

PROTECTION and ADVOCACY for BENEFICIARIES of SOCIAL SECURITY (PABSS)

**SEMI-ANNUAL PROGRAM PERFORMANCE REPORT
(Revised November 2005)**

REPORTING PERIOD: From 12/1/2008 To 11/30/2009

GRANT AWARD NUMBER: 17-B-20051-3-04

STATE: Virginia

AGENCY NAME: Virginia Office for Protection and Advocacy

AGENCY ADDRESS: 1910 Byrd Avenue, Suite 5
Richmond, Virginia 23230

REPORT PREPARED BY: Sherry Confer

TELEPHONE NUMBER: 804-225-2042

FAX NUMBER: 804-662-7057

E-MAIL ADDRESS: Sherry.Confer@vopa.virginia.gov

DATE SUBMITTED: 12/09/2009

PABSS PROGRAM PERFORMANCE REPORT

PART I – QUANTATATIVE STATISTICS

Section A: Information and Referral

	1 st half	2 nd half	Total
How many individuals received Information and Referral under the PABSS program during the report period? (Do not count individuals more than once for this response.)	341	423	764
How many Information and Referral requests were made under the PABSS program during the report period? (Include all I&R requests, even if more than one for some individuals. This number should equal or exceed Sec A. 1.)	341	430	771

Section B: Individuals and Issue Area Service Requests/ Workload Statistics

1. Individuals (Do not count individuals more than once for this response.)	1 st half	2 nd half	Total
a. How many individuals had open PABSS issue area service requests at the start of the report period?	6	3	9
b. How many new PABSS individuals were added during the report period?	3	4	7
Total individuals served during the report period under the PABSS program. (Sum Section B1-a and B1-b.)	9	7	16
c. Total number of individuals with all issue area service requests that were closed during the report period under the PABSS program?	6	2	8
Total number of individuals still being served at the end of the report period? (sum of section B1-a & B1-b minus B1-c)	3	5	8

2. Services	1st half	2nd half	Total
a. Total PABSS issue area service requests open the start of the report period.	6	3	9
b. Number of new PABSS issue area service requests added during the report period?	3	6	9
(Calculated by Computer) Total number of issue area service requests during the report period? (Sum of B-2-a and B-2-b)	9	9	18
c. Total number of issue area service requests closed during the report period?	6	3	9
Total number of issue area service requests open at the end of the report period? (sum of section B-2-a & B2-b minus B-2-c)	3	6	9

Section C: Individual Demographics

Please provide counts of individuals receipted by Gender:

	1st half	2nd half	Total
a. Male	2	1	3
b. Female	1	3	4
Total individuals receipted. (Must equal count from Part I Section B-1b above.)	3	4	7

Please provide counts of individuals receipted by Ethnicity:

	1st half	2nd half	Total
a. Alaskan Native			
b. American Indian			
c. Arab American (Middle Eastern)			
d. Asian			
e. Black (Not Hispanic/Latino Origin)	1	3	4
f. Hispanic/Latino			
g. Multi Racial / Multi Cultural			
h. Pacific Islander			
i. White (Not Hispanic/Latino Origin)	2	1	3
j. Other (IF SELECTED MUST SPECIFY)			
k. Unknown			
(Calculated by Computer) Total individuals receipted. (Must equal count from Part I Section B-1b above.)	3	4	7

Please provide counts of individuals received by Age Bracket:

	1 st half	2 nd half	Total
a. 14 to 18			
b. 19 to 21			
c. 22 to 40	0	1	1
d. 41 to 59	3	3	6
e. 60 to 64			
Total individuals received. (Must equal count from Part I Section B-1b above.)	3	4	7

Please provide counts of individuals received by Beneficiary Status:

	1 st half	2 nd half	Total
a. SSI eligible		1	1
b. SSDI eligible	2	3	5
c. Dually eligible	1		1
Total individuals received. (Must equal count from Part I Section B-1b above.)	3	4	7

Please provide counts of individuals received by Primary Disability:

