

**PAAT REPORT  
(October 1, 2008 – September 30, 2009)**

**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. Satellite Office(s) (if applicable):**

Not applicable

**c. Contract Office(s) (if applicable):**

Not Applicable

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

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**Agency TTY Number:** (800) 225-2042

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**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>	913
<b>2. Total Number of Requests for I&amp;R Services during the Fiscal Year</b>	948

### **B. TRAINING ACTIVITIES**

<b>1. Number of Training Sessions Presented by Staff</b>	42
<b>2. Number of Individuals Who Attended These Training Sessions</b>	771

- 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, categories of assistive technology, funding sources for assistive technology, and the steps involved in selecting assistive technology
- b. To educate private schools through presentations about defining and understanding AT and available resources to acquire AT for students from programs such as Medicaid Waivers, insurance, AT recycling initiatives and other community resources.
- c. Teachers, parents, administrators, and staff from a variety of private schools across the state serving people with a wide variety of disabilities were present.

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

- a. Formal definition of assistive technology, categories of assistive technology, funding sources for assistive technology, and the steps involved in selecting assistive technology
- b. To educate consumers and staff through presentations about the options available to them to access assistive technology through insurance, waiver services and/or other available resources and how to negotiate the process.
- c. Consumers and staff were present from service agencies such as the Arc, the Muscular Dystrophy Association, a mental health clubhouse and a center for independent living.

#### **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 several underserved areas including the Eastern Shore of Virginia, Wise County, Danville, Moseley and Petersburg. These presentations encompassed multiple funding streams and resources that could be used to fund assistive technology. In the underserved areas listed above VOPA presented to 390 individuals with disabilities, providers and family members

VOPA concentrated on informing the audiences that assistive technology is available through a variety of resources such as insurance and state programs such as VATS, the Virginia Assistive Technology System. VOPA offered to provide assistance to the communities on their assistive technology issues as they arose.

VOPA completed assistive technology presentations for other communities and agencies throughout the state that struggle with acquisition of resources for individuals with disabilities. Presentation sites included The Disability Resource Center in Fredericksburg, Spiritos School for Autism in Midlothian, The Muscular Dystrophy Association in Richmond, Piedmont Community College in Charlottesville, Commonwealth Catholic Charities in Richmond, In His Imagination Disability Services in Strasburg, and the Rehabilitation Counseling Department at the Medical College of Virginia (MCV) in Richmond.

VOPA 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 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.

VOPA continued its outreach to the Spanish-speaking community by reviewing Census Bureau data to identify areas in Virginia with a significant Hispanic population, and by identifying Virginia-based organizations with a focus on education issues serving Virginia's Spanish-speaking population. These include organizations offering ESL (English as a Second Language) classes and advocacy entities such as Parent Education and Advocacy Training Center (PEATC). VOPA also identified Spanish newspapers and radio stations along with contact information for these media outlets. These contacts will be used in FY2010 for further outreach. VOPA presented special education training to ten Spanish-speaking parents at an elementary school PTA and provided special education materials in Spanish to eleven (11) other PTA organizations in areas with a significant Hispanic population. VOPA also met with members of a coalition including the Bilingual Parent Liaison for the local public schools. VOPA anticipates further collaboration in FY2010 with this coalition. VOPA also met with a Boys and Girls Club staff and provided written information about VOPA and about special education, including materials in Spanish.

### **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.**

<b>Method of dissemination</b>	<b>Number</b>
<b>1. Radio and TV Appearances by Agency Staff</b>	0
<b>2. Newspaper/Magazine/Journal Articles Prepared by Agency Staff</b>	1
<b>3. PSAs/Videos Aired by the Agency</b>	0
<b>4. Website Hits</b>	20,864
<b>5. Publications/Booklets/Brochures Disseminated by the Agency</b>	4
<b>5a. Number of individuals/agencies receiving documents produced in item 5</b>	1312
<b>6. Other - - 2 requests for bulk orders of AT related publications</b>	50

### **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**

N/A

**2. Newspapers/Magazines/Journals**

Under another funding stream, VOPA drafted and distributed an article explaining Traumatic Brain Injury (TBI) and its prevalence among military men and women in Virginia and distributed it to the Paralyzed Veterans of America, a support group for veterans with spinal cord and brain injuries. Individuals with TBI may make use of a wider variety of AT and AT services.

