

RSA-509 for FY-2022: Submission #22

State name

Virginia

Report through date

09/30/2022

Grant Award Number

H240A220065

Submitting Organization

Disability Law Center of Virginia

General Information

Designated Agency Identification**Name**

disAbility Law Center of Virginia

Address

1512 Willow Lawn Drive

Address 2

Suite 100

City

Richmond

State

Virginia

Zip Code

23230

E-mail Address

robert.gray@dlcv.org

Website Address

<http://www.dlcv.org>

Phone

[8042252042](tel:8042252042)

TTY Phone

{Empty}

Toll-free Phone

[8005523962](tel:8005523962)

Toll-free TTY Phone

{Empty}

Fax

[8046627431](tel:8046627431)

Name of P&A Executive Director

Colleen Miller

Name of PAIR Director/Coordinator

Colleen Miller

Person to contact regarding report

Robert Gray

Contact Person phone[8042252042](tel:8042252042)**Contact Person phone ext**

{Empty}

Part I. Non-Case Services**A. Individual Information and Referral Services**

(I&R)

1. Individuals receiving I&R within PAIR priority areas

255

2. Individuals receiving I&R outside PAIR priority areas

514

3. Total individuals receiving I&R (lines A1 + A2)

769

B. Training

Activities

1. Number of trainings presented by PAIR staff

19

2. Number of individuals who attended training (approximate)

2503

Training

dLCV conducted a social security training for Eli's Village, an emerging lifespan planning organization, which works with individuals and families with disabilities to enhance all aspects of their lives. This training oriented staff, including their case managers and financial planners, to the many social security benefits that individuals with disabilities can receive including the associated healthcare programs and related services such as Medicaid and its Home and Community Based Waivers and Medicaid's Health Insurance Premium Payment Program. Pre and Post tests and evaluations suggest that knowledge of the topic increased significantly enabling Eli's Village to provide better immediate and long-term services to its clients.

dLCV trained every court ADA coordinator throughout the state about the need to provide reasonable and appropriate accommodations and remove architectural barriers during the judicial process. The training equipped Virginia's court ADA coordinators with the information and resources needed to best support individuals with developmental disabilities, serious mental illness, traumatic brain injuries, and other disabilities. 30 coordinators attended the training live and all others were able to view the recording. dLCV provided training on supported decision making to five groups reaching approximately 206 individuals. The hosts included Partners in Policymaking, Albemarle County Open Doors Adult Education, The Center at Belvedere (Senior Center for Charlottesville and Albemarle), VOCAL (Virginia Organization of Consumers Asserting Leadership) Peer Support Specialists, and Eastern Shore Community Services Board.

dLCV offered "How to Help Your Clients Obtain and Maintain Social Security Disability Benefits" to 167 case managers in two mainly rural Community Service Boards. 97 case managers and their supervisors attended the 90 minute virtual webinar designed to enhance their social security knowledge and skills. The training focused on helping clients with intellectual and developmental disabilities and behavioral health and substance use disorders to access and maintain these critical benefits. The training also educated on access issues related to the pandemic and issues involving representative payees.

dLCV provided five virtual Social Security consultations to individuals and their case managers as well as family members who support them. A total of 17 people were educated around access issues involving social security benefits. Feedback for these consultations is very positive and the number of requests exceeded the number of slots available.

dLCV held two, free social security clinics in 2022 and served nine clients. These two daylong clinics provided private 90-minute consultations that addressed individual concerns related to obtaining and maintaining social security disability benefits. Issues ranged from applying successfully (both child and adults' cases) and understanding an overpayment of benefits to dealing with case denials and addressing complicated resource questions related to the Social Security Administration's Supplemental Security Income (SSI) program.

dLCV published a user-friendly guide that introduces attorneys to the concepts of effective communication, service animals, physical accessibility, courtroom accommodations, and DOJ technical assistance resources. In addition to standard distribution channels (e.g. dLCV's newsletter and social media), these materials were provided directly to thousands of Virginia attorneys through local bar associations including: Virginia Beach, Prince William County, City of Richmond, Alexandria, Arlington, Charlottesville/Albemarle, Chesapeake, Fairfax, Frederick, Hampton, Henrico, Hill Tucker, Norfolk/Portsmouth, Loudon County, McLean, Old Dominion, Roanoke, and South Hampton Roads.

dLCV completed an ADA training for a senior center in March and another in June, reaching a total of thirty individuals. These trainings increased awareness among older adults about the rights of people with disabilities to have equal access to public accommodations under Title III of the ADA for things like age-related hearing loss, vision changes, and mobility declines.

dLCV completed a deep dive into the Virginians with Disabilities Act (VDA) to identify opportunities to better utilize it in our individual case and systemic work (including our legislative advocacy). With extensive legal research support, dLCV identified VDA provisions that are much more flexible or helpful than similar federal civil rights laws. Staff also identified numerous VDA provisions that could benefit from twenty-first century updates. Staff prepared a detailed 16-page guide that specifies the weak spots in our current state law to support our advocacy in FY 23.

