

Virginia Office for Protection and Advocacy
Richmond, Virginia
FINAL MINUTES
October 1, 2011

- Welcome and Call to Order:** Governing Board Chair Bill Fuller welcomed meeting attendees and called the meeting to order at 9:02 a.m.
- Members Present:** Bill Fuller, Maureen Hollowell, Darrel Mason, Michael Newcomb, Martha Pillow, Elizabeth Priaulx, Angela Thanyachareon, Michael Toobin, Thomas Walk
- Members Absent:** Susan Kalanges, Rita Kidd, Daaiyah Rashid, Lisa Ritchie
- Guests Present:** Robin Jordan (for portion)
- Staff Present:** LaToya Blizzard, Sherry Confer, Colleen Miller, Lisa Shehi
- Mission Statement:** Angela Thanyachareon read the Mission Statement.
- Retreat Follow-up Discussion:** Angela Thanyachareon led a discussion of outcomes from the July Retreat. After discussion, Michael Toobin suggested an ad hoc committee to research protection and advocacy systems who have transitioned to non-profit status, why they did it, what was involved, and the results. Bill Fuller agreed and appointed Michael Toobin, Tom Walk, Maureen Hollowell, and Elizabeth Priaulx to the Committee. He charged the Committee to focus on the following steps: research the issues, report to the Board, discuss the options, and prioritize the activities.
- Bill Fuller asked Colleen Miller to develop an employee survey or feedback sheet to identify areas of staff concern: What are the biggest concerns over transition? Is insurance important in employee concerns?
- Adopt Agenda:** Angela Thanyachareon noted that Tom Walk would provide the Internal Policy Committee Report. Bill Fuller shared that he would provide the Finance Report. No objections were noted to the changes and the Agenda was adopted by unanimous vote.
- Approval July 17, 2011 Minutes:** Upon review of the Minutes, Darrel Mason made a MOTION to adopt the July 17, 2011 minutes as presented. Tom Walk SECONDED the MOTION and the Minutes were unanimously approved.
- Public Comment:** No public comment was offered.
- Executive Director's Report:** Colleen Miller shared that the state statute that created the Virginia Office for Protection and Advocacy also called for an ombudsman program. Since it has been created, there has been no allocation of funding for the program. She shared that she has worked with the Disability Commission. The Disability Commission is providing a letter to Governor McDonnell in support of the Program and suggesting a pilot program with a minimum start-up budget of \$250,000.
- Board members engaged in discussions of VOPA staffing, the federal budget, and the federal Department of Justice ruling regarding the

Department of Behavioral Health and Developmental Services' facilities.

Executive Committee Bill Fuller shared that the Executive Committee met on September 28, 2011. He noted that the Committee reflected on the July Retreat and Colleen Miller reported the top five topics derived from the Retreat as follows:

- Benefits and losses of being a state agency.
- Loss of any benefit from state statute.
- Medical insurance for employees in a non-profit setting.
- How independence is working for other protection and advocacy systems.
- Financial impact of redesignation to a non-profit entity.

The Public Awareness and Goals Committee was assigned to consider the question of public perception and client trust.

**Finance and
Resource
Development
Committee:**

- **Financial Report** On behalf of the Finance Committee, Bill Fuller shared that the Committee met Wednesday, September 28, 2011. The Committee reviewed the budget reports and noted no exceptions and provided the certification by the Committee Chair, Linda Van Aken.

He announced that the Committee is in the process of reviewing the accounting manual and shared that the Finance Committee will review the updated Manual and present to the Board in January 2012 for adoption. He noted that this review is for the purpose of updating information found in the Manual.

- **Resource Development** Bill Fuller shared that the Virginia Disability Law and Advocacy Fund, VOPA's fundraising 501(c)(3) entity, has been approved by the State Corporation Commission and the Virginia Department for Agriculture and Consumer Services (VDACS) and is now approved to collect donations. Approval by VDACS must be completed annually. He stated that Colleen Miller is in the process of developing a job description for The Fund's Board members and the next steps for The Fund are to recruit Board members and develop a website.

**Internal Policy
Committee:**

Angela Thanyachareon, Committee Chair, distributed the report from the Internal Policy Committee. She and Tom Walk shared the Committee's review and discussion of operating policies.

