

Part C State Annual Performance Report (APR) for FFY 2009

Overview of the Annual Performance Report Development:

The Virginia Interagency Coordinating Council (VICC) served as the primary stakeholder group providing advice and assistance to the State Lead Agency in the development of the Annual Performance Report (APR). During a VICC meeting on December 1, 2010 VICC members:

- Reviewed FFY 2009 data on the status of local systems and the State as a whole related to the targets set in the State Performance Plan (SPP);
- Discussed revised possible revisions to FFY 2010 targets; and
- Discussed improvement activities to address indicators that are below target.

In addition, a draft of the APR was widely disseminated in December 2010 to stakeholders who had the opportunity to submit written input.

Following submission to the Office of Special Education Programs (OSEP), the APR and revised SPP will be posted to the “Supervision and Monitoring” section of the Infant & Toddler Connection of Virginia website (www.infantva.org) and disseminated to and through local systems and participating State agencies no later than February 28, 2011. Public reporting on the performance of each local system will occur no later than March 31, 2011, with the required data posted on the “Supervision and Monitoring” section of the Infant & Toddler Connection of Virginia website and disseminated to and through local systems and participating State agencies. Public reporting of state and local results also includes dissemination through the Family Involvement Project newsletter and website, sharing results with various advocacy and stakeholder groups, and dissemination of a press release from the State Lead Agency to newspapers statewide.

Virginia’s Status At-A-Glance

The following table provides an overview with Virginia’s baseline data, FFY 2009 target, and actual FFY 2009 data related to each of the State Performance Plan Indicators addressed in the Annual Performance Report. Detailed information about each indicator follows the table.

	Indicator	Baseline Data	FFY 2009 Target	FFY 2009 Actual
1	Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	72%	100%	94%
2	Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community setting.	99%	98%	99.5%
3	Percent of infants and toddlers with IFSPs who demonstrate improved: <ul style="list-style-type: none"> a. Positive social-emotional skills (including social relationships); b. Acquisition and use of knowledge and skills (including early language/communication); and c. Use of appropriate behaviors to meet their needs 	a1: 75.9% a2: 70.4% b1: 81.4% b2: 61.5% c1: 83.1% c2: 60.8%	a1: 75.9% a2: 70.4% b1: 81.4% b2: 61.5% c1: 83.1% c2: 60.8%	a1: 72.6% a2: 68.7% b1: 77.5% b2: 59.9% c1: 80.4% c2: 58.9%
4	Percent of families participating in Part C who report that early intervention services have helped their family: <ul style="list-style-type: none"> a. Know their rights; 	a. 65.8% b. 61.9%	a. 67.7% b. 63.5%	a. 69.5% b. 66.8%

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	Indicator	Baseline Data	FFY 2009 Target	FFY 2009 Actual
	<ul style="list-style-type: none"> b. Effectively communicate their children’s needs; and c. Help their children develop and learn. 	c. 77.6%	c. 79.5%	c. 80.3%
5	Percent of infants and toddlers birth to 1 with IFSPs	.58%	.87%	.59%
6	Percent of infants and toddlers birth to 3 with IFSPs	1.79%	2.3%	1.95%
7	Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and initial IFSP meeting were conducted within Part C’s 45-day timeline.	93%	100%	99%
8	Percent of all children exiting Part C who received timely transition planning to support the child’s transition to preschool and other appropriate community services by their third birthday including: <ul style="list-style-type: none"> a. IFSPs with transition steps and services; b. Notification to the LEA, if child potentially eligible for Part B; and c. Transition conference, if child potentially eligible for Part B. 	<ul style="list-style-type: none"> a. 84% b. 81% c. 51% 	<ul style="list-style-type: none"> a. 100% b. 100% c. 100% 	<ul style="list-style-type: none"> a. 88% b. 100% c. 93%
9	General supervision and monitoring system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than 1 year from identification	100%	100%	88%
10	Percent of signed written complaints resolved within 60-day timeline, including a timeline extended for exceptional circumstances with respect to a particular complaint.	100%	100%	100%
11	Percent of due process hearing requests fully adjudicated within the applicable timeline	No hearings	100%	No hearings
12	Percent of hearing requests resolved through resolution session settlement agreements (applicable if Part B due process procedures are adopted)	N/A	N/A	N/A
13	Percent of mediations resulting in mediation agreements	100%	N/A	100%
14	State reported data (618 and SPP and APR) are timely and accurate	83%	100%	100%

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Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 1: Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.

(20 U.S.C. 1416(a)(3)(A) and 1442)

Measurement:

Percent = [(# of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner) divided by the (total # of infants and toddlers with IFSPs)] times 100.

Account for untimely receipt of services.

FFY	Measurable and Rigorous Target
2009	100%

Actual Target Data for FFY 2009:

94% of infants and toddlers with IFSPs began receiving all early intervention supports and services on their IFSPs in a timely manner.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:

Target Data

Virginia defines “timely start of services” as within 30 calendar days of the date the parent signs the IFSP. Early intervention supports and services may begin more than 30 calendar days following the parent signing the IFSP if the IFSP team, including the family, decides on and documents the reasons for a later start date in order to meet the individual needs of the child and family.

Target data for FFY 2009 is based on monitoring data from all 39 local Part C systems in Virginia. The records of children who had an initial, periodic or annual IFSP developed on or after October 1, 2009 but no later than December 31, 2009 were reviewed to determine compliance with the requirement for timely start of services. The State Lead Agency randomly selected the children whose records were to be reviewed by the local system as follows:

- The number of records to be reviewed was based on the local system’s annualized child count for the period 12/2/08 – 12/1/09:

Number of children in annualized child count	Number of records to be reviewed
0 - 200	14
201 - 800	22
Over 800	30

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- Once the number of records was determined, the exact records to be reviewed were selected using the following criteria in order to ensure a representative sample:
 - For local systems that must review **14** records:

# Of Records	Criteria
2	Children age 0-1 year
1	Child age 1-2 years
2	Children age 2-3 years
1	Child from each Race/Ethnicity category that is representative of the “pool” of children used for the record selection
2	Males
2	Females
2	Children found eligible for Part C services because of developmental delay and/or atypical development, with no diagnosed condition
2	Children found eligible for Part C services based on a diagnosed condition; there also may be a developmental delay and/or atypical development

- For local systems that must review **22** records:

# Of Records	Criteria
2	Children age 0-1 year
2	Children age 1-2 years
2	Children age 2-3 years
2	Children from each Race/Ethnicity category that is representative of the “pool” of children used for the record selection
4	Males
2	Females
4	Children found eligible for Part C services because of developmental delay and/or atypical development, with no diagnosed condition
4	Children found eligible for Part C services based on a diagnosed condition, there also may be a developmental delay or atypical development

- For local systems that must review **30** records:

# Of Records	Criteria
3	Children age 0-1 year
3	Children age 1-2 years
3	Children age 2-3 years
3	Children from each Race/Ethnicity category that is representative of the “pool” of children used for the record selection
3	Males
3	Females
6	Children found eligible for Part C services because of developmental delay and/or atypical development, with no diagnosed condition
6	Children found eligible for Part C services based on a diagnosed condition; there also may be a developmental delay or atypical development

- The remaining records needed to reach the total number the local system was required to review were selected randomly.

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Infants and Toddlers Who Receive Early Intervention Services in a Timely Manner – FFY 2009

a. Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	661
b. Total number of infants and toddlers with IFSPs	704
Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner (Percent = [(a) divided by (b)] times 100)	94%

Both the numerator and denominator in the calculation above include 157 children for whom supports and services began more than 30 days after the parent signed the IFSP because of family scheduling preference, an IFSP team decision to delay the start of supports and services to meet individual child and/or family needs, or exceptional circumstances outside of the local Part C system's control (such as child or family illness)

Of the 157 children for whom the 30-day timeline for starting services was exceeded due to family reasons or other exceptional circumstances beyond the local system's control, the specific reasons were as follows:

Delays Due to Family Reasons

Child/Family Ill	Team Planned Later Start Date	Family Scheduling Preference	Temporarily Lost Contact	Disaster/Severe Weather
23	15	99	18	2

Analysis of the system reasons for delays in the start of supports and services indicated that the primary issues impacting compliance were provider unavailability and incomplete documentation, as follows:

Number of Services Delayed Due to System Reasons

Foster Parent/Surrogate Parent Issues	Provider Unavailability	No reason documented
0	25	18

Number of Services Delayed Due to Provider Unavailability

Occupational Therapy	Physical Therapy	Speech Language Therapy	Special Instruction	Other
3	10	9	0	3

Based on the FFY 2009 data, the status of local systems on this indicator is as follows:

FFY 2009 Status of Local Systems on Indicator 1

	100% Compliance	Substantial Compliance (95% - 99%)	Non-Compliance
# of local systems	24	4	11

The 11 local systems in the noncompliance column above had compliance percentages that ranged from 45% - 93%. The 9 local systems that were below 93% compliance were required to develop a Corrective Action Plan related to timely initiation of services. The other 6 local systems below 100% compliance received written notification of their status and the need to reach full compliance (100%) within one year. There were 14 new findings of noncompliance related to Indicator 1. The 14 local systems with new findings of noncompliance on this indicator based on FFY 2009 data received written notification of their noncompliance on 9/20/10. While the data was collected and reported to the State Lead Agency in FFY 2009, data verification was delayed due to limited State staff resources, and non-compliance findings from this review of data were identified in FFY 2010.

All local systems were required to submit a signed verification statement confirming the accuracy of the data submitted via the local record review. Additional verification of local data for this indicator was conducted using a desk audit by State Part C staff with 15 local systems. These 15 local systems were selected for data verification either randomly or because they had been out of compliance with this indicator in FFY 2008 (though some were now reporting 100% compliance based on the FFY 2009 data). The selected local systems were required to submit documentation related to these records. State Part C staff verified the data submitted by the local system on the annual local record review forms by comparing the data submitted with documentation (i.e., the IFSP and contact notes) submitted from the child's record. This included not only verification of the timely start of services but also verification that the range of mitigating circumstances for a delay in start of services, including family scheduling preference and team planned a later start date, were accurately determined and reported. Since family scheduling preference is a common mitigating circumstance for exceeding both the 30-day timeline for timely start of services and the 45-day timeline for the initial IFSP meeting, the FFY 2009 data verification process included statewide confirmation of the correct use of family scheduling preference. Except for the 5 local systems that had no instances of family scheduling preference, contact notes were reviewed for all local systems to determine the accuracy of family scheduling preference as a mitigating circumstance for either Indicator 1 or Indicator 7. Ninety-eight percent (98%) of the family scheduling preferences reviewed were found to be accurate (97 out of 99). The 2 instances of inaccurate reporting were corrected.

Explanation For Progress or Slippage:

Virginia maintained 94% compliance on this indicator from FFY 2008 to FFY 2009.

FFY 2009 data indicates that the primary barriers to achieving 100% compliance with this indicator were provider shortages unavailability and inadequate documentation. Although the number of instances of provider unavailability decreased from 35 in FFY 2008 to 25 in FFY 2009, this circumstance still accounts for more than half of the system reasons for exceeding the 30-day timeline for the start of services.

Virginia implemented significant initiatives in FFY 2009 toward improving the timely start of services, particularly to address personnel and funding shortages that were impacting compliance. In addition to the substantial time spent by the State monitoring consultants and technical assistance consultants to support local systems in identifying and implementing local improvement activities, the following State-level improvement activities related to timely initiation of supports and services were completed in FFY 2009 and early in FFY 2010:

- Funding/Personnel Shortages –
 - Based on topics that local system managers identified as most critical, a statewide Local System Manager training in August 2009 included a component on developing and monitoring budgets and use of ARRA funds to ensure timely availability of all required Part C services. Training for new local system managers was held in September 2009 and provided additional assistance on these issues for those who were new to these responsibilities.
 - As a result of 2 years of collaborative planning between the State Lead Agency for Part C and the State Medicaid agency, the new Medicaid Early Intervention Services Program was implemented on October 1, 2009. This program includes increased reimbursement rates for therapy providers, new Medicaid reimbursement for special instruction providers, and

- reimbursement for provider participation in assessment for service planning and IFSP team meetings. A provider information sheet describing the Medicaid changes, including the increased reimbursement rates and the expansion of covered services, was sent not only to existing Part C providers but also to contacts at physical therapy, occupational therapy and speech-language pathology schools in Virginia and to any individuals who called or emailed the State Lead Agency to inquire about requirements to provide services in Virginia. One of the expected impacts of the new Medicaid program was improvement in local systems' ability to recruit and retain providers. In February 2010, there were 926 providers in the Part C system. As of October 15, 2010 there were 1,203 providers, an increase of 30% since February. In addition, anecdotal reports from local systems since the fall of 2009 have indicated new providers are expressing interest in working in the Part C system. The Medicaid Early Intervention Services Program was also expected to increase Medicaid revenue in the Part C system. Although some of the difference may reflect more accurate reporting rather than actual increases, the amount of Medicaid revenue reported for FFY 2009 was more than double that reported in FFY 2008.
- Family cost share practices were revised and a new sliding fee scale implemented to ensure fair and equitable assessment and collection of family fees statewide.
 - The State Lead Agency revised the method by which federal Part C funds were allocated to local systems for FFY 2010 to ensure Part C funds are proportionately distributed as payor of last resort to those local systems with a lower population of children who are enrolled in the Medicaid Early Intervention Services Program.
 - The State Lead Agency held discussions with the State Corporation Commission, Bureau of Insurance, and with the Medical Directors of the Virginia Association of Health Plans about how to better align payor processes with the needs of infants and toddlers and families and Part C requirements, including provision of services in natural environments. These initial meetings were a first step toward the goal of expanding private insurance coverage for early intervention services (covering the same Part C services at the same early intervention rates as Medicaid). This work will continue in FFY 2010.
 - State-level strategies for recruiting and retaining personnel continued and included, but were not limited to, the following:
 - Facilitating local Part C job postings on the State Lead Agency website, and
 - Providing information to university faculty on linking students to local Part C systems.
 - Technical Assistance and Training:
 - Technical assistance was provided to local system managers during regional meetings and on an individual basis to address issues related to timely initiation of supports and services, particularly to develop strategies to prevent and/or address provider shortages. A process is in place for local system managers to notify their technical assistance consultant if they are unable to identify a service provider within 10 – 15 calendar days of the IFSP meeting.
 - Fifty-two (52) service coordinators received training through *Kaleidoscope: New Perspectives in Service Coordination* in FFY 2009, and over 100 service coordinators completed the training in early FFY 2010. This training emphasizes the service coordinator's role in ensuring the timely start of services, including documentation requirements on the IFSP and in contact notes when services are delayed. The Kaleidoscope training curriculum was revised in FFY 2009 to be consistent with the new practice manual, to address needs identified by stakeholders, and to reflect new requirements associated with the Medicaid Early Intervention Services Program.
 - A Part C Leadership Academy was held in April 2010 for local system managers and program directors. The academy was designed to enhance leadership skills and focused strongly on oversight and accountability, including the use of data to inform system improvements and correction of noncompliance. One session of the conference, attended by all participants, introduced a systematic process for improvement planning based on review and analysis of local data. Local systems that were out of compliance with Indicator 1 for FFY 2008 were provided and required to use their local data on this indicator in learning the data analysis process.

- A Part C Practice Manual and new statewide forms were implemented statewide on October 1, 2009 to support statewide implementation of the service pathway, including timely start of services and efficient use of personnel. After 6 months of implementation and based on stakeholder feedback, the Part C Practice Manual was revised to clarify and expand information where needed to ensure consistent and accurate implementation of practices, including those related to timely start of services.
 - The State Lead Agency, in collaboration with the State Medicaid Agency, provided a series of statewide training events through teleconference calls and Web-ex technology to support implementation of the Medicaid Early Intervention Program and maximize Medicaid reimbursement for Part C services.
 - Emergency State Part C personnel regulations went into effect on November 4, 2009 to support the changes in Medicaid reimbursement for Part C services. In anticipation of these regulations, the State Lead Agency began certifying early intervention (EI) practitioners, including service coordinators, in September 2009. The certification process included enhancements to Virginia's Part C Comprehensive System of Personnel Development (CSPD), with consistent training offered to all practitioners seeking to obtain and maintain EI certification. Web-based modules required prior to certification address evidence based practices in screening, eligibility determination, assessment for service planning and IFSP development and implementation. In order to be certified, the practitioner must pass a test related to the web modules with at least 80% accuracy. As of October 15, 2010, there were 1,203 early intervention certified practitioners in Virginia.
 - A work plan was developed to continue the significant expansion of Virginia's Comprehensive System of Personnel Development (CSPD) through development of web-based training modules, mini-lessons and landing pads and through monthly webinars or teleconference opportunities. These trainings opportunities will be implemented in FFY 2010 and will support family-centered and evidence-based service delivery through all of the steps in the early intervention process.
 - The Virginia Chapter, American Academy of Pediatrics and The Virginia Pediatric Society *Member Alert* on September 21, 2009 included information for physicians about the Medicaid Early Intervention Program and physician certification requirements associated with developmental services and other medically-necessary Part C services listed on the IFSP.
- System Planning:
 - State Part C staff participated on state level committees and work groups addressing services for specific populations of children, including the Autism Task Force, the Hearing Work Group, and the Children's Mental Health Committee. Participation on these committees helps to ensure the Part C system is able to provide timely supports and services to address the needs of all eligible infants, toddlers and their families.
 - The State Interagency Agreement for Part C was revised to include each participating State agency's specific responsibilities for timely service provision.
 - Data Collection:
 - The State Lead Agency implemented revised record selection criteria used to gather data on Indicator 1 to ensure complete and accurate data:
 - New procedures ensure that IFSPs with no new services added are excluded from the local record review and the data reported to OSEP on Indicator 1. If a local system determines that a child whose record is selected had no new services added during the time period for the record review, then the local system manager must contact the State Lead Agency and will be given a different record to review.
 - Record review selection criteria now include not only age, race/ethnicity, gender, and reason for eligibility, but also type of IFSP (initial, periodic or annual). In order to ensure inclusion of periodic IFSP reviews, each local system maintains a list of all periodic reviews that occur in the designated record review time frame and include new services and submit that list to the State Lead Agency in early

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January so that these children can be added to the pool from which the record review sample is selected.

Correction of FFY 2008 Findings of Noncompliance (if State reported less than 100% compliance):
Level of compliance (actual target data) State reported for FFY 2008 for this indicator: 94%

1. Number of findings of noncompliance the State made during FFY 2008 (the period from July 1, 2008, through June 30, 2009)	10
2. Number of FFY 2008 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	9
3. Number of FFY 2008 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	1

Correction of FFY 2008 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance):

4. Number of FFY 2008 findings not timely corrected (same as the number from (3) above)	1
5. Number of FFY 2008 findings the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	0
6. Number of FFY 2008 findings <u>not</u> verified as corrected [(4) minus (5)]	1

Actions Taken if Noncompliance Not Corrected:

The State Lead Agency has verified correction of nine out of ten FFY 2008 findings. There is one finding that has not yet been corrected, though the local system has shown significant improvement increasing from 73% to 90% compliance. Enforcement actions taken with this local system included:

- Required monthly monitoring calls between the local system manager, State Part C Monitoring Consultant and State Part C Technical Assistance Consultant with required data analysis to be completed by the local system manager prior to each call. The purpose of the calls was to monitor implementation of the Corrective Action Plan and determine the local system’s status with regard to established benchmarks for progress toward correction of noncompliance.
- Conducted an on-site visit by the State Part C Technical Assistance Consultant for purposes of consultation, technical assistance and problem-solving with the local system manager and providers.