Throughout the year, dLCV highlighted existing information and referral resource pages on their social media accounts and other platforms. During Q1, dLCV advertised their self-advocacy complaint options website with a specific focus on voting complaints in advance of the November election. During Q2, dLCV advertised their diverse Social Security self-help resources. During Q3, we advertised our Supported Decision Making resources to coincide with National Health Care Decisions Day on April 16th. During Q4, dLCV advertised their Representative Payee resources.

dLCV hosted our annual disAbility Rights and Resources Summit in September 2022. The virtual event's theme was "Disability Through the Ages." Over three hundred event registrants had the opportunity to attend 22 live sessions facilitated by dLCV subject matter experts and community partners; each session also included live ASL interpretation and CART captioning to ensure universal accessibility. This event was so in demand that dLCV actually had to turn prospective registrants away as our event platform could not support more than a few hundred participants during the live event. Those registered were given the option to choose one of five session tracks that most closely aligned with their life stage (systemic, childhood, transition, adulthood, elder) or, alternatively, given the option to mix and match. Session topics included healthcare, supported decision making, transportation, public benefits, juvenile justice, and much more! While live participation was capped, our social media posts about the event reached nearly 9,000 individuals.

testarea
{Empty}

C. Information Disseminated to the Public

1. Radio and TV appearances by PAIR staff

2

2. Newspaper/magazine/journal articles

12

3. PSAs/videos aired

0

4. Hits on the PAIR/P&A website

40834

5. Publications/booklets/brochures disseminated

4

6. Other (specify separately)

0

Narrative

See narrative in Section B for information.

Part II. Individuals Served

A. Individuals Served

1. Individuals still served as of October 1 (carryover from prior FY)

10

2. Additional individuals served during the year

49

3. Total individuals served (lines A1 + A2)

59

4. Individuals w. more than 1 case opened/closed during the FY. (Do not add this number to total on line A3 above.)

5

B. Individuals served as of September

30

Carryover to next FY may not exceed total on line II. A.3 above

15

C. Problem Areas/Complaints of Individuals Served

1. Architectural accessibility

2

2. Employment

1

3. Program access

11

4. Housing

0

5. Government benefits/services

15

6. Transportation

0

7. Education

2

8. Assistive technology

2

9. Voting

0

10. Health care

11

11. Insurance

0

12. Non-government services

7

13. Privacy rights

0

14. Access to records

0

15. Abuse

2

16. Neglect

6

17. Other

2

D. Reasons for Closing Individual Case

Files

1. Issues resolved partially or completely in individual favor

35

2. Other representation found

0

3. Individual withdrew complaint

4

4. Appeals unsuccessful

0

5. PAIR Services not needed due to individual's death, relocation etc

4

6. PAIR withdrew from case

2

7. PAIR unable to take case because of lack of resources

1

8. Individual case lacks legal merit

1

9. Other

0

Please explain

n/a

E. Intervention Strategies Used in Serving Individuals

1. Technical assistance in self-advocacy

1

2. Short-term assistance

28

3. Investigation/monitoring

4

4. Negotiation

8

5. Mediation/alternative dispute resolution

0

6. Administrative hearings

2

7. Litigation

4

8. Systemic/policy activities

0

Part III. Statistical Information on Individuals Served

A. Age of Individuals Served as of October 1

1. 0 - 4

1

2. 5 - 22

8

3. 23 - 59

36

4. 60 - 64

6

5. 65 and over

8

B. Gender of Individuals Served

1. Females

33

2. Males

26

C. Race/Ethnicity of Individuals Served

1. Hispanic/Latino of any race

4

2. American Indian or Alaskan Native

1

3. Asian

4

4. Black or African American

12

5. Native Hawaiian or Other Pacific Islander

1

6. White

30

7. Two or more races

1

8. Race/ethnicity unknown

6

D. Living Arrangements of Individuals Served

1. Independent

21

2. Parental or other family home

5

3. Community residential home

3

4. Foster care

0

5. Nursing home

5

6. Public institutional living arrangement

0

7. Private institutional living arrangement

1

8. Jail/prison/detention center

5

9. Homeless

1

10. Other living arrangements

1

11. Living arrangements not known

17

E. Primary Disability of Individuals Served

1. Blind/visual impairment

4

2. Deaf/hard of hearing

0

3. Deaf-blind

1

4. Orthopedic impairment

10

5. Mental illness

9

6. Substance abuse

0

7. Intellectual disability

0

8. Learning disability

4

9. Neurological impairment

12

10. Respiratory impairment

5

11. Heart/other circulatory impairment

2

12. Muscular/skeletal impairment

8

13. Speech impairment

0

14. AIDS/HIV

0

15. Traumatic brain injury

4

16. Other disability

0

Part IV. Systemic Activities and Litigation

A. Systemic Activities

1. Number of policies/practices changed as a result of non-litigation systemic activities

4

2. Number of individuals potentially impacted by policy changes

12300

Describe your systemic activities.

dLCV regularly reviewed reports throughout FY 22 from the Computerized Human Rights Information System (CHRIS), Adult Protective Services (APS), Psychiatric Residential Treatment Facilities (PRTFs), and Critical Incident Reports (CIRs). Most notably, we gained access to the "Abuse/Neglect Allegation Side" (CAN) of CHRIS in the first quarter. With this wealth of new information, dLCV was able to shift the focus from doing primary investigations to enforcing reporting requirements and identifying systemic health, safety, and rights violations. dLCV received: 8,900 CAN reports (we only started getting them in December), 22,675 Serious Incident CHRIS reports, 425 CIR reports. Staff flagged 605 CHRIS reports for follow-up. Of those, we recommended: 20 for Representative Payee Reviews, 59 for Death Investigations, 34 for Other Investigations or Licensing Complaints, 20 for specialized reporting to oversight agencies, and 294 for other internal processes.

