325.
- e. VOPA had two cases involving an elderly woman and man who were both facing discrimination from a large assistive technology provider in Eastern Virginia. Both clients were being denied acquisition of replacement parts for their power and wheelchairs even though they were insurance eligible and were being ignored by the provider. As a result of our work, the provider immediately repaired both clients' wheelchairs, this included multiple repairs such as replacement of foot pedals, tightening of control mechanisms and alignment and adjustment of several other areas on each wheelchair. The provider then adequately billed the insurance provider for each client respectively and explained that he will be more diligent about adequate service and billing for all of his clients. This advocacy effort resulted in two (2) practice changes; billing and respectful responsiveness to people with disabilities.

<b>3. Number of On-going Non-Litigation Systemic Activities</b>	<b>0</b>
---	----------

#### **4. Describe the agency's on-going systemic activities.**

**Include information about (a) how these activities may benefit individuals with disabilities, (b) estimate the number of individuals potentially affected by such activities (or leave blank if N/A), (c)**

the method used to determine this estimate (or enter N/A), and (d) describe the potential policy/practice that may result from this activity.

N/A

## B. LITIGATION/CLASS ACTIONS

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

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

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

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

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

N/A

If the total for question 1.c is zero, skip to Question 4.

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

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

- a. Client and her younger brother are both mobility and hearing impaired; they also have breathing difficulties at times. Client and her brother were taken to safe rooms during fire drills. Client contacted VOPA for assistance in getting the school to obtain assistive technology to help her and her brother evacuate the school in case of a fire. VOPA staff surveyed the school and found it was not compliant with Americans with Disabilities Act Accessibility Guidelines (ADAAG) requirements for areas of rescue assistance, specifically it lacked features such as smoke barriers and visual alarms. VOPA contacted the school division and asked that they bring the school into compliance with ADAAG or provide the assistive technology as a reasonable accommodation. The school refused stating that the school was built in the 1960's and it was grandfathered from making changes. VOPA filed a complaint with Office for Civil Rights (OCR) and OCR sided with the school agreeing that it was grandfathered. VOPA gathered additional information from the children's physician and appealed to OCR. OCR again denied the appeal citing the same reason. VOPA appealed a final time and was again denied. During the OCR appeal, the school added a door to the safe room which, per the Client, alleviates some of the dangers of smoke inhalation and, because both children are rigid, would allow

fire fighters to safely evacuate them in case of a fire. This modification came about as a result of VOPA's advocacy.

- b. Students with disabilities could have potentially been stuck in the building during an emergency without a safe place to be rescued from.
- c. Since a door was added to the “safe area,” the risk of some of the smoke inhalation is alleviated and this would allow for firefighters to rescue them in the event of an emergency.
- d. We know that two children, the brother and sister in this case benefited from the change. Other children with disabilities who attend the school in the future may also benefit from the addition of the door.
- e. We know that two children were affected as they were our clients for the case.

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

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

If the total for question 4 is zero, skip to Question 6.

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

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

N/A

If the total for question 4.c is zero, skip to Section C.

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

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

N/A

**C. LITIGATION-RELATED MONITORING**

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

N/A

**If yes, describe any monitoring conducted by the agency related to court orders or case settlements by (1) providing the major areas of monitoring and (2) the groups likely to be affected. (3) Address the major outcomes of the litigation-related monitoring during the fiscal year. Include (4) at least one case example that demonstrates the impact of the agency's litigation-related monitoring. Did the agency conduct any litigation-related monitoring under the PAAT program during the fiscal year?**

N/A

## **PART V: PRIORITIES**

### **A. PRIORITIES**

**For each of your PAAT program priorities for the fiscal year covered by this report, please provide the information below. You may enter data on as many priorities as you need. See the instruction manual for more details.**

#### **Priority 1**

##### **1. Describe the Priority**

Goals: Children with disabilities receive an appropriate education

Focus Area: Assistive Technology in Schools

Objective 1: Represent ten (10) children who have been denied appropriate assistive technology or services under their Individualized Education Plans (IEPs) or 504 Plans

Objective 2: Inform three (3) parent groups and five (5) public schools about assistive technology rights.