The primary barrier to correction of noncompliance for this local system is provider shortages, and there have been significant challenges in hiring additional personnel. The State Part C Monitoring Consultant and Technical Assistant Consultant have worked extensively with the local system manager to overcome these barriers. Efforts have included working with the local system to:

- Develop strategies for use of American Recovery and Reinvestment Act (ARRA) funding to hire additional staff in positions that will generate revenue so the position can be self-sustaining once ARRA funding is no longer available;
- Develop written materials that were used with the local system administration and city budget administrators to show the necessity of hiring additional staff despite hiring freezes. This resulted in the local system being able to add 2 positions; and
- Identify private providers to expand the provider network by using creative strategies to attract individual providers as well as provider agencies.

Verification of Correction (either timely or subsequent):

In order to verify correction of noncompliance on this indicator, the State Lead Agency selects a representative sample of records from a 3-month period (though, in the case of the Commonwealth's largest local system, a shorter period may be used since the appropriate sample size can be achieved within a shorter period), and the local system completes a record review using the same forms and process used during the annual local record review. To confirm the accuracy of the local record review data used for verification of correction, local systems are required to submit (or state staff view on-site) the documentation from a random sample of the child records reviewed showing start of services and the reasons for any delay in meeting the 30-day timeline. The sample of records for which documentation must be provided is selected by the State Lead Agency to be representative of those that show timely start of services and those that show various reasons for delays in the start of services (e.g., family scheduling preference, team planned later start date, temporarily lost contact, etc.).

In addition, for each local system with a finding of noncompliance on Indicator 1, state Part C staff used record review data documenting the actual start date for each service to verify that for each instance of noncompliance involved in the FFY 2008 finding, the child did begin receiving the services listed on his/her IFSP, though late.

Therefore, the State Lead Agency has verified that (1) based on updated data, nine out of the ten EIS programs with noncompliance reported by Virginia under this indicator in the FFY 2008 APR are correctly implementing the specific regulatory requirements; and (2) each EIS program with noncompliance reported by Virginia under this indicator in the FFY 2008 APR has initiated services for each child, although late, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memorandum 09-02, dated October 17, 2008.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2009:

[If applicable]

The following revisions were made to existing improvement activities:

- Although the State Lead Agency made a change in the allocation methodology for FFY 2010, it will be important to continue to review and revise, as needed, the allocation methodology for disseminating federal and State Part C funds to local systems to ensure Part C funds are available as payor of last resort.
- The Health and Human Resources Secretariat is committed to developing a consistent, comprehensive data system for use across Virginia's Health and Human Resources agencies rather than developing or enhancing program-specific data systems. Therefore, the activity related to an enhanced Part C data system has been revised to reflect this shift.

The following improvement activities were added in order to address the issues identified during the analysis of FFY 2009 data related to the timely start of supports and services:

- Provide statewide training on documentation requirements to eliminate findings of noncompliance that occur because there was no reason documented for the delay in start of services.
- Require all local corrective action plans to include a rigorous data analysis process prior to identification of other improvement activities to improve the effectiveness of improvement strategies.

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With these revisions, planned improvement activities related to Indicator 1 are as follows:

Activity	Timelines	Resources
1. Continue to implement the process begun in 2005 for local system managers to notify their technical assistance consultant if unable to identify a service provider within 10 – 15 calendar days of the IFSP meeting	Ongoing	<u>Personnel</u> : State Part C staff <u>Funding</u> : Already in the Part C budget
2. Provide technical assistance and follow-up to local systems in implementing corrective action plans	Ongoing	<u>Personnel</u> – State Part C Staff
3. Continue to explore and implement new strategies for recruiting and retaining personnel	Ongoing	<u>Personnel</u> : State Part C Staff, Integrated Training Collaborative, VICC, Universities serving as Local Lead Agencies
4. Continue to review and revise, as needed, the allocation methodology for disseminating federal and State Part C funds to local systems to ensure Part C funds are available as payor of last resort	Annually	<u>Personnel</u> – State Part C Staff, National Consultants <u>Other</u> : Implementation Task Force, VICC
5. Require all local corrective action plans to include a rigorous data analysis process prior to identification of other improvement activities.	Beginning October 2010	<u>Personnel</u> : State Part C Staff <u>Other</u> : Technical assistance to state staff from Data Accountability Center (DAC)
6. Provide statewide training on documentation requirements related to timely start of services	June 2011	<u>Personnel</u> : State Part C staff, Integrated Training Collaborative <u>Funding</u> : ARRA funds
7. Include Virginia’s definition of “timely” as it relates to beginning services following IFSP development in State Part C regulations	December 2011	<u>Personnel</u> : State Part C staff
8. Continue to collaborate with the State Corporation Commission to expand private insurance reimbursement for Part C services	2011 - 2012	<u>Personnel</u> : State Part C Staff, State Corporation Commission (Bureau of Insurance) <u>Other</u> : VICC
9. Explore the possibility of including ongoing electronic collection of the data needed to monitor the timely start of services in any comprehensive data system developed across	2012	<u>Personnel</u> : State Part C staff, IT staff <u>Funding</u> : To be determined

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Activity	Timelines	Resources
the Health and Human Resources Secretariat.		

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Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 2: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or Community-based settings.

(20 U.S.C. 1416(a)(3)(A) and 1442)

Measurement: Percent = [(# of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings) divided by the (total # of infants and toddlers with IFSPs)] times 100.

FFY	Measurable and Rigorous Target
2009	98%

Actual Target Data for FFY 2009:

Based on the Section 618 data submitted by Virginia for December 1, 2009, **99.5%** of infants and toddlers with IFSPs received early intervention supports and services in the home or community-based settings.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:

Target Data

The FFY 2009 data reflects the primary service setting on the IFSP in effect for each child on December 1, 2009. Each local system was required to submit a signed data verification form confirming that the primary service setting was from the IFSP in effect on December 1, 2009 and that the data submitted was accurate.

For December 1, 2009, the total percent of infants and toddlers reported under Section 618 (this includes children under age 3 served under Part B with an IEP) who received supports and services primarily in the home or community-based settings is 83%. **Virginia’s baseline data, targets and target data are based on the Section 618 settings data for children enrolled in Virginia’s Part C program with IFSPs (5,230 / 5,254 = 99.5%).**

Based on the December 1, 2009 data, the status of local systems on this indicator is as follows:

FFY 2009 Status of Local Systems on Indicator 2

	Met State Target	Substantially Met State Target (95% - 99% of target)	Did Not Meet State Target
# of local systems	36	3	0

The 3 local systems that did not fully meet the state target were at 98%, 99% and 99.5% of the state target. Each of the three received written notification of their status and the need to improve performance with this indicator.

Improving Local Performance

Five (5) local systems did not meet the State target for provision of supports and services in natural environments based on FFY 2008 data. As of December 1, 2009, four (4) of these local systems had reached the state target. The remaining local system improved from 57% to 99% of the state target.

Explanation for Progress

The percentage of infants and toddlers with IFSPs who received their IFSP supports and services primarily in the home and community-based settings increased from 97% in FFY 2008 to 99.5% in FFY 2009. The following improvement and maintenance activities were implemented at the state level in FFY 2009 and early FFY 2010:

- State Part C staff worked closely with 4 local systems to correct noncompliance (identified in FFY 2008) related to provision of services in natural environments. All 4 local systems corrected the noncompliance within 1 year from the date of identification.
- Based on topics that local system managers identified as most critical, a statewide Local System Manager training in August 2009 included a component on developing and monitoring budgets and use of ARRA funds to support individualized services for all eligible children and families. Training for new local system managers was held in September 2009 and provided additional assistance on these issues for those who were new to these responsibilities.
- As a result of 2 years of collaborative planning between the State Lead Agency for Part C and the State Medicaid agency, the new Medicaid Early Intervention Services Program was implemented on October 1, 2009. This program includes increased reimbursement rates for therapy providers, new Medicaid reimbursement for special instruction providers, and reimbursement for provider participation in assessment for service planning and IFSP team meetings.
 - The increased reimbursement rate takes into account the costs associated with providing supports and services in natural settings.
 - A provider information sheet describing the Medicaid changes, including the increased reimbursement rates and the expansion of covered services, was sent not only to existing Part C providers but also to contacts at physical therapy, occupational therapy and speech-language pathology schools in Virginia and to any individuals who called or emailed the State Lead Agency to inquire about requirements to provide services in Virginia. One of the expected impacts of the new Medicaid program was improvement in local systems' ability to recruit and retain providers. In February 2010, there were 926 providers in the Part C system. As of October 15, 2010 there were 1,203 providers, an increase of 30% since February. In addition, anecdotal reports from local systems since the fall of 2009 have indicated new providers are expressing interest in working in the Part C system.
 - The Medicaid Early Intervention Services Program was also expected to increase Medicaid revenue in the Part C system. Although some of the difference may reflect more accurate reporting rather than actual increases, the amount of Medicaid revenue reported for FFY 2009 was more than double that reported in FFY 2008.

- The State Lead Agency revised the method by which federal Part C funds were allocated to local systems for FFY 2010 to ensure Part C funds were proportionately distributed as payor of last resort to those local systems with a lower population of children who are enrolled in the Medicaid Early Intervention Services Program.
- The State Lead Agency held discussions with the State Corporation Commission, Bureau of Insurance, and with the Medical Directors of the Virginia Association of Health Plans about how to better align payor processes with the needs of infants and toddlers and families and Part C requirements, including provision of services in natural environments. These initial meetings were a first step toward the goal of expanding private insurance coverage for early intervention services (covering the same Part C services at the same early intervention rates as Medicaid). This work will continue in FFY 2010.
- Ongoing technical assistance was provided to local systems on an as needed basis to address specific local issues related to provision of supports and services in natural environments, including issues related to reimbursement, provider shortages, and meeting the needs of individual children and families.
- A Part C Practice Manual and new statewide forms were implemented statewide on October 1, 2009 to support statewide implementation of the service pathway, including planning for and providing individualized services in everyday activities, routines and places. After 6 months of implementation and based on stakeholder feedback, the Part C Practice Manual was revised to clarify and expand information where needed to ensure consistent and accurate implementation of practices, including those related to provision of individualized supports and services in natural environments.
- Fifty-two (52) service coordinators received training through *Kaleidoscope: New Perspectives in Service Coordination* in FFY 2009, and over 100 service coordinators completed the training in early FFY 2010. This training includes information on planning for and delivering supports and services in everyday activities, routines and places. The Kaleidoscope training curriculum was revised in FFY 2009 to be consistent with the new practice manual, to address needs identified by stakeholders, and to reflect new requirements associated with the Medicaid Early Intervention Services Program.
- Emergency State Part C personnel regulations went into effect on November 4, 2009 to support the Medicaid Early Intervention Services Program. In anticipation of these regulations, the State Lead Agency began certifying early intervention (EI) practitioners, including service coordinators, in September, 2009. The certification process included enhancements to Virginia's Part C Comprehensive System of Personnel Development (CSPD), with consistent training offered to all practitioners seeking to obtain and maintain EI certification. Web-based modules required prior to certification address evidence-based practices associated with planning for and providing supports and services in everyday activities, routines, and places. In order to be certified, the practitioner must pass a test related to the web modules with at least 80% accuracy. As of October 15, 2010, there were 1,203 early intervention certified practitioners in Virginia.
- CoPAs, Communities of Practice in Autism, continued to serve as a means for regional problem-solving, learning about evidence-based practices for serving children with autism spectrum disorders, and building local expertise in the area of individualized supports and services for children with autism spectrum disorders. There are nine CoPAs operating in Virginia, and each group has established priorities and developed an action plan for the year. The CoPAs have been, and will continue to be, an effective mechanism for informal support, networking and learning.
- Part C staff continued to work closely with the Autism Specialist housed at the State Lead Agency as well as other state agencies and with families and providers to identify and implement strategies that will ensure high-quality, effective supports and services in natural environments for infants and toddlers with autism and their families. A stakeholder group has been identified to develop an autism guidance document for Part C that will give comprehensive and unbiased information to providers about evidence-based practices for children on the autism spectrum.

APR Template – Part C

- A work plan was developed to continue the significant expansion of Virginia’s Comprehensive System of Personnel Development (CSPD) through development of web-based training modules, mini-lessons and landing pads and through monthly webinars or teleconference opportunities. These trainings opportunities will be implemented in FFY 2010 and will support family-centered and evidence-based service delivery through all of the steps in the early intervention process and will include a continued focus on planning for and delivering individualized supports and services in everyday routines, activities and places.
- The Part C Office helped financially support the Shining Stars Conference (Virginia’s annual early childhood conference) that was held in July 2010. The conference focused on instructional strategies that provide positive outcomes in quality inclusive settings for infants, toddlers, and preschoolers with and without disabilities.
- A Technical Assistance Update was disseminated monthly to all local system managers and to all Part C providers in the Commonwealth. The Update includes training resources and informational links related to evidence-based practices for serving and supporting children with autism, vision and hearing impairments, and mental health issues.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2009:

[If applicable]

Improvement Activities:

The improvement activities and timelines were revised from those reported in last year’s APR as follows:

- Although the State Lead Agency made a change in the allocation methodology for FFY 2010, it will be important to continue to review and revise, as needed, the allocation methodology for disseminating federal and State Part C funds to local systems to ensure Part C funds are available as payor of last resort.

With these revisions, planned improvement activities related to Indicator 2 are as follows:

Activity	Timelines	Resources
1. Continue provision of targeted technical assistance related to natural environments based on needs identified by local Part C systems and through monitoring and supervision.	Ongoing	<u>Personnel</u> : State Part C staff <u>Funding</u> : Already in Part C budget
2. Continue to provide links to evidence-based materials and strategies related to natural environments through the <u>Infant & Toddler Connection of Virginia Update</u> and the Communities of Practice in Autism (CoPA)	Ongoing	<u>Personnel</u> – State Part C Staff <u>Other</u> : CoPA Leadership Team, CoPA leaders
3. Continue to review and revise, as needed, the allocation methodology for disseminating federal and State Part C funds to local systems to ensure Part C funds are available as payor of last resort	Annually	<u>Personnel</u> – State Part C Staff, <u>Other</u> – Stakeholder Group and VICC

APR Template – Part C

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Activity	Timelines	Resources
4. Collaborate with the State Corporation Commission to expand private insurance reimbursement for Part C services	2011 - 2012	<u>Personnel:</u> State Part C Staff, State Corporation Commission (Bureau of Insurance) <u>Other:</u> VICC
5. Include the principles and practices of individualizing Part C supports and services in everyday activities, routines and places in new training developed as part of the expanded CSPD.	2011	<u>Personnel:</u> State Part C staff, Integrated Training Collaborative <u>Funding:</u> ARRA funds <u>Other:</u> Stakeholder group

Part C State Annual Performance Report (APR) for FFY 2009

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 3: Percent of infants and toddlers with IFSPs who demonstrate improved:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/ communication); and
- C. Use of appropriate behaviors to meet their needs.

(20 U.S.C. 1416(a)(3)(A) and 1442)

Measurement:

Outcomes:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/communication); and
- C. Use of appropriate behaviors to meet their needs.

Progress categories for A, B and C:

- a. Percent of infants and toddlers who did not improve functioning = [(# of infants and toddlers who did not improve functioning) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = [(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

Summary Statements for Each of the Three Outcomes:

Summary Statement 1: Of those infants and toddlers who entered or exited early intervention below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.

Measurement for Summary Statement 1:

Percent = # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in category (d) divided by [# of infants and toddlers reported in progress category (a) plus # of infants and toddlers reported in progress category (b) plus # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in progress category (d)] times 100.

Summary Statement 2: The percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they turned 3 years of age or exited the program.

Measurement for Summary Statement 2: **Percent = # of infants and toddlers reported in progress category (d) plus [# of infants and toddlers reported in progress category (e) divided by the total # of infants and toddlers reported in progress categories (a) + (b) + (c) + (d) + (e)] times 100.**

Actual Target Data for FFY 2009:

The information below shows the summary statement and progress data for all children who exited between July 1, 2009 and June 30, 2010, who had both entry and exit data and had participated in Virginia’s Part C early intervention system for at least 6 months. The data is reported through the Infant & Toddler Online Tracking System (ITOTS), the online data system for Part C in Virginia. Virginia uses the Child Outcomes Summary Form to set the criteria for “same-aged peers.” Children scoring on the scale at 6 or 7 were considered “comparable to same-aged peers” and those scoring 5 or below were considered “level below same-aged peers.”

Targets and Actual Data for Part C Children Exiting in FFY 2009 (2009-10)

Summary Statements	Targets FFY 2009 (% of children)	Actual FFY 2009 (% of children)
Outcome A: Positive social-emotional skills (including social relationships)		
1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they exited the program	75.9%	72.6%
2. The percent of children who were functioning within age expectations in Outcome A by the time they exited the program	70.4%	68.7%
Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)		
1 Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they exited the program	81.4%	77.5%
2. The percent of children who were functioning within age expectations in Outcome B by the time they exited the program	61.5%	59.9%
Outcome C: Use of appropriate behaviors to meet their needs		
1 Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they exited the program	83.1%	80.4%
2. The percent of children who were functioning within age expectations in Outcome C by the time they exited the program	60.8%	58.9%

Progress Data for FFY 2009

A. Positive social-emotional skills (including social relationships):	Number of children	% of children
a. Percent of children who did not improve functioning	25	<1%
b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	455	15%
c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach	447	15%
d. Percent of children who improved functioning to reach a level comparable to same-aged peers	826	28%
e. Percent of children who maintained functioning at a level comparable to same-aged peers	1,204	41%
Total	N= 2,957	100%
B. Acquisition and use of knowledge and skills (including early language/communication):	Number of children	% of children
a. Percent of children who did not improve functioning	14	<1%
b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	509	17%
c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach	663	22%
d. Percent of children who improved functioning to reach a level comparable to same-aged peers	1,138	39%
e. Percent of children who maintained functioning at a level comparable to same-aged peers	633	21%
Total	N= 2,957	100%
C. Use of appropriate behaviors to meet their needs:	Number of children	% of children
a. Percent of children who did not improve functioning	17	<1%
b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	476	16%
c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach	722	24%
d. Percent of children who improved functioning to reach a level comparable to same-aged peers	1,306	44%
e. Percent of children who maintained functioning at a	436	15%

level comparable to same-aged peers		
Total	N= 2,957	100%

Analysis of the FFY 2009 progress and summary statement data indicated that there were some outliers among the local systems, though outliers at the high end consistently balanced those at the low end across all three child indicators. There appeared to be no instances in which the outliers inflated or deflated the data. In some cases, it was possible that the local system was an outlier because they serve a population that is different from that of other local systems. In other situations, the presence of outliers suggests the continued need for follow-up to determine whether the difference in results was due to data quality or service delivery issues.