dLCV identified five state and local government agencies in FY22 open to the general public that appeared to be falling short of their obligations to designate Americans with Disabilities Act (ADA) Coordinators and have a process in place for people to report accessibility concerns. We communicated with leadership of each government agency to educate them about their responsibilities under federal law and requested prompt corrective action. The Virginia Department of Taxation, Library of Virginia, and City of Danville all responded and implemented ADA coordinators and have sections on their websites where people can

report accessibility concerns.

dLCV selected the city of Virginia Beach to survey for compliance with the VDA and Title II of the ADA. dLCV demanded corrective action from Virginia Beach officials that focused on sidewalk accessibility in a residential area near the oceanfront. The city has cleared overgrown plants that were obstructing the path of travel as dLCV requested, however, more costly repairs have not yet commenced. The city agreed that this sidewalk is not ADA compliant, however, they believe a developer is responsible for the repairs and is working with them to coordinate needed corrective action. dLCV continued surveying Virginia Beach for compliance with the VDA and Title II of the ADA throughout the remainder of the year, requesting corrective action for an extremely hazardous and inaccessible sidewalk near a convention center, a sports complex, and shopping centers.

B. Litigation/Class Actions

1. Number of individuals potentially impacted by changes as a result of PAIR litigation/class action efforts

24

2. Number of individuals named in class actions

0

Describe your litigation/class action activities.

A young woman asked dLCV to help her have her guardianship removed and her rights restored so she can move out of the assisted living facility where her guardian has placed her. dLCV worked with the individual's doctors to obtain a psychiatric evaluation, and then helped the individual develop an advance directive. Based on these documents we then drafted and filed our client's Petition for Restoration of Competence, Termination of Guardianship and Conservatorship and Discharge of Guardian and Conservator. The judge signed a final releasing the guardianship and conservatorship.

dLCV prepared a joint amicus by all the P&As in the 4th Circuit on a case denying attorneys' fees to counsel for an employee who successfully sued a defendant for employment discrimination and prevailed in a jury trial, but was denied fees. dLCV argued the decision was contrary to Congressional intent, precedent, and would severely impair access to the courts by people with disabilities. The Fourth Circuit Court of Appeals reversed and remanded the decision by the District Court, finding that the plaintiff was a prevailing party and entitled to fees, increasing the likelihood attorneys will continue to take cases where attorneys fee awards pay for their services.

dLCV was invited by the National Disability Rights Network to join in this amicus in a 2nd Circuit Appeal, one of 36 Amici to join this brief in favor of the appellant. The central issue addressed in the Brief is whether Congress effectively abrogated the sovereign immunity enjoyed by "arms of the state" when it enacted Title II of the ADA. The case involves a law school graduate who was denied requested disability accommodations by the New York Board of Law Examiners (BOLE) multiple times, resulting in the loss of an employment opportunity and significant delay and expense in obtaining a law license. The appellant alleges that BOLE's conduct violated Title II of the ADA. The district court held that Title II's abrogation of sovereign immunity with respect to BOLE lacks constitutional validity, and therefore dismissed the case. In this brief, Amici note that pervasive discrimination against people with disabilities created harmful barriers to entry to the legal field for persons with disabilities; Title II of the ADA seeks to remedy just this sort historical pattern of irrational discrimination; and Title II validly abrogated sovereign immunity.

Part V. PAIR'S Priorities and Objectives

A. Priorities and Objectives for the Fiscal Year Covered by this Report

For each of your PAIR program priorities for the fiscal year covered by this report, please:

1. Identify and describe priority.
2. Identify the need, issue or barrier addressed by this priority.
3. Identify and describe indicators PAIR used to determine successful outcome of activities pursued under this priority.
4. Explain whether pursuing this priority involved collaborative efforts by other entities. If so, describe this collaboration.

5. Provide the number of cases handled under the priority. Indicate how many of these, if any, were class actions.
6. Provide at least one case summary that demonstrates the impact of the priority.

Priorities and Objectives

1. Goal: People with Disabilities are Free from Harm in Adult Institutional and Community Settings
Focus Area: Adults and Children are Free from Harm

2. Needs/Issues/Barriers Addressed: dLCV will advocate for the safety and well-being of PAIR eligible adults in different institutional settings

3. Indicators for Success Include the Completion of the Following Objectives:

- A) Provide short term assistance on disability rights issues to residents at Bon Air Juvenile Correctional Center who request it during monitoring and outreach.
- B) Investigate the need for an adult abuse and neglect registry in Virginia by collecting individuals' stories and experiences with abusive staff.
- C) Educate policymakers about the need for better community options to avoid unnecessary institutionalization of people with disabilities.
- D) Review all DSS offices to ascertain if they have policies on transition services for institutionalized youth turning 18.
- E) With support from volunteers, review CHRIS, APS, PRTF, and CIR reports. Identify and analyze trends of abuse, neglect, and unsafe conditions leading to preventable injuries. Report progress to the Virginia Board for People with Disabilities.
- F) From review of reported incidents, identify incidents involving possible abuse or neglect, or death, serious health or safety concerns (prioritize deaths, particularly DD deaths) for possible investigation, case-level services or systemic reform under other objectives.
- G) Each quarter, host an interagency Coalition for Community Safety to discuss issues and trends from our review of CHRIS, APS, PRTF, and CIR reports. At each meeting, identify one specific issue for follow-up and utilize coalition resources to take corrective action and make recommendations for systemic change.
- H) Develop a robust cross-referencing system and protocols among report databases to effectively track individuals, providers, and systemic issues between reporting systems.

