

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):**

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

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Staff Preparing Report Office Location:	Richmond, Virginia

[Agency information reported during the first year of system use will be pre-loaded into grantee form in subsequent years, allowing users to make any needed edits.]

PART I – NON-CASE SERVICES

A. INFORMATION AND REFERRAL SERVICES (I&R)

1. Total Number of Individuals Receiving I&R Services during the Fiscal Year	755
2. Total Number of Requests for I&R Services during the Fiscal Year	805

B. TRAINING ACTIVITIES

1. Number of Training Sessions Presented by Staff	26
2. Number of Individuals Who Attended These Training Sessions	265

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 (AT), different categories of AT, funding sources for AT, demonstration of AT educational software and the steps involved in selecting AT
- b. To educate private and alternative schools through a workshop demonstration about defining and understanding AT, exploring types of available AT and services and discussing 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 support staff including para-professionals from 5 private and alternative schools in Central Virginia serving children with many different types of disabilities such as autism and learning disabilities were present

Training Event #2

- a. Explanation of Special Education Rights and Transition Services including formal definition of assistive technology (AT), different categories of AT, steps involved in selecting AT, addressing barriers in the foster care system to acquiring AT
- b. To educate foster care parents and advocates about Virginia's Special Education System and a student's rights to adequate services including transition services and AT
- c. Parents, foster care agency administrators and advocates from two foster care agencies located in Northern Virginia serving children with many different types of disabilities such as autism and learning disabilities were present

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

VOPA staff completed assistive technology information and acquisition presentations to several areas including Lynchburg, Roanoke, Warren, Sterling, Reston, Manassas, Warrenton, Chesterfield, Stafford and the city of Richmond. These presentations encompassed multiple funding streams and resources that could be used to fund assistive technology. Our agency concentrated on informing the attendees that assistive technology is available through a variety of different resources such as insurance and state programs such as VATS, the Virginia

Assistive Technology System. We then offered to provide individual assistance to the attendees 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 Parents for Equal Access in Roanoke, Reston Accessibility and Citizens Committees in Reston, Children's Services of Virginia in Manassas and Stafford, Spiritos School for Autism in Chesterfield, Total Health Medical Center in Sterling and Charterhouse School, Faison School for Autism and the Virginia Home for Boys and Girls School located in the city of Richmond.

VOPA also 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 includes reviewing applicable AT projects and case objectives. This function helps VOPA to identify underserved and unserved Virginians.

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 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 online.

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/or 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 assistive technology.

VOPA initiated "VOPA alert," an email distribution list service to communicate with our constituents. Please see below for the first outgoing message announcing its purpose, requesting public input for our priority planning, and public comment on the work we have done.

Welcome to VOPA Alert, a communication service of the Virginia Office for Protection and Advocacy. The purpose of this service is to advise people who support VOPA's mission, or who support the rights of people with disabilities in general, when there has been some significant development in the agency's work, some important news event, or when there is an imminent action that you may want to know about.

You have been included in this distribution list because you have had a significant connection with VOPA. If you would prefer not to receive alert emails, please send an email to general.vopa@vopa.virginia.gov. Put "alert" in the subject line and ask to be dropped from the list. If you know of others who might like to receive these alerts, please forward this email to them as an invitation. They can send an email to general.vopa@vopa.virginia.gov with "alert" in the subject line and ask to be added to the distribution list. Please feel free to include this invitation in your newsletters or on your own distribution lists.

Each year, VOPA develops a specific plan of action for the work we hope to do in the coming year. Because we have limited resources, we try to use them in the most strategic and effective manner. We are reviewing our current specific objectives and welcome your thoughts. How are we doing? What should we be doing more of? What should we do less of? Please give us your input at www.vopa.virginia.gov and complete a short annual public input survey.