**3. PSAs/Videos**

N/A

**4. Publications/Booklets/Brochures**

VOPA created a new publication this year detailing the availability of the Medicaid EPSDT program and distributed it to every school division in the state (107) and Department of Social Services Office (121) in the state.

Additionally 383 copies of the VOPA AT for Children Fact Sheet and other AT materials from the Virginia Assistive Technology System (VATS) detailing AT providers in the state and free or low cost AT resources were distributed to teachers, students, administrators, parents and support staff at multiple presentation sites including private schools, PTA groups, an area Arc, state colleges and groups such as the Muscular Dystrophy Association.

Over 250 presentation copies detailing the benefits of AT under Medicaid Waivers were distributed to an area Arc, private schools and Commonwealth Catholic Charities.

Publication development continues into FY10 with the creation of an article for Virginia medical journals, newsletters and websites on the rights of persons who are deaf and hard of hearing to have effective communication. This is a carryover objective from FY09.

## **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>	10
<b>2. Additional Individuals Served During Fiscal Year (new for fiscal year)</b>	30
<b>3. Total Number of Individuals Served During Fiscal Year (1 +2)</b>	40
<b>4. a. Total Number of Cases Closed During the Fiscal Year</b>	45
<b>4. b. Total Number of Individuals with All Their Cases Closed During the Fiscal Year</b>	39
<b>5. Total Individuals Still Being Served at the End of the Fiscal Year (3 minus 4b)</b>	1

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

<b>Complaint Area</b>	<b>Number of cases</b>
<b>1. Architectural Accessibility</b>	0
<b>2. Education</b>	16
<b>3. Employment Discrimination</b>	0
<b>4. SSI/SSDI Work Incentives</b>	0
<b>5. Healthcare (total generated by the system from a-d below)</b>	29
<b>a. Medicaid</b>	27
<b>b. Medicare</b>	0
<b>c. Private Medical Insurance</b>	2
<b>d. Other</b>	0
<b>6. Housing</b>	0
<b>7. Post-Secondary Education</b>	0
<b>8. Rehabilitation Services</b>	0
<b>9. Transportation</b>	0
<b>10. Voting (total generated by the system from a-c below)</b>	0
<b>a. Accessible Polling Place / Equipment</b>	0
<b>b. Registration</b>	0

<b>c. Other</b>	0
<b>11. Other</b>	0
<b>12. Other</b>	0
<b>13. TOTAL</b>	45

### C. ASSISTIVE TECHNOLOGY DEVICES/SERVICES

<b>1. Number of individuals that received one or more AT devices or services as a result of casework (unduplicated count)</b>	40
<b>2. Type of AT device or AT service received as a result of casework</b>	<b>Number of devices/services</b>
<b>a. Devices for communication</b>	6
<b>b. Devices for mobility</b>	13
<b>c. Devices for hearing or seeing</b>	6
<b>d. Devices for reading or writing</b>	12
<b>e. Devices to assist with household activities</b>	1
<b>f. Devices to assist with participation in play or recreation</b>	1
<b>g. Devices to assist with personal care</b>	7
<b>h. Devices to aid in therapy or medical treatment</b>	5
<b>i. Devices to assist with the use of public/private transportation</b>	0
<b>j. Devices to assist with employment</b>	0
<b>k. Devices to aid with school/learning</b>	13
<b>l. AT services</b>	3
<b>m. Other – no AT related result</b>	9
<b>n. Total number of devices and services received as a result of casework (a-l)</b>	46

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

<b>Primary Reason</b>	<b>Number of cases</b>
<b>1. All Issues Resolved in Client's Favor</b>	31
<b>2. Some Issues Resolved in Client's Favor</b>	5
<b>3. Other Representation Obtained</b>	1