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

dLCV worked with many collaborators for this priority. Staff worked with Department of Juvenile Justice, Department of Social Service offices, Department of Behavioral Health and Developmental Services, Department of Medical Assistance Services, and the Department of Aging and Rehabilitative Services to obtain data, advocate for clients, and discuss data trends.

5. Provide the number of cases handled under the priority. Indicate how many of these, if any, were class actions. 7, no class actions

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

- A) During a monitoring visit at Bon Air Juvenile Correctional Center, Ross spoke with dLCV staff about his delay and ultimate denial of prescription eye glasses by the facility. Ross went through the normal steps as outlined by the facility to be evaluated by a physician and prescribed eye glasses to no avail. Ross explained to dLCV staff how difficult it was for him to function in general without being able to see. dLCV contacted the Department of Juvenile Justice's (DJJ's) staff to express our concern with the denial and delay in Ross receiving his glasses. We negotiated with DJJ and Ross received his eye glasses!
- B) dLCV shared an anonymous survey through their monthly newsletter and on the website asking individuals to share their stories and experiences with abusive staff to prove the need for an abuse and neglect registry in Virginia. dLCV is continuing to collect these surveys as anecdotal evidence to show the need for an abuse and neglect registry.
- C) During the 2022 state legislative session, dLCV took every opportunity to educate legislators about the limited community options available to people with disabilities. Utilizing other funding, dLCV also successfully fought to ensure that an improved rate for auxiliary grants would be available to people in supported housing and not be limited to those in institutional assisted living facilities only. Finally, dLCV educated policymakers that the supposed "bed shortage" in state hospitals could be eliminated if every individual who was ready for discharge could live in the community. This position was reflected in the final state budget passed in June 2022.
- D) dLCV submitted a FOIA request for one-hundred-twenty-two Department of Social Services (DSS) offices statewide to gain policy and procedures on transition services for institutionalized youth aging out of the system (i.e. turning 18). dLCV connected with all one-hundred-twenty-two local offices and reviewed state guidance including but not limited to the Chafee Program Transition Plan; The Foster Club's

Transition ToolKit; Adult Foster Care Services (AFC); and Fostering Futures. We now have a better understanding of transition services for institutionalized youth.

E) See the first narrative in the Systemic Activities section of this report.

F) Through regular review of CHRIS, APS, PRTF, and CIRs, dLVC identified several troubling trends tied to staffing; in particular, staff flagged a large number of reports in which group home staff left individuals alone in the home, typically without notifying a supervisor. The review team also flagged a number of reports in which staff at psychiatric facilities (most often serving juveniles) left keys for facility vehicles unattended and allowed residents to elope with facility vehicles. dLVC met with representatives from the Department of Behavioral Health and Developmental Services (DBHDS) and the Department of Medical Assistance Services (DMAS) to address these staffing concerns and developed a system to send our contacts at DBHDS and DMAS specific examples of violations. Throughout the year, dLVC also identified a large number of concerning death reports, which staff forwarded to the internal Autopsy Project Team for follow-up. In FY22 dLVC staff have requested records in 59 cases, and have received and reviewed records for 51 cases.

G) The Coalition for Community Safety met in each quarter this fiscal year to discuss CHRIS trends, watchlist items, and community concerns. dLVC continued to update the Coalition regarding the status of database integration. dLVC has begun reviewing CAN reports and identifying important trends and recommending report restructure. The Coalition continued to follow deaths relating to the Fatal 5 and efforts to improve oversight from state agencies. The Coalition was also interested in efforts to improve the completion of autopsies. The Coalition also focused on staff leaving clients unattended in residential settings and proposed ideas to address staffing shortages. They followed up with the LEO/Crisis project and had particular interest in improving the utilization of response in crisis episodes.

H) Through regular review of CHRIS, APS, PRTF, and CIRs, dLVC made several updates to multiple database systems throughout the year to enhance usability and streamline the review process. dLVC staff implemented review protocols that allowed cross-referencing of reports flagged for follow-up manually. Doing this provided far more insight into reported incidents overall and served as proof-of-concept for our computerized design. Staff continue to work with the Department of Aging and Rehabilitative Services (DARS) to get digital downloads of APS reports; doing so will allow the implementation of a computerized cross-reference process.

1. Goal: People with Disabilities Have Appropriate Access to Government Services

Focus Area: Government Programs Remove Architectural Barriers and Provide Reasonable Accommodations

2. Needs/Issues/Barriers Addressed: dLVC will seek local and systemic change to increase the quality of life for people with disabilities by removing barriers to ADA Title II services including access to government buildings and services.