Based on the FFY 2009 data, the status of local systems on this indicator is as follows:

FFY 2009 Status of Local Systems on Indicator 3

	# of Local System that Met State Target	# of Local Systems that Substantially Met State Target (95% - 99% of target)	# of Local Systems that Did Not Meet State Target
A1	18	3	18
A2	22	4	13
B1	20	2	17
B2	17	5	17
C1	20	4	15
C2	17	4	18

Virginia is still in the process of studying a number of issues related to data quality on these child indicators, including the consistency of the child indicator rating process across local systems. Until this data quality information is gathered and any problems corrected, comparing local system performance to the state target and to other local systems can result in inaccurate conclusions and potentially unnecessary or ineffective local improvement strategies. Rather than requiring Service Enhancement Plans from local systems that are below the target, a consistent process will be used with all local systems to ensure data quality.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:

The percentage of children who substantially increased their rate of growth and the percentage of children who were functioning at age level at exit from early intervention declined by small amounts for all 3 child indicators from FFY 2008 to FFY 2009. This decline can be explained by a number of factors:

- While the percentages of children whose progress was in categories “a” (did not improve functioning), “c” (improved to a level nearer same-age peers) and “d” (improved to a level comparable to same-age peers) remained steady, there was an increase in the percentage of children whose progress was in category “b” (improved but not nearer to same-age peers) and there was a decrease in category “e” (maintained functioning at a level comparable to same-age peers). These trends were true across all three child indicators.

- The number of children with progress data increased by 20% (almost 500 children) from FFY 2008 to FFY 2009. With a larger group of children included, there is likely to be increased diversity in the level of developmental delay and severity of disabling conditions represented in the data.
- Since Virginia's System for Determination of Child Progress was implemented statewide on March 1, 2007, the progress data reported for FFY 2008 represented children who were in the system for no more than 27 months (though there may have been a few children who exited in FFY 2008 who entered during the pilot phase of implementation and were in the system a few months longer). It is possible that children with more significant delays and/or disabilities, who may be more likely to enter at a very early age and remain in the system for close to three years, were still in the Part C system and not yet represented in the baseline (FFY 2008) data.
- Improvement activities in FFY 2009 were designed to focus on a closer examination of data quality and ensuring consistent and accurate determination of child status and progress within and across local systems. Implementation of some of these activities was delayed because of the time and effort necessary to support successful implementation of the Medicaid Early Intervention Services Program. Technical assistance, training, and development of the Quality Management Review process associated with the Medicaid Early Intervention Services Program required the majority of state Part C staff time in FFY 2009. For the most part, the planned activities related to improving data quality did or will begin in FFY 2010 rather than FFY 2009.

The following state-level improvement activities were implemented in FFY 2009 and early FFY 2010 to improve measurement of and outcomes related to the three child indicators.

- Improving data quality:
 - A Part C Leadership Academy was held in April 2010 for local system managers and program directors. The academy was designed to enhance leadership skills and focused strongly on oversight and accountability, including the use of data to inform system improvements and correction of noncompliance. One session of the conference, attended by all participants, introduced a systematic process for improvement planning based on review and analysis of local data.
 - Technical Assistance Consultants provided support to local system managers in implementing the system for determination of child progress through regional meetings and individual contacts, as needed.
 - The FFY 2009 child outcome data was analyzed using the same method employed with the FFY 2008 data. The data was examined across all 39 local systems using bar graphs to focus on various aspects of each of the three child outcome indicators. The data were then compared across the 2 years determine whether there were any changes in overall patterns and trends and to determine whether the same local systems presented as outliers in both years. This data will be used to better focus Virginia's continued efforts to improve data quality and consistency across the Commonwealth in FFY 2010.
- Improving the quality of programs and services in order to improve child outcomes:
 - The Department of Education's Training and Technical Assistance Center (TTAC) in one region of the state coordinated and funded a training event for Part C providers on planning and implementing individualized supports and services. The training was attended by over 100 providers from that region.
 - The Part C Integrated Training Collaborative sponsored a webinar with Dr. Pip Campbell entitled "Using Assistive Technology to Promote Children's Participation," on assistive technology for young children. The webinar provided practical strategies and simple accommodations to promote increased participation. Following the

webinar, Dr. Campbell provided follow-up sessions in two regions of the state. One of those follow-up sessions was telecast live to three additional locations to provide statewide coverage. It is anticipated that Dr. Campbell will continue to collaborate with Virginia to assist in the development of local “AT Teams” in some localities.

- Through the SpecialQuest Birth to Five initiative, each local system received a multimedia library of training materials related to SpecialQuest’s relationship- and team-based approach to enhancing and sustaining inclusive services, family leadership skills, and integrated, collaborative service delivery.
- CoPAs, Communities of Practice in Autism, continued to serve as a means for regional problem-solving, learning about evidence-based practices for serving children with autism spectrum disorders, and building local expertise in the area of individualized supports and services for children with autism spectrum disorders. There are nine CoPAs operating in Virginia, and each group has established priorities and developed an action plan for the year. The CoPAs have been, and will continue to be, an effective mechanism for informal support, networking and learning.
- Part C staff continued to work closely with the Autism Specialist housed at the State Lead Agency as well as other state agencies and with families and providers to identify and implement strategies that will ensure high-quality, effective supports and services in natural environments for infants and toddlers with autism and their families. A stakeholder group has been identified to begin development of an autism guidance document for Part C that will give comprehensive and unbiased information to providers about evidence-based practices for children on the autism spectrum.
- A work plan was developed to continue the significant expansion of Virginia’s Comprehensive System of Personnel Development (CSPD) through development of web-based training modules, mini-lessons and landing pads and through monthly webinars or teleconference opportunities. These trainings opportunities will be implemented in FFY 2010 and will support family-centered and evidence-based service delivery through all of the steps in the early intervention process and will include a continued focus on planning for and delivering individualized supports and services in everyday routines, activities and places.
- Other:
 - The State Part C staff team considered using local baseline data on the child indicators to prioritize local systems for Quality Management Review but opted not to use this selection criterion at this time. The Quality Management Review process was piloted in FFY 2009 and early FFY 2010, and pilot sites were instead selected because the local system volunteered and/or represented a certain type of local system (e.g., large/small, variety of providers, etc.) or area of the state. Once confident of a high level of data quality on the child indicators, the Part C staff team will reconsider using that data as a trigger or selection criterion for other monitoring and quality assurance activities.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2009:

Targets: As planned in the State Performance Plan submitted in February 2009, the State Lead Agency and the Virginia Interagency Coordinating Council (VICC) have revisited the FFY 2010 targets to determine whether the data from FFY 2009 suggest the need for revision to those targets. Based on that review, Virginia is proposing to revise its targets for this indicator for FFY 2010. In FFY 2009, Virginia experienced slippage from the baseline data for all 3 child indicators on the percentage of children who substantially increased their rate of growth and the percentage of children who were

functioning at age level at exit from early intervention. The FFY 2009 data is believed to better reflect child progress in Virginia because:

- The number of children with progress data increased by 20% (almost 500 children) from FFY 2008 to FFY 2009. With a larger group of children included, there is likely to be increased diversity in the level of developmental delay and severity of disabling conditions represented in the data; and
- The data reported for FFY 2008 represented children who were in the system for no more than 27 months (though there may have been a few children who exited in FFY 2008 who entered during the pilot phase of implementation and were in the system a few months longer). It is possible that children with more significant delays and/or disabilities, who may be more likely to enter at a very early age and remain in the system for close to three years, were still in the Part C system and not yet represented in the baseline (FFY 2008) data.

Since there is still no true trend data available on which to base targets and since efforts to ensure consistent quality of data within and across local systems are still in the early stages, a conservative approach to target setting remains appropriate. Therefore, Virginia is proposing to take the same approach used to set the original targets and have the targets for FFY 2010 reflect maintenance of the results achieved in FFY 2009.

Summary Statement	FFY 2010 Targets Identified in SPP	Results for FFY 2009	Proposed New FFY 2010 Targets
A1	76.4%	72.6%	72.6%
A2	70.9%	68.7%	68.7%
B1	81.9%	77.5%	77.5%
B2	62.0%	59.9%	59.9%
C1	83.6%	80.4%	80.4%
C2	61.3%	58.9%	58.9%

Improvement Activities:

Because there continued to be outliers when the FFY 2009 data for the progress and summary statements were analyzed across local systems and because timelines were delayed on some of the improvement activities scheduled for FFY 2009, improvement activities will continue to focus primarily on data quality in FFY 2010.

Improvement activities and timelines from the State Performance Plan have been revised as follows:

- The activity to share data on child outcomes with the VICC on a quarterly basis to facilitate ongoing identification of necessary improvement strategies has been postponed until activities related to improving data quality are implemented.
- The timeline for follow-up with local systems that were consistent outliers on the baseline data plus a sample of local systems that were in the middle of the distribution across the

indicators to identify any issues with data quality has been delayed until June 2011. In addition, because of limited staff time, the activity has been revised to include exploring the option of hiring a consultant to complete this work.

- The timeline to develop and implement strategies to use with specific local systems and/or statewide, as needed to improve data quality, has been delayed so that the strategies can be based on the information gathered through follow-up with targeted local systems.
- The timeline to target technical assistance to local systems where baseline data indicates the need for improvement in the quality of supports and services has been delayed so the identification of local systems and the technical assistance provided can be based on the information gathered through data accuracy follow-up with targeted local systems.
- The timeline for formally incorporating routine State and local monitoring for accuracy of indicator scoring into Virginia’s monitoring and supervision system has been postponed so that lessons learned while following up with targeted local systems can be built into the routine monitoring process.
- Activities were added to:
 - Remind local system managers and providers of existing resources to support consistent and accurate determination of child progress (online training modules, written materials available through website) since recent reports by local system managers indicate many providers are unaware of or have not accessed these resources.
 - Provide written tools for local use in reviewing the accuracy and reliability of local progress ratings. These tools will support local self-assessment and identification of local improvement strategies.
 - Develop and share (through an online landing pad, webinar and/or training module) resources related to functional developmental assessment

Planned improvement activities related to the child indicators are as follows:

Activity	Timelines	Resources
1. Remind local system managers and providers of existing resources to support consistent and accurate determination of child progress (online training modules, written materials available through website) and how these resources can be used in the local system.	January – March 2011	<u>Personnel:</u> State Part C Staff
2. Provide written tools for local use in reviewing the accuracy and reliability of local child progress ratings and support local system managers in piloting these tools with a sample of records and observations.	February - March 2011	<u>Personnel:</u> State Part C Staff

APR Template – Part C

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Activity	Timelines	Resources
<p>3. Follow-up with local systems that were consistent outliers on the baseline data plus a sample of local systems that were in the middle of the distribution across the indicators to identify any issues with data quality.</p> <ul style="list-style-type: none"> Explore the option of hiring a consultant to complete this work through on-site observation and data collection 	<p>June 2011</p>	<p><u>Personnel:</u> State Part C staff, Consultant <u>Funding:</u> ARRA funds for consultant</p>
<p>4. As part of the expanded CSPD, develop and share (through an online landing pad, webinar and/or training module) resources related to functional developmental assessment</p>	<p>June 2011</p>	<p><u>Personnel:</u> State Part C staff, Integrated Training Collaborative staff <u>Funding:</u> ARRA funds</p>
<p>5. Identify and address additional technical assistance needs based on monitoring for accuracy and reliability of indicator scoring</p>	<p>Ongoing</p>	<p><u>Personnel:</u> State Part C staff</p>
<p>6. Based on the information gathered through activities 3 and 8, target technical assistance to local systems where baseline data indicates the need for improvement in the quality of supports and services</p>	<p>Beginning July 2011 and then ongoing</p>	<p><u>Personnel:</u> State Part C staff</p>
<p>7. Determine the need for and make ITOTS improvements to ensure accurate and consistent data, develop additional reports related to determination of child progress to support State and local use of data for ongoing monitoring and system improvement planning, and add summary statement calculator within ITOTS.</p>	<p>September 2011</p>	<p><u>Personnel:</u> State Part C staff, ITOTS stakeholder group <u>Funding:</u> ARRA funds</p>
<p>8. Incorporate routine State and local monitoring for accuracy of indicator scoring into Virginia's monitoring and supervision system</p>	<p>January 2012</p>	<p><u>Personnel:</u> State Part C staff</p>
<p>9. Share data on child outcomes with the VICC on a quarterly basis to facilitate ongoing identification of necessary improvement strategies</p>	<p>2012</p>	<p><u>Personnel:</u> State Part C staff <u>Other:</u> VICC</p>

Part C State Annual Performance Report (APR) for FFY 2009

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 4: Percent of families participating in Part C who report that early intervention services have helped the family:

- A. Know their rights;
- B. Effectively communicate their children's needs; and
- C. Help their children develop and learn.

(20 U.S.C. 1416(a)(3)(A) and 1442)

Measurement:

- A. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family know their rights) divided by the (# of respondent families participating in Part C)] times 100.
- B. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs) divided by the (# of respondent families participating in Part C)] times 100.
- C. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn) divided by the (# of respondent families participating in Part C)] times 100.

FFY	Measurable and Rigorous Target
2009	<ul style="list-style-type: none"> a. 67.7% b. 63.5% c. 79.5%

Actual Target Data for FFY 2009:

Based on the results of the 2010 family survey in Virginia, the following percentages of families participating in Part C in Virginia reported that early intervention services have helped their family:

- a. Know their rights = **69.5%**
- b. Effectively communicate their children's needs = **66.8%**
- c. Help their children develop and learn = **80.3%**

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:

Target Data

Virginia administered the same family survey instrument used since FFY 2005, using the same process in FFY 2009 as was used in FFY 2007 and FFY 2008. The survey instrument and cover letter were available in English and Spanish. Local systems provided the names, addresses and phone numbers of families receiving early intervention supports and services in May 2010 to the contractor hired by the State Lead Agency to conduct the survey. In August and September 2010, the contractor mailed the one-page, two-sided survey form with self-addressed stamped return envelope to all families identified by the local systems. A second mailing was sent 2-1/2 weeks later to those families who did not respond to the first mailing. Finally, the contractor attempted to contact by phone families who had not yet responded to the survey and who resided in localities that had fewer than 15 completed surveys after the second-wave mailing. In order to encourage family response to the survey, the contractor mailed a pre-survey notification card (in English and Spanish) to all families about the survey. Families who participated in the survey also were entered into a drawing for one of three \$100 gift cards of their choice.

For FFY 2009, surveys were returned by 1,911 families receiving early intervention services. This represents a 31.4% return rate, which is similar to return rates in previous years (33.6% in FFY 2008 and 32.0% in FFY 2007).

From the 1,911 responses to the FFY 2009 family survey, a random sample of 1,188 families reflecting the distribution of race/ethnicity in the population of families served under Part C in Virginia was selected for data analysis. The sample of 1,188 families exceeds the minimum number required for an adequate confidence level based on established survey sample guidelines, providing a high degree of confidence that the results of the survey accurately reflect the degree to which families have achieved the outcomes in Indicator #4.

Distribution of Child’s Race/Ethnicity in the Representative Sample		
Race/Ethnicity	N	Percentage
White	670	56.4%
Black or African-American	234	19.7%
Hispanic or Latino	145	12.2%
Asian	51	4.3%
American Indian or Alaskan Native	4	0.3%
Pacific Islander or Hawaiian Native	6	0.5%
Two or more races	78	6.6%
Total	1188	100.0%
Note. The distribution of race/ethnicity for the children receiving early intervention services in Virginia under Part C are: White = 56.0%, Black/African American = 20.7%, Hispanic = 12.2%, Asian = 4.3%, American Indian or Alaskan Native = 0.2%, Pacific Islander or Hawaiian Native = 0.2%; Other/Multi-Racial = 6.5%		

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The data gathered by the contractor were analyzed by Dr. Randall Penfield of the University of Miami according to specifications identified by the National Center for Special Education Accountability Monitoring (NCSEAM) in order to determine the actual target data. Of the 1,188 respondents included in the representative sample, 1,180 had valid responses to the Impact on Families Scale (IFS) of the survey. In order to report the *percent* of families who indicate that early intervention services helped them achieve the specific outcomes (a, b, c) in Indicator #4, it is necessary to establish a standard for each of the outcomes. The standard is set at a score that provides a high degree of confidence that if a family's score is at or above that standard for a given outcome, then the family has achieved the outcome. Virginia chose to apply the Part C standards recommended by a nationally representative stakeholder group convened by NCSEAM. These standards generally require that the family strongly or very strongly agree with survey items. The actual target data for Indicator 4 represent the percentage of respondents with measures that met or exceeded the state standard set for each part of the three outcomes:

Know their rights: $820 / 1180 = 69.5\%$

Effectively communicate their children's needs: $788 / 1180 = 66.8\%$

Help their children develop and learn: $948 / 1180 = 80.3\%$

The following table displays the percentage of families in the sample who agreed with the specific items on the IFS.

Item <i>Stem:</i> Over the past year, Early Intervention services have helped me and/or my family:	% Strongly/ Very strongly agree	% Agree in any category
Participate in typical activities for children and families in my community.	31%	59%
Know about services in the community.	36%	70%
Know where to go for support to meet my family's needs.	44%	76%
Keep up friendships for my child and family.	46%	78%
Know where to go for support to meet my child's needs.	51%	83%
Be more effective in managing my child's behavior.	53%	88%
Find information I need.	52%	87%
Improve my family's quality of life.	52%	89%
Feel that I can get the services and supports that my child and family need.	59%	91%
Feel that my family will be accepted and welcomed in the community	56%	91%
Feel more confident in my skills as a parent.	60%	92%

Item <i>Stem:</i> Over the past year, Early Intervention services have helped me and/or my family:	% Strongly/ Very strongly agree	% Agree in any category
Feel that my child will be accepted and welcomed in the community	58%	91%
Communicate more effectively with the people who work with my child and family.	60%	92%
Understand how the Early Intervention system works.	59%	93%
Understand the roles of the people who work with my child and family.	60%	94%
Figure out solutions to problems as they come up.	58%	90%
Feel that I can handle the challenges of parenting a child with special needs.	58%	90%
Know about my child's and family's rights concerning Early Intervention services.	63%	94%
Be able to evaluate how much progress my child is making.	63%	93%
Understand my child's special needs.	67%	94%
Feel that my efforts are helping my child.	70%	96%
Do things with and for my child that are good for my child's development.	69%	96%

The survey analysis indicates that, with a very high level of confidence, one can conclude for each of the three outcomes in Indicator #4, the majority of the responses was positive and above the stringent standards set by the State. Further, the results indicate that the Virginia early intervention system is helping families to achieve many positive outcomes in addition to those specified in Indicator #4.

Local system data for FFY 2009 on the three outcomes in Indicator 4 indicates the following:

FFY 2009 Status of Local Systems on Indicator 4a

	Met State Target	Substantially Met State Target (95% - 99% of target)	Did Not Meet State Target
# of local systems	23	9	7

The 7 local systems that did not meet the state target for this indicator were at 66% to 88% of the target. The 16 local systems that did not fully meet the state target received written notification of their status and the need to improve performance on this indicator. The 7 local systems that were

below 93% of the state target were required to develop a Service Enhancement Plan in order to improve performance on this indicator.

