

**Protection and Advocacy for Developmental Disabilities (PADD)  
Annual Program Performance Report (PPR)**

**Reporting Period: October 1, 2007 through September 30, 2008**

<b>Section I—Designated Agency Identification</b>	
<b>Name: Virginia Office For Protection and Advocacy</b>	
<b>Address: 1910 Byrd Avenue, Suite 5 Richmond, Virginia 23230</b>	
<b>E-mail Address (if applicable): <a href="mailto:general.vopa@vopa.virginia.gov">general.vopa@vopa.virginia.gov</a></b>	
<b>Website Address (if applicable): <a href="http://www.vopa.state.va.us">www.vopa.state.va.us</a></b>	
<b>Phone: (804) 225-2042</b>	<b>TTY: (804) 225-2042</b>
<b>Toll-free Phone: (800) 552-3962</b>	<b>Toll-free TTY: (800) 552-3962</b>
<b>Fax: (804) 662-7057</b>	

<b>Name of Director:</b>	<b>Colleen Miller, Esq.</b>
<b>Person to Contact Regarding Report:</b>	<b>Sherry Confer</b>
<b>Contact Person's Phone:</b>	<b>(804) 662-7375</b>

**Section II—Individual Clients Served**

This section is for reporting of persons with developmental disabilities who received individual advocacy addressing at least one disability-related problem. Do not report the same individual more than once even if they received multiple services, and do not include individuals who were only represented as part of a group or class action.

<b>A. Number of Individual Clients (Persons with Developmental Disabilities Receiving Individual Advocacy)</b>	
<b>1. Number of clients receiving advocacy at start of fiscal year:</b>	33
<b>2. Number of new/reviewed clients represented during fiscal year:</b>	125
<b>Total</b>	158

<b>1. Number of Case Problems* of Individual Clients</b> *This number may be more than the total number of clients serviced since each client may have more than one presenting problem to be addressed.	183
---	-----

<b>2. Age of Individual Clients</b>	
0-2	0
3-4	4
5-22	84
23-59	58
60 and over	12
<b>Total</b>	158

<b>D. Sex of Individual Clients</b>	
Male	103
Female	55
<b>Total</b>	158

<b>E. Racial/Ethnic Background of Individual Clients</b> Data is self-reported. Select only one category for each client.	
Asian	1
Black, not Hispanic/Latino origin	23
Hispanic/Latino	2
North American Indian or Alaskan Native	0
Pacific Islander	0
White, not Hispanic/Latino origin	106
Multi cultural (identified with more than one of above)	11
Information Not Provided	15
<b>Total Clients</b>	158

<b>F. Individual Client’s Geographic Location</b>
---

<b>Number of Individual Clients by Geographic Location</b>	<b>In State</b>	<b>Out of State</b>
<b>Rural</b>	78	1
<b>Urban</b>	79	
<b>Total Clients</b>	157	1

	<b>County Name</b>	<b>Total Population</b>	<b>Number of Individual Clients</b>
	Accomack(R)	39,345	1
	Albemarle(U)	92,035	1
	Amherst (R)	32,239	10
	Arlington (U)	199,776	1
	Buchanan (R)	24,409	1
	Campbell (U)	52,667	1
	Caroline (R)	26,731	1
	Carroll (R)	29,450	8
	Charlottesville City (R)	40,315	1
	Chesapeake City (U)	220,560	6
	Chesterfield (U)	296,718	8
	Culpeper (R)	44,622	1
	Dickenson (R)	16,182	1
	Dinwiddie (R)	25,695	8
	Fairfax City (R)	22,422	2
	Fairfax (U)	1,010,443	9
	Fauquier (U)	66,170	2
	Floyd (R)	14,789	1
	Fluvanna (R)	25,058	1
	Franklin City (R)	8,800	2
	Franklin (U)	50,784	1
	Frederick (U)	71,187	10
	Fredericksburg City (R)	21,273	4
	Giles (R)	17,403	1
	Grayson (R)	16,159	1
	Greens (R)	17,709	1
	Hampton City (U)	145,017	1
	Hanover (U)	98,983	4
	Harrisonburg City (R)	40,885	1
	Henrico (U)	284,399	4
	Hopewell City (R)	22,731	2
	Isle of Wight (R)	34,723	1
	King William (R)	15,381	1
	Lee (R)	23,787	1
	Loudoun (U)	268,817	1
	Lynchburg City (U)	67,721	2
	Manassas City (R)	36,638	2

Mecklenburg (R)	32,381	2
Montgomery (U)	84,541	1
Newport News City (U)	178,281	2
Norfolk City (U)	229,112	2
Petersburg City (R)	32,445	2
Portsmouth City (U)	101,377	1
Powhatan (R)	27,649	2
Prince George (R)	36,184	1
Prince William (U)	357,503	5
Richmond City (U)	192,913	4
Roanoke (U)	90,482	1
Rockingham (U)	72,564	1
Shenandoah (R)	40,051	1
Smyth (R)	32,506	1
Southampton (R)	17,814	2
Spotsylvania (U)	119,529	3
Stafford (U)	120,170	7
Staunton City (R)	23,334	1
Suffolk City (U)	81,071	1
Sussex (R)	12,249	1
Tazewell (R)	44,608	2
Westmoreland County	17,188	1
Virginia Beach City (U)	435,619	2
Warren (R)	36,102	1
Williamsburg City (R)	11,793	1
Wise (R)	41,905	2
Wythe (R)	28,640	1
York (U)	61,879	2

<b>G. Clients' Living Arrangements</b>	
<b>Independent</b>	8
<b>Parental or other Family Home</b>	91
<b>Community Residential Home (e.g. supervised apartment, semi-independent, halfway house, board &amp; care, small group home 3 or less)</b>	7
<b>Foster Care</b>	
<b>*Nursing Home (includes ICF, SNF, etc.)</b>	
<b>*Public (State Operated) Institutional Living Arrangement (e.g., hospital treatment center/school or large ICF/MR group home more than 3 beds)</b>	50
<b>*Private Institutional Living Arrangement (e.g. hospital or treatment center, school group home more than 3 beds)</b>	2
<b>*Legal Detention/Jail/Prison/Detention Center</b>	

<b>Homeless</b>	
<b>*Federal Facility (List)</b>	
<b>Other</b>	
<b>Total Client Cases by Living Arrangement</b>	<b>158</b>

(\*Is considered an institution for the purposes of completing Section III A-1)

<b>H. Individual Clients' Disability</b>	
Identify the client's primary disability. This is the disability which directly impacts or allows the individual to be considered developmental disabled <u>and</u> results in the need for advocacy.	
<b>Autism</b>	<b>31</b>
<b>Cerebral Palsy</b>	<b>16</b>
<b>AIDS/HIV</b>	<b>0</b>
<b>Epilepsy</b>	<b>0</b>
<b>Mental Illness</b>	<b>2</b>
<b>Mental Retardation</b>	<b>67</b>
<b>Muscular Dystrophy</b>	<b>0</b>
<b>Spina Bifida</b>	<b>1</b>
<b>Learning Disabilities</b>	<b>15</b>
<b>Traumatic Brain Injuries (TBI) and other head injuries</b>	<b>1</b>
<b>Tourette Syndrome</b>	<b>0</b>
<b>Visual Impairment/Blind</b>	<b>2</b>
<b>Hard of Hearing/Deaf</b>	<b>7</b>
<b>Other Physical/Orthopedic*</b>	<b>2</b>
<b>Other Emotional/Behavioral*</b>	<b>7</b>
<b>Other Intellectual*</b>	<b>7</b>
<b>Total Disabilities</b>	<b>158</b>

**\*Breakout of Other Disability**

### Section III. Case Problem Areas (Complaints) of Individual Clients Served

This is the total number of problems addressed by the PADD program and collected at case closure. This will allow the PADD program to better determine the outcome of its work. This can be more than the number of problems presented upon intake that is the total number reported in Section II B.