3. Indicators for Success Include the Completion of the Following Objectives:

A) Represent individuals denied ADA Title II accommodations in post-secondary education programs and take corrective action.

B) Provide STA individuals requesting "subject matter" information about, or assistance with, Social Security disability benefits.

C) Represent people in ADA Title II complaints involving access to state or local government services.

D) Train all Virginia judges and clerks regarding access and accommodations required under state and federal law.

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

dLVC collaborated with Virginia General District Court and Circuit Court judges.

5. Provide the number of cases handled under the priority. Indicate how many of these, if any, were class actions. 14, no class actions

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

A) Phoebe contacted dLVC regarding Northern Virginia Community College (NVCC) and a denial of appropriate post-secondary accommodations. dLVC communicated these concerns as they related to her current class as the final exam quickly approached. With some very fast and tenacious advocacy, the College responded back informing us that the final time will be extended to 180 minutes. Phoebe was very grateful and took the exam with confidence and relief.

B) Monica is deaf and her son has autism. They both received Social Security Income (SSI) until these benefits were suddenly cut off. Since ASL, not English, is Monica's primary language, she was overwhelmed and confused by the mountain of paperwork sent to her by SSA. dLVC worked with Monica

(and an interpreter) to review her paperwork and formulate a list of recommended next steps. We were able to determine that Monica's bank account exceeded \$2,000 after she obtained a loan to help with her daughter's college education. This excess resource issue apparently occurred a couple of years ago and resulted in a large overpayment. Monica had no idea resource limits such as this existed. We engaged one of our SSA regional escalation contacts to determine how best to secure an in person appointment with Social Security and an ASL interpreter. She now understands how to document the money that cancelled their SSI and that their SSI may be re-instated once SSA sees she is no longer over the threshold. She also knows how to appeal or request waiver and the various grounds on which she can do so thanks to dLCV's help.

C) Ursula is navigating a civil lawsuit pro se. As instructed by the clerk, she requested a disability accommodation from Circuit Court. She is seeking virtual Zoom hearings to mitigate the ill effects of her extreme chemical sensitivity. The judge scheduled a hearing to review the accommodation request and asked opposing counsel to be present for the hearing as well. Before the hearing, Ursula contacted dLCV looking for guidance about how to navigate this complex process. We provided Ursula with detailed written and verbal information about the Virginia Supreme Court's ADA coordinator and accommodation request processes. After Ursula connected with the Supreme Court's ADA coordinator, dLCV also consulted with them via phone. Moreover, we provided Ursula with information about how to go about filing any personal supporting information about her disability accommodation need under seal (so as to maintain her privacy).

D) Across two dates in November and December, dLCV trained every magistrate in Virginia via live, virtual presentations. Our training covered reasonable accommodations and modifications under the ADA. In April, dLCV presented to approximately 40 new Virginia General District Court and Circuit Court judges about disability rights. Training topics included effective communication, service animals in the courtroom, COVID-19 masking considerations, reasonable modifications of policies, and much more! Then in May, dLCV presented to 320 Virginia Circuit Court judges on similar topics. dLCV even had the opportunity to provide guidance to the Virginia court system in the third quarter about accommodating members of the public who need disability accommodations to view proceedings in the Depp/Heard case. These trainings and consultations equipped Virginia's court system with the information and resources needed to best support individuals with developmental disabilities, serious mental illness, traumatic brain injuries, and other disabilities (e.g. sensory and mobility) - including those with assistive technology or environmental modification needs.

1. Goal: People with Disabilities Live in the Most Appropriate Integrated Environment
Focus Area: Maximize Individual Choice and Equal Access to Public Accommodations

2. Needs/Issues/Barriers Addressed: dLCV will educate and assist individuals with issues including Social Security, self-determination, guardianship and advanced directives to allow for maximized individual choice.

3. Indicators for Success Include the Completion of the Following Objectives:

A) Facilitate the development of Advance Directives and/or Supported Decision-making Plans for 8 individuals.

B) Represent five individuals to prevent, modify, or terminate guardianship where there is evidence of capacity.

C) Provide STA to all individuals who request it during the above clinics and consultations.

D) Represent five individuals in complaints involving lack of accessibility by entities covered by the Virginians with Disabilities Act.

E) Represent five individuals alleging a violation of Title III of the ADA.

F) Provide STA to every individual who alleges their attorney is failing or refusing to a reasonable accommodation or modification. Priority given to issues involving physical access and effective communication.

G) Using interns and volunteers, evaluate all nursing home eviction notices for compliance with regulations and make appropriate referrals.

H) Educate Virginia attorneys about their responsibilities under the ADA via publication and dissemination of written guidance materials.

I) Survey ten law offices for compliance with the ADA and VDA. Seek corrective action for all identified noncompliance.

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

dLCV worked with several court systems to terminate inappropriate guardianships, the VEC to provide effective communication, and a local amusement park to ensure accessibility information was properly posted.

5. Provide the number of cases handled under the priority. Indicate how many of these, if any, were class actions. 24, no class actions

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

A) dLCV worked with Tonya and her public guardian to secure a psychiatric evaluation and develop an Advance Directive for Health Care and a Supported Decision Making Plan. Based on these documents, dLCV then petitioned the Court to revoke the Tonya's guardianship and restore her rights. dLCV and the guardian later submitted an agreed Order, which the judge signed—releasing Tonya from the guardianship and restoring her rights.