On behalf of the Committee, Tom Walk recommended adoption of the following policies. No second was required and no discussion was offered. Each policy was adopted individually.

- **Policy 1.11 – Litigation Costs to be Assumed by Client**

Policy 1.11 - Litigation Costs to be Assumed by Client

As required by state and federal laws and regulations, including the Rules of Professional Conduct, clients of the Virginia Office for Protection and Advocacy (VOPA) are ultimately responsible for all court costs and expenses of litigation incurred in their cases. VOPA may choose to advance court costs and expenses of pending or contemplated litigation in a particular case, but the client will remain ultimately responsible for such costs and expenses. If VOPA determines that a client is indigent, it may, but does not have to, pay court costs and expenses of litigation on behalf of that client without the client being ultimately responsible for them.

- **Policy 5.2 – Supervision**

Policy 5.2 - Supervision

The Virginia Office for Protection and Advocacy (VOPA) ensures employees provide high quality, consumer driven services by providing appropriate supervision.

Supervision includes overseeing the productivity and workload progress of employees by providing orientation, training, and routine feedback about performance. Routine, regularly scheduled face-to-face supervision is required and will include reviewing a sample of work products, discussion of performance or training needs, and clarification and enforcement of policies, procedures, office practices and funding stream requirements.

All staff providing client related or systemic advocacy services are supervised by an attorney.

- **Policy 7.1 – Information Technology**

Policy 7.1 - Information Technology

The Virginia Office for Protection and Advocacy will efficiently maximize and effectively safeguard the usage of information technology (including but not limited to Internet, electronic communication systems and computer networks) in the course of service delivery and daily operations.

- **Emergency Planning**

Emergency Planning

The Virginia Office for Protection and Advocacy (VOPA) will maintain a safe work environment and minimize the delay or loss of services in the event of a disaster or emergency. VOPA will develop and implement emergency, disaster contingency and disaster recovery plans which will include business and safety practices and procedures to mitigate losses to the Office, minimize disruption of services for our constituents, and minimize injuries to employees, interns and visitors. The Office will maintain and review its contingency and recovery plans annually. These plans will identify critical client services and essential Office functions and the steps necessary to continue necessary operations.

Reports:

- **Progress on Objectives**

Colleen Miller stated that the Progress on Objectives Report included in the Board package was a comprehensive view of activities of the Office during FY11. She shared that VOPA completed a study of Logisticare, the Department of Medical Assistance Services' (DMAS) contracted Medicaid transportation provider. She stated that several trainings were completed and that information addressing how to proceed with a complaint against DMAS will be placed on VOPA's webpage and will be distributed through VOPA's e-mail alert.

She highlighted success with a venture to ensure accessibility through Virginia tourism and noted that VOPA received notification from the Virginia Wine Marketing Office stating they are planning to discuss and recommend to their membership they identify as being wheelchair accessible, or not, on their websites.

Board members requested training on the Department of Rehabilitative Services Order of Selection process and the rights of individuals to use employment networks.

- **Litigation**

Colleen Miller shared that a settlement agreement was reached in the *VOPA v. Stewart* case in which the Department of Behavioral Health and Developmental Services agrees to provide peer review records. The agreement was entered as an Order of the Court.

Public Awareness and Goals Committee:

- **FY2012 Proposed Objectives**

Elizabeth Priaulx, Committee Chair, reminded Board members of VOPA's three-year cycle of goals and focus areas. She stated that the Committee had met to review proposed objectives, which are subject to change annually.