#### A. The outcome of problems addressed for Individual Clients

1. Number of persons with developmental disabilities living in institutions* served by the P&A whose complaint of abuse, neglect, discrimination of their rights was remedied by the P&A. (*see living arrangements to determine definition of institution)	11
(GPRA Outcome)—Number of persons with developmental disabilities living in the community who were served by the P&A and whose complaint of abuse, neglect, discrimination of their rights was remedied by the P&A during the course of the plan year.	68

This GPRA Outcome will be included in a national total reported to Congress, in compliance with the Government Performance and Results Act of 1993 (GPRA). This Outcome will be compared with the Target/Objective in the SGP previously submitted in the Plan Year.

#### B. Types of problems addressed by areas of emphasis

1. Quality Assurance including abuse, neglect & other violations of rights	37
2. Education and early intervention	56
3. Child care	0
4. Health care	15
5. Employment	4
6. Housing	0
7. Transportation	2
8. Recreation	3
Total Case Problem Areas of Individual Clients Addressed upon closure	117

#### C. Reasons for Closing Individual's Case Files:

1. Issues resolved partially or completely in the individual's favor	89
2. Other representation found	0
3. Individual withdrew complaint	0
4. Appeals were unsuccessful	7
5. PADD services not needed due to individual's death, relocation, etc.	5
6. PADD withdrew because individual would not cooperate	8
7. PADD unable to take case because of lack of resources	1
8. Individual's case lacks legal merit	7

<b>3. Intervention Strategies Used in Serving Individuals (List the highest level of Interventions used by PADD prior to closing each case file.)</b>	
<b>1. Technical assistance in self-advocacy</b>	29
<b>2. Short-term assistance</b>	33
<b>3. Investigation/monitoring</b>	9
<b>4. Negotiation</b>	38
<b>5. Mediation/alternative dispute resolution</b>	2
<b>6. Administrative hearings</b>	2
<b>7. Litigation</b>	4

<b>E. Satisfaction of Individuals Served</b>	
<b>1. Number of satisfaction surveys distributed</b>	18
<b>Number of satisfaction surveys returned during the year (may not be the same number sent out.)</b>	6
<b>2. Of the total number of surveys returned, indicate how many individuals rated their overall satisfaction with PADD in the following ways:</b>	
<b>a. satisfied</b>	6
<b>b. not satisfied</b>	0
<b>4. Number of client grievances filed under the client grievance procedure</b>	0

## Section IV. Interventions on Behalf of Groups of Clients

### A. Summary Information

Type of Intervention	Number of Groups	Potential # Individuals Impacted	Concluded Successfully	Concluded Unsuccessfully	Pending
<b>Group Advocacy</b>	Persons needing guardians	2000			1
	VA Special Education Students	175,730			1
	PWD Legislative Watch	4211398	1		
<b>Investigations</b>	1 DMAS oversight of Logisticare	250,000			1
	1 quality of DMHMRSAS internal abuse & neglect investigation	1300			1
<b>Monitoring</b>	5 State ICF-MR Training Centers	1300			5
	2 Private DD Providers	1100	2 providers, (35 programs)		
<b>Court-Ordered Monitoring</b>	none				
<b>Systemic or Class-Action Litigation</b>	Access to DMHMRSAS "Peer Review" Materials	3000+			1
<b>Total</b>	13	4,645,828	3		10

### B. Group Advocacy:

#### What are the major issues addressed?

Rights and protection of rights for persons with disabilities

#### Which groups are likely to be affected?

Persons living in institutional settings, students needing and/or receiving special education services

**What have been the major outcomes during the fiscal year?**

VOPA was successful in having recommendations for increased client choice and empowerment accepted by the Virginia Public Guardianship and Conservatorship Advisory Board for the guidelines for public guardianship programs. VOPA also advocated for consideration of limited guardianship, rather than an automatic move to full guardianship. Working with a broad coalition of advocates, including our DD partners, we were successful in blocking significant reductions in protections provided in Virginia's special education regulations. Policy makers and providers have increased awareness of issues in facilities and the importance of community integration.

**How do these outcomes contribute to the long-term objectives as stated in the Statement of Objectives and Priorities?**

Ensuring that public policy reflects self-determination and integration supports all long term goals.

Education of policy makers impacts safety and quality of life in all areas.

**C. Full Investigation**

**What are the major areas of investigation?**

a. VOPA is investigating whether the oversight provided by the State Medicaid Authority, the Department of Medical Assistance Services (DMAS), of the state's Medicaid non-emergency transportation contractor, Logisticare, is adequate.

b. VOPA is investigating the quality of internal abuse/neglect investigations conducted by the state operated intermediate care facilities for persons with mental retardation ICFs/MR.

**Which groups are likely to be affected?**

Users of Medicaid non-emergency transportation services including residents of the five state-operated ICFs/MR.

**What have been the major outcomes during the fiscal year?**

VOPA gathered customer complaints, the internal complaint processing procedures, and statistics from DMAS and Logisticare. VOPA met with the leadership of DMAS and Logisticare to discuss improvement of complaint process, responsiveness, and quality improvement efforts.

VOPA collected and reviewed sample investigation reports and identified patterns.

**How do these outcomes contribute to the long-term objectives as stated in the Statement of Objectives and Priorities?**

Improving Medicaid non-emergency transportation services relates to many long-term objectives including access to services and ability to remain in the community. Improvement of the internal abuse/neglect investigation process

contributes to ensuring a system of protection from harm, receipt of appropriate active treatment, and ability to participate in community activities and vocational training.

#### **D. Monitoring**

##### **1. What are the major areas of non-court ordered monitoring?**

Much time was spent in follow up on agreements with two private providers which included their provision of incident reports from their covered programs. There was also ongoing monitoring of state-operated training centers. Hereafter, the term "training center" will refer to the ICFs/MR operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS).

##### **2. Which groups are likely to be affected?**

Persons with developmental disabilities living in private community based residential programs or attending private day programs, or persons living in state operated training centers

##### **3. What have been the major outcomes during the fiscal year?**

VOPA reviewed a total of 129 incident reports submitted by one of these private providers. Several reports were selected for an in-depth review that included requesting the provider's investigation and proposed corrective action plan. There were announced and unannounced visits to multiple sites, with ongoing work with staff on improving services and rights protections.

VOPA identified critical issues at two of the state-operated ICFs/MR that will be subject of more intensive work in FY 09. CMS has made an immediate jeopardy finding on one of these facilities; that facility is also named in the litigation regarding access to internal reviews and investigations that are sometimes characterized as peer review records.

##### **4. How do these outcomes contribute to the long-term objectives as stated in the Statement of Objectives and Priorities?**

These efforts are directed specifically at freedom from abuse and neglect and increased community integration. The ultimate stake here is much larger, however, in that the respondent has chosen to defend on the basis of sovereign immunity.

#### **E. Court Ordered Monitoring** None this fiscal year

##### **1. What are the major areas of court ordered monitoring?**

##### **2. Which groups are likely to be affected?**

##### **3. What have been the major outcomes during the fiscal year?**

4. **How do these outcomes contribute to the long-term objectives as stated in the Statement of Objectives and Priorities?**

## **F. Systems or Class Action Litigation**

1. **What are the major areas of litigation?**

VOPA vs. Reinhard, et al This action stems from our attempt to access internal investigations and reviews that are sometimes characterized as peer review. This action initiated during the investigation of three incidents at two DMHMRSAS-operated facilities (two involving deaths and one involving serious injuries resulting in permanent disfigurement).

2. **Which groups are likely to be affected?**

This litigation impacts all residents of state operated facilities, and may impact all other people with disabilities that receive disability-related services.