B) dLCV successfully petitioned the court to release Abe from guardianship. dLCV based the petition on a psychiatric evaluation supported by a Health Care Advance Directive and a Supported Decision-Making Agreement which dLCV had helped Abe develop. dLCV then collaborated with the public guardianship agency to create and present the judge with an agreed Order granting the petition and releasing Abe from the guardianship. The judge signed the Order, and our client now lives successfully in the community with two of his supporters.

C) Charlotte requested help understanding Social Security benefits at 60. She has numerous physical and mental conditions that have cut short an illustrious career in the medical field. dLCV learned that she hasn't worked due to these conditions since 2016. This explains her "date last insured" (DLI) being critical to her understanding of whether she will qualify for SSDI. She was also informed of how SSI works and that that this may have to be her back-up benefit if SSDI is ruled out due to her DLI. She was fully apprised of the type of documentation needed for her claim and the necessity of appealing if denied. She is confident now she can move forward with her plan to apply for both SSDI and SSI and what to expect along the way.

D) Gunther, who is deafblind, uses tactile American Sign Language to communicate. After losing his job, Gunther sought services from the Virginia Employment Commission (VEC). Despite his requests for a tactile interpreter, VEC directed Gunther to instead utilize inaccessible phone and computer systems to access their services. dLCV quickly jumped into action, outreaching the Commission's ADA coordinator on Gunther's behalf. We requested that VEC promptly afford Gunther with a tactile interpreter to ensure effective communication as required by the ADA. Thanks to dLCV's advocacy, VEC quickly changed course and agreed to provide tactile interpretation to Gunther!

E) We received a complaint from Jayce about a large amusement park in Virginia. The individual has multiple prosthetics due to a medical condition. The park's ride information was a bit unclear as far as prosthetics were concerned. It wasn't clear which rides he could ride and which he couldn't. This resulted in Jayce being kicked off of a ride and having to watch his companions ride without him. dLCV sent a letter to the amusement park with links to clearer and more comprehensive guidance materials from other amusement parks. We also asked them to update their park materials to prevent a recurrence of the issue. Thanks to our letter, the amusement park revised their ride information. This improves the park experience for Jayce and many other people who use prosthetic limbs!

F) Autumn contacted dLCV after a law firm wrongly billed her for the cost of her ASL interpreter. dLCV contacted the law firm and received no response. dLCV pushed harder and Autumn was immediately refunded the money that she was wrongly charged.

G) dLCV reviewed all nursing home eviction notices for compliance with regulations. One issue dLCV found is that most eviction notices still includes our former P&A name- The Virginia Office for Protection and Advocacy (VOPA) and contact information. In addition, we found that notices often lack information that is supposed to be included (e.g., where resident will be discharged). When appropriate, dLCV referred individuals to the long-term care ombudsman or the Virginia Department of Health.

H) dLCV published a user friendly guide that introduces attorneys to the concepts of effective communication, service animals, physical accessibility, courtroom accommodations, and DOJ technical assistance resources. In addition to standard distribution channels (e.g. dLCV's newsletter and social media), these materials were provided directly to thousands of Virginia attorneys through local bar associations including: Virginia Beach, Prince William County, City of Richmond, Alexandria, Arlington, Charlottesville/Albemarle, Chesapeake, Fairfax, Frederick, Hampton, Henrico, Hill Tucker, Norfolk/Portsmouth, Loudon County, McLean, Old Dominion, Roanoke, and South Hampton Roads.

I) dLCV surveyed nine law offices in the Richmond area. None of the surveys completed identified an office free of barriers. Two of the firms surveyed had significant barriers to entering their offices that would require meeting with clients with mobility impairments at an alternate location. Seven of the offices had some issue with accessible parking. In addition to providing the partners with Americans with Disabilities Act standards, we also requested policies for the provision of sign language interpreters, communication aids and alternative formats. We further recommended that the offices note the availability of reasonable accommodations upon request on their website. dLCV is waiting to hear back from most firms still. A legal aid organization reached out to dLCV seeking technical assistance on their hunt for new office space to ensure their new space will be fully accessible and accommodating.

1. Goal: People with Disabilities have Equal Access to Appropriate and Necessary Health Care
Focus Area: People with Disabilities Have Access to Healthcare

2. Needs/Issues/Barriers Addressed: This Focus Area allows dLCV to address the need for greater architectural access, assistive technology, effective communication for people with disabilities accessing healthcare facilities and services.

3. Indicators for Success Include the Completion of the Following Objectives:

A) Represent 8 individuals who have been denied a Medicaid service under a Medicaid Waiver program or EPSDT, or whose services were reduced or revoked, in Medicaid Fair Hearings.

B) Provide short term assistance to three individuals with brain injury to support Medicaid waiver applications, enrollments, or appeals.

C) With referrals from DD Network Partners and others, provide STA to twelve individuals with a disability alleging a failure to provide an accommodation that creates a barrier to community.

D) Healthcare Issues - Educate policymakers about the rights of people with disabilities to have appropriate in-person and remote access to necessary healthcare services.