In the spring of 2010, VOPA conducted an analysis of its outreach and services statewide. The Disability Advocacy Database (DAD) reporting and sorting capabilities were used to determine the localities where VOPA had provided some level of services. Using the tourism guidelines to break the state into regions, VOPA staff marked each county or city where VOPA had done work and were able to illustrate how broad reaching advocacy efforts were across the state for the first half of the year. Calculations were also made to determine the populations of each region so that a comparison could be made between populations of regions in relation to the services provided. By importing the number of individual cases and types of systemic projects into Microsoft Excel, VOPA was able to further demonstrate its efforts showing the number of case services, I&R and systemic work by grant. The overall results of the project were put into a PowerPoint presentation and shared with VOPA's Governing Board. In addition, staff used the results to target underserved areas for the last half of the fiscal year. At the end of FY2010, VOPA had provided advocacy throughout the entire state except for five counties (see Attachment A).

VOPA initiated "The Directors' Blog" on our website. VOPA offers this blog as a way of alerting the public to news and developments in disability law, sharing activities of the Office, and getting feedback about how we are doing.

C. INFORMATION DISSEMINATED TO THE PUBLIC BY YOUR AGENCY

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

Method of dissemination	Number
1. Radio and TV Appearances by Agency Staff	3
2. Newspaper/Magazine/Journal Articles Prepared by Agency Staff	
3. PSAs/Videos Aired by the Agency	5
4. Website Hits	19,169
5. Publications/Booklets/Brochures Disseminated by the Agency	2
5a. Number of individuals/agencies receiving documents produced in item 5	202
6. Other – listed as a resources in "Older Americans Information Directory"	1

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

VOPA staff were interviewed on the radio about disability rights issues related to education, employment and housing. The radio station estimated a listenership of 25,000.

2. Newspapers/Magazines/Journals

3. PSAs/Videos

4. Publications/Booklets/Brochures

VOPA worked on an objective in which we created an in depth fact sheet series on AT and available funding streams such as Waiver Programs, Medicaid, Medicare and private insurance. These fact sheets were drafted this year and in FY 11 we plan to publish and post these to the VOPA website.

PART II – CASE-SERVICES

A. INDIVIDUALS SERVED

Report information on the individuals served during the fiscal year and the number if closed cases. Refer to the instruction manual for details on completing items 4 and 4a.

Individuals	Number
1. Individuals Served Receiving Advocacy at Start of Fiscal Year (carryover from prior)	1
2. Additional Individuals Served During Fiscal Year (new for fiscal year)	28
3. Total Number of Individuals Served During Fiscal Year (1 +2)	29
4. a. Total Number of Cases Closed During the Fiscal Year	19
4. b. Total Number of Individuals with All Their Cases Closed During the Fiscal Year	18
5. Total Individuals Still Being Served at the End of the Fiscal Year (3 minus 4b)	11

B. PROBLEM AREAS/COMPLAINTS

Identify the problem areas or complaints of each case served by you PAAT program during the fiscal year (include new cases and carry-over cases). More than one problem area/complaint may be identified in a single case.

Complaint Area	Number of cases
1. Architectural Accessibility	
2. Education	14
3. Employment Discrimination	
4. SSI/SSDI Work Incentives	
5. Healthcare (<i>total generated by the system from a-d below</i>)	13
a. Medicaid	10
b. Medicare	1
c. Private Medical Insurance	2
d. Other	
6. Housing	
7. Post-Secondary Education	
8. Rehabilitation Services	4

9. Transportation	
10. Voting <i>(total generated by the system from a-c below)</i>	
a. Accessible Polling Place / Equipment	
b. Registration	
c. Other	
11. Other - specify	
12. Other - specify	
13. TOTAL	31

C. ASSISTIVE TECHNOLOGY DEVICES/SERVICES

Report (1) the total number of individuals who received one or more AT devices or services as a result of casework during the fiscal year. For item (2), report by type, the total number of AT devices and services received by those individuals reported in item (1).

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

n. Total number of devices and services received as a result of casework (a-m)	23
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D. PRIMARY REASON FOR CLOSING A CASE FILE

Identify the primary reason for closing a case file. Select the best reason if more than one reason applies.