3. **What have been the major outcomes during the fiscal year?**

We filed our complaint and motion for a preliminary injunction in the US District Court for the Eastern District of Virginia on December 3, 2007. A hearing was held on the defendants' Motion to Dismiss on May 12, 2008 and the motion was dismissed without prejudice. The defendants filed a renewed motion to dismiss; oral argument on the motion was held on June 27, 2008. The court denied the motion to dismiss in a memorandum opinion issued on July 18. VOPA filed a motion for summary judgment on July 25. Defendants' filed a notice of appeal in the U.S. Court of Appeals for the Fourth Circuit on July 29 and a motion to stay proceedings in District Court pending appeal on July 31. The parties were unable to agree on a resolution at an August 12 mediation conference. The circuit court mediator confirmed the impasse on September 2. The District Court held a hearing on the motion for stay on September 4 and granted the motion. The defendants' opening appellate brief was filed on October 17.

4. **How do these outcomes contribute to the long-term objectives as stated in the Statement of Objectives and Priorities?**

Access to "peer review" materials is critical to comprehensive investigations and remedy of abuse and neglect in facilities. The ultimate stake here is much larger, however, in that the respondent has chosen to defend on the basis of sovereign immunity.

## **G. Other Systems Change Activities**

1. **What are the major areas of systems change activities?**

DMHMRSAS received a systems transformation grant. VOPA has worked with the advisory group on developing a centralized web-based database for reports of abuse or neglect from all entities required by state law to report such allegations.

2. **Which groups are likely to be affected?**

All persons with disabilities who are served by a licensed program or provider, a state agency, or who are elderly or disabled and reside in the community

**3. What have been the major outcomes during the fiscal year?**

Progress has been slow as the different agencies have differing legal definitions of abuse and neglect and different reporting requirements. However, we have been successful in keeping this objective on the agenda.

**4. How do these outcomes contribute to the long-term objectives as stated in the Statement of Objectives and Priorities?**

A centralized reporting of critical incidents and allegations of abuse and neglect across agencies and service delivery systems would greatly enhance both investigations and trend identification. This would further protection of persons with disabilities, particularly as they move from facilities into community programs

**5. Number of people with disabilities impacted?**

This has the potential to impact every person with a disability in Virginia – over 4 million people.

<b>Section V. Non Case Directed Services</b>	
<b>A. Information and Referral Services (see glossary for definition (Individual Non Case I&amp;R) Total I&amp;R</b>	2,299

<b>B. Public Education and Training Activities (see glossary for definition) Number of persons with disabilities (or their family members) who received education or training about their rights, enabling them to be more effective self advocates.</b>	762
--	-----

<b>C. Information Dissemination Activities</b>	<b>Number of Items</b>
1. radio/TV appearances	1
2. newspaper articles (attach select articles)	1
3. PSAs/videos/films/etc. aired	3
4. reports disseminated	0
5. publications disseminated	1,980
6. Information about P&A disseminated (include general training/outreach or presentations not included in training activities)	0
7. Number of hits on Website	25,160
8. Describe other media activities: DD rights and VOPA posters	527

**D. Consumer Involvement in P&A Organization**

Please provide the following information on the number of individuals who self identify.

Number of consumers (DD)	Primary Consumers	Secondary Consumers	Other Disabilities	Out of Total
On governing board	1	3	5	13

**E. Racial/Ethnic Involvement in P&A Organization**

Number of persons in a minority group in the P&A system:

	African American	Hispanic American	Asian American	Native American	Other	Out of Total
Staff	2	0	1	1	30	34
Governing Board	3	0	0	0	10	13

**Does the PADD program utilize volunteers? If so how?**

At this time, the program does not utilize volunteers

## Section VI. Outcomes of Priorities and Objectives

### 1. **Priority #1 - -People with Disabilities are Free from Abuse and Neglect**

#### 2. **Indicator #(1):**

VOPA will review all reports of death that it receives and will investigate DMHMRSAS' internal death review policies and practices and any restrictions that should have had oversight from the Local Human Rights Committee. Two deaths will be selected for investigation where abuse or neglect is suspected.

**Indicator is:** Met.

#### 3. **List other outcomes realized (if applicable)**

We have identified anomalies in the completion of autopsies of unexpected deaths in facilities in certain regions of the state. This will be further investigated.

#### 4. **Explain whether pursuing this priority involved collaborative efforts by other entities. If do, describe this collaboration:**

VOPA collaborates with residents, clients, family members, advocates, and providers to identify suspicious deaths. In addition, VOPA collaborates with law enforcement, licensure agencies, providers and experts as appropriate. Adult Protective Services (APS) is a source of referrals regarding suspicious deaths and collaboration on investigations of abuse and neglect. VOPA collaborates with its DD partners in educating policy makers about issues pertinent to the rights of persons with disabilities.

#### 5. **If this was addressed through individual advocacy, provide the number of cases handled under this priority.**

Thirty-two cases were addressed under this priority. The majority of the deaths investigated involved choking/aspiration related events and involved residents of state operated ICFs/MR.

#### 6. **If this priority addresses systemic advocacy or capacity building of the service delivery system for persons with developmental disabilities, please describe how including indicating if any were class actions.**

By statute, VOPA receives Critical Incident Reports (CIRs) submitted by the state operated ICFs/MR. Every CIR is reviewed and pertinent information is entered into a database. All CIRs that involve issues within current program priorities and those that raise other significant concerns are identified and further reviewed. The Executive Director conducts a weekly meeting to address the reports, their implications, any identifiable trends and to consider appropriate remedial action. VOPA routinely requests that the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) produce internal investigation reports and supporting materials. VOPA received a total of 397 CIRs from the state mental retardation institutions in FY08. Of those, 32 were reports of resident deaths.

7. **Was this priority targeted to under/unserved and minority populations? If so please describe whether or not services to the targeted population resulted in an increase in clients served.**

Although this activity was not specifically targeted toward unserved or minority populations, VOPA considers residents of state institutions and juvenile facilities to be underserved in the area of protection of rights. Some of the state operated ICFs/MR also have disproportionately high minority populations. Because death investigations are targeted toward systemic remedies, any case opened has the potential to increase the number of individuals served.

8. **Describe at least one case summary that demonstrates the impact of the priority.**

Through a CIR, VOPA was advised of the death of a geriatric resident of a state-operated ICF-MR. On investigation, VOPA found no clear evidence of medical neglect but determined that the internal investigation of the death was inadequate due to the investigator's limited knowledge base. The facility subsequently changed its practice to ensure that medical incidents are investigated by the head nurse or another knowledgeable in that area. Further, incident reports and documentation are provided to VOPA without redaction.

9. **Rounding off to the nearest hundred dollars, how much of this year's grant or award or its program income was spent on this priority?**

\$94,800

10. **Will this priority be continued in the next fiscal year?**

Yes

1. **Priority #1 People with Disabilities are Free from Abuse and Neglect**

2. **Indicator #(2)**

VOPA will combat abuse and neglect in community settings. This will be done by conducting investigations, developing trainings, assessing emergency response plans, systemic advocacy, educating policy makers and collaboration.

**Indicator is:** Met

**If "Met or Partially Met" was checked, summarize details, including one or two cases that exemplify the success; for fully met goals, the example case(s) should be successfully closed.**

VOPA initiated multiple investigations based on Adult Protective Services (APS) reports. VOPA reviewed a sampling of the emergency response plans from congregate living facilities serving persons with developmental disabilities (assisted living facilities & nursing homes). These plans were generally non-existent or woefully inadequate. VOPA will pursue this further in FY 09. VOPA

routinely comments on proposed legislation, regulations, policies and practices impacting persons with disabilities.

**3. List other outcomes realized (if applicable)**

Much of the work in community settings was focused on monitoring two large private providers, as part of the resolution of individual complaints addressed in FY 07. One provider serves over one thousand individuals in day support, MR-waiver group homes, and several community based ICFs/MR. VOPA conducted announced and unannounced visits to multiple sites operated by this provider. Similar site visits were made to the other community ICF-MR provider. During the monitoring visits, VOPA staff interviewed residents and staff and toured the facility. Recommendations were made to program managers with regard to environmental issues and issues related to assistive technology needs of residents. VOPA reviewed the facility incident reports which were provided as part of the same agreement.