	1 st half	2 nd half	Total
a. Absence of extremities			
b. Autism			
c. Auto-immune (lupus, thyroid, ALS, etc.)			
d. Blindness (both eyes)			
e. Cancer			
f. Cerebral palsy			
g. Deaf-blind			
h. Deafness			
i. Diabetes			
j. Digestive disorders (chronic pancreatitis, esophageal stricture, fistulae, chronic liver, etc.)			
k. Epilepsy			
l. Genitourinary conditions (kidney, prostate, etc.)			
m. Hard of Hearing (not deaf)			
n. Heart and other circulatory problems including cardiovascular	1		1
o. HIV/AIDS			
p. Mental illness (diagnosis according to DSM-IV)	1	3	4
q. Mental retardation			
r. Multiple sclerosis			
s. Muscular dystrophy			
t. Muscular / Skeletal impairment (arthritis, fibromyalgia, osteogenesis imperfecta, osteomyelitis, etc.)	1		1
u. Neurological disorders (brain tumors, convulsive disorders, Parkinson, etc.)			
v. Other emotional/behavioral (Provide detail)			

w. Other intellectual such as ADD/ADHD (Provide detail)			
x. Physical / orthopedic including spinal cord injuries, paraplegia, quadriplegia, back problems, etc.			
y. Respiratory disorders (emphysema, asthma, pulmonary hypertension, cystic fibrosis, etc.)			
z. Specific learning disabilities (SLD)			
aa. Speech impairment			
bb. Spina bifida			
cc. Substance abuse (alcohol or drugs)			
dd. Tourette syndrome			
ee. Traumatic brain injury (TBI)			
ff. Visual Impairment (not blind)		1	1
gg. Disability not known/Other than Above (Specify)			
Total individuals receipted. (Must equal count from Part I Section B-1b above.)	3	4	7

D. Major Source of Concern – Service Requests – Reason for Receipt

Please provide counts of all PABSS issue area service request receipts by major source of individual's concern for the current report period:

	1 st half	2 nd half	Total
a. State Vocational Rehab Agency (public VR program)	1	2	3
b. Employment Networks (SSA contractor)	1	1	2
c. Agencies other than 1. or 2. above			
d. Employment discrimination – hire, fire, promotion			
e. Employment wages and benefits			
f. Housing			
g. Healthcare (not 5 above)			
h. Insufficient/improper benefits planning			
i. Transition services (Student beneficiary between 14-18 (or under age 22) engaging/needng a transition plan)			
j. Post Secondary accommodation			
k. Transportation			
l. Social Security benefits cessation based on SGA (including CDR's) – not Overpayment			
m. Benefits Questions/Work Incentives – Not 12 or 14			
n. Work Related Overpayment	1	3	4
o. Other			
Total issues/service requests of individuals receipted. (Must equal count from Part I Section B-2b above.)	3	6	9

Section E: Closed Issue Area Service Requests

What was the problem/sub-problem area?

	1 st half	2 nd half	Total
a. [AT] Assistive Technology			
b. [Education] Transition school to work			
c. [Employment] Discrimination in employment benefits			
d. [Employment] Discrimination in hiring			
e. [Employment] Unlawful termination / firing			
f. [Employment] Other employment discrimination			
g. [Employment] Reasonable accommodation – not d, e, or f from above			
h. [Employment] Service provider issues – not c-g above	1		1
i. [Employment] Wage and hour issues			
j. [Financial Entitlements] SSI: Overpayments based on work issues	1	1	2
k. [Financial Entitlements] SSDI: Overpayments based on work issues	2	1	3
l. [Financial Entitlements] (other) – Specify			
m. [Healthcare] Medicaid only issues			
n. [Healthcare] Medicare/Medicaid issues			
o. [Healthcare] Medicare only issues			
p. p. [Healthcare] Private Insurance Issues			
q. [Housing] Accommodations in housing			
r. [Housing] Subsidized housing/Section 8			
s. [Housing] Rental termination – not q .			
t. [Housing] Other – Specify			
u. [Childcare]	2		2
v. [Rehab Services] Related to State VR			
w. [Rehab Services] Related to Employment Network (EN)			
x. [Rehab Services] Related to Agencies other than State VR or Employment Network (EN)			
y. [Post-Secondary Ed] Accessibility			
z. [Post-Secondary Ed] Funding issues			
aa. [Post-Secondary Ed] Grievance Against College – Not y or z above			
bb. [Post-Secondary Ed] Other – Specify			
cc. [Services] Personal assistance – not Employment			
dd. [Transportation]			
ee. [Benefits Planning] referral / access to BPAO services			
ff. [Other] (IF SELECTED MUST SPECIFY) (Representative Payee)		1	1
(Calculated by Computer) Total closed issue area service requests. (Must equal count from Part I Section B-2c above.)	6	3	9