Primary Reason	Number of cases
1. All Issues Resolved in Client's Favor	9
2. Some Issues Resolved in Client's Favor	5
3. Other Representation Obtained	
4. Individual Withdrew Complaint	2
5. Services Not Needed Due to Death, Relocation, etc.	
6. Individual Not Responsive to Agency	2
7. Case Lacked Legal Merit	
8. Conflict of Interest	
9. Lack of Resources	
10. Not Within Priorities	
11. Issue Not Resolved in Client's Favor	1
12. Other - specify	
13. Total (number must match Part II A4a)	19

E. INTERVENTION STRATEGIES FOR CLOSED CASES

Report the highest intervention strategy used for each case closed during the fiscal year, considering the lowest form of intervention to be 'Short Term Assistance', and the highest to be 'Class Action Suits'. See instruction manual for an example. *Each closed case should be counted only once –do not include any open cases in this count.* The total reported on line 9 should match the total in II.D.13 above (primary reason for closing a case during the fiscal year).

Interventions	Number of cases
1. Short Term Assistance	8
2. Systemic/Policy Activities	

3. Investigation/Monitoring	1
4. Negotiation	10
5. Mediation/Alternative Dispute Resolution	
6. Administrative Hearing	
7. Legal Remedy/Litigation	
8. Class Action Suits	
9. Total (this should match the total in Part II.A.4.a above)	19

**Annual Protection and Advocacy for Assistive Technology (PAAT)
Program Performance Report
PART III – STATISTICAL INFORMATION FOR INDIVIDUALS SERVED**

A. AGE OF INDIVIDUALS SERVED

Report the age of the individuals served during the reporting period (unduplicated count). The total reported should match the total in II.A.3 above (total number of individuals served during fiscal year).

Age	Number of individuals
0 to 4	1
5 to 13	9
14 to 18	8
19 to 21	2
22 to 40	2
41 to 64	5
65 and over	2
Age Unknown	
Total (this should match the total in II.A.3)	29

B. GENDER OF INDIVIDUALS SERVED

Report the gender of the individuals served during the reporting period. The total reported should match the total in II.A.3 above (total number of individuals served during the fiscal year).

Gender	Number of individuals
Male	19
Female	10
Total (this should match the total in II.A.3)	29

C. RACE AND ETHNICITY OF INDIVIDUALS SERVED

1. Race of individuals served.

Report an unduplicated count of the self-reported racial backgrounds of individuals served under the PAAT grant during the fiscal year. If an individual reported more than one race, report that individual in the 'More than one race' category rather than each of the categories they selected. Ethnicity is treated separately from race, so for individuals

who are Hispanic/Latino, it is also necessary to specify a race. See the instruction manual for more details on completing Section C. The total reported on line 'h' should match the total in II.A.3 above (total number of individuals served during fiscal year).

Race	Number of Individuals
a. American Indian or Alaska Native	
b. Asian	1
c. Black or African American	7
d. Native Hawaiian or Other Pacific Islander	
e. White	20
f. More than one race	
g. Unknown/not reported	1
h. Total (this should match the total in II.A.3)	29

2. Ethnicity of individuals served.

Report an unduplicated count of the self-reported ethnicity of the individuals served under the PAAT grant during the fiscal year. The total reported on line 'd' should match the total in II.A.3 above (total number of individuals served during fiscal year).

Race	Number of Individuals
a. Hispanic/Latino	1
b. Non- Hispanic/Latino	
c. Ethnicity unknown/not reported	28
d. Total (this should match the total in II.A.3)	29

D. LIVING ARRANGEMENTS OF INDIVIDUALS SERVED

Identify the primary living arrangement of each individual served by the PAAT program during the fiscal year. For individuals who had more than one living arrangement, while receiving services, please report the living arrangement when the case was opened (if theirs was a new case; report the arrangement at the beginning of the fiscal year if the case continued from the previous year). The total reported on line 15 should match the total in II.A.3 above (total number of individuals served during fiscal year).