Issues with delivery of non-emergency Medicaid funded transportation have been identified. It is unclear whether these are isolated incidents or problems with the statewide provider and lack of oversight by the funding source.

**8. Describe at least one case summary that demonstrates the impact of the priority.**

VOPA was contacted regarding problems that a young autistic man was having with his transportation provider. Whenever he was transported by a particular driver he became extremely agitated and displayed behaviors that were unusual for him, e.g., tearing his clothes and throwing them on the ground. It was determined that the driver had moved the client from his preferred seating in front of the van because he was "arrogant." The driver had also taken away the client's pen, a preferred item which he always carried. Subsequent to VOPA's involvement and counsel to his guardian, the situation was resolved. The provider agreed to use of another driver, allowing wear of the preferred item, and seating in the front of the van. The client now assists the driver in helping others onto the van. The provider also agreed to retrain the original driver.

**9. Rounding off to the nearest hundred dollars, how much of this year's grant or award or its program income was spent on this priority?**

See Priority 1: Indicator 1

**10. Will this priority be continued in the next fiscal year?**

Yes

---

**1. Priority #1 People with Disabilities are Free from Abuse and Neglect**

**2. Indicator #(3)**

VOPA will combat abuse and neglect in institutions. This will be done

investigating, providing advocacy for 15 cases, systemic advocacy, monitoring, educating policy makers, providing residents training and collaboration.

**Indicator is:** Met

**If “Met or Partially Met” was checked, summarize details, including one or two cases that exemplify the success; for fully met goals, the example case(s) should be successfully closed.**

Investigations indicated that, the majority of incidents of abuse and neglect can be attributed to a shortage of trained and experienced staff, a failure to implement individualized care plans and environmental conditions that contributed to the possibility of injury. Inadequate supervision also plays a part in a number of the reported incidents.

**3. List other outcomes realized (if applicable):**

VOPA is investigating the adequacy of DMHMRSAS internal abuse/neglect investigations; this will be continued in FY09. DMHMRSAS internal abuse/neglect investigations were reviewed for 24 incidents in training centers. VOPA also reviewed 397 critical incident reports from state training centers and 222 APS reports, of which at least 10% involved persons with developmental disabilities.

Collaboration between VOPA, the facility Local Human Rights Committee (LHRC) and the facility advocate contributed to the discontinuation of restraint use as part of treatment plans at one training center.

One training center family newsletter included an article providing an overview of VOPA, explaining its review of CIRs and role in improving conditions in facilities. In the same newsletter, the facility Director encouraged families to contact VOPA with any questions (copy attached).

**8. Describe at least one case summary that demonstrates the impact of the priority.**

A blind resident of a training center was knocked down by another resident, sustaining a laceration requiring 17 staples. After reevaluation, changes were made to her fall reduction plan and IHP. The living area was modified to add railings and clear paths of travel. Because many of her falls are secondary to collisions with others, the family and facility agreed to search for a discharge placement in a non-group setting.

A resident of a training center received second degree burns while being bathed in a Parker Tub. We reviewed facility investigation report, police findings and did secondary investigation. Found that staff failed to monitor water temperature; two sets of temperature control valves also failed to function. The staff resigned. Monitored development and implementation of corrective action, including replacement of all temperature control valves, retraining of staff and posting of policy posters by all baths.

9. **Rounding off to the nearest hundred dollars, how much of this year's grant or award or its program income was spent on this priority?**

See Priority 1: Indicator 1

10. **Will this priority be continued in the next fiscal year?**

Yes

---

1. **Priority #1- - People with Disabilities are Free from Abuse and Neglect**

2. **Indicator # (4)**

VOPA will combat physical abuse in juvenile facilities by providing training on abuse and neglect and presenting to 2 juvenile facilities.

**Indicator is:** Partially Met

**If "Met or Partially Met" was checked, summarize details, including one or two cases that exemplify the success; for fully met goals, the example case(s) should be successfully closed.**

The VOPA advocate and DMHMRSAS advocate met with residents of a private residential program serving dually diagnosed (MR/MI) adolescents. An overview of rights and complaint/complaint resolution procedures was provided.

3. **List other outcomes realized (if applicable)**

Due to incident reports received, much of VOPA's focus was on PRTFs during this fiscal year. There were also significant efforts made to address the two state hospital programs for children and adolescents, particularly in the area of seclusion and restraint reduction. Although many of these children are dually diagnosed, these services were funded under PAIMI and are not reported here. As part of the Child and Adolescent Task Force of the Chief Justice's Commission on Mental Health Law Reform, VOPA advocated that the Comprehensive Services Act, which funds services for children and adolescents with significant disabilities who require services from multiple agencies, be modified to give incentives for development and use of community based, not residential, services. We also advocated that parents and guardians should never have to give up custody in order to get these services for their children.

8. **Describe at least one case summary that demonstrates the impact of the priority.**

No cases were opened under this indicator

9. **Rounding off to the nearest hundred dollars, how much of this year's grant or award or its program income was spent on this priority?**

See Priority 1; Indicator 1

**10. Will this priority be continued in the next fiscal year?**

Yes

---

**1. Priority #2 - - Children with Disabilities Receive an Appropriate Education**

**2. Indicator #1**

VOPA will address children with disabilities who are denied special education eligibility due to inappropriate evaluation or assessment by developing one presentation, providing trainings and representing 27 children including children in foster care or from Spanish speaking families.

**Indicator is:** Met

**If “Met or Partially Met” was checked, summarize details, including one or two cases that exemplify the success; for fully met goals, the example case(s) should be successfully closed.**

**3. List other outcomes realized (if applicable)**

VOPA has represented children to ensure that the Virginia Department of Education (VDOE) complied with its own administrative regulations until it promulgated new ones. VDOE refused to accept one parent’s complaint, citing the new federal law’s one year statute of limitations on filing complaints for compensatory education, although Virginia regs allow three years. VOPA sought mediation and negotiated that the state regulation be followed: this led to granting the compensatory education. As previously mentioned, VOPA and its DD partners and other advocacy groups raised massive concerns about the proposed state regulations, which the Governor refused to approve. The proposed regulations were revised with retention of numerous protections from the pre-IDEA regulations.

VOPA investigated and found that special education mediators improperly contacted a VOPA client. VOPA met with VDOE on this issue; VDOE agreed to correct issues involving improper mediator conduct.

**4. Explain whether pursuing this priority involved collaborative efforts by other entities. If do, describe this collaboration**

VOPA participated in a coalition of advocacy entities, including its DD partners, to develop comments on the proposed state special education regulations promulgated by the Virginia Department of Education (VDOE). In addition, VOPA submitted its own comments. These comments were posted on the website and shared with the coalition. VOPA also met with VDOE to discuss the proposed regulations, VOPA’s concerns and seek common ground. This collaborative effort was productive for both parties.

VOPA collaborated with the legal clinics at the University of Richmond to develop

a summit to help attorneys help children receive appropriate Functional Behavioral Assessments and Behavioral Intervention Plans. At the program entitled "Representing the Whole Child," a VOPA attorney led a panel discussion of ways that civil attorneys, guardians *ad litem* and criminal defense counsel can work together to ensure that children receive proper services.

**5. If this was addressed through individual through individual advocacy, provide the number of cases handled under the priority.**

VOPA served 40 children with DD funding for this indicator.

**6. If this priority addressed systemic advocacy or capacity building of the service delivery system for persons with developmental disabilities, please describe how including indicating if there were any class actions.**

See #4 above and #7 below. There was no class action litigation on this priority.

**7. Was this priority targeted to under/unserved and minority populations? If so please describe whether or not services to the targeted population resulted in an increase in clients served.**

Specific efforts were made to reach and serve children in foster care and those from Spanish speaking families. These groups have historically been underserved. We presented training on Foster Care Special Education rights for family members and advocates at "Adoptions Together" and at the Eastern Shore Early Education Training Center.