On behalf of the Public Awareness and Goals Committee, Elizabeth Priaulx made a MOTION to adopt the proposed objectives, as amended, for adoption for FY12. In the package provided to the Board, two objectives were identified as "reserve," waiting for a final assessment of resources. One reserve objective, concerning Do Not Resuscitate Orders, was withdrawn. The other, concerning integration at community ICFs, is included in the Committee proposal. Following discussion by Board members, the objectives were adopted by unanimous vote of the Board. The adopted FY12 Goals, Focus Areas, and Objectives are:

Goal 1: People with Disabilities are Free from Abuse and Neglect

Focus Area 1: Adequate System for Protection from Harm in Institutions

1. Inform residents and patients of their rights to be free from abuse and neglect by conducting quarterly clinics at each Department for Behavioral Health and Developmental Services (DBHDS)-operated institutions.
2. Investigate the possibility of pursuing personal injury actions on behalf of individuals who were not protected from harm in state-funded facilities.
3. Investigate five (5) reports of the forced administration of psychotropic medication. All investigations will seek corrective action, to include systemic reform, as necessary.
4. Investigate the response of entities responsible for licensing, oversight, or investigation of twenty (20) instances of death, serious injury, or allegations of abuse or neglect of individuals with disabilities in institutional settings. Incidents will be selected based on patterns of suspected abuse or neglect. All investigations will seek corrective action, to include systemic reform, as necessary.
5. Report the results of the investigation of the system for protection from harm provided at DBHDS-operated institutions for individuals with mental illness and intellectual disabilities. Obtain corrective action as appropriate.
6. Investigate the activities of the "specially constituted committee" at two (2) DBHDS-operated Intermediate Care Facilities (ICFs/MR) to determine whether they comply with the requirements of the Centers for Medicare and Medicaid (CMS) regulations. Publish the results.

7. Monitor conditions at each DBHDS-operated facility monthly and provide residents with information about their legal rights as requested.
8. Prepare quarterly summaries and semi-annual trend analyses of Critical Incident Reports (CIRs) and other analyses as needed, for use in institution monitoring.
9. Respond to all proposed legislation, regulation, or policy changes that seek to address elimination of abuse and neglect in institutional settings.

Focus Area 2: Adequate System for Protection from Harm in Licensed Community Residential Settings

1. Investigate ten (10) allegations of the abuse or neglect of individuals with disabilities in licensed community residential settings. All investigations will seek corrective action, to include systemic reform, as necessary.
2. Survey fifteen (15) community residential facilities in a selected geographic region of the state to assess the effectiveness of licensure oversight for safety and quality of service. Obtain corrective action as appropriate.
3. Prepare quarterly summaries of all reports submitted by Adult Protective Services (APS) to identify possible patterns of abuse or neglect.
4. Respond to any plan for improved incident reporting from community providers to ensure that it is part of a comprehensive system for protection from harm.
5. Respond to all proposed legislation, regulation, or policy changes that seek to address elimination of abuse and neglect in licensed community residential settings.
6. Respond to any plan purporting to address the February 2011 Department of Justice findings to ensure that there is an adequate system for protection from harm in community settings.

Focus Area 3: Abuse or Neglect in Community or Institutional Settings Serving Children and Adolescents

1. Train residents and facility staff at 24 Psychiatric Residential Treatment Facilities (PRTFs) regarding the Children's Mental Health Waiver.
2. Identify and train consumer and peer specialists to participate in the Children's Mental Health Waiver outreach and training.
3. Represent ten (10) children at a psychiatric residential treatment facility to receive appropriate habilitation and discharge planning and services including special education, vocational rehabilitation, assistive technology, Medicaid, voting rights information and benefits planning.
4. Investigate whether the Commonwealth Center for Children and Adolescents has implemented the recommendations resulting from the Substance Abuse and Mental Health Services Administration (SAMHSA) grant on alternatives to seclusion and restraint. Seek corrective action, to include systemic reform, as necessary.
5. Prepare semi-annual summaries of all reports submitted by PRTFs for use in monitoring and to identify possible patterns of abuse or neglect.
6. Inform policymakers about the need for statewide monitoring by the Department of Education of the use of seclusion and restraint in public and

private schools.

7. Respond to all proposed legislation, regulation, or policy changes that seek to address elimination of abuse and neglect in community or institutional settings serving children and adolescents.

Focus Area 4: Timely and Appropriate Mental Health Services in Jails

1. Obtain systemic relief for individuals who have been ordered to the custody of the Commissioner of DBHDS but who remain in jail.
2. By March 1, 2012, investigate the implementation of the DBHDS "Proposal for Addressing Forensic Waiting Lists at State Facilities." Initiate corrective action as appropriate.
3. Represent five (5) individuals transferred to jails after receiving court ordered restoration services at DBHDS-operated psychiatric hospitals to receive appropriate mental health services.
4. Identify any systemic issues identified in the cases above and notify relevant policymakers.