Living Arrangement	Number of individuals
1. Community Residential Home	

2. Foster Care	
3. Homeless/Shelter	
4. Legal Detention/Jail/Prison	
5. Nursing Facility	
6. Parental/Guardian or Other Family Home	21
7. Independent	4
8. Private Institutional Setting	
9. Public (State Operated) Institutional Setting	4
10. Public Housing	
11. VA Hospital	
12. Other – describe the living arrangement	
13. Other – describe the living arrangement	
14. Unknown/Not Provided	
15. Total (<i>this should match the total in II.A.3</i>)	29

E. PRIMARY DISABILITY OF INDIVIDUALS SERVED

Identify the primary disability of each individual served by the PAAT program during the fiscal year. For individuals with multiple disabilities, please select the one disabling condition deemed to be the most important in the context of their case. The total reported on line 34 should match the total in II.A.3 above (total number of individuals served during fiscal year).

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

9. Cerebral Palsy	1
10. Deafness	1
11. Hard of Hearing/ Hearing Impaired (Not Deaf)	
12. Deaf-Blind	
13. Diabetes	
14. Digestive Disorders	
15. Epilepsy	1
16. Genitourinary Conditions	
17. Heart & Other Circulatory Conditions	1
18. Mental Illness	
19. Mental Retardation	5
20. Multiple Sclerosis	
21. Muscular Dystrophy	
22. Muscular/Skeletal Impairment	1
23. Orthopedic Impairments	3
24. Neurological Disorders/Impairment	1
25. Respiratory Disorders/Impairment	
26. Skin Conditions	
27. Specific Learning Disabilities (SLD)	2
28. Speech Impairments	
29. Spina bifida	
30. Substance Abuse (Alcohol or Drugs)	
31. Tourette Syndrome	
32. Traumatic Brain Injury (TBI)	1
33. Other Disability – specify (Lipedema/Lymphedema)	1
34. Total (this should match the total in II.A.3)	29

F. GEOGRAPHIC LOCATION OF INDIVIDUALS SERVED

Report the geographic location of the individuals served by the PAAT program during the fiscal year. The total reported on line 5 should match the total in II.A.3 above (total number of individuals served during fiscal year).

Geographic Location	Number of individuals
1. Urban/Suburban (50k population)	21
2. Rural (<50k population)	8
3. Other - specify	
4. Unknown	
5. Total (this should match the total in II.A.3)	29

**Annual Protection and Advocacy for Assistive Technology (PAAT)
Program Performance Report
PART IV – SYSTEMIC ACTIVITIES AND LITIGATION**

A. NON-LITIGATION SYSTEMIC ACTIVITIES

1. Number of Policies/Practices Changed as a Result of Non-Litigation Systemic Activities	1
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2. Describe the agency’s systemic activity completed during the fiscal year.

VOPA investigated the number of Medicaid enrolled Medicaid assistive technology and environmental modification providers to determine if an adequate number of those providers existed in Virginia.

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

VOPA’s investigation led us to discover that although there seem to be an adequate number of providers in the state, there are some deficiencies in the way which the Department of Medical Assistance Services (DMAS) maintains their database and subsequently accessibility to an accurate list of providers. VOPA was able to acquire a response from DMAS on this concern that they are in the process of redesigning their website to specifically addressing these concerns. No negative impact came as a result of this activity.

b. The manner in which this change benefited individuals with disabilities

DMAS will have a more accurate and easier to navigate database to allow individuals to access the assistive technology providers which most appropriately and conveniently can meet their needs.

c. Estimate the number of individuals potentially affected by the policy/practice change
173949

d. The method used to determine this estimate (or enter n/a)

To determine the total number of individuals impacted by this objective, VOPA used the Department of Medical Assistance (DMAS) 2009 RD412 Report which notes that 166,000 children under 21 were eligible under Medicaid (EPSDT AT and environmental modification funding streams and Individual and Family Developmental Disabilities Support Waiver) and according to the DBHDS most recent quarterly report as of 4/2/10 there were 7,949 were current recipients of the ID / MR Waiver and therefore eligible for AT and environmental modifications leading to a total of 173,949

e. Include one case example of the agency’s systemic activity related to this policy/practice change

VOPA has not received client complaints on the database since DMAS initiated correction and redesign of their database.