FFY 2009 Status of Local Systems on Indicator 4b

	Met State Target	Substantially Met State Target (95% - 99% of target)	Did Not Meet State Target
# of local systems	30	2	7

The 7 local systems that did not meet the state target for this indicator were at 68% to 91% of the target. The 9 local systems that did not fully meet the state target received written notification of their status and the need to improve performance on this indicator. The 7 local systems that were below 93% of the state target were required to develop a Service Enhancement Plan in order to improve performance on this indicator.

FFY 2009 Status of Local Systems on Indicator 4c

	Met State Target	Substantially Met State Target (95% - 99% of target)	Did Not Meet State Target
# of local systems	23	10	6

The 6 local systems that did not meet the state target for this indicator were at 66% to 94% of the target. The 16 local systems that did not fully meet the state target received written notification of their status and the need to improve performance on this indicator. The 4 local systems that were below 93% of the state target were required to develop a Service Enhancement Plan in order to improve performance on this indicator.

Improving Local Performance

Based on the FFY 2008 local monitoring data, local systems that were below 93% of the state target were required to develop Service Enhancement Plans to improve performance on the family outcome(s). State monitoring and technical assistance staff are monitoring and supporting implementation of these plans. Local improvement strategies related specifically to the family outcome indicators include the following:

- Reviewing procedures with service coordinators related to explaining rights to families
- Developing a script to use in explaining family rights
- Monitoring knowledge and implementation of procedural safeguards through direct observation of staff and use of role play and videotaping
- Developing protocols for Part C providers to use, including checklists; suggestions for communicating with families; procedures for ensuring family centered services; tips for effective communication and listening; and areas to review and discuss at team meetings, IFSP reviews, and annuals
- Utilizing a parent binder to support communication with families and between providers
- Ensuring families know how to effectively communicate their children’s needs by teaching them to prepare for meetings and appointments; developing a packet of information for families about community resources; and talking with families about any concerns or needed resources
- Developing a community resource guide for families

- Reviewing service coordinator progress notes for documentation that rights are provided and reviewed as well information about services provided, roles of the people working with the family, and sharing of information with the family about community resources
- Using the language that is used in the survey during service planning and delivery to help families become familiar with the concepts/phrases used in the survey
- Reviewing child's progress with families at least quarterly and soliciting family feedback on service delivery and satisfaction
- Holding an annual family forum, in which structured questions are asked to elicit information about families' perspectives on the local early intervention system and suggestions for improvement
- Holding monthly family events to provide information to families, provide opportunity for families to meet, and gather family input on the local system
- Conducting phone follow-up with families to assess understanding of rights, effectiveness of communication between service providers and family, and understanding of Part C services and community resources

Based on FFY 2009 data, the status of local systems that did not meet the state target in FFY 2008 is as follows:

- Indicator 4a (Know their rights) – 8 of 16 reached the state target; 4 showed progress; and 4 showed slippage.
- Indicator 4b (Effectively communicate their children's needs) – 10 of 15 reached the state target and 5 showed slippage.
- Indicator 4c (Help their children develop and learn) – 12 of the 14 reached the state target and 2 showed slippage.

Explanation for Slippage

In FFY 2009, Virginia demonstrated slight slippage on but exceeded the target for all three family indicators. On Indicator 4a (early intervention services helped families know their rights), the percent decreased from 70.8% in FFY 2008 to 69.5% in FFY 2009; on Indicator 4b (early intervention services helped families effectively communicate their children's needs), from 67.3% to 66.8%; and on Indicator 4c (early intervention services helped families help their children develop and learn), from 80.6% to 80.3%. Although the percentages fell from last year, in all cases the difference is not outside of what one would expect by random fluctuation alone. The standard error of the percentage is about 1.25%, which means two random samples from the same population would be expected to differ by about 2.5% by random fluctuation alone. The two years' percentages for 4a, 4b and 4c are not statistically different.

In addition to supporting implementation of improvement strategies at the local level (as discussed in the *Improving Local Performance* section, above), the following activities were implemented at the State level in FFY 2009 and early FFY 2010:

- The complete analysis of FFY 2008 family survey data and a summary version of that analysis were posted to the Infant & Toddler Connection of Virginia website and discussed during regional meetings of local system managers. Local system managers received technical assistance on interpreting and using the data from the FFY 2008 family survey.
- Local systems were provided with the local response data for each item on the FFY 2008 family survey. Technical assistance was provided to local system managers in understanding the local data and how to use it for local improvement planning.
- Fifty-two (52) service coordinators received training through *Kaleidoscope: New Perspectives in Service Coordination* in FFY 2009, and over 100 service coordinators completed the training in early FFY 2010. This training includes an emphasis on family rights and supporting families to understand and communicate their children's needs.

- Virginia's Part C Service Pathway was implemented statewide on October 1, 2009. The service pathway is a visual representation of the flow of steps that take place as children and families move through the early intervention system from referral to IFSP implementation. One of the primary focuses of the pathway is to provide a consistent framework to ensure families truly understand their rights and responsibilities at each step in the screening, eligibility determination, assessment for service planning and IFSP development process.
- A Part C Practice Manual and new statewide forms were implemented October 1, 2009 to support statewide implementation of the service pathway. There is strong emphasis within the manual on ensuring families truly understand their rights and responsibilities at each step in the Part C process. After 6 months of implementation and based on stakeholder feedback, the Part C Practice Manual was revised to clarify and expand information where needed to ensure consistent and accurate implementation of practices, including those related to family rights and safeguards and supporting families in helping their children learn and develop.
- *Strengthening Partnerships: A Guide to Family Safeguards in the Infant & Toddler Connection of Virginia Part C Early Intervention System* was revised to reflect current practices. This document is provided to all families prior to initial evaluation for eligibility and includes explanations about family rights and safeguards and the important roles and responsibilities families have throughout the early intervention process.
- Emergency State Part C personnel regulations went into effect on November 4, 2009 to support the October 1, 2009 changes in Medicaid reimbursement for Part C services. In anticipation of these regulations, the State Lead Agency began certifying early intervention (EI) practitioners, including service coordinators, in September, 2009. The certification process included enhancements to Virginia's Part C Comprehensive System of Personnel Development (CSPD), with consistent training offered to all practitioners seeking to obtain and maintain EI certification. Web-based modules required prior to certification address evidence-based, family-centered practices at every step in the Part C process. One of the modules required for initial certification is entitled *Family-Centered Practices*, and all practitioners must complete the online competency test for this module with at least 80% accuracy in order to obtain EI certification. As of October 15, 2010, there were 1,203 early intervention certified practitioners in Virginia.
- All revised procedural safeguard and family information forms and documents were translated into Spanish, Korean, Farsi, and Vietnamese.
- A Part C Leadership Academy was held in April 2010 for local system managers and program directors. The academy was designed to enhance leadership skills and included a strong focus on family-centered services and systems.
- Through the SpecialQuest Birth-to-Five initiative, each local system received a multimedia library of training materials related to SpecialQuest's relationship- and team-based approach to enhancing and sustaining inclusive services; family leadership skills; and integrated, collaborative service delivery.
- A work plan was developed to continue the significant expansion of Virginia's CSPD through development of web-based trainings modules, mini-lessons and landing pads and through monthly webinars or teleconference opportunities. These trainings opportunities will be implemented in FFY 2010 and will support family-centered and evidence-based service delivery through all of the steps in the early intervention process

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2009:

[If applicable]

Targets: Virginia is proposing to revise the FFY 2010 targets for Indicators 4a and 4b. The state’s FFY 2009 performance (69.5% and 66.8%) exceeded the original FFY 2010 targets on 4a and 4b, so Virginia is proposing to raise those targets to 70.5% and 67.8%, respectively, in order to show continued improvement.

Improvement Activities:

The following improvement activities have been added:

- The activity to look at the results of a parent survey coordinated by the Parent Educational Advocacy Training Center (PEATC) in order to further understand the concerns expressed by some survey respondents was delayed and will be addressed at the March 2011 meeting of the Virginia Interagency Coordinating Council. The results of the more recent statewide family survey will also be considered in this discussion.
- Include a section of resources for families on Virginia’s new Early Intervention Professional Development Web Portal
- Explore development or modification/use of existing DVDs and/or web modules for families about early intervention
- Expand statewide training and technical assistance for providers about resources for families and explaining procedural safeguards
- Require all local service enhancement plans to include a rigorous data analysis process prior to identification of other improvement activities
- Use the data analysis completed by local systems in developing Service Enhancement Plans to identify trends and determine additional state-level improvement activities

Planned improvement activities related to family outcomes are as follows:

Activity	Timelines	Resources
1. Provide technical assistance to local systems in implementing service enhancement plans to improve performance related to family outcomes	Ongoing	<u>Personnel:</u> State Part C staff
2. Require all local service enhancement plans to include a rigorous data analysis process prior to identification of other improvement activities	Beginning January 2011	<u>Personnel:</u> State Part C Staff <u>Other:</u> Technical assistance to state staff from Data Accountability Center (DAC)
3. Use the data analysis completed by local systems in developing Service Enhancement Plans to identify trends and determine additional state-level	Annually, beginning March 2011	<u>Personnel:</u> State Part C staff

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Activity	Timelines	Resources
improvement activities		
<p>4. Hold discussions with the Family Involvement Project and the Virginia Interagency Coordinating Council to:</p> <ul style="list-style-type: none"> ▪ Discuss what it means to engage in family-centered practice; ▪ Determine if there is a need for additional statewide improvement activities related to family outcomes 	<p>March 2011</p>	<p><u>Personnel</u> – State Part C staff; Family Involvement Project staff</p> <p><u>Other</u> – VICC</p>
<p>5. Include a section of resources for families on Virginia’s new Early Intervention Professional Development Web Portal</p>	<p>March 2011</p>	<p><u>Personnel</u>: State Part C staff; Integrated Training Collaborative; Partnership for People with Disabilities</p> <p><u>Funding</u>: ARRA funds</p>
<p>6. Explore development or modification/use of existing DVDs and/or web modules for families about early intervention</p>	<p>October 2011</p>	<p><u>Personnel</u>: State Part C staff; Family Involvement Project; Integrated Training Collaborative; Partnership for People with Disabilities</p> <p><u>Funding</u>: ARRA funds</p>
<p>7. Expand statewide training and technical assistance for providers about resources for families and explaining procedural safeguards</p>	<p>December 2011</p>	<p><u>Personnel</u>: State Part C staff; Family Involvement Project; Integrated Training Collaborative; Partnership for People with Disabilities</p> <p><u>Funding</u>: ARRA funds</p>

Part C State Annual Performance Report (APR) for FFY 2009

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 5: Percent of infants and toddlers birth to 1 with IFSPs compared to national data.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:

Percent = [(# of infants and toddlers birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100 compared to National data.

FFY	Measurable and Rigorous Target
2009	.87%

Actual Target Data for FFY 2009:

Based on the December 1, 2009 child count, **.59%** of infants and toddlers birth to 1 were served in Virginia’s Part C early intervention system in FFY 2009.

National data for December 1, 2009 indicated 1.03% of the birth – 1 population was receiving Part C services nationally.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:

Target Data:

Local system data for the percentage of the local birth to one population served in Part C indicates the following:

FFY 2009 Status of Local Systems on Indicator 5

	Met State Target	Substantially Met State Target (95% - 99% of target)	Did Not Meet State Target
# of local systems	11	2	26

The 26 local systems that did not meet the state target for this indicator were at 23% to 94% of the target. The 28 local systems that did not fully meet the state target received written notification of their status and the need to improve performance on this indicator. The 25 local systems that were below 93% of the state target were required to develop a Service Enhancement Plan related to identifying and serving all eligible infants, birth - one.

Improving Local Performance:

Based on the FFY 2008 local monitoring data, local systems that were below 93% of the state target were required to develop Service Enhancement Plans to improve performance on this indicator. State monitoring and technical assistance staff are monitoring and supporting implementation of these plans. Local improvement strategies related specifically to increasing the percentage of the local birth – one population served in Part C include the following:

- Strengthening connections by meeting with individuals at local hospitals, the local health district and/or the CHIP partnership program
- Expanding public awareness to a bordering state where many residents get medical care and work
- Reviewing sources of current and potential referrals, targeting those sources that may refer infants (0-1), and providing information through mailing, staff in-service, etc
- Meeting with local Health Department personnel to review referral patterns
- Analyzing demographic data to determine where to target public awareness
- Working with hospitals to ensure information is given to families of newborns
- Coordinating developmental screenings with Early Head Start, Baby Care, and Early Start programs
- Serving on the local Prenatal Substance Abuse Task Force
- Expanding use of assessment tools to assist with determining delays in sensory, emotional/social development in infants and toddlers
- Providing information and training to discharge nurses at local birthing centers
- Determining protocols to follow-up with families who initially decline services
- Contacting the discharge planner at the university hospital to discuss referrals of premature infants and the possibility of visiting families before discharge to establish eligibility and an IFSP

Based on FFY 2009 data, the status of the 23 local systems that did not meet the state target in FFY 2008 is as follows:

- 2 reached the state target;
- 4 showed progress toward reaching the state target even though the target increased;
- 5 increased the percent of their local birth – 1 population served in Part C but did not move closer to the state target since the target increased;
- 1 maintained the same percent of their local birth – 1 population served in Part C; and
- 11 showed slippage in the percent of their local birth – 1 population served in Part C.

Explanation of Slippage:

Virginia demonstrated slippage from FFY 2008 (.67% to .59%) and did not meet the target for this indicator for FFY 2009. Based on information from local systems, the biggest barrier to increasing the percentage of children birth to one served in the Part C system is that many premature infants are found ineligible when first referred to the local system (and then later found eligible when re-referred as they get older). The State Lead Agency is addressing this barrier on two fronts:

1. Considering revisions to Virginia's eligibility criteria for preterm infants
 - The State Lead Agency reviewed information from several states with high percentages of the birth – 1 population served in Part C to determine what practices in public awareness, child find, and eligibility determination they have found effective and to understand how premature birth is included in the State's eligibility definition for Part C. The factor that seemed to be different in those states compared to Virginia was that the way that premature birth factored into eligibility for Part C services.
 - State Part C staff also participated in the NECTAC webinar series on early identification and eligibility. Information from this series reinforced the idea that changing the way Virginia defines Part C eligibility for children born prematurely was

the improvement strategy most likely to make a positive impact on the percentage of infants birth – one served in Virginia’s Part C system.

- As a result of feedback from local systems, information gathered from states that are serving a high percentage of the birth – 1 population and the information learned during the NECTAC webinar series, the State Lead Agency established the Early Intervention Prematurity Work Group in August, 2010 to develop recommendations on potential revisions to eligibility criteria for preterm infants and to identify the need for training, technical assistance, and informational materials for providers, families, and physicians about early intervention for premature infants. The Work Group includes representation from the Virginia Interagency Coordinating Council (VICC), the Virginia Department of Health, early intervention providers, physicians, hospitals, and families. In December 2010, the Work Group presented its recommendation to the VICC that three automatic eligibility criteria related to premature infants be added to Virginia’s definition of eligibility for Part C.
 - The State Lead Agency worked with a pediatrician to research the potential impact (on children and on the system) of eliminating the current policy of age adjustment for children born prematurely. Based on the outcomes of a review of research articles, a survey of pediatricians about their recommended practices for age adjustment, and the position statement of the American Academy of Pediatrics that was reaffirmed in January 2009, the State Lead Agency determined that it is developmentally appropriate to maintain the current policy for age adjustment for children born prematurely.
2. Identifying the need for and beginning to develop training, technical assistance, and informational materials for providers, families, and physicians about early intervention for premature infants to address the following:
- When and how to make a referral to Part C;
 - Terminology related to premature infants;
 - Typical and atypical development (including the fact that a premature infant may be “typical” for a preemie but be eligible for Part C based on atypical development);
 - State, arousal and responsiveness;
 - Sensory processing and integration issues; and
 - Feeding issues.

In addition to the activities described above, the State Lead Agency completed the following improvement activities in FFY 2009 and early FFY 2010 to increase the number of children birth – one served in Virginia’s Part C system:

- Funding to Serve all Eligible Children:
 - As a result of 2 years of collaborative planning between the State Lead Agency for Part C and the State Medicaid agency, the new Medicaid Early Intervention Services Program was implemented on October 1, 2009. This program includes increased reimbursement rates for therapy providers, new Medicaid reimbursement for special instruction providers, and reimbursement for provider participation in assessment for service planning and IFSP team meetings. This new Medicaid program was expected to increase overall revenue in the Part C system and increase the number of Part C providers, freeing other funds and local system manager/other personnel time to be used for public awareness and child find efforts. The number of providers in the Part C system has increased from 926 to 1,203 from February 2010 to October 2010, and the reported Medicaid revenue has more than doubled (though part of that increase may reflect more accurate reporting rather than actual increases).
 - For FFY 2009 and FFY 2010, a portion of Virginia’s American Recovery and Reinvestment Act (ARRA) funds for Part C were designated for state and local

infrastructure projects, which may include public awareness and child find efforts. Other portions of the ARRA funding for Part C have been disseminated directly to local systems to be used as needed in the local area to improve supports and services for infants, toddlers and their families. Some local systems have and/or will use these ARRA funds for public awareness and child find, while others will have and/or will use the ARRA funds for other improvement efforts freeing up alternate funding streams to support public awareness and child find. Local systems that have been required to develop Service Enhancement Plans to increase the percent of the 0-1 and/or 0-3 population served in Part C have been directed to use a portion of their ARRA funds to support local improvement activities in this area and to document this on the Service Enhancement Plan for state approval.

- The State Lead Agency held discussions with the State Corporation Commission, Bureau of Insurance, and with the Medical Directors of the Virginia Association of Health Plans about how to better align payor processes with the needs of infants and toddlers and families and Part C requirements. These initial meetings were a first step toward the goal of expanding private insurance coverage for early intervention services (covering the same Part C services at the same early intervention rates as Medicaid). This work will continue in FFY 2010.
- Public Awareness/Child Find Activities:
 - At regional meetings of local system managers, Part C technical assistance consultants discussed strategies for increasing referrals of potentially eligible infants, birth – 1. Emphasis was placed on establishing relationships with hospital contacts and maintaining that connection through ongoing communication.
 - The Guide By Your Side program continued, matching the trained parent of a child with hearing loss with families of children who are newly diagnosed with hearing loss. The trained guide provides unbiased information on communication options and community resources, supports and services. A flow chart used by the parent guide prompts him/her to check that the family has been referred to the local Part C system and to provide information about the supports and services available through Part C.
 - To assist local systems with child find planning and monitoring of progress, the State Lead Agency provided each local system with the minimum number of infants, birth – one, they should be identifying annually to meet the state target.
- System Planning:
 - The State Lead Agency partnered with the Virginia Children with Special Health Care Needs Program (CSHCN) and the Virginia Early Hearing Detection and Intervention Program (VEHDI) to implement enhancements in the communication and business practices of both VEHDI and the Part C early intervention system in order to increase the percentage of infants with permanent hearing loss who are enrolled in early intervention by six months of age. Activities completed included the following:
 - The State Lead Agency participated in the Learning Collaborative developed through the National Initiative for Children’s Healthcare Quality (NICHQ) and VEHDI. Through this project, a local early intervention system worked directly with the VEDHI staff to identify mechanisms to improve communication between local systems and the Virginia Department of Health. The Learning Collaborative developed a “Roadmap” for parents. The “Roadmap” includes information about enrolling in early intervention by 6 months of age.
 - The Physician Referral form for Part C was revised to include a section to obtain/document parental consent for exchange of information between the early intervention system and Virginia Department of Health for children with hearing impairment.