2. What was the reason for closing the individual's issue area service request?

	1 st half	2 nd half	Total
a. Issue Resolved in Individual's Favor	5	3	8
b. Issue Partially Resolved in Individual's Favor	1		1
c. Issue Lacked Legal Merit			
d. Individual decided not to pursue resolution or Individual Withdrew Complaint (Not e-g below)			
e. Other Representation Obtained (Individual found other representation)			
f. Individual Not Responsive to Agency / Individual refused to cooperate with P&A			
g. Services Not Needed Due to lost contact, Death, Relocation, etc.			
h. Advocacy efforts/appeals were unsuccessful (Issue not resolved in Individual's Favor)			
i. Other (IF SELECTED MUST SPECIFY)			
Total closed issue area service requests. (Must equal count from Part I Section B-2c above.)	6	3	9

3. What was the highest intervention strategy used?

	1 st half	2 nd half	Total
a. Short Term/Technical assistance	2	2	4
b. Informal Resolution		1	1
c. Investigation/Monitoring			
d. Negotiation	2		2
e. Mediation / Alternative Dispute Resolution			
f. Administrative Remedies	2		2
g. Legal remedy / Litigation			
h. Class Action Suits			
i. Systemic / Policy activities			
(Calculated by Computer)			
Total closed issue area service requests. (Must equal count from Part I Section B-2c above.)	6	3	9

4. As a result of P&A intervention, the following major outcome was achieved: (Choose ONE outcome for each closed issue area service request!)

	1 st half	2 nd half	Total
a. Individual gained / maintained access to services including those of VR, EN or other agency	1		1
b. Individual obtained employment			
c. Individual regained employment			
d. Individual maintained employment			
e. Individual advanced in employment			
f. Individual's employment opportunities increased			
g. Individual obtained an increase in salary and/or benefits			
h. Validity of discrimination complaint was upheld			

i. Overpayment situation addressed (it doesn't matter if it was waived or the efforts weren't successful)	3	2	5
j. Individual acquired knowledge concerning his/her rights	2	1	3
k. Outcome information is not available			
l. Other outcome:			
Total outcomes of closed issue area service requests. (Must equal count from Part I Section B-2c above.)	6	3	9

PART II – NARRATIVE

Section A: Description of Progress and Status Update: [Please provide a brief overview of overall project status, staff changes, staff training or other major developments with regard to the PABSS program. This could include information about boards and committees where decisions are made concerning disability service delivery and local policy.

FY2009 – 1st half

VOPA has had some staff changes within the Office, but none that significantly impacted the implementation of the PABSS work. Our Operations Coordinator was on extended leave and then resigned. We hired a Financial Coordinator to take over the fiscal duties the Operations Coordinator was responsible for and some other duties. Our PABSS staff attorney resigned. Her PABSS work was taken over by our other PABSS staff with ease. We have sent another attorney to the PABSS training and anticipate his starting PABSS work in the new fiscal year. He is in our Institutions Unit and we hope that he will be able to assist in the effort of including employment in the discharge planning process more effectively. He will be added to the application and budget in the new federal fiscal year

VOPA prepared and presented information regarding the 1619(b) and Medicaid Buy-In programs in five (5) trainings. VOPA has examined the Department of Medical Assistance Services'(DMAS) material on the 1619(b) and Medicaid Buy-In programs and found it to be appropriately accessible to people with disabilities. VOPA and DMAS are discussing ways our agencies can work together to increase the number of people utilizing these programs. In addition, VOPA surveyed Community Work Incentives Coordinators to determine what, in their opinion, are the barriers to greater utilization of these programs. VOPA has examined the data and is using it to guide future work and its current work with DMAS and for clients.