3. Number of On-going Non-Litigation Systemic Activities	0
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4. Describe the agency's on-going systemic activities. Not applicable.
- 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
 - The manner in which this change benefited individuals with disabilities
 - Estimate the number of individuals potentially affected by the policy/practice change
 - The method used to determine this estimate (or enter n/a)
 - Include one case example of the agency's systemic activity related to this policy/practice change.

B. LITIGATION/CLASS ACTIONS

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

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

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

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

Not applicable

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

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

- Not applicable
- Not applicable
- Not applicable
- Not applicable

e. Not applicable

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

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

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

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

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.

Annual Protection and Advocacy for Assistive Technology (PAAT) Program Performance Report 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: 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.

Objective 5: Represent ten (10) children who have been denied appropriate AT or services under their IEPs or 504 Plans.

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

Children with disabilities have a right to an appropriate education that includes 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.

3. Indicate the Outcome of the priority: Partially Met

(a) Describe any external or internal implementation problems for outcomes marked "not met" or "partially met."

VOPA could only identify 1 student in objective #2 above.

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

5. Illustrative Cases/Activities:

VOPA's 5 AT workshops from Objective 3 were completed in Central Virginia and yielded 49 attendees which included parents, teachers and advocates. VOPA's IEP Training program from Objective 1 were completed in Warren County and yielded 40 attendees who were primarily parents and advocates.

VOPA assisted a 15 year old client who had a traumatic brain injury. Due to his disability, the client was in need of assistive technology in the form of educational software. A representative from The Training and Technical Assistance Center recommended Read & Write Gold 9, adaptive educational software, as the appropriate software for the client. The client's grades were dropping because the teachers at his school refused to allow him to use the software that he already had. VOPA attended an IEP meeting for the client and the IEP Team then agreed that the client needs to use the device. Staff were trained accordingly to assist him. In addition a tape recorder is also being used to help him with note taking.

VOPA assisted a 14 year old client who had a visual impairment. VOPA negotiated with the school and attended an IEP meeting to address client's concerns. There were 9 items discussed and resolved, including 1) The client's mother requested a change in educational placement to the client's home school next year arguing that the items / AT used by the client are portable. The request was granted. 2) VOPA and client's mother successfully advocated for the client to be mainstreamed into all regular education classes with the exception of math and English. 3) VOPA and client's mother successfully advocated for 20 hours of mobility and orientation hours to be completed at the new school this summer (10 hours) and at the beginning of the next school year (10 hours). 4) VOPA and the client's mother successfully advocated for mainstreamed bus transportation. 5) VOPA and the client's mother successfully acquired the Braille Note device via funding from the Lion's Club and the school. 6) VOPA and the client's mother successfully acquired Braille instruction and materials. 7) VOPA and the client's mother successfully acquired adaptive physical education services for the next school year. 8) VOPA and the client's mother successfully advocated for an organization goal to be added to the IEP to support learning and use of the Braille Note. 9) VOPA and client's mother successfully advocated for choice of most accessible electives for the client. The client chose computer exploratory courses that coincided with accessible choices. The client and her mother were pleased with our resolution.

In another case our client, age 16 with a progressive degenerative eye disease, was denied appropriate accommodations by his school. VOPA advocated for the client via several meetings, phone calls and letters and as a result, the client was provided with multiple AT items and accommodations including audio books, Brailled instruction and materials, mobility orientation, and output audio jacks.

VOPA assisted another client, 8 years old who has autism and cerebral palsy, regarding modifications to an Individual Education Plan (IEP) involving an Assistive Technology Assessment and implementing a Behavioral Intervention Plan. VOPA participated in an IEP meeting and the IEP team agreed for our client to utilize a Dynovox Assistive

Technology Device and implemented a BIP to address the student's behavior issues on the bus and in the classroom.