Goal 2: Children with Disabilities Receive an Appropriate Education

Focus Area 1: Appropriate Therapy and Services for Children with Disabilities

1. Train two (2) groups of advocates and parents from Hispanic or Latino families regarding special education rights and assistive technology.
2. Train parents, teachers, and advocates at five (5) parent or child-advocacy groups regarding AT devices and services, and available funding resources.
3. Protect the rights of children in special education in the mediation process by training Department of Education Mediators.
4. Develop a fact sheet on the use of Early and Periodic Screening, Diagnosis and Treatment (EPSDT) funding for medically necessary therapy and services in school settings. Distribute to all school districts.
5. Develop a fact sheet for parents and children in special education on their rights in the mediation process.
6. Increase the number of special education advocates by training law students at the University of Richmond Disability Law Clinic.
7. Increase self-advocacy by providing Technical Assistance or Short Term Assistance to all callers who complain that they or their children were denied appropriate special education therapy and services.
8. Represent ten (10) children who have been denied appropriate assistive technology or AT services under their Individualized Education Programs (IEPs) or 504 Plans.
9. Represent two (2) children in foster care or an adoptive placement who have been denied special education services due to inadequate evaluations or assessments.
10. Represent two (2) children from Hispanic or Latino families who have been denied special education services due to inadequate evaluations or assessments.

11. Represent twenty (20) children who have improperly been denied needed and appropriate special education therapy or services
12. Represent up to five (5) children from the above objectives in Due Process Hearings or complaints with the Virginia Department of Education (VDOE) Complaints. Obtain "prevailing party" attorneys fees where appropriate.
13. Inform the Department of Education of any failures by its mediators to respect parents' or children's rights in the mediation process. Obtain corrective action where appropriate.

Focus Area 2: Equal Access to a Full School Day for Children in Special Education

1. Increase self advocacy by distributing VOPA's model Department of Education Complaint regarding the denial of a full school day to advocacy groups serving children with disabilities.
2. Increase self advocacy by providing Technical Assistance or Short Term Assistance to all callers who complain that they or their children were denied a full school day.
3. Represent up to three (3) children from the above objective in Due Process Hearings or VDOE Complaints. Obtain "prevailing party" attorneys' fees where appropriate.

Focus Area 3: Children who are Suspended or who are at Risk of Long-Term Suspension

1. Increase self-advocacy by providing Technical Assistance or Short Term Assistance to all callers who complain that they or their children have been suspended or are at risk of a long-term suspension.
2. Represent six (6) children who received a long-term suspension or who are at risk of receiving a long-term suspension due to the lack of an appropriate Functional Behavioral Assessment or Behavioral Intervention Plan and advocate for them to receive services in the least restrictive environment.
3. Represent up to three (3) children from the above objective in Due Process Hearings or VDOE Complaints. Obtain "prevailing party" attorneys' fees where appropriate.

Focus Area 4: Special Education for Children with Traumatic Brain Injuries

1. As part of the VDOE Task Force, develop a training for educators regarding the education of children with TBI.
2. Represent two (2) individuals with TBI who have been denied appropriate evaluations, services, or accommodations under their IEP or 504 Plan.
3. Through contract with Brain Injury Services of the Southwest, represent at least fifteen (15) children with TBI to receive appropriate special education services through September 30, 2012.
4. Represent the rights of children with Traumatic Brain Injuries to receive appropriate evaluations, identification and services by participating on the Virginia Department of Education Task Force charged to revise guidelines for the education of children with TBI.