FY2009 – 2nd half

During this six-month period VOPA provided case level services for four (4) Social Security beneficiaries. VOPA has provided information and referral to an additional 423 individuals. Examples:

VOPA responded to three callers receiving SSA disability benefits with information on Americans with Disabilities (ADA) “reasonable accommodations” requirements in employment. One of the callers focused on the interview process and post-employment. Two callers were already employed and wanted information on the legal requirements and the process. In each instance, the information provided assisted the individuals to better make employment decisions that would improve their opportunities to gain, retain, or improve employment positions. All callers were also referred to the appropriate Community Work Incentive Coordinators.

In another instance, an individual receiving SSDI had moved to Richmond and required assistance obtaining door-to-door public transportation services to help him find and retain part-time employment. VOPA staff provided the individual with the necessary information and guided him as he applied by telephone for the transportation program and scheduled his initial rides. The individual later re-contacted VOPA after he had found employment which did require his use of the public transportation system.

Another individual had a physical disability that limited his ability to perform certain work tasks. This led to his resignation from his previous factory job several years ago. The individual was looking to work again but needed to weigh his options in terms of how this may affect his benefits. Advocate connected the individual with a Community Work Incentives Coordinator (CWIC) and the local Department of Rehabilitative Services (DRS) office for assistance.

VOPA Disability Rights Advocate (David Hominik) successfully completed PABSS training in the spring of 2009.

VOPA participates on the Virginia Rehabilitation Council for the Department for the Blind & Vision Impaired. The Rehabilitation Act of 1973, as amended, requires the establishment of a Statewide Rehabilitation Council to be appointed by the Governor. The amendments identify specific organizations to be represented on the Council, and also specify that a minimum of four individuals represent business, industry and labor on the Council as well as current or former applicants for or recipients of vocational rehabilitation ("VR") services. The Rehabilitation Council advises the VR program in development of the State plan and completion of the federally required needs assessment. The Council also assists with customer satisfaction surveys, training or employment opportunities, and completion of the required Annual Report on the status of VR services in the State. Issues of particular interest to VOPA before the Council in the past fiscal year included DBVI resorting to extending the order of selection for service eligibility to all categories except the most complex and significant level of need.

Upon nomination by the VOPA Director, a VOPA advocate was appointed by the Governor of Virginia to be a member of the Virginia State Rehabilitation Council (SRC). In accordance with federal and state law the group must include a representative of the Client Assistance Program (CAP) of the state's Protection and Advocacy entity (VOPA). In Virginia, VOPA is the CAP. The appointment is for one year and expires in September 2010. "Improving employment and quality of life for Virginians with disabilities" is an objective for this council. Because this work is VR related, VOPA sees this as another avenue for PABSS related advocacy.

Section B: Detail of Actions Taken on the Project:

1. Issue Area Service Requests Summaries: [Please provide summaries of three Issues/Service Requests undertaken as part of the PABSS project. Indicate clearly the issue or problem, the PABSS intervention, and the results if known]

FY2009 – 1st half

VOPA's client's Ticket to Work was originally assigned to the Department of Rehabilitation Services (DRS) but he considered changing it to a different employment network. However, he changed his mind yet again and then contacted VOPA when he wanted the "Ticket" reassigned back to DRS. Our client claimed he had 2 DRS counselors in 11 months and he reported that there had been times when he had gone for 2 months with no contact from DRS. VOPA collaborated with and eventually confirmed that the client did indeed have his "Ticket" re-assigned with DRS and received a copy of his Individual Plan for Employment (IPE) and other documents related to the assignment of his "Ticket." VOPA encouraged the client to practice self-advocacy skills and he was confident that he could manage the services from DRS without further VOPA assistance. At the time of case closing, VOPA's client was working with a DRS Job Placement Specialist completing job applications.