<b>4. Individual Withdrew Complaint</b>	1
<b>5. Services Not Needed Due to Death, Relocation, etc.</b>	0
<b>6. Individual Not Responsive to Agency</b>	5
<b>7. Case Lacked Legal Merit</b>	1
<b>8. Conflict of Interest</b>	0
<b>9. Lack of Resources</b>	1
<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>	0
<b>13. Total (number must match Part II A4a)</b>	45

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

<b>Interventions</b>	<b>Number of cases</b>
<b>1. Short Term Assistance</b>	16
<b>2. Systemic/Policy Activities</b>	0
<b>3. Investigation/Monitoring</b>	2
<b>4. Negotiation</b>	25
<b>5. Mediation/Alternative Dispute Resolution</b>	0
<b>6. Administrative Hearing</b>	1
<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>	45

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

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

<b>Age</b>	<b>Number of individuals</b>
0 to 4	1
5 to 13	20
14 to 18	9
19 to 21	1
22 to 40	0
41 to 64	9
65 and over	0
Age Unknown	0
<b>Total (this should match the total in II.A.3)</b>	<b>40</b>

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

<b>Gender</b>	<b>Number of individuals</b>
Male	19
Female	21
<b>Total (this should match the total in II.A.3)</b>	<b>40</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	6
d. Native Hawaiian or Other Pacific Islander	0
e. White	32
f. More than one race	2
g. Unknown/not reported	0
<b>h. Total (this should match the total in II.A.3)</b>	<b>40</b>

**2. Ethnicity of individuals served.**

<b>Ethnicity</b>	<b>Number of individuals</b>
<b>a. Hispanic/Latino</b>	2
<b>b. Non- Hispanic/Latino</b>	8
<b>c. Ethnicity unknown/not reported</b>	30
<b>d. Total (this should match the total in II.A.3)</b>	40

**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>	0
<b>5. Nursing Facility</b>	1
<b>6. Parental/Guardian or Other Family Home</b>	31
<b>7. Independent</b>	5
<b>8. Private Institutional Setting</b>	0
<b>9. Public (State Operated) Institutional Setting</b>	3
<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>	40

**E. PRIMARY DISABILITY OF INDIVIDUALS SERVED**

<b>Primary Disabling Condition</b>	<b>Number of individuals</b>
<b>1. ADD/ADHD</b>	2

2. AIDS/HIV Positive	0
3. Absence of Extremities	1
4. Auto-immune (non-AIDS/HIV)	0
5. Autism	5
6. Blindness (Both Eyes)	1
7. Other Visual Impairments (Not Blind)	1
8. Cancer	0
9. Cerebral Palsy	9
10. Deafness	1
11. Hard of Hearing/ Hearing Impaired (Not Deaf)	1
12. Deaf-Blind	0
13. Diabetes	1
14. Digestive Disorders	0
15. Epilepsy	0
16. Genitourinary Conditions	0
17. Heart & Other Circulatory Conditions	0
18. Mental Illness	0
19. Mental Retardation	2
20. Multiple Sclerosis	0
21. Muscular Dystrophy	0
22. Muscular/Skeletal Impairment	1
23. Orthopedic Impairments	4
24. Neurological Disorders/Impairment	2
25. Respiratory Disorders/Impairment	0
26. Skin Conditions	0
27. Specific Learning Disabilities (SLD)	7
28. Speech Impairments	1
29. Spina bifida	0
30. Substance Abuse (Alcohol or Drugs)	0

31. Tourette Syndrome	0
32. Traumatic Brain Injury (TBI)	0
33. Other Disability – Lymphedema/Lipedema	1
34. Total (this should match the total in II.A.3)	40

**F. GEOGRAPHIC LOCATION OF INDIVIDUALS SERVED**

<b>Geographic Location</b>	<b>Number of individuals</b>
1. Urban/Suburban (50k population)	27
2. Rural (<50k population)	13
3. Other - specify	
4. Unknown	
5. Total (this should match the total in II.A.3)	40