VOPA conducted outreach to the Spanish-speaking community on rights in special education, housing and employment. This included an information booth during a Richmond Special Education event at the Science Museum of Virginia (approximately 400 individuals); the "Imagine" festival sponsored by the Richmond Hispanic Liaison (500 attendees); and Parent Teacher Night at Elkhart Middle School, where there is a large Hispanic population (approximately 100 in attendance). VOPA also attended the monthly Henrico and Richmond Spanish Coalition meetings. VOPA served one foster child under this priority and 4 children from Spanish speaking families.

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

Client was removed from his HI class and placed into an MR class without evaluation and without an interpreter. After VOPA helped get an appropriate placement, the parent requested compensatory education for that school year. After VOPA intervention, this was granted. At the subsequent IEP meeting, VOPA also attained expansion of child's school day.

Client is a student with Prader-Willi whose IEP required "special transportation." In addition to his mobility issues, he has impaired ability to judge risk. The LEA decided he didn't need door-to-door special transportation to and from school without evaluating his ability to safely walk from the bus stop. After unsuccessful

negotiations, VOPA filed for due process arguing that using the proposed bus stop would pose a serious threat to the client's health and safety. VOPA entered into mediation with the LEA and was able to negotiate door-to-door transportation with addition of a goal of improving his ability to access transportation.

**9. Rounding off to the nearest hundred dollars how much of this year's grant or award or its program income was spent on this priority?**

\$119,100

**10. Will this priority be continued in the next fiscal year?**

Yes

---

**1. Priority #2- - Children and Youth with Disabilities will Receive an Appropriate Education**

**2. Indicator #2**

VOPA will protect the rights of children with disabilities to receive an appropriate education by representing children who are at risk of or have been suspended due to inadequate BIPS or FBAs, conducting 2 investigations, collaborating, and training.

**Indicator is:** Met

**If "Met or Partially Met" was checked, summarize details, including one or two cases that exemplify the success; for fully met goals, the example case(s) should be successfully closed.**

VOPA contracted with an expert and received a report on the subjects that should be covered in an appropriate functional behavioral assessment and the qualifications of people who conduct FBAs. VOPA produced an in-house training on the subject and wrote an internal reference pamphlet for its attorneys.

**3. List other outcomes realized (if applicable)**

VOPA provided three trainings to inform children, parents and advocacy groups of their right to a proper Manifestation Determination Review. Some of this training was funded under other grants as well.

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

VOPA's client was a 13 year old male diagnosed with MR, Speech/language impairment and physical disabilities. His testing scores have progressively declined over the years as have communication skills, leading to dangerous behavior problems. After unsuccessful attempts to obtain a Behavior Intervention Plan (BIP) through both an administrative hearing and mediation, mom requested VOPA's aid. As a result, there was an Independent Educational Evaluation (IEE)

and Functional Behavioral Assessment (FBA) with corresponding BIP.

Mother asked for help getting an appropriate FBA and BIP for her daughter who is autistic and has Down Syndrome. She was sometimes injurious to others in class and ran away from school. After multiple meetings with the LEA, client received an FBA and BIP which resulted in improved behavior, increased safety and greater learning.

**9. Rounding off to the nearest hundred dollars how much of this year's grant or award or its program income was spent on this priority?**

See Priority #2; Indicator #1

**10. Will this priority be continued in the next fiscal year?**

Yes

---

**1. Priority #2- - Children and Youth with Disabilities will Receive an Appropriate Education**

**2. Indicator #3**

VOPA will develop a training to help children with disabilities transition from school to work.

**Indicator is:** Met

**If "Met or Partially Met" was checked, summarize details, including one or two cases that exemplify the success; for fully met goals, the example case(s) should be successfully closed.**

The training was developed and delivered to varied groups at multiple sites throughout the Commonwealth but was funded under other program sources.

**3. List other outcomes realized (if applicable):**

Students, their families and providers were made aware of the requirements for transition planning for students with disabilities.

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

This indicator was for training, not casework. However, one DD case was opened. The mother had filed a special education complaint alleging a lack of transition services for her son. VDOE investigated and found several areas of non-compliance. In addition, parent sought compensatory education services. With VOPA assistance, the young man was awarded 500 hours of compensatory education sought plus a comprehensive transition plan that includes time in a community program working on independent living skills. Other transition cases were funded by other sources.

9. **Rounding off to the nearest hundred dollars how much of this year's grant or award or its program income was spent on this priority?**  
See Priority #2; Indicator #1
  10. **Will this priority be continued in the next fiscal year?**  
Yes
- 

1. **Priority #3- - People with Disabilities have Equal Access to Government Services**

2. **Indicator #1**

VOPA will advocate for services and supports to enable individuals to move into the community through systemic advocacy and investigating the DRS vocational plans at state MR institutions.

**Indicator is:** Met

**If "Met or Partially Met" was checked, summarize details, including one or two cases that exemplify the success; for fully met goals, the example case(s) should be successfully closed.**

In the course of administrative appeals to the Department of Medical Assistance Services (DMAS), VOPA discovered improper actions by DMAS and the Hearing Officer that resulted in the Officer being removed from the case. However, similar ex-parte contacts by the hearing officers with DMAS remain a potential issue to be monitored.

3. **List other outcomes realized (if applicable):** Not applicable
4. **Explain whether pursuing this priority involved collaborative efforts by other entities. If so, describe this collaboration:**  
VOPA collaborates with its DD partners, individuals, clients, family members, advocates, providers and government representatives when advocating for access to government services. At times, VOPA may also collaborate with experts.
5. **If this was this addressed through individual advocacy, provide the number of cases handled under the priority.**  
VOPA served 7 individuals under this priority.
6. **If this priority addressed systemic advocacy or capacity building of the service delivery system for persons with disabilities, please describe how including indicating if any were class actions.**  
DRS is virtually absent from state training centers. Because ICF/MR regulations require vocational programming, there is a sense that the training centers are better trained and staffed to work with this group of individuals. Inasmuch as

DRS has been under an order of selection for several years (1000 on their waiting list) and recently closed all categories to new services, no further action was taken.

**7. Was this priority targeted to under/unserved and minority populations? If so please describe whether or not services to the targeted population resulted in an increase in clients served.**

VOPA considers residents of institutional placements (state operated mental retardation institutions and nursing homes) to be underserved in the area of advocacy and protection of rights.

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

The client, a person dually diagnosed with mental retardation and mental illness, sought VOPA's assistance as he transitioned from a state training center to the community. He was concerned about delays in the approval of personal care aide services through the elderly or disabled with consumer-direction (EDCD) waiver. The advocate negotiated with the Department of Medical Assistance Services (DMAS) and within two weeks gained approval for and restoration of respite care and personal care aide services. Both services were necessary for the individual to be successful in the community and to avoid re-institutionalization.

**9. Rounding off to the nearest hundred dollars how much of this year's grant or award or its program income was spent on this priority?**

\$216,900

**10. Will this priority be continued in the next fiscal year?**

Yes

---

**1. Priority #3- - People with Disabilities have Equal Access to Government Services**

**2. Indicator #2**

VOPA will advocate for services and supports to enable individuals to remain in the community via systemic advocacy, outreach and training, and analyzing case management services for DD recipients.

**Indicator is:** Met

**If "Met or Partially Met" was checked, summarize details, including one or two cases that exemplify the success; for fully met goals, the example case(s) should be successfully closed.**

VOPA coordinated with its DD partners in addressing concerns about the quality of MR case management. The Office of the Inspector General (OIG) wrote a

report on that topic; the DD network partners objected to both the methods and the conclusions. These concerns were addressed at a meeting of the VBPD following the OIG presentation. Both the P&A and the UCEDD are members of the DD Council (VBPD).