VOPA's client was receiving advocacy services under another funding stream. In addition we received a PABSS service request from him related to being on the DRS waiting list (Order of Selection) for vocational rehabilitation services while participating in the Ticket to Work Act program. He alleged that DRS was the only employer network who could provide services for him and therefore wanted VOPA to represent him in a lawsuit to require DRS to provide services to him immediately. VOPA provided the client with clear information about his rights under the TWIAA and the federal law that allowed DRS to adhere to the Order of Selection. VOPA also provided our client with contact information for other employment networks he may be able to work with.

VOPA is investigating whether the Department of Social Services prepares children in its custody to receive vocational rehabilitation and social security benefits planning services. VOPA identified two (2) people with disabilities who were in the custody of DSS but did not receive appropriate planning or services to allow them to live independently once they aged out of DSS custody. As a result, those persons were forced to live in institutions. VOPA will continue its investigation and contact DSS to discuss it in the next quarter.

FY2009 – 2nd half

An individual contacted VOPA stating that his Social Security Administration (SSA) appointed representative payee was not being fiscally responsible. The caller claimed that many of his bills were being paid late and the caller questioned whether his representative payee was appropriately using his funds. The caller had asked SSA to stop payments to the representative payee. Also, the caller expressed a desire to return to work, but the caller felt so stressed with the current situation that he decided to not make his life financially more complex until he could resolve his current financial situation. VOPA provided information on how to find a new representative payee, on the SSA investigation process, and on steps the caller could consider to recover misappropriated funds, if any. The client acquired a new representative payee, initiated the SSA investigation, and started to receive SSA checks again. With his financial situation stabilized and the underlying situation being resolved, the client stated that he would begin seeking part-time employment opportunities to supplement his SSI disability check. VOPA advised the client of the applicable SSA requirements, along with referrals to appropriate organizations that might be able to assist him in his job search and in dealing with the interplay of SSI and work activity.

VOPA was contacted by an individual who returned to work and submitted her monthly earnings reports to SSA. However, the individual received a letter from SSA about an overpayment. VOPA provided technical assistance and advocacy. VOPA also assisted her with a Request for Reconsideration and was able to assist her to use Impairment Work Related Work Expenses (IRWE) to decrease the overpayment. The case closed successfully as she now understands why the overpayment happened. This demonstrates that even without attempting to gain employment, the social security benefits are complicated and easily compromised to the individual's detriment. So adding the complexity of work incentives is daunting for many individuals with disabilities who are already below or near the poverty level.

2(a). Outreach Statistics:

	1 st half	2 nd half	Total
Total Number of Outreach/Presentations	10	12	22

Total Number of Persons Reached by Outreach/ Presentation Events	295	166	461
---	-----	-----	-----

Other Information Dissemination Activities: (Number of Instances)

	1 st half	2 nd half	Total
Radio/TV appearances by PABSS staff			
Newspaper/Magazine/Journal articles prepared by staff			
PSAs/videos/films aired by the Agency			
Reports disseminated			
Publications/Booklets/Brochures disseminated	200	498	698
Number of Website hits	11,699	9,165	20,864
Other media activities (IF SELECTED MUST SPECIFY)			

2(b).Outreach Narrative: [Describe the agency’s outreach efforts. Describe the trainings presented by the staff including information about the topics covered, the purpose of the training, and a description of the attendees. Describe media events, informational materials developed or other activities undertaken as part of the PABSS project.]

VOPA maintains a website that posts all of our federal grants’ priorities, goals, and objectives, including PABSS. 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.

VOPA routinely provides training and speaking engagements through our Speakers Bureau. The Speakers Bureau is comprised of VOPA staff that are available to provide training and presentations that are related to the Office’s current Goals, Focus Areas, and Objectives (priorities). The Speaker’s Bureau currently has its own page on the VOPA website and there is a link for the public to make request a for a Speaker’s Bureau presentation. VOPA also provides exhibits and materials for fairs, conferences, and other functions. Whenever a presentation is conducted about VOPA in general, it addresses some of the work we do related to work incentives and Social Security issues.