## **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>	1
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#### **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. VOPA provided public comment on the proposed special education regulations at they pertained to AT to make sure that the proposed changes enforced IDEA to be as protective as possible for students. Our comment was accepted specifically in the areas of educational evaluations and Due Process. The regulations initially put forward by the Department of Education limited the students' safeguards and compromised the integrity of due process.
- b. Changes to the regulations included changes in the instrument used to evaluate a student's performance from "test" to "assessment," written copies of the evaluation results provided to parents before the meeting to determine eligibility or within 10 days afterwards, instruments will provided in the child's native language and instruments will be provided by trained and knowledgeable personnel in accordance with the instructions of the producers of the assessment. Changes also included updating the standards for certification for Due Process hearing officers, changing language to state that DOE will provide an impartial Due Process hearing system and having the Virginia Supreme Court involved in assigning hearing officers.
- c. The Department of Education's most recent report noting the number of students with disabilities in Virginia public schools is 168,441. Keep in mind this report is dated 10-08 and therefore the number has some margin for error. Also it is worth noting that hundreds of other students in the states receive special education services from private schools that educate children with disabilities. It is not possible to estimate this number.
- d. This data was collected from the Virginia Department of Education website, located at: [http://www.doe.virginia.gov/VDOE/Publications/SPED\\_child\\_count](http://www.doe.virginia.gov/VDOE/Publications/SPED_child_count).
- e. VOPA represented a 16-year old student with autism who is non-verbal. The student had a non-functional augmentative communication board, paid for by the school, that was broken at school. The client's mother was not pleased the board was broken and her child had no means to communicate and additionally had doubts with the effectiveness of the board for her child. As a result of VOPA's advocacy, the client's board was immediately repaired and given back to the child and additionally using the strength of the new educational evaluation language in the regulations, a new evaluation was requested and carried out by the school to determine if another device was more appropriate for the client. As a result of this evaluation, new AT was acquired including a new communication board.

<b>3. Number of On-going Non-Litigation Systemic Activities</b>	<b>1</b>
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**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.**

See above

**B. LITIGATION/CLASS ACTIONS**

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

	<b>Number</b>
<b>1. 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>	1
<b>b. Number of Non-Class Action Lawsuits That were Pending at Start of Fiscal Year (carryover from prior fiscal year)</b>	0
<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.**

**1. 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.**

**2. 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. VOPA represented a 21-year-old client with autism and pervasive developmental disorder. He attended a local community college and acquired recommendations from multiple professionals to acquire a palm pilot, computer and necessary software in life decision prompting and ADL

management. The assessments, along with his pertinent neurological-psychological assessment and medical evaluations which all supported his need for these items were submitted to the Department of Medical Assistance Services (DMAS). The client was officially denied by DMAS via the authorization process for the Developmental Disabilities Waiver.

- b. The client was unable to progress and gain necessary skills in independent living to grow and integrate into the community due to the denial of the software, and computer palm pilot
- c. VOPA represented the client in the litigation, including requesting subpoenas, reviewing records and negotiating settlement. Case was settled when DMAS agreed to reverse its decision and approve the AT. The client then utilized the equipment that allowed him to gain necessary skills in independent living to grow and integrate into the community. The case was closed after VOPA confirmed that DMAS had authorized the provider to order the AT.
- d. 0 - unknown
- e. Medicaid denies multiple AT requests each fiscal year but VOPA does not have a precise figure. In our client's case we received a positive resolution. We can only hope that DMAS additionally learned of the benefits of this equipment for people with disabilities to reference in future cases and that it will foster a closer adherence to its own procedures.

**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.

Not applicable

**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.

Not applicable

## C. LITIGATION-RELATED MONITORING

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

0
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**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?**

Not applicable

## **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**

Goal: Children with Disabilities Receive an Appropriate Education

Focus Area: Assistive Technology in Schools

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

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

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

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

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

Objective Area 6: Increase school divisions' use of the EPSDT 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 Area 7: Represent ten (10) children who have been denied appropriate assistive technology or services under their IEP's 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.

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

##### **4. Total Number of Cases Handled Related to the Priority: 10**

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

VOPA completed 19 trainings, distributed 25 AT for Children Fact Sheets and created and distributed an EPSDT publication to all school districts in the state. VOPA covered a wide range of diverse areas across the state with these activities.