Objective 3: Develop training for five (5) Head Start programs, including the program on the Eastern Shore, about assistive technology available for younger students

Objective 4: Coordinate with other advocacy groups to develop a training to inform children, parents, and advocates of their rights to receive Assistive Technology and Assistive Technology services in school through Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program. Provide training to three (3) groups, to include one at Richmond City Public Schools

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

Children with disabilities have a right to an appropriate education that includes access to assistive technology in schools. VOPA will represent children with disabilities who have been denied assistive technology as part of their IEPs or their Section 504 Plan. A Fact Sheet will be developed to assist with information and referral/technical assistance efforts. VOPA's efforts will help ensure that children have access to appropriate assistive technology and receive a free appropriate public education. Education outreach will be provided to Head Start Centers, parent advocacy groups and public school systems.

##### **3. Indicate the Outcome of the priority: Met**

##### **4. Total Number of Cases Handled Related to the Priority: 15**

##### **5. Illustrative Cases/Activities (at least one specific case/activity description showing the success)**

VOPA provided training to 12 Head Start Centers around the state far exceeding our target of 5. 85 staff, administrators and teachers at the centers received education and information regarding the acquisition of assistive technology. Since Head Start Centers typically utilize each others resources for continued growth and program planning for the children, our information has been shared all across the state via our 12 presentations.

VOPA presented an assistive technology presentation to the Northern Virginia branch of PEATC (Parent Education, Advocacy and Training Center). Utilizing our materials and education, the 5 PEATC staff is now able to assist parents all across Northern Virginia with assistive technology referral and information.

VOPA successfully opened (15) cases relating to assistive technology in schools. These cases included: requiring IEP accommodations and access to appropriate computer technology, restoring necessary IEP components to an IEP to allow for assistive technology and acquisition of specific devices including a walker, adaptive table, stander and adaptive toilet seat.

A client diagnosed with developmental disabilities was having serious difficulty communicating with both her teachers and peers and this was seriously impacting her academic and social success. As a result of VOPA's advocacy we negotiated with the school and were able to locate and have the school pay for and provide "DragonSpeak," an innovative software program that had an immediate positive effect on the child's academic performance social interaction and classroom participation and integration.

Another VOPA client with cerebral palsy who uses a wheelchair was having quite a bit of difficulty with acquisition of adequate assistive technology to be successful in the classroom. VOPA advocated for the client and helped the mother with advocacy skills that eventually led to the child's acquisition of three important devices that immediately met the client's needs. These included an adaptive table for her to sit at that allowed her to sit with all of her peers in the classroom, an adaptive toilet to allow for safe usage of the facilities and a stander that will allow the client to receive appropriate physical therapy throughout the day.

VOPA created a Fact Sheet titled Assistive Technology for Young Children. This fact sheet walks a parent, educator, student or advocate through understanding what assistive technology is and how to acquire it from resources including insurance policies, a public school system or alternate channels. We provided this fact sheet to 10 public regionally diverse elementary, middle and high schools across the state.

## **Priority 2**

### **1. Describe the Priority**

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

Focus Area: Assistive technology through insurance

Objective 1: Develop a training regarding the right to receive assistive technology through Medicaid and other insurance, and present to three (3) consumer groups.

Objective 2: Represent three (3) individuals who have been denies AT by Medicaid or other insurance.

Objective 3: Represent three (3) individuals with disabilities who were denied effective communication, through assistive technology or other services, by health care providers.

**2. Describe the Need, Issue, or Barrier Addressed**

An essential element of the rehabilitation process, life sustenance, and quality of life is to be able to access appropriate and necessary healthcare. For some individuals with disabilities, assistive technology is a key element of necessary healthcare. In particular, people who receive Medicaid Waiver services often need assistance technology to avoid institutionalization. VOPA's efforts, therefore, will help people live in the most integrated setting appropriate to their needs.

**3. Indicate the Outcome of the priority: Met**

**4. Total Number of Cases Handled Related to the Priority: 26**

**5. Illustrative Cases/Activities (at least one specific case/activity description showing the success)**

VOPA created a PowerPoint presentation on the right to receive assistive technology through Medicaid and other insurance and presented to 3 centers which included two Centers for Independent Living (CILs) and one disability awareness committee reaching a total of 35 staff and CIL members who through their continued advocacy can share it with the disability community.