VOPA investigated three (3) public transportation systems to determine if the transportation systems' provision of a transportation and paratransit meets ADA requirements. Currently, VOPA is focusing its investigation on whether the provider which contracts with the Department of Medical Assistance Services to provide transportation to Medicaid recipients, does so as required by the ADA and other laws. VOPA has represented 7 people, not all persons with developmental disabilities and some coded to other indicators such as access to healthcare, who complained that the contractor does not provide proper transportation services. In two cases, VOPA presented complaints to DMAS about the services provided. VOPA is investigating whether there are statewide patterns of discrimination or improper service by the contractor.

**3. List other outcomes realized (if applicable):**

Both individual cases and systemic investigation (DD and other funding sources) are being utilized to address concerns about the Medicaid funded community, non-emergency transportation contractor. Some of these issues are addressed under other goals, e.g., abuse and/or neglect in community settings or access to appropriate and necessary health care.

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

Client is a 29 year old man with autism. He lived with his parents and had behavioral problems. He complained about services from his DD Waiver case manager. His goal was to live independently. VOPA advocated for his plan to include therapies and courses in independent living skills and employment. The services were approved. The client has since moved to a semi-independent living arrangement outside of his parents' home and has found work.

The client is a 13 year old with multiple disabilities. Her health care professional recommended bathroom modifications be made to facilitate physical and occupational therapy and to increase independence. Her mother requested that DMAS pay for these modifications under EPSDT. DMAS denied the request. After a series of appeals, VOPA filed a civil action in state court. DMAS then agreed to pay for all of the requested modifications. The modifications have been completed and the client has made great strides in her independence in self care.

**9. Rounding off to the nearest hundred dollars how much of this year's grant or award or its program income was spent on this priority?**

See Priority #3; Indicator #1

**10. Will this priority be continued in the next fiscal year?**

Yes

---

**1. Priority #4- - People with Disabilities Live in the Most Integrated Environment Possible**

**2. Indicator #1**

VOPA will advocate for appropriate and timely discharge plans at state mental retardation institutions through case level services for 35 individuals; and VOPA will also ensure that employment training and planning is a part of all discharge plans.

**Indicator is :** Partially Met/Continuing

**If “Met or Partially Met” was checked, summarize details, including one or two cases that exemplify the success; for fully met goals, the example case(s) should be successfully closed.**

There were 9 cases related to discharge planning. Based on the DMHMRSAS protocol for discharge planning, training center residents are not placed on the “ready for discharge list” until they meet clinical criteria for readiness *and* the individual or surrogate decision maker chooses to consider community placement. Most individuals in Virginia’s state training centers have surrogate decision makers who are hesitant to consider any other living setting. Many cite concerns about a lack of adequate oversight in community settings and fear of what will happen to their family member if the community provider closes services. Regardless of the reason for case opening, all ISPs are reviewed to ensure that they are comprehensive and include vocational training and options.

**3. List other outcomes realized (if applicable)**

VOPA has spent more time educating providers and decision makers about community options and dignity of risk than actively pressing for discharge.

**4. Explain whether pursuing this priority involved collaborative efforts by other entities. If so, describe this collaboration:**

The P&A has partnered with the Virginia Board for People with Disabilities (VBPD), the Partnership for People with Disabilities and the Arc of Virginia to develop strategies to address the above concerns and move Virginia toward community integration. VOPA met with community advocates on multiple occasions to identify strategies for reducing barriers to discharge. As in its other activities, VOPA collaborates with individuals, clients, family members, advocates, providers and government representatives to advocate for appropriate integrated living settings.

**5. If this was this addressed through individual advocacy, provide the number of cases handled under the priority.**

VOPA served 18 individuals under this priority addressing discharge planning or employment training.

**6. If this priority addressed individual advocacy or capacity building of the service delivery system for persons with developmental disabilities, please describe how including indicating of any were class actions.**

VOPA has worked with its DD partners to ensure policy makers are aware of the ADA integration mandate and has supported consumer choice and community options and integration in forums such as the DMHMRSAS Systems Change Grant and the Money Follows the Person Demonstration Grant (MFP).

Advocates have met informally with training center residents, families and providers to share information on MFP and how the grant can support moving from nursing homes and training centers into integrated community settings.

VOPA has also worked with the Coalition for Virginians with Mental Disabilities on these same issues. VOPA has supported portability of the current auxiliary grant so that it funds integrated housing options, not just adult foster care and assisted living facilities. Current budget language required a plan to expand access to auxiliary grant funding, due November 1, 2008. VOPA will continue to educate policy makers on the importance of affordable, integrated community housing.

**7. Was this priority targeted to under/unserved and minority populations? If so please describe whether or not services to the targeted population resulted in an increase in clients served.**

VOPA considers residents of state mental retardation institutions to be underserved in the area of disability rights protections.

**8. Provide at least one case summary that demonstrated the impact of the priority.**

Initially, all of Virginia's FY 2007 MR waiver slots were divided between the community services boards and two of the training centers. Unused slots were unavailable to discharge-ready residents of the remaining training centers. VOPA intervened at the state level, successfully advocated for the slots to be reallocated, and then used a reallocated slot to help a young man end a six-year institutionalization and move to the community. The training center later reported its use of reallocated slots to help at least three more of its residents move into the community.

**9. Rounding off to the nearest hundred dollars, how much of this year's grant or award or its program income was spent on this priority?**

\$147,600

**10. Will this priority be continued in the next fiscal year?**

Yes

**1. Priority #4 - People with Disabilities Live in the Most Integrated Environment Possible**

**2. Indicator #2**

VOPA will promote alternatives to full guardianship through publications, website, representing individuals for case level services, one investigation, and systemic advocacy.

**Indicator is:** Partially Met/Continuing

**If “Met or Partially Met” was checked, summarize details, including one or two cases that exemplify the success; for fully met goals, the example case(s) should be successfully closed.**

One training led to two cases involving brothers who were in foster care from birth until adoption by their foster mother, with whom they lived until her death. Since then, they have lived with their adoptive sister and her family. She was told that she would have to seek guardianship for both brothers. Following the training, she asked the VOPA attorney if a power of attorney was an option for someone who is “profoundly retarded.” The attorney met with the brothers and determined that although the older brother has very limited verbal skills, his receptive skills are adequate to understand the concept of a power of attorney. He was clear about his choice for a substitute decision maker - his brother-in-law. His sister was told she would have to seek guardianship for the younger brother, who has fetal alcohol syndrome, when he turned 18. Finding that he was able to voice his decisions, VOPA educated him about his rights and helped him draft a POA to secure them.

**3. List other outcomes realized (if applicable):**

The 5 trainings on surrogate decision making and alternatives to guardianship were well-received. One community services provider scheduled two follow-up trainings. The training included a PowerPoint presentation and two handouts (Frequently Asked Questions and Glossary of Decision-Making Terms). There is also an Advance Directive Planning form for individuals to use as they prepare their advance directives.

This was a systems advocacy initiative as well (see section IV)

**8. Provide at least one case summary that demonstrated the impact of the priority.**

VOPA’s client is a 23 year old man with autism and a serious congenital heart condition; his parents thought guardianship was their only way to ensure he would be protected in case of a medical emergency. However, they did not want to limit his autonomy any more than absolutely necessary. The client was able to clearly communicate his desires both for surrogate decision-makers and for end-of-life care. His VOPA attorney helped him draft a power of attorney document and a living will. The client also raised the issue of end-of-life care. It is

interesting to note that his decisions for end-of-life care are the opposite of what his mother would have chosen for herself. The client was able to articulate that he understood his decision and put in writing his desire to prolong his life as long as possible, even if in a persistent vegetative state. He told his VOPA attorney that he loves every minute of his life and wants to live as long as possible.