VOPA's 19 presentations were provided to 321 teachers, parents, foster parents, students, support staff and administrators across the state. Each of the presentations details a formal definition of assistive technology and the multiple ways it can be acquired and paid for.

Locations for the parent advocacy presentations included: Lutheran Family Services (in Richmond, but recorded and distributed to all Lutheran Family locations across the state), Junction Center for Independent Living in Wise, and 2 parent group presentations at the Disability Resource Center in Fredericksburg.

Locations for the private school presentations included: Building Blocks School for Autism in Danville, Faison School in Richmond, Poplar Springs Academy in Petersburg, Broadwater Academy in Exmore and Spiritos School in Midlothian.

Locations for the PTA presentations included the Faison School in Richmond, the Eastern Shore CIL via a PTA group in MELFA, Miles Jerome Jones Elementary School in Richmond and 2 parent PTA groups at the Muscular Dystrophy Association in Henrico.

Locations for the colleges, universities and technical center presentations included Germanna Community College in Fredericksburg, Piedmont Community College in Charlottesville, the Eastern Shore Community College in Melfa, Virginia Commonwealth University in Richmond and James Madison University in Harrisonburg.

VOPA additionally successfully completed 10 cases relating to assistive technology in schools. These cases included: requiring IEP accommodations, access to appropriate technology, restoring necessary IEP components to an IEP to allow for assistive technology and acquisition of specific devices including CCTVs, FM receivers, Braille textbooks, a Braille typewriter, a laptop computer, educational software, an adaptive seat cushion and a therapy ball.

One client, age 14 had a visual impairment and was denied several AT accommodations by her school to allow for her continued academic success. In addition, the school made the client transfer and navigate her own large closed-captioned TV (CCTV) and cart to each class. As a result of our negotiation in the IEP meeting: the client was provided with two CCTVs, one for home and one for school. Her IEP reflected she would no longer be required to transfer her CCTV at school herself. She was provided with Braille and Large Print as appropriate for class work and homework. It was decided that the client would begin mainstream Physical Education class. The client would be provided with mobility lessons during the summertime at her new high school to learn the layout and be able to ambulate accordingly (this involved initiating ESY hours). A Braille typewriter was provided for the client to use at home and finally it was assured that the software the client currently used on the school computer network was "county wide" and programs such as Zoomtext would be available for her at her new high school as well. VOPA follow up a month later and found that the school had in fact followed through on these accommodations.

VOPA represented a client, age 12 with complex disabilities including cerebral palsy, a seizure disorder, physical impairment (foot) and a heart condition. The client's mother noted that inadequate and inappropriate educational evaluations have led to misdiagnosis of his disability as "severely and profoundly retarded." This caused a chain of mismanaging of her son's education and his sharp academic decline. The client's mother claimed that her son was in need of a "standing box" to aid with his disability at school and recommendations from her physician had been denied from the school. VOPA helped the client's mother obtain a standing box and the school put a plan in place to determine and how it will be used for the client as prescribed by his doctor. The device was included in the client's IEP.

## **Priority 2**

### **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 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.

### **3. Indicate the Outcome of the priority: Partially Met. After completing research on objective 1, VOPA decided to expand the objective and complete the article in FY2010.**

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

15- under the objectives, 10-specifically using AT funds

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

VOPA collected a significant amount of material and information on effective communication barriers in medical settings. In addition, we spoke with and began forming working relationships with dozens of individuals and representatives of organizations working on effective communication issues, especially focused on persons who are deaf or hard of hearing. These organizations were located in Norton, Staunton, Roanoke and we met with a coalition representing the far southwestern part of Virginia and with representatives from the Virginia Department for the Blind and Vision Impaired. The level and depth of the issue expanded to encompass broader issues of effective communication issues and physical barriers in medical settings. Because of this, the FY2010 objectives were developed to include the information gained.

VOPA completed 7 trainings, distributed an EPSDT Fact sheet to all of the DRS offices in the Commonwealth, distributed an AT-related EPSDT fact sheet to 60 individuals, and provided effective communication educational materials to several organizations.