FY2009 – 1st half

VOPA has provided 10 presentations across the State; 9 of them were related to work incentives and 1619(B). The other 1 was related to children aging out of foster care and needing to be better prepared with vocational rehabilitation services and benefits planning. Nearly 300 people with disabilities and providers attended. Of the 9 presentations, 8 were at locations where people with disabilities are gaining and practicing skills in self-advocacy, choice, and empowerment (clubhouses).

FY2009 – 2nd half

VOPA’s outreach and training related to PABSS work was completed in conjunction with other funding streams. This was due to VOPA’s awareness that the PABSS funding was limited. In addition, it makes more sense to our constituents (and is more practical for VOPA) to provide presentations and training on related topics no matter what the funding source is. For example, VOPA developed and provided 2 full-days of trainings for foster care agencies, parents, and other advocates on services available for children in foster care to help them

transition to adulthood. The training focused on state and federal programs that can help children transition to independent adult lives. This included trainings on EPSDT, vocational rehabilitation, Ticket to Work, and special education.

VOPA continued its focus on outreach and training by developing PABSS training for community based service providers and job coaches. Partnering with VOPA advocates working under other funding streams, VOPA PABSS staff provided training that was clearly related to work incentives, 1619(b), Medicaid Buy-in, and benefits planning. This effort helped to address misinformation about work incentives and risking Medicaid in order to work. Trainings and presentations were provided for community services boards, clubhouses, and VR service providers. Trainings and presentations included distribution of the "2009 SSA at a Glance Series" and information about Community Work Incentives Coordinators (CWICs) in Virginia. These trainings were very well received. However, VOPA recognizes that there is still much to be done in the area of educating beneficiaries as well as providers about work incentives.

Section C: Problems encountered and steps taken to resolve problems: [Please provide detail information about problems encountered in implementing or administering the PABSS program and actions you have taken to resolve the problems you encountered.]

VOPA is carefully monitoring its PABSS funding as it usually runs out before the PABSS fiscal year ends.

FY2009 – 1st half

DRS has been under an Order of Selection for many years. In June 2008 it closed its final category, effectively denying services to all new applicants regardless of severity of disability. This was done to address alleged budget shortfalls. With the federal "recovery funds," DRS has opened the first category (three or more functional limits) and they are beginning to take a limited number of clients. We are monitoring this.

VOPA had hoped that there would be recourse for individuals who wanted to enroll in the Medicaid 1619(b) program. However, DMAS clarified that the eligibility standards also include federal poverty level criteria that rules out most SSA recipients. As noted above, we are collaborating with DMAS in this area.

FY2009 – 2nd half

VOPA has examined DMAS' material on the 1619(b) and Medicaid Buy-In programs and found it to be appropriately accessible to people with disabilities. VOPA is meeting with DMAS and discussing ways our agencies can work together to increase the number of people utilizing these programs. Since VOPA became involved in this issue, enrollment in the Medicaid Buy-In program increased by 50%.

VOPA had another objective this year to determine the barriers for people with disabilities to obtain 1619(b) and Medicaid Buy-in. VOPA discovered that the most significant barrier is that the staff at the Virginia Department of Social Services (DSS) often are not knowledgeable with the program. People who contact the DSS for more information about the program often feel frustrated and therefore do not apply for the program. VOPA has created an objective for FY10 to develop a training and train DSS staff about this program and work incentives.

VOPA surveyed Community Work Incentives Coordinators to determine what, in their opinion, are the barriers to greater utilization of these programs. Of particular note was the CWIC's opinion that one of the major barriers was a lack of knowledge of the program by DSS employees. This has led to VOPA offering training on this issue to DSS as a part of its investigation into whether DSS provides appropriate services to help children in DSS custody transition to adulthood.

Section D: Planned activities: [Please provide activities you plan to undertake to further the objectives of the PABSS project.]

FY2009 – 1st half

Every request for service that is related to PABSS receives at least information and referral, whether VOPA opens a case for the individual or not.

VOPA intends to pursue the communication with DSS about children transitioning out of foster care. We have heard anecdotes from both the disability communities and providers that these children are often ill-prepared for the adult and working world.