E) Prevent discriminatory policies and practices during COVID-19 including crisis standards of care, visitation restrictions, and inaccessible testing, treatment and vaccination sites. Obtain corrective action.

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

dLCV worked with CCC Plus Advocates, DMAS and an orthopedic office.

5. Provide the number of cases handled under the priority. Indicate how many of these, if any, were class actions. 12, no class actions

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

A) Layla's father called dLCV because she had been denied eligibility for the CCC Plus Waiver, even though she has substantial medical needs and was approved for the Waiver years ago. We assisted Layla with obtaining medical records that demonstrate her multiple medical needs and requested a revised UAI evaluation and changed finding from the Richmond Health Department. Ultimately, the Health District agreed to revise its UAI findings and found Layla eligible for the Waiver.

B) Riley contacted dLCV after she unsuccessfully attempted to restart her Medicaid Waiver services, having pressed pause on them in the early days of the pandemic. Fearing exposure to COVID, Riley chose to discontinue formal in home supports and instead relied on unpaid family supporters. However, as the pandemic dragged on and her family returned to fulltime employment, Riley had minimal support to remain safely at home. A brain injury survivor, Riley needs help with things like communication, ambulation, and personal care. She contacted her local health department to restart the long term care she received for more than a decade and was told she no longer qualified. dLCV requested and reviewed extensive health department and Medicaid records for Riley and then connected her with the state's CCC Plus advocacy program. The CCC Plus advocate uncovered a processing error on DMAS's part that resulted in the improper denial of Waiver services to Riley. Within days, this error was corrected, Riley's Waiver was reinstated, and in home support commenced! Riley once again has the services in place she needs to remain safely at home and out of a nursing facility!

C) dLCV received a call from Sarah who went to a therapeutic recreation center operated by a city. The center banned Sarah from bringing in her service animal. They asked multiple questions beyond what the ADA allows. After Sarah called dLCV, we sent a letter reminding the city of their obligations under the ADA. After sending the letter, we got a response indicating that Sarah's service dog will be welcome in the future in compliance with the ADA!

Wanda is deaf and communicates most effectively in American Sign Language. She had a dental appointment coming up and requested that her dental provider secure an interpreter to support communication, but the provider refused to do so. Desperate, Wanda contacted dLCV. Soon after dLCV became involved, the dental provider changed course and offered to provide interpreter services.

D) dLCV educated policymakers about the rights of people with disabilities to have appropriate in-person and remote access to necessary healthcare. We found significant effective communication barriers in telehealth for people who are deaf, hard of hearing, blind or vision impaired. Thankfully, federal civil rights agencies took note of this same issue during the year with the U.S. Department of Justice (DOJ) and Health and Human Services (HHS) releasing joint "Guidance on Nondiscrimination in Telehealth: Federal Protections to Ensure Accessibility to People with Disabilities and Limited English Proficient Persons" in July. We shared this guidance with the director and civil rights coordinator for our state Medicaid agency (DMAS) - asking them to ensure fee for service and managed care providers are aware of the guidance and in compliance.

E) dLCV devoted considerable time throughout FY22 to monitoring and preventing discriminatory policies and practices which have emerged during the COVID-19 pandemic. We opened multiple cases involving

improper application of hospital visitation prohibitions for people with developmental disabilities and several cases for people who required face mask accommodations due to their disabilities as well. One hospital visitation case was so egregious (it resulted in a death) that dLCV developed and distributed new self-advocacy tools for people to utilize. We shared this tool with state officials as well. We also proactively worked with disability service providers throughout the state to remind them of dLCV's availability to tackle barriers to community based healthcare that arise (including vaccine and face mask related barriers). This included working directly with the Department of Juvenile Justice to schedule (and incentivize) COVID-19 vaccines amongst youth in the state's custody and handing out vetted vaccine materials in congregate care settings for adults (such as group homes and nursing homes). Notably, dLCV also represented several children throughout the state in a federal lawsuit that sought to ensure ADA accommodations and modifications were available to immunocompromised youth as they returned to in-person schooling!

B. Priorities and Objectives for the Current Fiscal Year

Please include a statement of priorities and objectives for the current fiscal year (the fiscal year succeeding that covered by this report), which should contain the following information:

1. a statement of each priority;
2. the need addressed by each priority; and
3. a description of the activities to be carried out under each priority.

B. Priorities and Objectives for the Current Fiscal Year

Goal: People with Disabilities Have Appropriate Access to Government Services

Needs/Issues/Barriers Addressed: dLCV will seek local and systemic change to increase the quality of life for people with disabilities by removing barriers to ADA Title II services including access to government buildings.

Indicators for Success Include: Focus Area: Government Programs Remove Architectural Barriers and Provide Reasonable Accommodations

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

Needs/Issues/Barriers Addressed: dLCV will educate and assist individuals with issues including Social Security, self-determination, guardianship and advanced directives to allow for maximized individual choice.

Indicators for Success Include: Focus Area: Maximize Individual Choice

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

Needs/Issues/Barriers Addressed: dLCV will seek local and systemic change to increase the quality of life for people with disabilities by removing architectural barriers to allow access to places of public accommodation.