- The State Lead Agency provided input into development of the “Loss and Found” video, which can be accessed from both the Virginia Department of Health and the Infant & Toddler Connection of Virginia websites. This video provides information from families to families about the importance of getting their baby’s hearing tested by 1 month of age and, if the baby fails the newborn hearing screening, getting a full hearing test by 3 months of age and starting early intervention services by 6 months of age. Contact information is provided at the end of the video to assist parents in connecting with Virginia’s EHDI and Part C early intervention programs.
 - VEHDI staff members have met to identify issues with referral and follow up of children with hearing loss and to develop improvement strategies.
 - The state-level interagency agreement between the State Lead Agency and the Virginia Department of Health was revised to facilitate data exchange between the agencies that will assist in determining how many children who are identified through newborn hearing screening with actual or possible hearing loss are enrolled in Part C.
- Technical Assistance and Training:
 - A Part C Leadership Academy was held in April 2010 for local system managers and program directors. The academy was designed to enhance leadership skills and focused strongly on oversight and accountability, including the use of data to inform system improvements and correction of noncompliance. One session of the conference, attended by all participants, introduced a systematic process for improvement planning based on the review and analysis of data. Local systems that were below the state target for Indicator 5 and/or Indicator 6 for FFY 2008 were provided and required to use their local data on that indicator in learning the data analysis process.
 - Virginia adopted the Michigan Association for Infant Mental Health initiative for competencies and endorsement for infant mental health professionals. The 4-level endorsement system will expand the knowledge and availability of infant mental health professionals across the Commonwealth to ensure accurate identification of and effective service delivery for infants and toddlers with mental health issues. Day care providers, physicians, Part C providers and others who serve and treat young children can access the training and endorsement.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2009:

[If applicable]

A Note about Proposed Targets: Despite slippage and a widening gap between actual performance and the targets for this indicator over the past couple of years, Virginia is committed to significantly increasing the percentage of the birth to one population served in the Part C system. Therefore, the original target (1.0%) for FFY 2010 has not been revised. Recognizing that this target is very aggressive given the Commonwealth’s current status on this indicator, the target will remain the same for FFY 2011 and FFY 2012. At whatever point the target is reached, the targets for the subsequent year(s) will be raised in order to require continued improvement.

Improvement Activities: Improvement activities and timelines from the FFY 2008 APR have been revised as follows:

- The activity for exploring the possibility of developing interagency agreements between the State Lead Agency and regional children’s hospitals to ensure timely referral of children to Part C early intervention has been deleted. The Early Intervention Prematurity Work Group includes hospital representatives, and the group’s work scope includes identifying and implementing strategies to strengthen the connection between NICUs (including discharge planners and follow-up clinics) and local Part C systems as well as developing educational

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materials for hospitals, families and providers regarding eligibility for early intervention services and appropriate supports and services for this population. These improvement activities will be added and pursued prior to determining whether there is a need for interagency agreements.

- An activity has been added to require all local service enhancement plans to include a rigorous data analysis process prior to identification of other improvement activities to increase effectiveness of improvement strategies.
- An activity was added to determine whether Virginia’s definition of eligibility for Part C services should be revised to include some groups of children born prematurely (e.g., born before 32 weeks or with certain complications associated with prematurity) in the list of diagnosed conditions with a high probability of resulting in developmental delay.
- Added an activity for the development of 2 web-based training modules related to supports and services for infants with hearing impairment, one geared to physicians and the other for early intervention providers. These modules will be designed to increase the knowledge of physicians regarding referral to early intervention and to increase early intervention providers’ knowledge related to eligibility determination with and provision of appropriate supports and services for children with hearing loss.

With these revisions, planned improvement activities specifically related to increasing the percentage of the birth – 1 population served in Part C are as follows. Improvement activities related to the birth – 3 population, as a whole, are discussed in the next indicator.

Activity	Timelines	Resources
1. Require all local service enhancement plans to include a rigorous data analysis process prior to identification of other improvement activities.	Beginning October 2010	<u>Personnel</u> : State Part C Staff <u>Other</u> : Technical assistance to state staff from Data Accountability Center (DAC)
2. Determine whether Virginia’s definition of eligibility for Part C services should be revised to include some groups of children born prematurely (e.g., born before 32 weeks or with certain complications associated with prematurity) in the list of diagnosed conditions with a high probability of resulting in developmental delay.	June 2011	<u>Personnel</u> : State Part C Staff <u>Other</u> : EI Prematurity Work Group, VICC
3. Identify strategies to strengthen the link between NICUs and local systems in order to increase referrals of premature infants to Part C.	June 2011	<u>Personnel</u> : State Part C Staff <u>Other</u> : EI Prematurity Work Group, VICC
4. Develop 2 web-based training modules related to supports and services for infants with hearing impairment, one geared to physicians and the other for early intervention providers	June 2011	<u>Personnel</u> : State Part C Staff, Virginia Department of Health <u>Other</u> : VEHDI, Partnership for People with Disabilities <u>Funding</u> : Virginia Department of

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Activity	Timelines	Resources
		Health
<p>5. Develop educational materials for physicians, families and early intervention providers related to timing of referrals to Part C, identification of atypical development in premature infants, and appropriate supports and services for this population.</p>	<p style="text-align: center;">September 2011</p>	<p><u>Personnel</u>: State Part C Staff</p> <p><u>Other</u>: EI Prematurity Work Group, VICC</p> <p><u>Funding</u>: ARRA funds</p>
<p>6. Continue to collaborate with the Department of Health to develop the unique child identifier and linkage capacity necessary for the Department of Health's VISITS data base to automatically refer to Part C all children who are reported with hearing loss or congenital anomalies.</p>	<p style="text-align: center;">September 2011</p>	<p><u>Personnel</u>: State Part C staff, Department of Health staff, Department of Education staff</p> <p><u>Funding</u>: Through Department of Health and ARRA funds</p>

Part C State Annual Performance Report (APR) for FFY 2009

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 6: Percent of infants and toddlers birth to 3 with IFSPs compared to national data.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:

Percent = [(# of infants and toddlers birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100 compared to National data.

FFY	Measurable and Rigorous Target
2009	2.3%

Actual Target Data for FFY 2009:

Based on the December 1, 2009 child count, **1.95%** of infants and toddlers birth to 3 were served in Virginia’s Part C early intervention system in FFY 2009.

National data for December 1, 2009 indicated 2.67% of the birth to 3 population was receiving Part C services nationally.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:

Target Data

Local system data for the percentage of the local birth to three population served in Part C indicates the following:

FFY 2009 Status of Local Systems on Indicator 6

	Met State Target	Substantially Met State Target (95% - 99% of target)	Did Not Meet State Target
# of local systems	17	3	19

The 19 local systems that did not meet the state target for this indicator were at 48% to 93% of the state target. The 22 local systems that did not fully meet the state target received written notification of their status and the need to improve performance on this indicator. The 18 local systems that were below 93% of the state target are required to develop a Service Enhancement Plan related to identifying and serving all eligible infants and toddlers, birth - three.

Improving Local Performance

Based on the FFY 2008 local monitoring data, local systems that were below 93% of the state target were required to develop Service Enhancement Plans to improve performance on this indicator. State monitoring and technical assistance staff are monitoring and supporting implementation of these plans. Local improvement strategies related to increasing the percentage of the local birth – three population served in Part C include the following:

- Establishing and using a schedule to distribute posters, brochures, and other materials to potential referral sources
- Increasing public awareness through TV, radio, brochures, collaboration with other agencies, participation in community events
- Reviewing data to determine referral outcome by referral source and identify patterns of referrals to better focus outreach efforts
- Training referral sources in appropriate referrals for atypical development
- Using an area university's public relations firm to provide targeted media exposure
- Reviewing instruments used and composition of eligibility determination team to determine if they are being used appropriately to identify atypical development
- Highlighting to referral sources development delays that might typically be picked up in children ages 2-3 years old
- Continuing to work regionally with systems who share hospitals and physicians to provide standard information about early intervention and set up a standard referral process
- Exploring use of MCHAT as an additional screening measure
- Modifying Interagency Agreements with local departments of social services to include provision of family needs assessment information as part of DSS referrals to Part C
- Placing an Early Intervention Banner at designated elementary schools periodically, especially during kindergarten/head start registration and PTA meetings
- Exploring a revised interagency agreement with the local Health Department to include using a screening instrument to assess for autism at 18 and 24 month visits with referral to early intervention if concerns are noted
- Increasing service coordinator skills in maintaining relationships and community connections

Based on FFY 2009 data, the status of the 19 local systems that did not meet the state target in FFY 2008 is as follows:

- 2 reached the state target;
- 3 showed progress toward reaching the state target;
- 5 increased the percent of their local birth – 1 population served in Part C but did not move closer to the state target since the target increased;
- 1 maintained the same percent of their local birth – 1 population served in Part C and
- 8 showed slippage in the percent of their local birth – 3 population served in Part C.

Explanation for Slippage

Although there was slight slippage on the percentage of the birth – 3 population served in Virginia's Part C early intervention system, the actual number of children served in Part C on December 1 increased slightly from 5200 to 5254 from 2008 to 2009. The number of children under 3 served in Virginia's Part B system, and also included in the December 1 child count, decreased during that same period. The annualized Part C count (July 1 – June 30) increased from 11,810 in FFY 2008 to 12,280 in FFY 2009. While the budget constraints that impacted progress on this Indicator in FFY 2008 were alleviated in FFY 2009, the negative consequences of the previous year's budget constraints could not be reversed quickly enough to show more significantly improved results by December 1, 2009, and Virginia failed to meet the state target on this indicator for FFY 2009.

In addition to supporting implementation of local Service Enhancement Plans and the state-level improvement strategies that addressed the birth – 1 population, the following state-level improvement activities related to increasing the percentage of the birth – 3 population served in Virginia's early intervention system were implemented in FFY 2009 and early FFY 2010:

- Funding to Serve all Eligible Children:
 - As a result of 2 years of collaborative planning between the State Lead Agency for Part C and the State Medicaid agency, the new Medicaid Early Intervention Services Program was implemented on October 1, 2009. This program includes increased reimbursement rates for therapy providers, new Medicaid reimbursement for special instruction providers, and reimbursement for provider participation in assessment for service planning and IFSP team meetings. This new Medicaid program was expected to increase overall revenue in the Part C system and increase the number of Part C providers, freeing other funds and local system manager/other personnel time to be used for public awareness and child find efforts. The number of providers in the Part C system has increased from 926 to 1,203 from February 2010 to October 2010, and the reported Medicaid revenue has more than doubled (though part of that increase may reflect more accurate reporting rather than actual increases).
 - For FFY 2009 and FFY 2010, a portion of Virginia's American Recovery and Reinvestment Act (ARRA) funds for Part C were designated for state and local infrastructure projects, which may include public awareness and child find efforts. Other portions of the ARRA funding for Part C have been disseminated directly to local systems to be used as needed in the local area to improve supports and services for infants, toddlers and their families. Some local systems have and/or will use these ARRA funds for public awareness and child find, while others have and/or will use the ARRA funds for other improvement efforts freeing up alternate funding streams to support public awareness and child find. Local systems that have been required to develop Service Enhancement Plans to increase the percent of the 0-1 and/or 0-3 population served in Part C have been directed to use a portion of their ARRA funds to support local improvement activities in this area and to document this on the Service Enhancement Plan in order to receive state approval of the plan.
 - The State Lead Agency held discussions with the State Corporation Commission, Bureau of Insurance, and with the Medical Directors of the Virginia Association of Health Plans about how to better align payor processes with the needs of infants and toddlers and families and Part C requirements. These initial meetings were a first step toward the goal of expanding private insurance coverage for early intervention services (covering the same Part C services at the same early intervention rates as Medicaid). This work will continue in FFY 2010.
- Public Awareness/Child Find Activities:
 - Virginia continued the statewide public awareness campaign that includes radio spots, media kits, posters and collateral materials, media lists, and packets of materials with tactics for reaching traditionally underserved populations.
 - The State Lead Agency continued to collaborate with the Department of Social Services to ensure referral to Part C of all infants and toddlers involved in a substantiated case of abuse or neglect.
 - The Virginia Chapter, American Academy of Pediatrics and The Virginia Pediatric Society *Member Alert* on September 21, 2009 included information for physicians about the Medicaid Early Intervention Services Program, describing the expanded coverage for Part C early intervention services.
 - To assist local systems with child find planning and monitoring of progress, the State Lead Agency provided each local system with the minimum number of infants and toddlers, birth – 3, they should be identifying annually to meet the state target.
 - The State Lead Agency established the Early Intervention Prematurity Work Group in August, 2010 to develop recommendations on potential revisions to eligibility criteria for preterm infants and to identify the need for training, technical assistance, and informational materials for providers, families, and physicians about early intervention for premature infants. The physicians on this work group also provided insight into what encourages and discourages referrals to Part C, what kinds of information they would find helpful, and how they prefer to receive information. This work group has

- developed recommendations about informational materials that will be helpful in educating physicians about when and how to make a referral to Part C.
- In September 2010 a new brochure “What is Early Intervention?” was developed for physicians to give to families that are being referred to the Part C early intervention system. The brochure provides parents with information about the purpose of early intervention and how supports and services are provided so that families know what to expect. The State Lead Agency worked with the Partnership for People with Disabilities, with funding support from the Virginia Department of Health, to develop and disseminate 10,000 copies of the new brochure (in English and Spanish).
 - With funding from the Virginia Department of Health, the Infant & Toddler Connection of Virginia Referral Guide was updated, reprinted and widely disseminated in laminated format to physicians in September 2010. The guide provides instructions and contact information for making referrals to local systems as well as information about eligibility criteria, when to make a referral and what information to include with the referral.
 - Technical Assistance/Training:
 - Part C technical assistance consultants discussed public awareness and child find with local system managers at regional meetings, with an emphasis on establishing and maintaining communication with primary referral sources and strategies for working with families who are difficult to contact.
 - A Part C Leadership Academy was held in April 2010 for local system managers and program directors. The academy was designed to enhance leadership skills and focused strongly on oversight and accountability, including the use of data to inform system improvements and correction of noncompliance. One session of the conference, attended by all participants, introduced a systematic process for improvement planning based on the review and analysis of data. Local systems that were below the state target for Indicator 5 and/or Indicator 6 for FFY 2008 were provided and required to use their local data on that indicator in learning the data analysis process.
 - Emergency State Part C personnel regulations went into effect on November 4, 2009 to support implementation of the Medicaid Early Intervention Program. In anticipation of these regulations, the State Lead Agency began certifying early intervention (EI) practitioners, including service coordinators, in September 2009. The certification process included enhancements to Virginia’s Part C Comprehensive System of Personnel Development (CSPD), with consistent training offered to all practitioners seeking to obtain and maintain EI certification. Web-based modules required prior to certification address evidence based practices in screening, eligibility determination, assessment for service planning and IFSP development and implementation. In order to be certified, the practitioner must pass a test related to the web modules with at least 80% accuracy. As of October 15, 2010, there were 1,203 early intervention certified practitioners in Virginia.
 - Revised Practices:
 - Virginia’s Part C Service Pathway was implemented statewide beginning October 1, 2009. The service pathway is a visual representation of the flow of steps that take place as children and families move through the early intervention system from referral to IFSP implementation. The intent of the pathway is to provide a consistent framework within which family-centered, individualized planning occurs for each child and family and to ensure that, among other things:
 - Families truly understand their rights and responsibilities at each step in the screening, eligibility determination, assessment for service planning and IFSP development process; and
 - Eligibility determination procedures quickly and accurately determine the child’s eligibility.
 - Virginia’s Part C Service Pathway and all of the practices described below are documented in the *Infant & Toddler Connection of Virginia Practice Manual*, which was implemented statewide on October 1, 2009. After 6 months of implementation

and based on stakeholder feedback, the Part C Practice Manual was revised to clarify and expand information where needed to ensure consistent and accurate implementation of practices, including those related to intake, eligibility determination, assessment for service planning and IFSP development.

- The Infant & Toddler Connection of Virginia requires that, with parent consent, all children referred to the Part C system receive a developmental screening using a screening tool unless there is (1) a diagnosed physical or mental condition with a high probability of resulting in developmental delay, (2) documented developmental delay or atypical development, or (3) the child has already received a developmental assessment or screening prior to referral. Unless the parent declines to proceed to eligibility determination, all children referred will receive a multidisciplinary evaluation to determine eligibility. These changes in practice are intended to support accurate and timely determination of eligibility.
 - Based on the review of research and resulting recommendations presented in “Pediatric Developmental Screening: Understanding and Selecting Screening Instruments” (2008), Virginia’s Part C practices now strongly recommend the use of the Parents’ Evaluation of Developmental Status (PEDS), Ages and Stages Questionnaire (ASQ), or Bayley Infant Neurodevelopmental Screen (BINS) when a screening tool is required.
 - To support use of the recommended screening tools, the State Lead Agency used American Recovery and Reinvestment Act (AARA) funds to purchase Ages and Stages Questionnaire (ASQ- 3) kits for all local systems.
 - To promote future referrals from current referral sources, a standard “Acknowledgement of Referral” letter has been developed at the state level, and its use by local systems is strongly encouraged. A number of local systems have reported to the State Lead Agency that physician referrals are increasing because of the improved communication facilitated by the “Acknowledgement of Referral” letter.
 - To minimize the number of families who decline to proceed, revised practices are designed to ensure initial contacts with families consistently and effectively communicate the information families need in order to make informed decisions about their child and family’s participation in the Virginia Part C system.
 - Family cost share practices were revised and a new sliding fee scale implemented August 1, 2010 to ensure fair and equitable assessment and collection of family fees statewide. The new sliding fee scale reduces family fees across all income levels.
 - Fifty-two (52) service coordinators received training through *Kaleidoscope: New Perspectives in Service Coordination* in FFY 2009, and over 100 service coordinators completed the training in early FFY 2010. This training emphasizes the service coordinator’s role in explaining early intervention to families referred to the local system and supporting families through the intake and eligibility determination process. The Kaleidoscope training curriculum was revised in FFY 2009 to be consistent with the new practice manual and to address service coordination training needs identified by stakeholders.
- System Planning:
 - The State Interagency Agreement for Part C was revised to clarify responsibilities associated with child find and referral to the Part C system and was signed by all participating state agencies.
 - In order to expand and strengthen partnerships at the local level to improve coordination and collaboration for child find and public awareness efforts, local systems that were required to develop Service Enhancement Plans in order to improve performance on Indicator 5 and/or 6 were required to include strengthening the role of the Local Interagency Coordinating Council as an improvement strategy.
 - State Part C staff participated on state level committees and work groups addressing identification, referral and services for specific populations of children, including the

Autism Task Force, Hearing Work Group, Children’s Mental Health Committee, and the legislative subcommittee studying follow-up with children who are born prematurely. Participation on these committees helps to ensure the Part C system is able to effectively and appropriately identify, screen, evaluate, and assess all eligible infants and toddlers and their families.