Priority 2

1. Describe the Priority

Goal: 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.

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

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 ICFs/MR more actively pursue discharge once appropriate assistive technology services and devices are made available.

3. Indicate the Outcome of the priority: Partially Met/Continuing

Describe any external or internal implementation problems for outcomes marked “not met” or “partially met.”

VOPA assisted 4 individuals in regards to this objective thereby giving us 4 of the projected 5 cases. 3 of these cases are on-going in FY 11.

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

5. Illustrative Cases/Activities

VOPA assisted a 52 year old male with an intellectual disability living at Central Virginia Training Center. A facility speech language pathologist (SLP) completed an augmentative and alternative communication evaluation of the client as a result of VOPA attending meetings and advocating for the client. As part of this evaluation, the SLP also developed a communication intervention plan and provided the client with an augmentative communication device.

VOPA assisted another client, 42 with an intellectual disability and concurrent mental illness living at Southwestern Virginia Training Center. VOPA advocated for the correct and most effective implementation of use of his augmentative communication device. As a result of our advocacy, the staff at the training center were trained how to work with the client with the device and new strategies to use the device were implemented.

Priority 3

1. Describe the Priority

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

Focus Area: Assistive technology through Insurance

Objective 1: Develop a 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.

Objective 4: Represent five (5) children denied needed and appropriate services under the EPSDT program

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

An essential element of the rehabilitation process, life sustenance, and quality of life is to be able to access appropriate and necessary healthcare. For some individuals with disabilities, assistive technology is a key element of necessary healthcare. In particular, people who receive Medicaid Waiver services often need 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.

3. Indicate the Outcome of the priority: Partially Met/Continuing

(a) Describe any external or internal implementation problems for outcomes marked "not met" or "partially met."

VOPA's Fact sheet series was completed, however it has not yet been published and posted on our website as this objective has been carried over in FY 11.

4. Total Number of Cases Handled Related to the Priority: 12

5. Illustrative Cases/Activities

VOPA investigated the number of Medicaid enrolled assistive technology and environmental modification providers to determine if an adequate number of those providers existed in Virginia. Our investigation led us to discover that although there seem to be an adequate number of providers in the state, there are some deficiencies in the way which DMAS maintains their database, therefore, accessibility to an accurate list

of providers is problematic. VOPA was able to acquire a response from DMAS on this concern that they are in the process of redesigning their website to address these concerns.

Client is 67 years-old and has a physical disability. He called VOPA in regards to a provider's failure to adequately repair and return his motorized wheelchair in a reasonable amount of time. The provider told him there was an insurance glitch. VOPA negotiated with the provider who completed all necessary repairs and faced no insurance issues in fixing the wheelchair frame, motor and calibration. The client was not charged for any part of the repair process.

Client is 84 years old and uses a motorized scooter for ambulation. She acquired two motorized scooters from 2008-2009 from the same manufacturer which had to be repaired several times. The second scooter, a Pride Go-Go, no longer worked properly and the client claimed that the distributor refused to repair or replace it due to an insurance issue. VOPA stepped in and per our request had the manufacturer and distributor complete a comprehensive investigation of the scooter. As a result of the investigation, although user error was thought to be the blame, the distributor provided the client with a gently used scooter from a different manufacturer (Invacare Lynx) in exchange for the Go-Go.

In another case, VOPA assisted a 20 year old client with autism in his quest for a communication device. VOPA worked with client's Waiver Case Manager to submit request to the Department of Medical Assistance Services to provide Assistive Technology in the form of an Apple iTouch with software to help client with social skills and job related training.

VOPA assisted a client, 14 and diagnosed with autism, in his effort to acquire an elliptical machine. VOPA worked with Waiver case manager to submit request to DMAS for elliptical machine under EPSDT and DD Waiver. VOPA developed a draft Letter of Medical Necessity that Client's parent declined to use. Request was denied by DMAS. After review of legal merit of case, it was decided that we would not offer representation in an appeal of the decision.

Priority 4

1. Describe the Priority

Goal: 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.