FY2009 – 2nd half

VOPA plans to continue to provide information and referral, trainings about work incentives, and to represent beneficiaries attempting to gain, maintain and re-gain employment. Objectives for next fiscal year include the following:

Using non-PABSS funds, VOPA investigated whether the Department of Social Services provides appropriate services and supports to help children in their custody transition into adulthood. VOPA reviewed cases where children in DSS custody did not receive appropriate services, resulting in their institutionalization as adults. VOPA met with the Commissioner of DSS to inform him of the cases we reviewed and our preliminary conclusion that DSS does not provide appropriate services. VOPA offered to provide training to DSS employees in programs such as Early and Periodic Screening, Diagnostic, and Treatment (EPSDT), Ticket to Work, special education, vocational rehabilitation, 1619(B), and the Medicaid Buy-In. The Commissioner agreed and referred us to his training director. The training director has agreed to several trainings. As part of the agreement, VOPA will provide training to all DSS employees with direct responsibility for children in foster care.

VOPA continues to hear an incredible amount of anecdotal information relating to SSA beneficiaries struggling with overpayment issues related to employment. VOPA's Protection and Advocacy for Individuals with Mental Illness (PAIMI) Council again this year noted that their constituents are not even considering employment as they fear trying to work due to losing their Medicaid. There is also feedback that some providers still perpetuate mis-information about work incentives. VOPA cannot ignore this. We have an objective in FY10 to decrease the amount of Social Security beneficiaries with disabilities who are assessed overpayments by developing training on how to avoid overpayments. We will present training to job coaches and community services board employees.

In FY09, VOPA reviewed barriers for people with disabilities to obtain 1619(b) and Medicaid Buy-in services. VOPA discovered that the most significant barrier appeared that the staff at the local level Virginia Department of Social Services (DSS) agencies often are not knowledgeable

with the programs. People who contact the local DSS for more information about the program often feel frustrated and therefore do not apply for the program. VOPA has created an objective for FY10 to develop a training and train local DSS staff about this program and work incentives.

Section E: Diversification activities: [Please provide a description of activities undertaken to address the needs of individuals with disabilities from diverse ethnic and racial communities.]

VOPA has two Advisory Councils known as the Disabilities Advisory Council (DAC) and The Protection and Advocacy for Individuals with Mental Illnesses (PAIMI) Advisory 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. This function helps VOPA to identify underserved and unserved Virginians.

FY2009 – 1st half

VOPA continued outreach to the Spanish-speaking community by providing materials in Spanish about VOPA and special education at a neighborhood "Resource Center" in Richmond that serves a large Hispanic population. Materials were also sent to eleven (11) Parent-Teacher Associations (PTA) organizations in areas identified by Census Bureau data as having a high Hispanic population. Special education materials include information about transitioning to work.

FY2009 – 2nd half

VOPA continued its outreach to the Spanish-speaking community by reviewing Census Bureau data to identify areas 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 others such as Parent Educational Advocacy Training Center. VOPA identified Spanish newspapers and radio stations along with contact information for these media outlets. VOPA presented special education training to ten Spanish-speaking parents at an elementary school PTAs and provided special education materials in Spanish to eleven (11) other PTA organizations in areas with a significant Hispanic population. VOPA met with members of the Southwood Project Coalition (Richmond area) including the Bilingual Parent Liaison for the Richmond City Schools and the Director of the Southwood neighborhood "Resource Center." VOPA met with the Southwood Boys/Girls Club staff and provided written information about VOPA and about special education, including Spanish-language materials. Although this was completed under other funding streams, VOPA contends this activity positively impacts PABSS as special education discussions must include transition planning and benefits planning for those individuals who want to enter the work world.

Other:

The SSA approached the P&A Network about concerns with employers of people with disabilities who serve as representative payees for those same employees. The Network and SSA have had conversations and planning discussions about how to approach these concerns. VOPA has had discussions internally about the implications for the direction of our PABSS work and how the partnering with SSA and NDRN in this manner could be accomplished without compromising legal and ethical boundaries.