VOPA handled 26 cases of denial of assistive technology via insurance. These included the following three (3) examples:

One client, a young woman diagnosed with mental retardation was having quite a bit of difficulty acquiring pre-authorization and eventual acquisition of a \$32,000 permobil electric wheelchair from her father's private insurance company. After VOPA advocated on the client's behalf and helped negotiate with the insurance company and company benefits specialist, the client was granted pre-authorization and acquired her wheelchair. As a result of acquiring this chair, the client has now has once unattainable opportunities for increased inclusion and participation in school and community events and functions.

Another VOPA client, an older female diagnosed with respiratory illness, called our agency in regards to a concern over her insurance policy denying her purchase of a portable oxygen machine. Although the client had a large non-mobile machine in her home, she could not go out into the community due to the inability to transport the machine. After VOPA became involved with the case, we negotiated with the provider and were able to successfully advocate for the client to receive her portable machine. The client called our agency after acquiring the machine and expressed profound gratitude as acquisition allowed her freedom to integrate within the community and to attend her grandson's wedding in another state she otherwise would be unable to travel to.

VOPA also assisted a middle aged man diagnosed with paraplegia who had a wheelchair which broke during a stay in a local hospital and the hospital was putting pressure on the client to be discharged into a nursing home until his wheelchair could be fixed. This placement was completely inappropriate for the client and as a result of our assistance in helping the client resolve this issue, he was discharged to a more appropriate placement, his own home.

**PRIORITIES for the CURRENT FISCAL YEAR**

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

**instruction manual for more details. The priorities you enter in this section will be pre-loaded into your annual performance report form for the coming fiscal year (section A above).**

**1. Describe the Priority**

Goal: Children with Disabilities Receive an Appropriate Education

Focus Area: Assistive Technology in Schools

Objective 1: Develop training for parents regarding assistive technology and related assessments, school therapy services, and provide to four (4) parent advocacy groups

Objective 2: Present training on acquisition of assistive technology for children to five (5) private schools across the state.

Objective 3: Provide presentation on AT acquisition for children and Special Education rights to five (5) different PTA groups across the state.

Objective 4: Distribute AT Fact Sheet to twenty (20) public schools around the state.

Objective 5: Provide information or training on AT acquisition for young adults at four (4) different state colleges, universities, or technical schools

Objective 6: Increase school divisions' use of the Early and Periodic Screening, Diagnosis and Treatment Program to fund assistive technology by developing a publication to inform schools about the availability of the EPSDT program. Disseminate the publication to every school division in the Commonwealth.

Objective 7: Represent ten (10) children who have been denied appropriate assistive technology or services under their IEPs or 504 Plans.

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

Children with disabilities have a right to an appropriate education that includes assistive technology in schools. VOPA will represent children with disabilities who have been denied assistive technology. We are reaching out to providers as well such as public and private schools, PTA groups, parent advocacy groups and colleges, universities and technical schools to make sure to cover the full scope of need in all levels of education.

**1. Describe the Priority**

Goal: People With Disabilities Have Equal Access To Appropriate And Necessary Health Care

Focus Area: Assistive Technology Through Insurance

Objective 1: Develop educational material on the rights of persons who are deaf or hard of hearing to have effective communication in medical settings. Materials will include a short article for distribution to Virginia medical journals, newsletters and websites and we will offer training to physicians and medical offices.

Objective 2: Develop a training regarding the right to receive assistive technology through Medicaid and other insurance and present to five (5) consumer groups.

Objective 3: Present training on the right to receive assistive technology through the EPSDT Program to three groups of twenty people.

Objective 4: Increase knowledge about EPSDT by sending VOPA's EPSDT fact sheet to all DSS offices in the Commonwealth.

Objective 5: Represent five (5) individuals denied assistive technology authorized by Medicaid or other insurance, or for which authorization was denied.

Objective 6: Represent three (3) individuals with disabilities who were denied effective communication through assistive technology or other services, by health care providers.