- The State Lead Agency collaborated as a participant in a number of statewide initiatives in Virginia targeting young children and specifically working to identify those young children and families in need of supports and services to ensure their healthy growth and development. These included the Smart Beginnings Early Childhood Initiative, the Home Visiting Consortium, and the Virginia Early Hearing Detection and Intervention Learning Collaborative.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2009:

[If applicable]

A note about proposed targets: Despite slippage and a widening gap between actual performance and the targets for this indicator over the past couple of years, Virginia is committed to significantly increasing the percentage of the birth to three population served in the Part C system. Therefore, the original target (2.6%) for FFY 2010 has not been revised. Recognizing that this target is very aggressive given the Commonwealth’s current status on this indicator, the target will remain the same for FFY 2011 and FFY 2012. At whatever point the target is reached, the targets for the subsequent year(s) will be raised in order to require continued improvement.

Improvement Activities:

Improvement activities and timelines in the FFY 2008 APR have been revised as follows:

- Completion of some improvement activities has been delayed due to the significant amount of time required to support implementation of the Medicaid Early Intervention Services Program in FFY 2009:
 - The timeline to establish a state-level Child Find and Public Awareness Work Group to focus on strategies for increasing the number of infants and toddlers served in Part C has been revised to March 2011.
 - The timeline to explore the possibility of hiring a contractor to spearhead the Infant & Toddler Connection of Virginia’s child find and public awareness efforts has been revised to March 2011.
 - The activity to develop and implement a process for following up on the data from the Department of Medical Assistance Services (DMAS) on children identified through the DMAS data system as potentially eligible for Part C has been postponed to November 2011. This delay was necessary in order to focus initial efforts on accurate data entry for enrollment in the Medicaid Early Intervention benefit at the state level and development of mechanisms for sharing basic enrollment and reimbursement information with local systems in an accurate and usable format.
 - The timeline to explore the possibility of including Part C information in the newsletter of the Virginia chapter of the American Academy of Pediatrics on a regular basis has been extended to September 2011.
- The Health and Human Resources Secretariat is committed to developing a consistent, comprehensive data system for use across Virginia’s Health and Human Resources agencies

APR Template – Part C

Virginia
State

rather than developing or enhancing program-specific data systems. Therefore, the activity related to an enhanced Part C data system has been revised to reflect this shift.

- An activity has been added to explore the possibility of the physician representatives on the Prematurity Work Group forming a Health Advisory Group that could address various health topics and continue to be a resource to the State Lead Agency on child find and referral.
- An activity has been added to require all local service enhancement plans to include a rigorous data analysis process prior to identification of other improvement activities to increase the effectiveness of improvement strategies.

With these revisions, planned improvement activities related to increasing the percentage of the birth – 3 population served in Part C are as follows:

Activity	Timelines	Resources
1. Provide technical assistance and follow-up to local systems in implementing service enhancement plans, including drill-down to determine root causes	Ongoing	<u>Personnel:</u> State Part C Staff
2. Review and revise, as needed, statewide public awareness materials and practices to ensure appropriateness with traditionally under-served populations (e.g., minorities; low income, rural, homeless, wards of the State)	Ongoing	<u>Personnel:</u> State Part C Staff, possibly consultant <u>Funding:</u> To be determined <u>Other:</u> Stakeholder input
3. Identify existing evidence-based materials for use with primary referral sources in improving the appropriateness of referrals	Ongoing	<u>Personnel:</u> State Part C Staff
4. Require all local service enhancement plans to include a rigorous data analysis process prior to identification of other improvement activities to increase effectiveness of improvement strategies	Beginning October 2010	<u>Personnel:</u> State Part C staff
5. Establish a state-level Child Find and Public Awareness Work Group with representation from the VICC, local systems, families and primary referral sources to focus on strategies for increasing the number of infants and toddlers served in Part C	March 2011	<u>Personnel:</u> State Part C staff
6. Explore the possibility of hiring a contractor to spearhead the Infant & Toddler Connection of	March 2011	<u>Personnel:</u> State Part C staff <u>Funding:</u> ARRA funds

APR Template – Part C

Virginia
State

Activity	Timelines	Resources
Virginia's child find and public awareness efforts, working closely with the Child Find and Public Awareness Work Group to develop and implement an overall plan and specific strategies for improved child find and public awareness		
7. Explore the possibility of the physician representatives on the Prematurity Work Group forming a Health Advisory Group that could address various health topics and continue to be a resource to the State Lead Agency on child find and referral.	September 2011	<u>Personnel:</u> State Part C staff, Virginia Department of Health staff <u>Other:</u> Prematurity Work Group
8. Explore the possibility of including Part C information in the newsletter of the Virginia chapter of the American Academy of Pediatrics on a regular basis	September 2011	<u>Personnel</u> – State Part C Staff
9. Develop and implement a process for following up on the data from the Department of Medical Assistance Services (DMAS) on children identified through the DMAS data system as potentially eligible for Part C	November 2011	<u>Personnel:</u> State Part C staff; DMAS staff
10. In any comprehensive data system developed across the Health and Human Resources Secretariat, explore the possibility of a mechanism to enter the specific referral source (e.g., name of physician, name of hospital), to include this level of detail in reports, and to use this information to generate letters to referral sources acknowledging receipt of the referral	2012	<u>Personnel:</u> State Part C staff, IT staff <u>Funding:</u> To be determined

Part C State Annual Performance Report (APR) for FFY 2009

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 7: Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C’s 45-day timeline.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:

Percent = [(# of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting was conducted within Part C’s 45-day timeline) divided by the (# of infants and toddlers with IFSPs evaluated and assessed for whom an initial IFSP meeting was required to be conducted)] times 100.

Account for untimely evaluations, assessments, and initial IFSP meetings, including the reasons for delay.

FFY	Measurable and Rigorous Target
2009	100%

Actual Target Data for FFY 2009:

99% of eligible infants and toddlers with IFSPs had an evaluation and assessment and an initial IFSP meeting within Part C’s 45-day timeline.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:

Target Data

Virginia continues to demonstrate a high level of compliance with the requirement to complete an evaluation and assessment and an initial IFSP meeting within Part C’s 45-day timeline. The data for FFY 2009 was reported primarily through ITOTS, Virginia’s Part C data system, and includes all eligible infants and toddlers who were referred to Part C statewide between October 1, 2009 and December 31, 2009 and evaluated and assessed and for whom an initial IFSP meeting was required to be conducted. ITOTS does not include data on children who have not had an initial IFSP developed, so record review follow-up is used to determine the 45-day timeline status of children who have only evaluation and assessment data recorded in the ITOTS data system. Both the numerator and denominator in the calculation below include 275 children for whom the timeline was exceeded due to family reasons or other exceptional circumstances beyond the local system’s control.

APR Template – Part C

Infants Evaluated and Assessed and Provided an Initial IFSP Meeting Within Part C's 45-Day Timeline – FFY 2009

a. Number of infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	1,452
b. Number of infants and toddlers with IFSPs evaluated and assessed for whom an initial IFSP meeting was required to be conducted	1,470
Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline (Percent = [(a) divided by (b)] times 100)	99%

Of the 275 children for whom the timeline was exceeded due to family reasons or other exceptional circumstances beyond the local system's control, the specific reasons were as follows:

Delays Due to Family Reasons

Child/Family Ill	Family Scheduling Preference	Temporarily Lost Contact	Disaster/Severe Weather
33	203	26	13

In FFY 2004 and FFY 2005, the State Lead Agency did extensive verification with all local systems to determine that family scheduling preference was being used appropriately as a mitigating circumstance for the 45-day timeline. State Lead Agency staff reviewed records quarterly during this period to ensure documentation supported the choice of family scheduling preference as the reason for exceeding the 45-day timeline and that families had been contacted in a timely manner and timely appointments had been offered for evaluations, assessments and IFSP meetings. Once data was consistently found to be accurate, this level of verification ended. In order to ensure continued accuracy in the determination of family scheduling preference as a mitigating circumstance, the FFY 2009 data verification process included statewide confirmation of the correct use of family scheduling preference. Except for the 5 local systems that had no instances of family scheduling preference, contact notes were reviewed for all local systems to determine the accuracy of family scheduling preference as a mitigating circumstance for either Indicator 1 or Indicator 7. Ninety-eight percent (98%) of the family scheduling preferences reviewed were found to be accurate (97 out of 99). In FFY 2009 the State Lead Agency also identified a process, including triggers, for ongoing verification of the accurate use of family scheduling preference as a reason for exceeding the 45-day timeline. This data will be verified for all local systems that meet one or more of the following criteria in the given fiscal year:

- The local system manager is new (began his/her job on or after of July 1 of the given fiscal year);
- ITOTS indicates that the 45-day timeline was exceeded due to family scheduling preference for more than 30% of the total number of children with an evaluation and assessment and for whom an initial IFSP meeting was required in the local system in the data collection period; or
- The local system was out compliance with the 45-day timeline requirement in the previous fiscal year.

The State Lead Agency reserves the right to randomly select additional local systems for data verification in any given fiscal year.

APR Template – Part C

Analysis of the system reasons for exceeding the 45-day timeline indicates that the primary issue impacting compliance was provider unavailability, as follows:

Delays Due to System Reasons

Foster Parent/Surrogate Parent Issues	Provider Unavailability	Other
5	9	4

Delays Due to Provider Unavailability

Occupational Therapy	Physical Therapy	Speech Language Therapy	Special Instruction	Service Coordination	Other
0	1	1	0	2	5

Based on the FFY 2009 data, the status of local systems on this indicator is as follows:

FFY 2009 Status of Local Systems on Indicator 7

	100% Compliance	Substantial Compliance (95% - 99%)	Non-Compliance
# of local systems	30	4	5

The 5 local systems in the noncompliance column above were at 80%, 90%, 91%, 94% and 94%. Local systems that were not at 100% compliance with this indicator based on FFY 2008 data received written notification of their non-compliance on 9/20/10. While the data was collected and reported to the State Lead Agency in FFY 2009, data verification was delayed due to limited State staff resources, and non-compliance findings from this review of data were identified in FFY 2010. The 3 local systems that were below 93% compliance were required to develop a Corrective Action Plan related to the 45-day timeline. The other 6 local systems below 100% compliance received written notification of their status and the need to reach full compliance (100%) within one year.

Although the data collected for FFY 2009 were from the second quarter of the fiscal year, Virginia has determined that these data accurately reflect data for infants and toddlers with IFSPs for the full fiscal year based on the following:

- The Commonwealth’s compliance percentage was the similar for FFY 2008 (98%) and FFY 2009 (99%) when data were collected in the second quarter of the fiscal year as they were in FFY 2007 (98%) when data were from the fourth quarter. There appears to be no difference in performance at different times of the year. In addition, the number of children with IFSPs referred was very similar -- a total of 1,470 for the second quarter of FFY 2009; 1,519 for the second quarter of FFY 2008 and 1,560 for the fourth quarter of FFY 2007.
- The data collected in FFY 2009 included all children who were referred in the given quarter who were evaluated and assessed and for whom an initial IFSP meeting was required to be conducted. Therefore, the data is representative of the population of children served in Virginia’s Part C system in terms of race/ethnicity, gender, age, and reason for eligibility.

Explanation of Progress

Virginia improved from 98% to 99% compliance with this indicator from FFY 2008 to FFY 2009. The State has also been successful in ensuring correction of local noncompliance and in reducing the number of instances that the timeline was exceeded due provider unavailability from 34 in FFY 2008 to 11 in FFY 2009. In addition to supporting local systems in identifying and implementing local improvement activities, the following improvement activities were implemented at the State level during FFY 2009 and early FFY 2010 in order to improve compliance with the 45-day timeline

requirement. Since the primary barrier to achieving 100% compliance with this indicator continues to be provider availability, the majority of improvement efforts have been and are targeted toward addressing that issue.

- Addressing Provider Availability:
 - Based on topics that local system managers identified as most critical, a statewide Local System Manager training in August 2009 included a component on developing and monitoring budgets and use of ARRA funds to ensure timely availability of all required Part C services, including initial evaluation for eligibility, assessment for service planning and development of an IFSP for all eligible children and families. Training for new local system managers was held in September 2009 and provided additional assistance on these issues for those who are new to these responsibilities.
 - As a result of 2 years of collaborative planning between the State Lead Agency for Part C and the State Medicaid agency, the new Medicaid Early Intervention Services Program was implemented on October 1, 2009. This program includes increased reimbursement rates for therapy providers, new Medicaid reimbursement for special instruction providers, and reimbursement for provider participation in assessment for service planning and IFSP team meetings. A provider information sheet describing the Medicaid changes, including the increased reimbursement rates and the expansion of covered services, was sent not only to existing Part C providers but also to contacts at physical therapy, occupational therapy and speech-language pathology schools in Virginia and to any individuals who called or emailed the State Lead Agency to inquire about requirements to provide services in Virginia. One of the expected impacts of the new Medicaid program was improvement in local systems' ability to recruit and retain providers. In February 2010, there were 926 providers in the Part C system. As of October 15, 2010 there were 1,203 providers, an increase of 30% since February. In addition, anecdotal reports from local systems since the fall of 2009 have indicated new providers are expressing interest in working in the Part C system. The Medicaid Early Intervention Services Program was also expected to increase Medicaid revenue in the Part C system. Although some of the difference may reflect more accurate reporting rather than actual increases, the amount of Medicaid revenue reported for FFY 2009 was more than double that reported in FFY 2008.
 - The State Lead Agency held discussions with the State Corporation Commission, Bureau of Insurance, and with the Medical Directors of the Virginia Association of Health Plans about how to better align payor processes with the needs of infants and toddlers and families and Part C requirements. These initial meetings were a first step toward the goal of expanding private insurance coverage for early intervention services (covering the same Part C services at the same early intervention rates as Medicaid). This work will continue in FFY 2010.
 - The State Lead Agency continued to facilitate local Part C job postings on the State Lead Agency website.
- Training and Technical Assistance:
 - State Part C technical assistance consultants addressed issues related to the 45-day timeline at regional meetings of local system managers and with individual local systems as needed.
 - A Part C Practice Manual and new statewide forms were implemented on October 1, 2009 to support timely completion of and efficient use of personnel during intake, eligibility determination, assessment for service planning and development of an initial IFSP. After 6 months of implementation and based on stakeholder feedback, the Part C Practice Manual was revised to clarify and expand information where needed to ensure consistent and accurate implementation of practices, including those related to intake, eligibility determination, assessment for service planning and IFSP development.
 - Fifty-two (52) service coordinators received training through *Kaleidoscope: New Perspectives in Service Coordination* in FFY 2009, and over 100 service coordinators completed the training in early FFY 2010. This training emphasizes the service

coordinator’s role in scheduling and helping the family to prepare for and understand their rights and responsibilities in the eligibility determination, assessment for service planning and IFSP development process. The Kaleidoscope training curriculum was revised in FFY 2009 to be consistent with the new practice manual, to address needs identified by stakeholders, and to reflect new requirements associated with the Medicaid Early Intervention Services Program.

- o Emergency State Part C personnel regulations went into effect on November 4, 2009 to support the Medicaid Early Intervention Services Program. In anticipation of these regulations, the State Lead Agency began certifying early intervention (EI) practitioners, including service coordinators, in September, 2009. The certification process included enhancements to Virginia’s Part C Comprehensive System of Personnel Development (CSPD), with consistent training offered to all practitioners seeking to obtain and maintain EI certification. Web-based modules required prior to certification address evidence based practices in screening, eligibility determination, assessment for service planning and IFSP development. In order to be certified, the practitioner must pass a test related to the web modules with at least 80% accuracy. As of October 15, 2010, there were 1,203 early intervention certified practitioners in Virginia.
- o A work plan was developed to continue the significant expansion of Virginia’s CSPD through development of web-based trainings modules, mini-lessons and landing pads and through monthly webinars or teleconference opportunities. These trainings opportunities will be implemented in FFY 2010 and will support family-centered and evidence-based service delivery through all of the steps in the early intervention process.

Correction of FFY 2008 Findings of Noncompliance:

Level of compliance (actual target data) State reported for FFY 2008 for this indicator: 98%

1. Number of findings of noncompliance the State made during FFY 2008 (the period from July 1, 2008, through June 30, 2009)	7
2. Number of FFY 2008 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	7
3. Number of FFY 2008 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	0

Verification of Correction (either timely or subsequent):

In order to verify correction of noncompliance with Indicator 7, the State Lead Agency reviews data from ITOTS, the state Part C data system, for all eligible infants and toddlers who were referred to the given local system during a 3-month period, and for whom an initial IFSP meeting was required to be conducted, to determine whether the evaluation, assessment and IFSP meeting were held within the required 45-day timeline. To confirm the accuracy of the ITOTS data used for verification of correction, local systems are required to submit (or state staff view on-site) the documentation from a random sample of child records from that 3-month period showing completion of the evaluation, assessment and IFSP meeting and documenting the mitigating circumstances if the timeline was exceeded. The random sample of records is selected by the State Lead Agency to be representative of those children whose ITOTS record shows completion of the IFSP within 45 days and those that show completion of the IFSP beyond 45 days due to family reasons or other exceptional circumstances beyond the local system’s control.

In addition, for each local system with a finding of noncompliance on Indicator 7, state Part C staff used ITOTS to verify that for each instance of noncompliance involved in the FFY 2008 finding, the child did have an evaluation, assessment and IFSP meeting, though late.

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Therefore, the State Lead Agency has verified that each EIS program with noncompliance reported by Virginia under this indicator in the FFY 2008 APR: (1) is, based on updated data, correctly implementing the specific regulatory requirements; and (2) has conducted the initial evaluation, assessment and IFSP meeting, although late, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memo 09-02.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2009:

[If applicable]

One new improvement activity has been added:

- Require all local corrective action plans to include a rigorous data analysis process prior to identification of other improvement activities to improve effectiveness of improvement strategies

Planned improvement activities related to the 45-day timeline are as follows:

Activity	Timelines	Resources
Continue to provide technical assistance to local systems based on local corrective action plans developed to address noncompliance with the 45-day timeline.	Ongoing	<u>Personnel</u> : State Part C staff <u>Funding</u> : Already in Part C budget
Require all local corrective action plans to include a rigorous data analysis process prior to identification of other improvement activities.	Beginning October 2010	<u>Personnel</u> : State Part C Staff <u>Other</u> : Technical assistance to state staff from Data Accountability Center (DAC)
Collaborate with the State Corporation Commission to expand private insurance reimbursement for Part C services	2011 - 2012	<u>Personnel</u> : State Part C Staff, State Corporation Commission (Bureau of Insurance) <u>Other</u> : VICC

Part C State Annual Performance Report (APR) for FFY 2009

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Indicator 8: Percent of all children exiting Part C who received timely transition planning to support the child’s transition to preschool and other appropriate community services by their third birthday including:

- A. IFSPs with transition steps and services;
- B. Notification to LEA, if child potentially eligible for Part B; and
- C. Transition conference, if child potentially eligible for Part B.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:

- A. Percent = [(# of children exiting Part C who have an IFSP with transition steps and services) divided by the (# of children exiting Part C)] times 100.
- B. Percent = [(# of children exiting Part C and potentially eligible for Part B where notification to the LEA occurred) divided by the (# of children exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(# of children exiting Part C and potentially eligible for Part B where the transition conference occurred) divided by the (# of children exiting Part C who were potentially eligible for Part B)] times 100.