**9. Rounding off to the nearest hundred dollars, how much of this year's grant or award or its program income was spent on this priority?**

See Priority #4, Indicator #1

**10. Will this priority be continued in the next fiscal year?**

Yes

---

**1. Priority #4 People with Disabilities Live in the Most Integrated Environment Possible**

**Indicator #3**

VOPA will represent 25 individuals, identify systemic barriers to off-campus activities in one state operated ICF/MR and address training for LHRCs on alternatives to restrictive measures.

**Indicator is:** Partially Met/Continuing

**If "Met or Partially Met" was checked, summarize details, including one or two cases that exemplify the success; for fully met goals, the example case(s) should be successfully closed.**

One VOPA conclusion is that a lack of readily available vehicles and inadequate staffing limit off-campus activities and greatly limit the individualization of those activities.

**3. List other outcomes realized (if applicable):**

At one training center, the facility advocate, the LHRC and VOPA jointly raised issues regarding restrictive measures in behavioral treatment plans; the facility has now discontinued the use of restraints in behavioral treatment plans.

**8. Provide at least one case summary that demonstrated the impact of the priority.**

Our client diagnosed as a "brittle diabetic" was denied some off campus activities because qualified personnel were not available to accompany him. Client was noted to be emotional when left behind. The facility agreed to set up a diabetes tech training program to increase the number of qualified people and to ensure that trained individuals are on all units and in all cottages 24/7. Subsequently, other measures were also taken to ensure that client (and others) with brittle diabetes would have equal opportunity to go on off campus trips and that the

diabetes training was generalized. The training has now been incorporated into the orientation and annual training.

**9. Rounding off to the nearest hundred dollars, how much of this year's grant or award or its program income was spent on this priority?**

See Priority #4, Indicator #1

**10. Will this priority be continued in the next fiscal year?**

Yes

---

**1. Priority #5- -People with Disabilities are Employed to their Maximum Potential**

**2. Indicator #1**

VOPA will promote vocational training for MR institution residents by representing 5 individuals, training, conducting 1 investigation.

**Indicator is:** Partially Met/Continuing

**If "Met or Partially Met" was checked, summarize details, including one or two cases that exemplify the success; for fully met goals, the example case(s) should be successfully closed.**

See below #7

**3. List other outcomes realized (if applicable):**

Not applicable

**4. Explain whether pursuing this priority involved collaborative efforts by other entities. If so, describe this collaboration:**

Not applicable

**5. If this was this addressed through individual advocacy, provide the number of cases handled under the priority.**

10 cases were handled under this priority.

**6. If this priority addressed individual advocacy or capacity building of the service delivery system for persons with developmental disabilities, please describe how including indicating if any were class actions.**

Our client, a training center resident, had limited communication skills and periods of intense agitation that were not effectively addressed. This led to a lack of interest in employment training; client had no prevocational programming. VOPA asked for a special review and got ISP changes including an early response intervention plan to address agitation and a work training plan. There are fewer mood problems now and he enjoys working in the greenhouse.

**7. Was this priority targeted to under/unserved and minority populations? If**

**so please describe whether or not services to the targeted population resulted in an increase in clients served.**

VOPA considers residents of state mental retardation institutions to be underserved in the area of disability rights protections.

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

Client, a training center resident, wanted more challenging work training, preferably on the computer. VOPA advocated for expanded training and with that, all discovered that client had aptitude for business programs such as Excel. Campus jobs were found to use and further develop these skills. Plan changed to re-direct work toward off-campus activities. With this enhanced program, previous self-injurious behaviors diminished. This SIB had previously been cited as a discharge barrier.

**9. Rounding off to the nearest hundred dollars, how much of this year's grant or award or its program income was spent on this priority?**

\$185,375

**10. Will this priority be continued in the next fiscal year?**

Yes

---

**1. Priority #6- - People with Disabilities Have Equal Access to Appropriate and Necessary Health Care**

**2. Indicator #1**

VOPA will 5 investigations of poor medical care, conduct 7 investigations, analyze trends related to aspiration, work on dental coverage under Medicaid.

**Indicator is:** Partially Met

**3. List other outcomes realized (if applicable):**

VOPA reviewed every CIR from state facilities for aspiration-related incidents. No clear trends were identified. However, the incidence of swallowing disorders in the training centers makes this an area for continued monitoring. In addition to looking at dental care generally and in relation to specific clients, VOPA is utilizing the CIR review process to identify potential issues. APS reports are also reviewed to identify healthcare issues in ICFs/MR.

**4. Explain whether pursuing this priority involved collaborative efforts by other entities. If so, describe this collaboration:**

VOPA collaborates with clients, individuals, family members, advocates, providers and government representatives as appropriate.

**5. If this was this addressed through individual advocacy, provide the number**

**of cases handled under the priority.**

33 cases were reviewed under this priority, 3 were opened for case level services.

- 6. If this priority addressed systemic advocacy or capacity building of the service delivery system for persons with developmental disabilities, please describe how including indicating if any were class actions.**

There were no class actions under this priority

- 7. Was this priority targeted to under/unserved and minority populations? If so please describe whether or not services to the targeted populations resulted in an increase in clients served.**

VOPA considers residents of ICFs/MR to be underserved in the area of advocacy and rights protections.

- 8. Provide at least one case summary that demonstrates the impact of the priority.**

The 3 cases are still open.

- 9. Rounding off to the nearest hundred dollars, how much of this year's grant or award or its program income was spent on this priority?**

\$31,300

- 10. Will this priority be continued in the next fiscal year?**

Yes

- 1. Priority #6- - People with Disabilities Have Equal Access to Appropriate and Necessary Health Care**

- 2. Indicator #2**

VOPA will represent 4 children been denied Medicaid services under the Early and Periodic Screening Diagnosis and Treatment Program.

**Indicator is:** Met

**If "Met or Partially Met" was checked, summarize details, including one or two cases that exemplify the success; for fully met goals, the example case(s) should be successfully closed.**

Indicators 2 & 3 are inextricably linked in many areas. The appeals process for both Medicaid waivers, EPSDT and Medicaid funded health services are the same. Transportation to medical appointments raises the same issues. There was an objective associated with indicator #2 that addressed due process rights in the Medicaid appeals process. This applies across all Medicaid services.

- 3. List other outcomes realized (if applicable)**

VOPA monitors the efforts of the Medicaid Waiver Network in order to learn of current Medicaid Waiver issues facing people with disabilities and developments being considered on behalf of people with disabilities.

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

As an example of the due process objective, the client, a 9 year old girl with autism, had been denied eligibility for a Medicaid Waiver. Her mother appealed the finding. The Hearing Officer found in her favor and Ordered her Community Services Board (CSB) to re-evaluate her. When the CSB failed to do so, she was forced to file another appeal. The Hearing Officer again found in her favor and Ordered the CSB to re-evaluate her. When the CSB failed to do so, she filed another appeal and contacted VOPA. After VOPA advocated for the client, DMAS found her eligible for the Waiver. As the result of VOPA advocacy, DMAS also agreed to streamline their appeal process. Now, when Hearing Officers make decisions on eligibility, DMAS' eligibility unit is informed, directly, of the decision. Applicants can then be found eligible, directly, rather than waiting for their CSBs to rule on eligibility.

**9. Rounding off to the nearest hundred dollars, how much of this year's grant or award or its program income was spent on this priority?**

See priority #6, indicator #1

**10. Will this priority be continued in the next fiscal year?**

Yes

---

**1. Priority #6- - People with Disabilities Have Equal Access to Appropriate and Necessary Health Care**

**2. Indicator #3**

VOPA will represent 5 individuals who have been denied Medicaid waiver services, systemic advocacy, monitoring and collaborations.

**Indicator is:** Met

**If "Met or Partially Met" was checked, summarize details, including one or two cases that exemplify the success; for fully met goals, the example case(s) should be successfully closed.**

VOPA continues to monitor the status of waiver programs and the regulations implementing each. As mentioned earlier, transportation services under Medicaid have been problematic.