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

An essential element of the rehabilitation process, life sustenance, and quality of life is to be able to access appropriate and necessary healthcare. For some individuals with disabilities, assistive technology is a key element of necessary healthcare. In particular, people who receive Medicaid Waiver services often need assistive technology to avoid institutionalization. VOPA's efforts, therefore, will help people live in the most integrated settings appropriate to their needs. We have expanded our efforts to include creating educational materials that will be beneficial to physicians and medical offices to better understand effective communication methods for persons who are deaf and hard of hearing.

## **C. AGENCY ACCOMPLISHMENTS**

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

VOPA continues to expand its role in assisting individuals with disabilities in the area of assistive technology. This year we completed the majority of our work in two primary areas: education and insurance.

Our agency was able to expand its assistance to children all across the state in diverse areas and assist with acquisition of accessible and innovative learning software programs like Kurzweil and DragonSpeak, devices such as standers and wheelchairs . We were able to educate instructors, parents and staff all across the state of the potential value and benefits of assistive technology.

VOPA's assistive technology insurance acquisition cases covered multiple types of insurance policies such as Medicaid, Medicare and private insurance providers. We broke down walls to force these providers to furnish assistive technology items such as manual and motorized wheelchairs, oxygen tanks and ramps.

Our agency presentations on assistive technology reached out deep into the diverse counties that make up our state. By educating persons with disabilities and those in their support networks about available services, such as the Virginia Assistive Technology System, programs such as EPSDT and availability of assistive technology we are opening doors for increased opportunities for these individuals to have an even better quality of life.

It should be noted that the Virginia Office for Protection and Advocacy (VOPA) has made a deliberate decision to take cases that we believe will have a strong systemic impact on the lives of Virginians with disabilities. Although we are opening a targeted number of cases, we believe that by tying them directly to systemic reform, we are making significant impact on a much larger population group.

It should also be noted that VOPA plans its objectives based on the needs within the state; not by funding stream or specific disabilities. Some of the identified estimated cases may be addressed in conjunction with other funding streams, but the result will still be a positive impact on AT eligible individuals.

VOPA's Director implemented and maintained a "Legislative Watch" on the VOPA website during the General Assembly session. It was updated daily, with the most recent activity and a commentary as appropriate. This Legislative Watch generated a heavy amount of feedback from the community at the beginning of the session and a steady flow of comments throughout the session. It seemed to be a useful tool for some in the disability community.

The VOPA Governing Board has made a deliberate decision to maintain a committee structure that includes Board members, Advisory Council members and staff. The committees and their roles are as follows:

Goals and Public Awareness – develop a plan to effectively communicate how VOPA works for people with disabilities to oversee the development of annual objectives.

Internal Policies – review and when necessary revise current VOPA operating policies. When necessary, develop new operating policies;

Public Policy – review systemic challenges and opportunities to VOPA, address public policy position requests; (combined in September 2008; see below)

Finance and Resource Development – identify sources for funding to build capacity in local communities to provide services to those that VOPA cannot serve, create a fundraising plan, review VOPA financial reports and practices.

Council Relations and Public Policy – new committee as of September 2008, same role as the former Public Policy committee with the addition of improving communication between the VOPA Governing Board and VOPA Advisory Councils.

VOPA closed its Virginia Beach office in the spring of 2008. The 5-person office was being used by only 3 staff. As all VOPA staff are expected to travel statewide as needed, this action did not negatively impact VOPA’s ability to provide advocacy services statewide.

## **PART VI: AGENCY ADMINISTRATION**

### **A. AGENCY FUNDING**

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

PAAT funding sources	Amount Received
1. Federal P&A (AT Act funds):	86,731
2. Program income	
3. Other -specify	68,032
4. Other – specify	
5. Other - specify	
6. Total:	154,763

### **B. DESCRIPTION OF PAAT PROGRAM STAFF**

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

- The VOPA Receptionists may provide information and referral services for anyone requesting services from VOPA.
- VOPA Disability Rights Advocates and Staff Attorneys provide case level services and pursue systemic reforms. They also provide technical assistance, training and outreach.