Focus Area 5: Transition from School to Work

1. Train three (3) groups of high school students with disabilities on employment rights under the Americans with Disabilities Act (ADA) to assist with transition from school to work.
2. Train parents, teachers, and advocates at five (5) parent or child-advocacy groups on how to create Education Powers of Attorney and on transition rights, including information on work incentives, vocational rehabilitation services and voting rights.
3. Train two (2) groups of foster or adoptive parents and advocates regarding special education rights of children in foster care, including information on transition services, benefits planning, vocational rehabilitation and voting rights.
4. Increase self-advocacy by providing Technical Assistance or Short Term Assistance to all callers complaining that they or their children have not received appropriate transition services.
5. Represent eight (8) children in special education to ensure that they receive appropriate transition services to help them move from school to work.
6. For every child represented under the above objective, obtain a transition plan including information and services designed to help the child understand and exercise his or her right to vote.
7. For every child represented under the above objective, initiate the Department of Rehabilitative Services (DRS) intake process and advocate for the child at an initial meeting with DRS.
8. For every child represented under the above objective, obtain in the transition plan information and services designed to help the child understand and exercise appropriate benefits planning, including access to the Student Earned Income Exclusion.

Goal 3: People with Disabilities Have Equal Access to Government Services

Focus Area 1: Access to Vote for Persons with Disabilities

1. Identify four "office hours" locations with video conferencing ability to pilot the use of technology to conduct the office hours program. The first program at each location will occur by October 30, 2011 and will address voting rights and an overview of VOPA's 2012 Objectives.
2. Train fifteen (15) consumer or advocacy groups, five (5) of which shall be in a selected geographic region, regarding voting accessibility and registration, and assist participants with voter registration as needed.
3. Inform residents of fifteen (15) community residential facilities in a selected geographic region of their voting rights and assist residents with voter registration as needed.
4. Provide technical assistance to all voter registrar offices surveyed in FY2011 that failed to meet architectural accessibility requirements under the ADA
5. Represent five (5) individuals who have encountered barriers to voting based upon their disability.

Focus Area 2: Access to State and Federal Government Services

1. Train participants in the Partners in Policymaking program on rights and skills for maximum access to government services and policymakers.
2. Contingent on funding and in collaboration with the Virginia Department of Emergency Management, increase appropriate response to disability issues in emergency response trainings.
3. Represent up to five (5) individuals denied access to a government building or services due to architectural barriers, lack of accommodations for a hearing or visual impairment, or denial of the use of a service animal.
4. Represent individuals with disabilities regarding the denial of Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) benefits by the Social Security Administration at the appeal level, at less than the standard fee approved by the Social Security Administration.
5. Survey five (5) publicly-operated attractions listed on the Virginia Tourism website in a selected region for compliance with ADA accessibility requirements, and advocate for posting of accessibility information on their websites or other publications. Pursue corrective action as appropriate.
6. Inform the Virginia Department of Tourism of the need to provide accurate accessibility information regarding attractions listed on the Virginia Tourism website. Pursue corrective action as appropriate.
7. Investigate compliance with the ADA's accessibility requirements at a public college or university, focusing on public areas. Obtain corrective action as appropriate.
8. Monitor implementation of the settlement agreement in *Winborne v. Virginia Lottery*. Obtain corrective action as appropriate.
9. Advocate or litigate, in collaboration with other advocacy organizations, for a paratransit provider to continue or expand its services.
10. Respond to all proposed legislation, regulation, or policy changes regarding managed care of behavioral health services that may deny individuals their right to treatment in the least restrictive environment.

Focus Area 3: Appropriate TBI Supports for Veterans

1. Train Veterans and staff at five (5) Veterans facilities, Virginia Employment Commission employment centers, or community-based Veterans groups or organizations concerning employment rights for people with disabilities, including TBI.
2. Prepare and submit articles regarding Traumatic Brain Injury and related services to three (3) Veteran's groups or organizations for publication in bulletins or newsletters regarding disability rights or access to appropriate services.
3. Represent two (2) Veterans with TBI denied appropriate services or supports, or denied rights due to their disability.

Focus Area 4: Reasonable Accommodations for Individuals in Public Housing or Receiving Public Assistance in Housing

1. Provide technical assistance to up to ten (10) individuals regarding housing discrimination due to their disability or denial of a reasonable accommodation in housing under the Fair Housing Act.
2. Represent five (5) individuals who reside in public housing or receive public

housing assistance regarding housing discrimination due to their disability or denial of a reasonable accommodation.