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

An essential element of the rehabilitation process, life sustenance, and quality of life is to be able to access appropriate and necessary healthcare. For some individuals with disabilities, assistive technology is a key element of necessary healthcare. 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 assistive 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.

3. Indicate the Outcome of the priority: Partially Met

(a) Describe any external or internal implementation problems for outcomes marked "not met" or "partially met."

The objective addressing representing individuals was met under another funding stream.

4. Total Number of Cases Handled Related to the Priority: 0

5. Illustrative Cases/Activities

As a result of our ADA accessibility trainings, we discovered parking for persons with disabilities was not close to the entrance of the building and a relatively steep incline existed in the path of travel. Persons with mobility disabilities who require services from this regional cancer center were having difficulty accessing the building. As a result of VOPA's advocacy, the medical center redesignated a section of their parking lot for persons with disabilities, installing appropriate signage and restriping spaces as required.

VOPA provided our ADA presentations on Objectives 1 and 2 which clarified awareness and purpose of AT to 42 persons with disabilities and medical professionals in several community groups including Parents for Equal Access, Blue Ridge Behavioral Healthcare, Manassas Family Medical Clinic, Total Healthcare, Prime Medical Center and Reston Accessibility and Citizens Committees. These providers are located in Roanoke, Manassas, Falls Church and Reston. These agencies were trained on ADA access requirements, thus improving the likelihood of access to services for persons with disabilities.

B. PRIORITIES for the CURRENT FISCAL YEAR- - FY2011

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

Priority 1

1. Describe the Priority

Goal: Children with Disabilities Receive an Appropriate Education

Focus Area: Appropriate Therapy and Services for Children with Disabilities

Objective 1: By December 1, 2010, identify a region of the state, based on public input and experience for targeted advocacy. Train at least 15 people in the targeted region on five distinct states of the IEP development and implementation. In choosing the region, preference will be given to previously underserved areas.

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

Objective 3: Develop a fact sheet for parents on the availability and use of Assistive Technology (AT) as an accommodation for Standards of Learning (SOL) exams. Distribute to all current and former clients who are eligible for special education services.

Objective 4: Develop information on the availability and use of AT on SOL exams and present in all IEP trainings. Training materials will address assistive technology for students with vision impairments.

Objective 5: Train parents, teachers, and advocates at five (5) parent or child-advocacy groups regarding AT devices and services, and available funding resources.

Objective 6: Represent four (4) children who have improperly been denied needed and appropriate therapy or services.

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

2. Describe the Need, Issue, or Barrier Addressed

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.

Priority 2

1. Describe the Priority

Goal: People with disabilities live in the most appropriate integrated environment

Focus Area: Maximize individual choice and self direction

Objective 1: Increase off-campus activities for two (2) residents of each DBHDS-operated ICF/MR to include any necessary assistive technology.

Objective 2: Represent two (2) individuals per one hundred (100) residents of each DBHDS-operated ICF/MR to receive, as part of their Individual Program Plan, opportunities for choice and control over themselves and their environment to include any necessary assistive technology.

Objective 3: Investigate whether residents receive the active treatment necessary to promote greater independence, choice, integration, and productivity at one (1) DBHDS-operated ICF/MR. Obtain corrective action as appropriate.

Objective 4: Investigate whether residents at one (1) DBHDS-operated ICF/MR are provided with adequate opportunities and means to communicate. Publish the results.

2. Describe the Need, Issue, or Barrier Addressed

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.

Priority 3

1. Describe the Priority

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

Focus Area: Assistive technology through Insurance

Objective 1: Develop a 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: Develop a presentation on the acquisition of AT for individuals living in residential facilities and present to five (5) nursing homes and assisted living facilities across the state.

Objective 3: Represent five (5) clients denied assistive technology authorized through Medicaid or other insurance, or for whom authorization was denied.

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.

Priority 4

1. Describe the Priority

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

Focus Area: Denial of needed and appropriate Medicaid services

Objective 1: Train three (3) groups of at least fifteen (15) people on the rights to receive Medicaid services under a Waiver Program on Early Periodic Screening, Diagnostic, and Treatment (EPSDT).