Account for untimely transition conferences.

FFY	Measurable and Rigorous Target
2009	100%

Actual Target Data for FFY 2009:

- A. **88%** of IFSPs include transition steps and services
- B. Notification was sent to the local school division for **100%** of children potentially eligible for Part B
- C. A transition conference was held for **93%** of children potentially eligible for Part B

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:

Target Data

Target data for FFY 2009 is based on monitoring data from all 39 local Part C systems in Virginia. The records of children who exited or would be exiting the Part C system between August 1, 2009 and December 31, 2009 were reviewed to determine compliance with the three transition requirements included in Indicator 8. The State Lead Agency randomly selected the children whose records were to be reviewed by the local system as follows:

- The number of records to be reviewed was based on the number of children who transitioned from the local Part C system in the given time period:

Number of children who transitioned between 8/1/09 – 12/31/09	Number of records to be reviewed
0 - 9	All records
10 - 20	10
21 - 100	15
101 - 300	20

- Once the number of records was determined, the exact records to be reviewed were selected using the following criteria in order to ensure a representative sample:
 - For local systems that must review **10** records:

# Of Records	Criteria
2	Children of each Gender
1	Child of each race/ethnicity represented in the “pool” of children
2	Children found eligible for Part C services because of developmental delay and/or atypical development
2	Children found eligible for Part C services based on a diagnosed condition

- For local systems that must review **15** records:

# Of Records	Criteria
3	Children of each Gender
2	Children of each race/ethnicity represented in the “pool” of children
2	Children found eligible for Part C services because of developmental delay and/or atypical development
2	Children found eligible for Part C services based on a diagnosed condition

- For local systems that must review **20** records:

# Of Records	Criteria
4	Children of each Gender
2	Children of each race/ethnicity represented in the “pool” of children
3	Children found eligible for Part C services because of developmental delay and/or atypical development
3	Children found eligible for Part C services based on a diagnosed condition

- The remaining records needed to reach the total number the local system was required to review were selected randomly.

A. *Transition Steps and Services* – Of the 465 records reviewed statewide, the most recent IFSP included transition steps and services for 409 of the children. (409 /465 = 88%)

FFY 2009 Status of Local Systems on Indicator 8a

	100% Compliance	Substantial Compliance (95% - 99%)	Non-Compliance
# of local systems*	30	0	8

* One local system had no data to report. The local lead agency changed on October 1, 2009, during the record review period. The previous local lead agency only transferred the records of children who were still open to Part C, and none of the children with open records transitioned during the record review period.

The 8 local systems in the noncompliance column ranged from 10% to 93% compliance. The 7 local systems that were below 93% compliance were required to develop a Corrective Action Plan related to transition steps and services. The other local system below 100% compliance received written notification of their status and the need to reach full compliance (100%) within one year. There were 7 new findings of noncompliance with this indicator based on the FFY 2009 data. Those 7 local systems received written notification of their non-compliance on 9/20/10. While the data was collected and reported to the State Lead Agency in FFY 2009, data verification was delayed due to limited State staff resources, and noncompliance findings from this review of data were identified in FFY 2010.

- B. *Notification to the LEA* – Records were reviewed for a total of 465 children statewide considered potentially eligible for Part B. Of the 465 records, there were 28 in which the family did not allow the notification to the school division (i.e., opted out). Of the 437 families who allowed notification, the information was sent to the school division for all of the children. (437 / 437 = 100%)

FFY 2009 Status of Local Systems on Indicator 8b

	100% Compliance	Substantial Compliance (95% - 99%)	Non-Compliance
# of local systems*	38	0	0

* One local system had no data to report. The local lead agency changed on October 1, 2009, during the record review period. The previous local lead agency only transferred the records of children who were still open to Part C, and none of the children with open records transitioned during the record review period

All local systems demonstrated 100% compliance with this indicator.

- C. *Transition Conference* – Records were reviewed for a total of 465 children statewide considered potentially eligible for Part B. The parent gave approval for a transition conference to be held for 416 of these children. The transition conference was delayed due to system reasons for 29 of the 416 children whose parents gave approval for the conference. Therefore, the transition conference was held in compliance with Part C requirements for 387 of the 416 families who gave approval for a conference.

(387 / 416 = 93%)

The numerator and denominator include 55 children for whom the conference did not occur within the required time frames due to family scheduling preference or other exceptional circumstances beyond the local system’s control.

For the 29 records where there was a delay in the transition conference due to system reasons, 5 were due to Part C scheduling difficulties, 6 were due to school system scheduling difficulties and 18 were listed as “no reason documented.”

FFY 2009 Status of Local Systems on Indicator 8c

	100% Compliance	Substantial Compliance (95% - 99%)	Non-Compliance
# of local systems*	28	0	10

* One local system had no data to report. The local lead agency changed on October 1, 2009, during the record review period. The previous local lead agency only transferred the records of children who were still open to Part C, and none of the children with open records transitioned during the record review period

Of the 10 local systems in the noncompliance column above, 8 had percentages between 80% and 93%, inclusive, and the other 2 were at 60% and 29% compliance. The 8 local systems that were below 93% compliance were required to develop a Corrective Action Plan related to the transition conference. The other 2 local systems below 100% compliance received written notification of their status and the need to reach full compliance (100%) within one year. There were 8 new findings of noncompliance based on the FFY 2009 data. Those 8 local systems received written notification of their non-compliance on 9/20/10. While the data was collected and reported to the State Lead Agency in FFY 2009, data verification was delayed due to limited State staff resources, and non-compliance findings from this review of data were identified in FFY 2010.

Local system managers were required to submit a signed verification form confirming the accuracy of the local record review data for Indicator 8. Local systems also were required to submit to the State Lead Agency the documentation from the child’s record that they used to answer the questions on the transition record review form. State Part C staff verified the data submitted by the local system on the annual local record review form by comparing the data submitted with the documentation (i.e., the IFSP and contact notes) submitted from the child’s record. This included not only verification that the required transition activity had occurred but also verification that the mitigating circumstances for a delay in the transition conference, including family scheduling preference, were accurately determined and reported. To help ensure the accuracy of the mitigating circumstances data submitted, the local record review instructions gave examples of exceptional circumstances; and training on the record review form was provided to local system managers via a statewide technical assistance call with follow-up technical assistance through regional meetings of local system managers.

For FFY 2009, 17 of the 39 local systems had data verified for at least one of the three transition indicators. This number (17) included all systems that had noncompliance for a transition indicator in the previous monitoring cycle.

Explanation of Progress/Slippage

While Virginia improved to 100% compliance with Indicator 8b, there was slippage on Indicators 8a and 8c. Further analysis of the record review data and of additional data gathered in response to the FFY 2009 findings, leads to the following explanation for the slippage:

- Three (3) local systems, located close together in one area of the state, were responsible for 50% of the state’s noncompliance on Indicator 8a and 64% of the state’s noncompliance on Indicator 8c. These 3 local systems share a number of providers and procedures.
- Inadequate documentation appears to be a significant factor in the level of compliance with Indicators 8a and 8c. In FFY 2008, “no reason documented” was listed as the mitigating circumstance for why the transition conference did not occur in a timely manner 3 times; in FFY 2009, 18 times. Similarly, information gathered by the Technical Assistance and Monitoring Consultants assigned to the systems that demonstrated noncompliance in FFY 2009 indicates that, although local system managers and service coordinators report that transition planning (steps and services) occurred, these activities were not documented on the IFSP or in contact notes.
- Many of the local systems with noncompliance on indicators 8a and 8c had new local system managers who started in that role in late FFY 2008 or in FFY 2009. Seven (7) of the eight

local systems with noncompliance on Indicator 8a had new local system managers, and the same was true for 4 of the 7 lowest performing local systems on Indicator 8c.

- Virginia implemented a significant system transformation on October 1, 2009. The need to learn new requirements and practices associated with the transformation appear to have diverted focus and time from local system oversight of ongoing requirements and procedures, such as those associated with transition.

The following improvement activities were implemented in FFY 2009 and early FFY 2010 to immediately address the slippage on 8a and 8c:

- A Part C Leadership Academy was held in April 2010 for local system managers and program directors. The academy was designed to enhance leadership skills and focused strongly on oversight and accountability, including the use of data to inform system improvements and correction of noncompliance.
- The July 2010 Shining Stars Conference (Virginia's annual early childhood conference), included a session, presented jointly by local Part C and Part B personnel, on transition planning conferences.
- In August 2010, training on transition requirements and practices was provided by the Part C Office for the 3 local systems that accounted for a large percentage of the noncompliance with Indicators 8a and 8c. The same training was provided in September 2010 for another local system with a low percentage of compliance on Indicator 8a. These trainings included an emphasis on required documentation related to transition.
- One-on-one technical assistance was provided to 6 of the 7 new local system managers and to a new Quality Assurance person in the eighth system that was out of compliance with Indicator 8a to ensure understanding of the transition requirements. The remaining system with non-compliance on Indicator 8a has had additional turn-over and is in the process of hiring a new local system manager. Immediate technical assistance related to the transition requirements will be provided once that individual is hired.
- Technical assistance related to transition requirements was provided to all local system managers during regional meetings in the fall of 2010. Discussion includes strategies for oversight of the transition process, including documentation, and how to keep transition planning a priority for local staff.
- The October 2010 *Technical Assistance Update*, which is disseminated by the State Lead Agency to all local system managers and every Part C provider in Virginia, included an article on the FFY 2009 transition results and the need to focus on correction of noncompliance for those local systems below 100% and maintenance of compliance for those at 100%.
- The State Lead Agency began development of materials and began exploring use of a web-based training module that would be available for immediate use as new local system managers begin their jobs. A group, in-person training generally is held annually for new local system managers and was last conducted on Sept. 2, 2009. However, because new local system managers have a lot of requirements to learn and oversee there is a need to expand access to the support and information needed by new local system managers so that the necessary resources are available quickly and readily.
- Joint Part C-Part B regional transition meetings, coordinated by Part C and Part B state technical assistance consultants, have been scheduled for 2 regions for January 2011. Similar meetings for other regions are in the planning stage. These meetings facilitate joint planning between local Part C and Part B personnel to address IDEA transition requirements and to improve the transition experience for children and families.

In addition to improvement activities developed specifically in response to the FFY 2009 record review results, a number of additional state-level improvement activities were completed in FFY 2009:

- Joint Part C-Part B regional technical assistance on transition was provided in the fall of 2009. Local system managers and representatives of local school divisions met regionally with state representatives from the Part C State Lead Agency and Virginia Department of Education to ask and answer questions and continue the collaborative local transition planning that started during the 2007 regional trainings on transition.
- A Part C Practice Manual and new statewide forms were implemented on October 1, 2009 to support timely and effective completion of required transition activities. After 6 months of

implementation and based on stakeholder feedback, the Part C Practice Manual was revised to clarify and expand information where needed to ensure consistent and accurate implementation of practices, including those related to transition.

- Fifty-two (52) service coordinators received training through *Kaleidoscope: New Perspectives in Service Coordination* in FFY 2009, and over 100 service coordinators completed the training in early FFY 2010. This training emphasizes the service coordinator’s role in transition. The Kaleidoscope training curriculum was revised in FFY 2009 to be consistent with the new practice manual and to address needs identified by stakeholders.
- The Part C Family Involvement Project, in collaboration with the Department of Education, continued to disseminate *An Introduction to the Transition Process*, a booklet designed to explain in family-friendly terms the process of transition and the options available to families as they exit the Part C early intervention system.
- A revised interagency agreement between the State Lead Agency for Part C and the Virginia Department of Education was signed in June 2010.
- The monthly Technical Assistance Update from the State Lead Agency included links to training resources and professional development opportunities related to evidence-based transition practices. This monthly update is disseminated to all local system managers and to all Part C providers in the Commonwealth.

Correction of FFY 2008 Findings of Noncompliance – 8a:

Level of compliance (actual target data) State reported for FFY 2008 for Indicator 8a: 98%

1. Number of findings of noncompliance the State made during FFY 2008 (the period from July 1, 2008, through June 30, 2009)	4
2. Number of FFY 2008 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	3
3. Number of FFY 2008 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	1

Correction of FFY 2008 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance):

4. Number of FFY 2008 findings not timely corrected (same as the number from (3) above)	1
5. Number of FFY 2008 findings the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	0
6. Number of FFY 2008 findings <u>not</u> verified as corrected [(4) minus (5)]	1

Actions Taken if Noncompliance Not Corrected:

The State Lead Agency has verified correction for three out of four FFY 2008 findings on Indicator 8a. Enforcement actions taken with the remaining local system included:

- Required targeted technical assistance.
- Required monthly monitoring calls between the local system manager, State Part C Monitoring Consultant and State Part C Technical Assistance Consultant with required data analysis to be completed by the local system manager prior to each call. The purpose of the calls was to monitor implementation of the Corrective Action Plan and determine the local system’s status with regard to established benchmarks for progress toward correction of noncompliance.

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The primary barrier to timely correction of noncompliance for this local system was turn-over in the local system manager position. Extensive work continues with the local system manager to ensure understanding of the requirements and to assist the local system manager in working with providers to ensure IFSPs include transition steps and services.

Correction of FFY 2008 Findings of Noncompliance – 8b:

Level of compliance (actual target data) State reported for FFY 2008 for Indicator 8b: 99.7%

1. Number of findings of noncompliance the State made during FFY 2008 (the period from July 1, 2008, through June 30, 2009)	1
2. Number of FFY 2008 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	1
3. Number of FFY 2008 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	0

Correction of FFY 2008 Findings of Noncompliance – 8c:

Level of compliance (actual target data) State reported for FFY 2008 for Indicator 8c: 96%

1. Number of findings of noncompliance the State made during FFY 2008 (the period from July 1, 2008, through June 30, 2009)	8
2. Number of FFY 2008 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	6
3. Number of FFY 2008 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	2

Correction of FFY 2008 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance):

4. Number of FFY 2008 findings not timely corrected (same as the number from (3) above)	2
5. Number of FFY 2008 findings the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	0
6. Number of FFY 2008 findings <u>not</u> verified as corrected [(4) minus (5)]	2

Actions Taken if Noncompliance Not Corrected:

The State Lead Agency has verified correction for six out of eight FFY 2008 findings on Indicator 8c. Enforcement actions taken with the remaining two local systems included:

- Local System 1:
 - Required targeted technical assistance for the local system manager related to transition planning conference requirements.
 - Required training for providers related to transition planning conference requirements.
 - Directed use of American Recovery and Reinvestment Act (ARRA) funds toward correction of noncompliance with the transition planning conference requirements.

- Required 6 monitoring calls between the local system manager, State Part C Monitoring Consultant and State Part C Technical Assistance Consultant with required data analysis to be completed by the local system manager prior to each call. The purpose of the calls was to monitor implementation of the Corrective Action Plan and determine the local system's status with regard to established benchmarks for progress toward correction of noncompliance.
- Conducted an on-site visit by the State Part C Monitoring Consultant and State Part C Technical Assistance Consultant with Local Lead Agency administrators for purposes of consultation and problem-solving.

The primary barriers to correction of noncompliance for this local system have been turn-over in the local system manager position and collaboration with the local school division. Collaboration issues were addressed through a joint meeting of local Part C and Part B staff, and additional training on transition requirements has been scheduled for the local system manager and providers on February 1, 2011.

- Local System 2:
 - Required targeted technical assistance for the local system manager related to transition planning conference requirements.
 - Directed use of American Recovery and Reinvestment Act (ARRA) funds toward correction of noncompliance with the transition planning conference requirements.
 - Required 6 monitoring calls between the local system manager, State Part C Monitoring Consultant and State Part C Technical Assistance Consultant with required data analysis to be completed by the local system manager prior to each call. The purpose of the calls was to monitor implementation of the Corrective Action Plan and determine the local system's status with regard to established benchmarks for progress toward correction of noncompliance.

The primary barrier to correction of noncompliance for this local system has been turn-over in the local system manager position. Training and technical assistance have been provided to the new local system manager to ensure understanding of the transition planning conference requirements and strategies for providing oversight on compliance with these requirements.

Verification of Correction (either timely or subsequent):

In order to verify correction of noncompliance on this indicator, the State Lead Agency selects a representative sample of records from a 3-month period (though, in the case of the Commonwealth's largest local system, a shorter period may be used since the appropriate sample size can be achieved within a shorter period), and the local system completes a record review using the same forms and process used during the annual local record review. To confirm the accuracy of the local record review data used for verification of correction, local systems are required to submit (or state staff view on-site) the documentation from a random sample (selected by the State Lead Agency) of the child records reviewed showing completion of the required transition activity and that the transition conference was held within required timelines with parent approval. When verifying correction of noncompliance for Indicator 8c, the sample of records for which documentation must be provided is selected by the State Lead Agency to be representative of the various family reasons why the transition conference was not held within the required timelines.

In addition, for each local system with a finding of noncompliance on Indicator 8, state Part C staff used record review data to verify that for each instance of noncompliance involved in the FFY 2008 finding, the child had transition steps and services added to the IFSP, notification sent to the LEA, and/or a transition conference held, though late, unless the child had already transitioned out of the Part C system by the time the noncompliance was identified.

Therefore, for Indicator 8a, the State Lead Agency has verified that (1) based on updated data, three of the four EIS programs with noncompliance reported by Virginia under this indicator in the FFY 2008 APR are correctly implementing the specific regulatory requirements; and (2) each EIS program with noncompliance reported in the FFY 2008 APR has developed an IFSP with transition steps and services for each child, unless the child is no longer within the jurisdiction of the EIS program consistent with OSEP Memo 09-02. For Indicator 8b, the State Lead Agency has verified that each EIS program with

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noncompliance reported by the State under this indicator in the FFY 2008 APR: (1) is, based on updated data, correctly implementing the specific regulatory requirements; and (2) has provided notification to the LEA for each child potentially eligible for Part B, although late, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memo 09-02. For Indicator 8c, the State Lead Agency has verified that (1) based on updated data, six of the eight EIS programs with noncompliance reported by the State under this indicator in the FFY 2008 APR are correctly implementing the specific regulatory requirements; and (2) each EIS program with noncompliance reported in the FFY 2008 APR has conducted a transition conference for each child potentially eligible for Part B, although late, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memo 09-02.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2009:

[If applicable]

The following improvement activities have been revised:

- The Health and Human Services Secretariat is committed to developing a consistent, comprehensive data system for use across Virginia’s Health and Human Services agencies rather than developing or enhancing program-specific data systems. Therefore, the activities related to an enhanced Part C data system and data exchange with the Department of Education have been revised to reflect this shift.