- The Managing Attorneys provide supervision and leadership in these efforts. They may also provide some case level services and pursue systemic reforms.
- Support services (data management, fiscal, human resources, purchasing, for example) are provided by administrative staff.
- The Deputy Director provides leadership and direction in the areas of program and policy planning, development, monitoring, evaluation and collaboration with external entities. The position includes the supervisory responsibilities for fiscal, administrative, human resource and information technology roles.
- The Executive Director provides the ultimate leadership and direction for all actions of the agency and provides direct supervision for the Managing Attorneys and the Deputy Director.

## 2. PAAT Staff

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

Type of Position	Number of persons*	Number of FTEs
<b>Professional</b>		
Full-time	21	19
Part-Time		
<b>Administrative</b>		
Full-time	5	4
Part-time		
<b>Totals</b>	<b>26</b>	<b>23</b>

\* Not all employees reported worked the entire state fiscal year.

## C. CONSUMER INVOLVEMENT

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

VOPA has two Advisory Councils known as the Disabilities Advisory Council (DAC) and The Protection and Advocacy for Individuals with Mental Illnesses (PAIMI) Council. The Councils’ primary responsibility is to advise the protection and advocacy system on policies and priorities to be carried out in protecting individuals with disabilities. Both Councils have consumer representation. The Council Chairs are non-voting members of the VOPA Governing Board. Council members participate on the Governing Board Committees.

VOPA developed and implemented strategies for gathering public comment on the FY09 objectives as well as the work of VOPA in general. A web-based survey was posted on the VOPA website and announced to the public via several list-serves. The VOPA Advisory Councils also participated in focus group activities with VOPA staff and provided input on the objectives.

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

Person with a disability	Number
Agency staff	12
Agency board	6
Family members of a person with a disability	
Agency staff	20
Agency board	7
<b>Total number of persons on agency staff</b>	34
<b>Total number of persons on agency board</b>	13

## D. GRIEVANCES FILED

Number of PAAT grievances filed against the agency during the fiscal year	0
---	---

## E. COLLABORATIVE EFFORTS

### 1. Collaboration with Other P&A Programs and Activities

VOPA collaborates and consults with the National Disability Rights Network (NDRN) and several VOPA staff subscribe to NDRN supported P&A listservs. These listservs offer P&As the opportunity to consult and collaborate nationwide on similar issues and concerns facing people with disabilities.

Internally, VOPA staff working under the PAAT grant may also work under the PADD, CAP, HAVA or PAIR grants which all could be related to assistive technology device and service needs. For example, while working a PADD case that involves developing an appropriate IEP, the need for appropriate assistive technology assessment, devices, and services may be identified. If the PADD case is being worked by a VOPA staff lacking experience with PAAT, the staff routinely will consult with other VOPA staff that have that PAAT experience. For example, VOPA used its PAAT funding in conjunction with its PADD funding to provide the EPSDT presentations and trainings. We found this to be a natural and logical blending of objectives and funding in order to reach the target population and present comprehensive information.

VOPA's Executive Director continues her term on the NDRN Board of Directors.

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

N/A

### 2. All Other Collaboration

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

VOPA made strong efforts to connect to the Virginia Assistive Technology System (VATS), Centers for Independent Living (CILs), a Parent Education Advocacy Training Center (PEATC), a local Arc, Head Start Centers, state rehabilitation centers and a private hospital. By providing presentations and training sessions at these organizations, we have opened the door for education and awareness for assistive technology in many areas all over the state.

During the FY08 General Assembly session, VOPA collaborated with the Long Term Care Ombudsman Office, but not on issues related to Assistive Technology.

VOPA staff routinely collaborates with the vocational rehabilitation agencies in the area of assistive technology. These agencies include: the Department of Rehabilitative Services, the Department of the Blind and Vision Impaired and the Department of the Deaf and Hard of Hearing. In addition, VOPA staff are available to staff of the state institutions for consultation about assistive technology needs and services.

VOPA provides “Office Hours” at some of the local Centers for Independent Living or other organizations. Individuals with disabilities are informed of their AT rights and provided with other legal advice and services when appropriate.

VOPA maintains a website that posts all of our federal grants’ priorities, goals, and objectives, including CAP. This website also has the notices for the Board of Directors’ and VOPA’s Advisory Councils meetings. Job vacancies, announcements, VOPA publications, quarterly newsletters, and disability-related links are also available. The annual public comment process is posted on the website and visitors can participate on-line.