Goal 4: People with Disabilities Live in the Most Appropriate Integrated Environment

Focus Area 1: Maximize Individual Choice and Self Direction

1. Train a self-advocacy group on choice, self-direction, and the legal right to live in the most integrated environment.
2. Inform consumers, family members, and service providers about alternatives to guardianship by providing ten (10) trainings at conferences and programs.
3. Train five (5) groups of Advance Directive Peer Advisors to equip mental health consumers to assist others in drafting advance directives.
4. Train three (3) groups of high school students, family members, and educators about alternatives to guardianship and Powers of Attorney.
5. Working with other advocacy groups, develop statewide training curriculum for advance directive peer advisers.
6. Provide training and technical assistance to the Virginia Department of Aging as they implement the Options Counseling program through the Aging and Disability Resource Centers.
7. Represent ten (10) individuals at DBHDS-operated psychiatric hospitals to receive, as part of their treatment plan, opportunities for choice and control over themselves and their environment to include opportunities to communicate and meet in private and any necessary assistive technology.
8. Represent ten (10) residents of DBHDS-operated ICFs/MR to receive, as part of their Individual Program Plan, opportunities for choice and control over themselves and their environment to include opportunities to communicate and meet in private and any necessary assistive technology.
9. Represent two (2) individuals in proceedings to prevent, modify, or terminate guardianship where the individual has capacity or has regained capacity.
10. Represent twenty-five (25) individuals in preparing a health care directive or power of attorney as an alternative to guardianship.
11. Represent up to two (2) individuals whose advance directives have been denied recognition.
12. Investigate the extent of community integration of the residents of three (3) community ICFs/MR. Seek corrective action as appropriate.
13. Complete the investigation into whether residents of SVTC receive the active treatment necessary to promote greater independence, choice, integration, and productivity. Obtain corrective action as appropriate.
14. Complete the investigation into whether the appointment of substitute decision makers at DBHDS-operated institutions violates due process. Publish the results.
15. Investigate the provision of services in the deaf unit at Western State Hospital to include the provision of interpreter services and opportunities

afforded deaf patients to communicate and meet with persons of their choice in private. Seek corrective action as appropriate.

16. Respond to all proposed legislation, regulation, or policy changes that appear to violate legal rights in substitute decision-making proceedings.
17. Inform policymakers about the need for increased opportunity for advance directive peer advisers.
18. Inform policymakers about the need for increased personal choice and self-direction for individuals with disabilities through participation on the Virginia Public Guardianship and Conservatorship Advisory Board.

Focus Area 2: Right to Timely Discharge from State Facilities

1. Inform patients and residents of their rights by conducting quarterly clinics on discharge rights and the human rights complaint system at each DBHDS-operated institution to include the dissemination and implementation of a self-advocacy training module.
2. Represent ten (10) patients at DBHDS-operated psychiatric hospitals who have been identified as ready for discharge for thirty days to ensure timely and appropriate discharge planning and discharge.
3. Represent ten (10) residents at DBHDS-operated ICFs/MR who have indicated a desire for community placement but whose authorized representative or guardian opposes it.
4. For each individual represented under the objectives above, obtain appropriate discharge planning in the areas of vocational rehabilitation and benefits planning.
5. Respond to all proposed legislation, regulation, or policy changes that appear to violate the ADA's Integration Mandate.
6. Inform policymakers of the steps necessary for Virginia's auxiliary grant program to come into compliance with the ADA.
7. Respond to all proposals that would reduce legal rights to choice, independence, and integration that we learn of through the Partnership for People with Disabilities Advisory Council, the Mental Health Planning Council, the Coalition for Virginians with Mental Disabilities, and on the Virginia Board for People with Disabilities.

Focus Area 3: Due Process Protections Relative to Conditional Release for Individuals found Not Guilty by Reason of Insanity (NGRI)

1. Represent twenty (20) NGRI acquittees at DBHDS-operated institutions for persons with mental illness to ensure the timely development of a conditional release plan.
2. Represent five (5) NGRI acquittees at conditional release or continuation of confinement hearings.
3. Investigate whether forensic patients at Central State Hospital who have been determined to be ready for a less restrictive environment are transferred in timely manner. Obtain corrective action as appropriate.