Indicators for Success Include: Focus Area: People with Disabilities have Equal Access to Public Accommodations

Goal: People with Disabilities have Equal Access to Appropriate and Necessary Health Care

Needs/Issues/Barriers Addressed: This Focus Area allows dLCV to address the need for greater architectural access, assistive technology, effective communication for people with disabilities accessing healthcare facilities and services.

Indicators for Success Include: Focus Area: People with Disabilities Have Access to Healthcare

Part VI. Narrative

Narrative

At a minimum, you must include all of the information requested. You may include any other information, not otherwise collected on this reporting form that would be helpful in describing the extent of PAIR activities during the prior fiscal year. Please limit the narrative portion of this report, including attachments, to 20 pages or less.

The narrative should contain the following information. The instructions for this form outline the information that should be contained in each section.

- A. Sources of funds received and expended
- B. Budget for the fiscal year covered by this report
Outline the budget for the fiscal year covered by the report (prior fiscal year), as well as a projection for the current fiscal year. Be sure to include a breakdown of dollars expended/allotted for: administrative costs (i.e., personnel salaries, equipment, etc.); services to individuals; and other expenses (i.e., staff training, travel, etc.)
- C. Description of PAIR staff (duties and person-years)
- D. Involvement with advisory boards (if any)
- E. Grievances filed under the grievance procedure
- F. Coordination with the Client Assistance Program (CAP) and the State long-term care program, if these programs are not part of the P&A agency

part_vi_rsn

A. Sources of funds received and expended

Source of Funding	Amount Received	Amount Spent
Federal	413,798	313,918.95

State	0	0
Program Income	0	0
Private	0	0
All other funds-carryover	74,406.31	74,406.31
Total (from all sources)	488,204.31	388,325.26

B. Budget for the fiscal year covered by this report

Category	Prior Fiscal Year- FY21	Current Fiscal Year FY22
Wages/salaries	250,090.83	252,998.34
Fringe benefits (FICA, unemployment, etc.)	68,997.08	69,075.87
Materials/supplies	1,287	1,384.08
Postage	544.50	493.31
Telephone	970.20	1,109.53
Computer/IT	3,960.00	4,158.11
Rent -	19,800.00	20,196.00
Travel	9,603.00	5,176.25
Copying	1,485.00	1,529.55
Equipment (rental/purchase)	1,683.00	1,721.12
Temporary Personnel Services	0	0
Miscellaneous	29,264.81	30,483.10
Total \$	387,685.42	\$388,325.26

C. Description of PAIR staff (duties and person-years)

Type of Position	FTE	% of year filled	Total #
Professional	0	0	0
Full-time	34	100	34
Part-time	4	.25	1
Vacant	0	0	0
Clerical	0	0	0

D. Involvement with advisory boards (if any)-
dLCV operated with one Advisory Council: The Protection and Advocacy for Individuals with Mental Illnesses (PAIMI) Advisory Council. The Council's primary responsibility is to advise the protection and advocacy system on policies and priorities protecting individuals with disabilities concentrating on those with mental illness. This Council is not PAIR funded.

E. Grievances filed under the grievance procedure-

dLCV received 2 PAIR Grievances in FY 22. The dLCV Executive Director reviewed and responded to the grievances. The grievances related to issues outside of our ability to assist or represent.

F. Coordination with the Client Assistance Program (CAP) and the State long-term care program, if these programs are not part of the P&A agency

CAP is part of dLCV.

Coordination with the State Long-Term Care Ombudsman Program is particularly important during the legislative session.

The Long-Term Care Ombudsman Program consists of the Office of the State Long-Term Care Ombudsman and twenty local offices located in area agencies on aging throughout the state providing direct service in their communities. The mission of Virginia's State Long Term Care Ombudsman Program is to serve as an advocate for older persons receiving long-term care services. Virginia Local Ombudsmen provide older Virginians and their families with information, advocacy, complaint counseling, and assistance in resolving care problems. The program also represents the interests of long-term care consumers before state and federal government agencies and the General Assembly. Using funding other than PAIR, we worked with the Long-Term Care Ombudsman during the state legislative session to educate policy makers about the need for greater protections against unfair nursing home discharges. Staff from the Office of the Long-Term Care Ombudsman Program also attended our 2022 Disability Rights Summit.

The Department of Medical Assistance Services (DMAS) is the primary source of funding for the long-term care system in Virginia. dLCV coordinates with them on an as needed basis. Using funding other than PAIR, we worked with DMAS during the legislative session to inform them about the need for case management services for people with brain injuries.

Certification

I agree to submit this form by electronic means. By signing this form electronically, I certify under penalty of perjury that my answers are correct and complete to the best of my knowledge. I understand that an electronic signature has the same legal meaning and can be enforced in the same way as a written signature.

Name and Title of Authorized Certifying Official

Full Legal Name of Signer:

Colleen Miller

Certifying Official Title:

Executive Director

By checking this box and typing my full legal name above, I am electronically signing this form.

Yes

Signed date

Mon, 11/14/2022 - 00:00

OMB Notice

OMB Control Number: 1820-0627, approved for use through 07/31/2023

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 16 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain or retain a benefit (Section 13 of the Rehabilitation Act, as amended). Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to U.S. Department of Education, Washington, D.C. 20202-4537 or email ICDocketMgr@ed.gov and reference the

OMB Control Number 1820-0627. Note: Please do not return the completed form to this address.