**3. List other outcomes realized (if applicable):**

Not applicable

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

The client, a DD waiver recipient, requested VOPA's assistance getting medically necessary services. Client wanted orthodontic services to be provided by Medicaid. VOPA explained that because the young man was eligible for Medicaid services through the waiver, he could access EPSDT; VOPA described the EPSDT process and provided a list of Medicaid Orthodontists. Medicaid approved the medically necessary orthodontia.

**9. Rounding off to the nearest hundred dollars, how much of this year's grant or award or its program income was spent on this priority?**

See Priority #6, Indicator #1

**10. Will this priority be continued in the next fiscal year?**

Yes

---

**Section VII Development Disabilities Network Collaboration**

**A. Provide information related to only those issues/barriers affecting individuals with developmental disabilities and their families in your State that the DDC, P&A, and UAP(s) (the DD network) have jointly identified as critical State issues/barriers.**

**Using short titles, list 5-10 areas that the DDC, P&A, and UAP(s) have identified as critical State issues/barriers. Then, by checking the circle(s) to the left of the short titles(s), identify any issues/barriers selected by your State DD Network for joint collaboration.**

1. Policy Maker Education
2. Increase in ICFs/MR and plan for rebuilding state institutions
3. Reduction in Medicaid Waivers waiting lists
4. Lack of integrated developmental disabilities service delivery system
5. Abuse and Neglect
6. Outreach
7. Funding opportunities
8. Children in nursing homes and institutional settings
9. Advances and opportunities for Self Advocacy

**B. Provide the following information for at least one of the issues/barriers selected for DD Network collaboration. Repeat this section for reporting each issue/barrier selected for DD Network collaboration.**

- 1. Issue/Barrier # (from above): 1**

**2. Provide a brief description of the collaborative issue/barrier and expected outcome(s).**

The DD Council (Virginia Board for People with Disabilities, VBPD) and the P&A (VOPA) regularly collaborate during Virginia's General Assembly regarding proposed legislation and budget issues that may impact people with disabilities. The University Center of Excellence (Partnership for People with Disabilities) is also consulted. This collaboration facilitates educating policy-makers about opportunities to advance the rights of persons with disabilities as well as identifying policies and proposed legislation that pose risks to persons with disabilities. The DD partners worked with the Arc of Virginia to educate legislators on the importance of language; legislation was passed replacing the terms "mentally retarded" and "mental retardation" with the term "intellectual disability" throughout the Code of Virginia. The bill contains a reenactment clause and will be reviewed in the coming year.

**3. Reference applicable SGP Goals:**

This applies to all goals but Goals 2, 3 & 4, in particular.

**4. Describe the P&A's specific roles and responsibilities in this collaborative effort.**

VOPA has a representative at the VBPD quarterly meetings and at the Advisory Council for the Partnership for People with Disabilities. VOPA was actively involved with the VBPD biennial assessment of disability services in Virginia. This comprehensive overview with concrete recommendations for policy makers was recently published and released to the public. This tool will again be helpful to individuals with disabilities, family members and providers. During the legislative session, collaboration is ongoing with one partner or more covering critical hearings.

**Briefly identify problems, if any, encountered as a result of this collaboration.**

**5. Describe unexpected benefits, if any, of this collaborative effort:**

Although not entirely unexpected, the collaboration seemed to enhance the credibility of both VOPA and VBPD as reliable and trusted providers of information. Each gained a broader perspective on the issues based on the information and experience of the other.

**6. If your P&A can provide technical assistance expertise in this area to other States, please describe.**

**7. If any, describe the technical assistance needs the P&A/DD Network have in this area.**

**1. Issue/Barrier # (from above): 2**

**2. Provide a brief description of the collaborative issue/barrier and expected outcome(s).**

**3. Reference applicable SGP Goals:**

This applies to all goals but Goals 3 & 4, in particular.

**4. Describe the P&A's specific roles and responsibilities in this collaborative effort.**

VOPA has a representative at the VBPD quarterly meetings and at the Advisory Council for the Partnership for People with Disabilities. VOPA was actively involved with the VBPD biennial assessment of disability services in Virginia. This comprehensive overview with concrete recommendations for policy makers was recently published and released to the public. This tool will again be helpful to individuals with disabilities, family members and providers.

**Briefly identify problems, if any, encountered as a result of this collaboration.**

**5. Describe unexpected benefits, if any, of this collaborative effort:**

**6. If your P&A can provide technical assistance expertise in this area to other States, please describe.**

**7. If any, describe the technical assistance needs the P&A/DD Network have in this area.**

## Section VIII. Coordination

Check if the following programs are housed in the same organization as the P&A program:

- ✓ **Client Assistance Program (CAP)**
  - Long Term Care Ombudsman (Older Americans Act)**
- ✓ **Other:**

**If other, please list:**

Protection and Advocacy for Individuals with Mental Illness,  
Protection and Advocacy for Individual Rights,  
Protection and Advocacy for Beneficiaries of Social Security,  
Protection and Advocacy for Assistive Technology,  
Protection and Advocacy for Traumatic Brain Injuries,  
Protection and Advocacy for the Help America Vote Act, and  
State funding to support Virginians with Disabilities Act activities

**If the Client Assistance Program (CAP) and the Long Term Care Ombudsman (Older Americans Act) are not part of the P&A System (PADD, PAIMI, PAIR AND PAAT programs) describe coordination between the PADD program and the CAP and the Long Term Care Ombudsman (Older Americans Act.)**

Coordination with the State Long-Term Care Program (Virginia Department of Aging) is particularly important during the legislative session. VOPA worked closely with the LTCO regarding a State legislative proposal that would have dramatically limited the rights of persons in nursing homes. VOPA serves with the LTCO on a “quality improvement” council plan for nursing homes in Virginia. VOPA provided training to LTCO staff. VOPA participates in their Virginia Public Guardian and Conservator Advisory Board. VOPA received referrals and reports of incidents from the Long Term Care Ombudsman staff and made referrals to the Ombudsman when appropriate.

The Department of Medical Assistance Services (DMAS) is the primary source of funding for the long-term care system in Virginia. Again, VOPA coordinates with them on an as needed basis.

**Describe your system’s relations with agencies other than above and any inter-agency agreements or joint projects you may have, other than mentioned above.** VOPA collaborates with other state-wide advocacy entities and disabilities service providers as needed.

## **Section IX. Services Provided Using Non-Part C Funding**

**Are services and activities benefiting persons with developmental disabilities and their families supported by funding other than that provided by Part C of the DD Act or its program income.**

No

**Please describe the projects funded with non-part C funding or its program income.**

None

### **Comments and Clarification**

Although provided under another funding stream, this effort below certainly advanced the intent of the DD Act to provide families and individuals with DD with information and foster self advocacy efforts.

#### **EPSDT Presentations Generate Case Level Services**

In Dec 07, VOPA gave the first of 3 EPSDT Presentations outlined in the priorities. The presentation has since been given to additional audiences; VOPA's governing board and Advisory Council. Over 150 people, parents and service providers, have been in audiences and participated in group discussion. The response has been overwhelmingly positive and VOPA has opened at least 10 cases from this outreach effort.

In the course of doing multiple presentations to different types of audiences in Virginia, VOPA updated the presentation to include a Question and Comment box. The feedback has consistently been very positive. Though no question has yet been left, should there be one VOPA will contact the person and conduct a screening interview to determine if VOPA can provide services or technical assistance.

Due to such positive response, VOPA has met and exceeded the number of EPSDT presentations proposed. In fact, many of the additional presentations were requested by someone who either attended an earlier presentation or heard about it from someone who had been in a prior audience. VOPA continues to receive requests for EPSDT presentations. VOPA is currently only accepting requests for EPSDT presentations from parent advocacy groups to encourage parental awareness of the program and promote self advocacy.

VOPA plans to continue to provide this type of presentation as often as possible. Through continued outreach and case work, as well as technical assistance, VOPA hopes to continue to spread information about the EPSDT program, a critical service for DD-eligible children and adolescents.