Objective 2: Inform all waiver case managers about the rights of children in waiver programs to receive services under EPSDT.

Objective 3: Represent five (5) individuals denied needed and appropriate Medicaid services under a waiver program. Priority will be given to people denied assistive technology or environmental modifications.

2. Describe the Need, Issue, or Barrier Addressed

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

Priority 5

1. Describe the Priority

Goal: 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: Train five (5) community based advocacy or consumer groups on ADA accessibility requirements in medical settings, including physical barriers and effective communication issues.

Objective 2: Develop a new brochure on the rights of people who are deaf and hard of hearing to receive alternative aids and services from their health care providers to ensure effective communication.

Objective 3: By December 1, 2010, identify a region of the Commonwealth for outreach and training regarding the rights of the deaf and hard of hearing patients to receive alternative aids and services from their health care providers to ensure effective communication. Provide three (3) trainings on these rights to three (3) groups of at least fifteen (15) people.

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. Medical offices and clinics, major healthcare providers in the community, are often unaware of their responsibility to provide access, including assistive technology supports. 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 continued its role in assisting individuals with disabilities across Virginia in the area of assistive technology. This year we completed multiple AT projects and cases in the areas of education, Medicaid Waivers and EPSDT, medical office accessibility and insurance denial.

Our agency was able to take on AT education cases and successfully acquire devices such as educational software, a Braille Note Device, audio jacks and communication boards. VOPA has also been able to educate instructors, parents and staff all across the state of the potential value and benefits of assistive technology via a collaboration with Envision Technology and provide them with a hands-on workshop to explore using educational software.

VOPA's assistive technology insurance acquisition and Medicaid cases covered assistance with acquisition of a range of devices including a stimulation cycle, power wheelchairs, an elliptical machine, communication devices and motorized scooters. Acquiring these devices is instrumental in our clients' continued independence and community integration.

VOPA educated persons with disabilities and those in their support networks about available services, such as the Virginia Assistive Technology System, programs such as EPSDT and availability of assistive technology. We are opening doors for increased opportunities for these individuals to have an even better quality of life.

Finally, it is important to recognize VOPA does a multitude 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.

Annual Protection and Advocacy for Assistive Technology (PAAT) Program Performance Report 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):	85,536
2. Program income	
3. Other – carryover funds	13,372
4. Other – specify	
5. Other- specify	
6. Total:	98,908

B. DESCRIPTION OF PAAT PROGRAM STAFF

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

- The VOPA Receptionist may provide information and referral services for anyone requesting services from VOPA.
- The 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 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, and evaluation. The position includes the supervisory responsibilities for administrative, human resources 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
Professional		
Full-time	14	13
Part-Time		
Administrative		
Full-time	7	7
Part-time		
Totals	21	20

C. CONSUMER INVOLVEMENT

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

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

	Agency staff	Agency board
Person with a disability	12	6
Family members of a person with a disability	15	7
Total	27	13

D. GRIEVANCES FILED

Number of PAAT grievances filed against the agency during the fiscal year	0
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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 collaborated with Envision Technology, an AT provider who has been at the forefront in evaluating and providing affordable assistive technology to individuals with special needs. Their solutions improve the lives of children and adults with dyslexia, attention deficit disorder, low vision, macular degeneration, new English learners, and other reading, writing, or learning difficulties. VOPA created a workshop demonstration objective in which Envision Technology gave a demonstration of several educational software programs and devices to parents and advocates and then VOPA informed them of the available funding streams to acquire these devices and brainstormed specific acquisition issues.

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number of this information collection is 1820-066.1. The time required to complete this information collection is estimated to average 16 hours per response, including the time to review instructions, search existing data sources, gather the data needs, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate or suggestion for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4760. If you have any comments or concerns regarding the status of your individual submission of this form, write directly to: Jessica Smith, 400 Maryland Avenue, SW Washington, D.C. 20202-2800.