VOPA's 7 trainings covered multiple areas including the AT benefits that can be utilized from Medicaid Waivers, insurance, EPSDT and other resources. The trainings reached out to diverse areas including: The G.F. Horne Assisted Living Facility in Onancock, the Petersburg Arc in Petersburg, The Danville Community Service Board (CSB) in Danville, The Muscular Dystrophy Association in Richmond, The Disability Resource Center in Fredericksburg and The Eastern Shore Center for Independent Living in Exmore.

VOPA mailed the EPSDT fact sheet to all 121 local Department of Social Services offices in Virginia to increase their knowledge of the program in order to provide assistance to their clients.

VOPA assisted a client, age 52 who is a double leg amputee (bilateral AK-above knee). He was in need of a set of computerized prosthetic legs which are specially designed for individuals who do not have knees. He had multiple letters of medical necessity from specialists such as his physical therapist and prosthetic doctor. His wife's private insurance denied coverage for the legs (approx. \$100,000). VOPA provided assistance helping to negotiate acquisition of the sockets for the legs and providing technical assistance to help the client apply to acquire his legs through Medicare and private insurance coverage. The client acquired his prosthetic legs.

Another VOPA client, age 13 with cerebral palsy applied for Durable Medical Equipment under Medicaid and was denied by DMAS. The equipment was a stairway lift and a portable patient lift with a complete sling for his to use in the bathroom. VOPA negotiated with client's Medicaid Waiver Case Manager to request the patient lift in 2 parts under the Waiver, requesting the removable lift system as Assistive Technology and the installed lift track as Environmental Modification. VOPA continued to check in with the Case Manager until both of these requests were approved.

Because of the very limited funding for the PAAT program, much of the work in the priority had to be done using other resources.

## **B. PRIORITIES for the CURRENT FISCAL YEAR- - FY2010**

### **1. Goal: Children with Disabilities Receive an Appropriate Education**

#### **Focus Area: Appropriate Therapy and Services for Children with Disabilities**

Objective 1: By November 1, 2009, identify a school district, based on public comment and experience, for targeted advocacy. Develop a training program on five (5) distinct stages of the IEP development and implementation process. Present each training to at least fifteen (15) people in the targeted district.

Objective 2: Represent three (3) children in the targeted district who have been denied needed and appropriate therapy or services.

Objective 3: Provide a workshop for parents and staff at five (5) public or private alternative and community schools regarding assistive technology devices and services, and available funding resources.

Objective 4: Represent five (5) children who have been denied needed and appropriate therapy or services.

Children with disabilities have a right to an appropriate education that includes access to assistive technology in schools. VOPA established this goal and focus area as a multi-year goal and focus area. Each year VOPA will seek to increase access to specific therapies and services. Building upon work done and evidence gathered in prior years, we will conduct trend analysis to look for patterns of issues and take appropriate actions. VOPA's experience with service requests in this area demonstrates that this need continues to grow throughout the state.

### **2. PEOPLE WITH DISABILITIES LIVE IN THE MOST APPROPRIATE INTEGRATED ENVIRONMENT**

#### **Focus Area: Right to Timely Discharge from State Facilities**

Objective 1: Represent five (5) residents of DBHDS-operated ICFs/MR to receive active treatment and any assistive technology necessary to support community integration and discharge.

An emphasis on person-centered planning and the use of assessment instruments will contribute to an understanding that anyone can live in the community with the appropriate supports and will eventually lead to expanded community capacity. VOPA has had success in assisting individuals in state operated mental retardation institutions more actively pursue discharge once appropriate assistive technology services and devices are made available.

### **3. PEOPLE WITH DISABILITIES HAVE EQUAL ACCESS TO APPROPRIATE AND NECESSARY HEALTHCARE**

#### **Focus Area: Assistive technology through Insurance**

Objective 1: Develop a series of fact sheets on assistive technology covering waiver programs, Workers Compensation claims, Private Disability Insurance, group health insurance coverage, Medicaid and Medicare. Post fact sheets, with relevant links, onto the VOPA website.