Focus Area 4: Equal Access to Public Accommodations under the ADA

1. Develop outreach tools concerning the ADA Title III regulations, including a Continuing Legal Education course.

2. Survey five (5) private attractions listed on the Virginia Tourism website (www.virginia.org) in a selected region for compliance with ADA Title III. Seek corrective action where necessary.
3. Represent ten (10) individuals who have been denied access to a place of public accommodation due to architectural barriers or inaccessible parking, or denial of a service animal. Obtain attorneys fees where appropriate.
4. Advocate or litigate for up to twenty-five (25) private businesses who are under a contract with a state agency and were surveyed in the prior fiscal year to become accessible to people with disabilities. Obtain "prevailing party" attorneys fees where appropriate.
5. Survey an additional forty (40) private businesses who are under a contract with a state agency to determine if they are accessible to people with disabilities. Provide Technical Assistance letters to inaccessible businesses outlining what they must do to become accessible.
6. For each private business surveyed and assisted in the above objective, inform the state agency with which it contracts regarding the business' violation of state and federal law. Seek corrective action from the state agency.

Goal 5: People with Disabilities are Employed to their Maximum Potential

Focus Area 1: Barriers to Work for Social Security Beneficiaries

1. Develop a training curriculum on the rights of social security beneficiaries with disabilities who have representative payees and provide via teleconference at each pilot office hours location.
2. Increase knowledge about avoiding overpayments by developing a fact sheet on how to avoid overpayments and distributing to all Centers for Independent Living (CILs), and selected advocacy groups.
3. Train clients of DRS and the Department for the Blind and Vision Impaired (DBVI) on how to avoid overpayments by providing one training at Woodrow Wilson Rehabilitation Center and one training at Virginia Rehab Center for the Blind and Vision Impaired.
4. Review all work-related complaints of improper or inadequate services provided to a beneficiary of social security with a disability, about a service provider, employer or other entity. Provide information and referral, technical assistance or legal representation as appropriate.
5. Increase self-advocacy by providing Technical Assistance or Short Term Assistance to all callers who have a complaint that they had their social security benefits reduced or are at risk of having their benefits reduced or terminated due to an alleged work related overpayment or because the Social Security Administration did not approve their Impairment Related Work Expenses (IRWEs).
6. Represent two (2) individuals to file a complaint about or request reconsideration or reappointment of a representative payee.
7. Represent eight (8) people through negotiation or through the administrative process who had their social security benefits reduced or discontinued due to an alleged work related overpayment or because the Social Security Administration did not approve their IRWE.

8. Investigate organizational Representative Payees as directed by the Social Security Administration to determine if Social Security payments are properly received and expended for the benefit of the intended beneficiaries.

Focus Area 2: Maximized Employment for Vocational Rehabilitation Clients

1. Develop a fact sheet regarding the services DRS can provide to new applicants even when all of its Order of Selection categories are closed.
2. Increase self-advocacy by providing Technical Assistance or Short Term Assistance to all callers complaining that they were denied appropriate vocational rehabilitation services or eligibility.
3. Represent people in forty-five (45) cases who were denied appropriate vocational rehabilitation services or eligibility. At least ten (10) of the people represented under this objective will have serious mental illnesses.
4. Represent up to five (5) people from the above objective in Fair Hearings.
5. Increase DRS' compliance with state and federal law and their own policy by monitoring compliance in each case involving DRS and reporting any serious violations to the Commissioner. Where patterns of violations occur, obtain corrective action.
6. Advocate for the rights of individuals with disabilities to receive maximized employment through the Statewide Rehabilitation Councils for DRS and DBVI.

Focus Area 3: Employment Rights under the ADA

1. Train ten (10) groups of clients and staff at Woodrow Wilson Rehabilitation Center and regional DRS offices, and consumers at state and private rehabilitation centers on employment rights.
2. Train three (3) consumer or advocacy groups in a selected geographic region regarding employment rights under the ADA and VDA.
3. Train participants in the Youth Leadership Forum on employment and transition rights.
4. Promote training on "Employee and Applicant Rights under the ADA" for a fee to trade groups, employers and others, and to parties as part of settlement agreements in ADA employment cases.
5. Provide technical assistance to fifteen (15) individuals regarding employment rights or discrimination based on disability under Title I of the ADA or the Virginians with Disabilities Act.
6. Represent five (5) individuals who have been denied reasonable accommodations in employment under the ADA in mediation or administrative proceedings before the Equal Employment Opportunity Commission or Virginia Human Rights Council.

Goal 6: People with Disabilities have Equal Access to Appropriate and Necessary Healthcare

Focus Area 1: Assistive Technology (AT) through Insurance

1. Present one "office hours" program at each pilot location on the acquisition and use of low-tech assistive devices.

2. Represent five (5) clients denied AT or environmental modifications authorized by Medicaid or other insurance, or for whom authorization was denied.
3. Respond to all proposed legislation, regulation, or policy changes that address an individual's right to assistive technology in healthcare and other settings.

Focus Area 2: Denial of Needed and Appropriate Medicaid Services

1. Increase self advocacy by providing Technical Assistance or Short Term Assistance to all callers complaining that they were denied appropriate transportation services by the Department of Medical Assistance Services (DMAS) or its contractor Logisticare.
2. Increase self advocacy by providing twenty (20) advocacy organizations serving people who use Medicaid non-emergency transportation through DMAS or its contractor Logisticare with information including VOPA's model complaint.
3. Inform the Virginia Board for People with Disabilities and Partnership for People with Disabilities about the model complaint process regarding Medicaid transportation.
4. Represent seven (7) individuals denied needed and appropriate Medicaid services under a Waiver Program. Priority will be given to individuals denied assistive technology or environmental modifications.
5. Represent seven (7) children denied needed and appropriate Medicaid services under the EPSDT program.
6. Represent five (5) people with disabilities who have complaints that they were denied appropriate transportation by DMAS or its contractor Logisticare. Submit Complaints to DMAS and advocate for appropriate corrective action.
7. Advocate or litigate to ensure that DMAS complies with state and federal regulations and its own policy regarding the provision of evidence it intends to present at Medicaid Appeal hearings.
8. Advocate or litigate to ensure that DMAS Hearing Officers apply an appropriate and uniform Burden of Proof in Medicaid Appeal Hearings.

Focus Area 3: Accessibility of Medical Offices and Clinics under the ADA and Rehabilitation Acts

1. Train two (2) community based advocacy or consumer groups on ADA accessibility requirements in medical settings, including physical barriers and effective communication issues.
2. Represent five (5) individuals with disabilities regarding physical barriers in violation of the ADA that impede access to health care facilities and services.
3. Represent seven (7) people who are deaf or hard of hearing to ensure that they receive alternate aids and services from their health care providers to ensure effective communication. Obtain "prevailing party" attorneys' fees where appropriate.

Focus Area 4: Dental Care for Individuals with Developmental Disabilities

1. Represent two (2) individuals at each training center to receive dental care.

2. Present preliminary findings on dental care in DBHDS-operated ICFs/MR to the Virginia Board for People with Disabilities and to participants in the LEND (Leadership Education in Neurodevelopmental Disabilities) program for feedback.
3. Complete the investigation of whether dental care is provided for residents of DBHDS-operated ICFs/MR in accordance with accepted standards of care. Obtain corrective action as appropriate.
4. Complete the investigation of the implementation of the "Integrated Dental Service Initiative" at Northern Virginia Training Center to determine whether it improves access to dental care for individuals with developmental disabilities. Publish the results of the investigation.

Reports: (continued)

- **PAIMI Council**

Mike Newcomb, Council Chair, shared that the PAIMI Council has not met since the July Board meeting. At the last meeting of the Council, members discussed membership terms as addressed in the By-laws. He stated that he will continue as Council Chair, at the request of the Council.

He shared that he participated by Skype in a joint meeting of leaders from several PAIMI Councils, coordinated by the Kentucky PAIMI Council, and he found it to be interesting.

- **Disabilities
Advisory Council**

Shirley McInnis discussed the activities of the June 24, 2011 Disabilities Advisory Council meeting.

There being no further business, Bill Fuller adjourned the meeting at 1:08 p.m.

FINAL MINUTES

January 28, 2012