Objective 2: Represent five (5) clients denied assistive technology authorized through Medicaid or other insurance, or for whom authorization was denied.

Objective 3: Identify whether there are sufficient numbers of providers of AT and environmental modification services. Obtain corrective action from DMAS as appropriate.

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. VOPA's experience with service requests in this area demonstrates that this need continues to grow throughout the state. VOPA will analyze complaints received for any trends by major insurance providers in Virginia. We will provide outreach to DME providers to increase system wide access and funding for AT and environmental modifications.

#### **4. PEOPLE WITH DISABILITIES HAVE EQUAL ACCESS TO APPROPRIATE AND NECESSARY HEALTHCARE**

##### **Focus Area: Accessibility of medical offices and clinics under the ADA and Rehabilitation Acts**

Objective 1: Provide training at five (5) medical offices, clinics, or healthcare organizations on ADA accessibility requirements in medical settings, including physical barriers and effective communication issues.

Objective 2: Provide training to three (3) community based advocacy or consumer groups on ADA accessibility requirements in medical settings, including physical barriers and effective communication issues.

Objective 3: Develop educational materials on ADA accessibility requirements in medical settings and distribute to health care professionals through at least three (3) private or public professional organizations or publications.

Objective 4: Represent three (3) individuals with disabilities regarding physical barriers or denial of effective communication, in violation of the ADA, that impede access to health care facilities and services provided by medical offices and clinics.

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. Medical offices and clinics, major healthcare providers in the community, are often unaware of their responsibility to provide access, including assistive technology supports. 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. VOPA's experience with service requests in this area demonstrates that this need continues to grow throughout the state. As well, we received public comment that this issue complicates accessing medical services for an already underserved population.

## 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 three primary areas: education, Medicaid Waivers and EPSDT, and insurance coverage.

VOPA was able to expand assistance to children 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, and educate instructors, parents and staff 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 prosthetic limbs, motorized wheelchairs, computers, software to allow for increased independent living, a palm pilot, a stairway lift and track system.

VOPA's presentations on assistive technology reached deep into the diverse counties of 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 the availability of assistive technology, we are opening doors for increased opportunities for individuals with disabilities to have and even better quality of life.

It is important to recognize VOPA does an abundance of AT work as Information and Referral. We educated many providers this year on adequate AT service and disability etiquette. We continue to strive to advocate for a high quality of AT service providers in the community.

VOPA's Director implemented and maintained a "Legislative Watch" on the VOPA website during the General Assembly session. It was updated regularly, 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.

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.

## **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):	85,557
2. Program income	
3. Other – carryover funds	33,602
4. Other – specify	
5. Other- specify	
6. Total:	119,159

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

- 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	24	20
Part-Time	2	.75
<b>Administrative</b>		
Full-time	8	7
Part-time	1	.1
<b>Totals</b>	<b>35</b>	<b>27.85</b>

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

### **C. CONSUMER INVOLVEMENT**

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. On those Committees, the Council members do have an equal vote.

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.

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 AT. This website also has the notices for the Board of Directors' and VOPA's Advisory Councils meetings. Job vacancies, announcements, VOPA publications, and disability-related links are also available. The annual public comment process is posted on the website and visitors can participate on-line.

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

<b>Person with a disability</b>	<b>Number</b>
Agency staff	12
Agency board	6
<b>Family members of a person with a disability</b>	
Agency staff	12
Agency board	7
<b>Total number of persons on agency staff</b>	30
<b>Total number of persons on agency board</b>	13

## D. GRIEVANCES FILED

<b>Number of PAAT grievances filed against the agency during the fiscal year</b>	1
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## E. COLLABORATIVE EFFORTS

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

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

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.

### 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 worked with the Virginia Assistive Technology System (VATS), Centers for Independent Living (CILs), Parent Education Advocacy Training Center (PEATC), The Virginia Department of Education (DOE), Virginia Department of Rehabilitative Services (DRS), a local Association for Retarded Citizens (Arc), public and private schools, state rehabilitation centers, Assisted Living Facilities (ALF's) and private hospitals. 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.

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