The following improvement activities have been added to ensure progress toward reaching the target of 100% compliance:

- Provide statewide training on documentation requirements related to transition.
- Require all local corrective action plans to include a rigorous data analysis process prior to identification of other improvement activities to improve effectiveness of improvement strategies
- Develop written materials and/or a web-based training module for new local system managers to quickly introduce Part C requirements and expectations for oversight.
- Review the technical assistance sources available on the SPP/APR Calendar website to identify any additional strategies for improving the transition practices measured by this indicator

Planned improvement activities related to transition are as follows:

Activity	Timelines	Resources
1. Require all local corrective action plans to include a rigorous data analysis process prior to identification of other improvement activities.	Beginning October 2010	<u>Personnel</u> : State Part C Staff <u>Other</u> : Technical assistance to state staff from Data Accountability Center (DAC)
2. Review the technical assistance sources available on the SPP/APR Calendar website to identify any additional strategies for improving the transition practices measured by this indicator	April 2011	<u>Personnel</u> : State Part C Staff

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Activity	Timelines	Resources
3. Develop written materials and/or a web-based training module for new local system managers to quickly introduce Part C requirements and expectations for oversight.	June 2011	<u>Personnel:</u> State Part C Staff, Integrated Training Collaborative <u>Funding:</u> ARRA funds, if a module is developed
4. Provide statewide training on documentation requirements related to transition	June 2011	<u>Personnel:</u> State Part C staff, Integrated Training Collaborative <u>Funding:</u> ARRA funds
5. In promulgating State Part C regulations, ensure regulations related to transition address new language in IDEA 2004 and facilitate compliance with Part C transition requirements	December 2011	<u>Personnel:</u> State Part C Staff
6. Explore day-to-day management tools in any comprehensive data system developed for the Health and Human Services Secretariat to provide reminders to service coordinators about completion of required transition activities and deadlines	2012	<u>Personnel:</u> State Part C staff, IT staff <u>Funding:</u> To be determined
7. Explore a data exchange agreement with the Virginia Department of Education and necessary data system programming to facilitate electronic exchange of data and information that will support smooth transitions and longitudinal study of outcomes	2012	<u>Personnel:</u> State Part C staff, IT staff, Part B staff <u>Funding:</u> To be determined <u>Other:</u> ITOTS Stakeholder Group

Part C State Annual Performance Report (APR) for FFY 2009

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 9: General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:

Percent of noncompliance corrected within one year of identification:

- a. # of findings of noncompliance
- b. # of corrections completed as soon as possible but in no case later than one year from identification.

Percent = [(b) divided by (a)] times 100.

For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.

FFY	Measurable and Rigorous Target
2009	100%

Actual Target Data for FFY 2009:

In FFY 2009, **88%** of noncompliance was corrected within one year of identification, as detailed in the table below:

FFY 2009 Data on Correction on Noncompliance

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2008 (7/1/08-6/30/09)	(a) # of Findings of noncompliance identified in FFY 2008 (7/1/08-6/30/09)	(b) # Findings from (a) for which correction was verified no later than one year from identification
1. Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.	Monitoring: (Self-Assessment/ Local APR, Data Review/Desk Audit/ On-Site Visit, etc.)	10	10 (Identified 2/20/09 and 6/15/09)	9
	Dispute Resolution (Complaints, due process hearings)	0	0	0
2. Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Monitoring: (Self-Assessment/ Local APR, Data Review/Desk Audit/ On-Site Visit, etc.)	4	4 (Identified 11/12/08, 1/9/09, 1/15/09 and 2/27/09)	4
	Dispute Resolution (Complaints, due process hearings)	0	0	0
3. Percent of infants and toddlers with IFSPs who demonstrate improved outcomes	Monitoring: (Self-Assessment/ Local APR, Data Review/Desk Audit/ On-Site Visit, etc.)	0	0	0
	Dispute Resolution (Complaints, due process hearings)	0	0	0

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Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2008 (7/1/08-6/30/09)	(a) # of Findings of noncompliance identified in FFY 2008 (7/1/08-6/30/09)	(b) # Findings from (a) for which correction was verified no later than one year from identification
4. Percent of families participating in Part C who report that early intervention services have helped the family	Monitoring: (Self-Assessment/ Local APR, Data Review/Desk Audit/ On-Site Visit, etc.)	0	0	0
	Dispute Resolution (Complaints, hearings)	0	0	0
5. Percent of infants and toddlers birth to 1 with IFSPs 6. Percent of infants and toddlers birth to 3 with IFSPs	Monitoring: (Self-Assessment/ Local APR, Data Review/Desk Audit/ On-Site Visit, etc.)	0	0	0
	Dispute Resolution (Complaints, hearings)	0	0	0
7. Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.	Monitoring: (Self-Assessment/ Local APR, Data Review/Desk Audit/ On-Site Visit, etc.)	7	7 (Identified 6/15/09)	7
	Dispute Resolution (Complaints, hearings)	0	0	0
8a. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including:	Monitoring: (Self-Assessment/ Local APR, Data Review/Desk Audit/ On-Site Visit, etc.)	4	4 (Identified 6/15/09)	3

APR Template – Part C

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2008 (7/1/08-6/30/09)	(a) # of Findings of noncompliance identified in FFY 2008 (7/1/08-6/30/09)	(b) # Findings from (a) for which correction was verified no later than one year from identification
IFSPs with transition steps and services;	Dispute Resolution (Complaints, hearings)	0	0	0
8b. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: Notification to LEA, if child potentially eligible for Part B	Monitoring: (Self-Assessment/ Local APR, Data Review/Desk Audit/ On-Site Visit, etc.)	1	1 (Identified 6/15/09)	1
	Dispute Resolution (Complaints, hearings)	0	0	0
8c. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including transition conference, if child potentially eligible for Part B.	Monitoring: (Self-Assessment/ Local APR, Data Review/Desk Audit/ On-Site Visit, etc.)	8	8 (Identified 6/15/09)	6
	Dispute Resolution (Complaints, hearings)	0	0	0
Sum the numbers down Column a and Column b			34	30

Percent of noncompliance corrected within one year of identification = (column b sum divided by column a sum) times 100: $30 / 34 = 88\%$

Describe the process for selecting EIS programs for Monitoring:

All local systems are monitored on each State Performance Plan indicator annually. Additional monitoring or more extensive monitoring (drill-down) may be triggered through the dispute resolution process, local system performance on an indicator, or the local system's determination status. Ongoing monitoring for compliance occurs through all interactions with local systems (technical assistance, self-reporting by local systems, requests for additional funds, etc.).

The State Lead Agency monitors local systems using a variety of data sources, including, but not limited to, the following:

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- Infant & Toddler Online Tracking System (ITOTS) data;
- Local record review data;
- Family Survey data;
- On-site monitoring;
- Desk audits;
- Dispute resolution findings; and
- Tracking of timely submission of local data.

Correction of FFY 2008 Findings of Noncompliance Timely Corrected (corrected within one year from identification of the noncompliance):

1. Number of findings of noncompliance the State made during FFY 2008 (the period from July 1, 2008 through June 30, 2009) (Sum of Column a on the Indicator C 9 Worksheet)	34
2. Number of findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS programs of the finding) (Sum of Column b on the Indicator C 9 Worksheet)	30
3. Number of findings <u>not</u> verified as corrected within one year [(1) minus (2)]	4

Correction of FFY 2008 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance):

4. Number of FFY 2008 findings not timely corrected (same as the number from (3) above)	4
5. Number of findings the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	0
6. Number of findings <u>not</u> yet verified as corrected [(4) minus (5)]	4

Actions Taken if Noncompliance Not Corrected:

The following enforcement actions have been taken to address the 4 findings that have not been corrected:

- Indicator 1 Finding Not Yet Corrected:
 - Required monthly monitoring calls between the local system manager, State Part C Monitoring Consultant and State Part C Technical Assistance Consultant with required data analysis to be completed by the local system manager prior to each call. The purpose of the calls was to monitor implementation of the Corrective Action Plan and determine the local system’s status with regard to established benchmarks for progress toward correction of noncompliance.
 - Conducted an on-site visit by the State Part C Technical Assistance Consultant for purposes of consultation, technical assistance and problem-solving with the local system manager and providers.

The primary barrier to correction of noncompliance for this local system is provider shortages, and there have been significant challenges in hiring additional personnel. The State Part C Monitoring Consultant and Technical Assistant Consultant have worked extensively with the local system manager to overcome these barriers. Efforts have included working with the local system to:

- Develop strategies for use of American Recovery and Reinvestment Act (ARRA) funding to hire additional staff in positions that will generate revenue so the position can be self-sustaining once ARRA funding is no longer available;
- Develop written materials that were used with the local system administration and city budget administrators to show the necessity of hiring additional staff despite hiring freezes. This resulted in the local system being able to add 2 positions; and
- Identify private providers to expand the provider network by using creative strategies to attract individual providers as well as provider agencies
- Indicator 8a Finding Not Yet Corrected:
 - Required targeted technical assistance.
 - Required monthly monitoring calls between the local system manager, State Part C Monitoring Consultant and State Part C Technical Assistance Consultant with required data analysis to be completed by the local system manager prior to each call. The purpose of the calls was to monitor implementation of the Corrective Action Plan and determine the local system's status with regard to established benchmarks for progress toward correction of noncompliance.

The primary barrier to timely correction of noncompliance for this local system was turn-over in the local system manager position. Extensive work continues with the local system manager to ensure understanding of the requirements and to assist the local system manager in working with providers to ensure IFSPs include transition steps and services.

- Indicator 8c Findings Not Yet Corrected:
 - Finding 1:
 - Required targeted technical assistance for the local system manager related to transition planning conference requirements.
 - Required training for providers related to transition planning conference requirements.
 - Directed use of American Recovery and Reinvestment Act (ARRA) funds toward correction of noncompliance with the transition planning conference requirements.
 - Required 6 monitoring calls between the local system manager, State Part C Monitoring Consultant and State Part C Technical Assistance Consultant with required data analysis to be completed by the local system manager prior to each call. The purpose of the calls was to monitor implementation of the Corrective Action Plan and determine the local system's status with regard to established benchmarks for progress toward correction of noncompliance.
 - Conducted an on-site visit by the State Part C Monitoring Consultant and State Part C Technical Assistance Consultant with Local Lead Agency administrators for purposes of consultation and problem-solving.

The primary barriers to correction of noncompliance for this local system have been turn-over in the local system manager position and collaboration with the local school division. Collaboration issues were addressed through a joint meeting of local Part C and Part B staff, and additional training on transition requirements has been scheduled for the local system manager and providers on February 1, 2011.

- Finding 2:
 - Required targeted technical assistance for the local system manager related to transition planning conference requirements.
 - Directed use of American Recovery and Reinvestment Act (ARRA) funds toward correction of noncompliance with the transition planning conference requirements.
 - Required 6 monitoring calls between the local system manager, State Part C Monitoring Consultant and State Part C Technical Assistance Consultant with required data analysis to be completed by the local system manager prior to each call. The purpose of the calls was to monitor implementation of the Corrective Action Plan and determine the local system's status with regard to established benchmarks for progress toward correction of noncompliance.

The primary barrier to correction of noncompliance for this local system has been turn-over in the local system manager position. Training and technical assistance have been provided to the new local system manager to ensure understanding of the transition planning conference requirements and strategies for providing oversight on compliance with these requirements.

Enforcements are imposed when noncompliance extends beyond one year. The required enforcement for all local systems with noncompliance not timely corrected is the addition of required targeted technical assistance. The focus of the targeted technical assistance is on capacity building and overcoming barriers to compliance. The local system must add the required targeted technical assistance to their written Corrective Action Plan (CAP) and must inform the State Lead Agency of the outcome of the required technical assistance during status check-ins with their State Part C monitoring and technical assistance consultants. Since noncompliance beyond one year affects the local system's annual determination status, additional enforcements may be imposed based on their determination.

Enforcement options available to the State Lead Agency include, but are not limited to, the following:

- Conduct on-site activities (training, technical assistance, record reviews, meetings with staff and/or providers etc) with the Local System Manager as needed and appropriate;
- Conduct on-site activities that include the Local System Manager's Supervisor;
- Conduct on-site activities that include the Local Lead Agency's administration;
- Complete focused monitoring site visit(s) on area(s) of noncompliance;
- Increase frequency of Corrective Action Plan Status Check-ins;
- Require targeted Technical Assistance (TA) and/or Training;
- Require development/revision of the local system's annual staff development plan to include professional development related to the area(s) of noncompliance;
- Require the Local System Manager collect and analyze data and review it with their Technical Assistance and/or Monitoring Consultant at a frequency determined with the State Lead Agency;
- Require the local system to complete additional record reviews at a frequency determined with the State Lead Agency and with verification by the State Lead Agency;
- Link to another local system that demonstrates promising practices in the identified area(s) of noncompliance;
- Require a meeting with the local lead agency administration and the State Part C Coordinator, Technical Assistance & Monitoring Consultants to discuss barriers to compliance, Corrective Action Plan or Service Enhancement Plan (SEP) strategies, how the State Lead Agency can further assist the local system;
- Report noncompliance to the administration of the local lead agency explaining that it may be necessary to redirect or withhold funds if timely improvement is not shown;
- Conditionally approve the local contract;
- Require the local lead agency to direct the use of Part C funds to areas that will assure correction of noncompliance;
- Withhold a percentage of the local system's funds;
- Recover funds;
- Withhold any further payments to the local lead agency;
- Terminate the contract with the local lead agency.

Verification of Correction (either timely or subsequent):

In order to verify correction of noncompliance the State Lead Agency uses the following procedures:

- For Indicator 7, the State Lead Agency reviews data from ITOTS, the state Part C data system, as well as record review information, for all eligible infants and toddlers who were referred to the given local system during a 3-month period, and for whom an initial IFSP meeting was required to be conducted, to determine whether the evaluation, assessment and IFSP meeting were held within the required 45-day timeline. Record review information is used to supplement ITOTS data for children who have been referred but do not yet have an initial IFSP entered into ITOTS. To confirm the accuracy of the ITOTS data used for verification of correction, local systems are required to submit (or state staff view on-site) the documentation from a random sample of child records from that 3-month period showing completion of the evaluation, assessment and IFSP meeting and documenting the mitigating circumstances if the timeline was exceeded. The random sample of records is selected by the State Lead Agency to be representative of those children whose ITOTS record shows completion of the IFSP within 45 days and those that show completion of the IFSP beyond 45

days due to family reasons or other exceptional circumstances beyond the local system's control.

- For Indicators 1 and 8, the State Lead Agency selects a representative sample of records from a 3-month period (though, in the case of the Commonwealth's largest local system, a shorter period may be used since the appropriate sample size can be achieved within a shorter period), and the local system completes a record review using the same forms and process used during the annual local record review. To confirm the accuracy of the local record review data used for verification of correction, local systems are required to submit (or state staff view on-site) the documentation from a random sample of the child records reviewed showing completion of the required activity (e.g., start of services, transition conference, etc.) and the reasons for any delay in meeting timelines. The sample of records for which documentation must be provided is selected by the State Lead Agency to be representative of the various family reasons for delays in meeting required timelines (for those indicators with required timelines).
- For Indicator 2, the State Lead Agency runs the ITOTS report on primary service settings and selects a random sample of records to review. Either on site or using a desk audit of documentation submitted by the local system, a State Lead Agency staff member verifies the child's primary service setting by comparing the ITOTS report with the child's IFSP and provider contact notes.

In addition, for each local system with a finding of noncompliance in FFY 2008, state Part C staff used ITOTS and/or record reviews to verify that each instance of noncompliance involved in the FFY 2008 finding was corrected unless the child was no longer in the jurisdiction of the local system:

- The child did receive the required service (e.g., evaluation, assessment, IFSP meeting, IFSP services, transition conference), though late; or
- The required step in the process was completed (transition steps and services were added to the IFSP, the notification to the LEA was sent unless the parent disagreed), or
- The child's services were returned to the natural environment.

Therefore, Virginia has: (1) corrected 30 of 34 findings of noncompliance (including noncompliance identified through the State's monitoring system, through the State's data system and by the Department); (2) verified that, based on updated data, 30 of 34 EIS programs with identified noncompliance in FFY 2008 are correctly implementing the specific regulatory requirements; and (3) verified that each EIS program with identified noncompliance in FFY 2008 has corrected each individual case of noncompliance consistent with OSEP Memo 09-02.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:

Explanation of Slippage:

Virginia showed slippage on this indicator since last year. The 4 local systems that did not correct noncompliance in a timely manner all faced particularly difficult challenges in FFY 2009. The 3 local systems that have not yet corrected noncompliance with Indicator 8 each had turn-over in the local system manager position during the period in which they were attempting to correct the noncompliance. Effective and timely implementation of identified improvement activities was impacted by the need for the new local system managers to receive training and technical assistance about their new responsibilities. The local system with continuing noncompliance on Indicator 1 faced a number of unyielding local government and agency barriers to hiring the additional personnel that are essential to ensuring the timely start of services. This local system has been diligent in attempting to identify and implement creative solutions to expanding the local provider network, but the barriers do not lend themselves to quick resolution.

While Virginia's *system* for identifying and correcting noncompliance still seems to be effective, the State Lead Agency has identified 2 trends related to this indicator that warrant specific attention:

- Having a change in local system manager during the period in which a local system is attempting to correct noncompliance clearly and understandably increases the risk that the local system will be unable to correct the noncompliance in a timely manner. In order to reduce this risk, the Part C Office began development of materials and began exploring use of a web-based training module that would be available for immediate use as new local system managers begin their jobs. A group, in-person training generally is held annually for new local system managers. However, because new local system managers have a lot of requirements to learn and oversee there is a need to expand access to the support and information needed by new local system managers so that the necessary resources are available quickly and readily. This work will continue in FFY 2010.
- Although not a factor in timely correction of noncompliance in FFY 2009, additional responsibilities for Part C monitoring and supervision staff did impact how quickly monitoring data was verified in FFY 2009 and, as a result, how quickly noncompliance was identified. With implementation of the Medicaid Early Intervention Services Program, the Part C monitoring and supervision staff members are now responsible for conducting Medicaid Quality Management Reviews (QMR) in addition to their Part C monitoring responsibilities. The impact of these additional responsibilities was particularly significant in FFY 2009 and early FFY 2010 as the QMR system (process, materials, timelines) had to be developed and piloted. The Part C Office is exploring options to expand personnel resources to ensure both Quality Management Review and Part C monitoring and supervision responsibilities are fulfilled in a timely manner.

In addition, the following improvement activities were implemented in FFY 2009 and early FFY 2010 to ensure timely correction of non-compliance:

- State Lead Agency staff, including Grants Management/Fiscal Office staff continued working with a NECTAC consultant to identify additional procedures for fiscal monitoring at the local level.
- Local system manager training was conducted in August 2009 and included a strand that addressed local system manager responsibilities for supervision and oversight of the local system. Specific topics included budgeting, billing, timely and accurate data, utilization review, and use of data and reports.
- An additional training specifically for new local system managers was held in September 2009 and provided more in-depth training and support related to local monitoring and supervision responsibilities.
- A Part C Leadership Academy was held in April 2010 for local system managers and program directors. The academy was designed to enhance leadership skills and focused strongly on oversight and accountability, including the use of data to inform system improvements and correction of noncompliance. One session of the conference, attended by all participants, introduced a systematic process for data analysis and emphasized the importance of valid and reliable data. Local systems used actual local data from ITOTS and record reviews to practice the data analysis process.
- A work plan was developed to continue the significant expansion of Virginia's CSPD through development of web-based trainings modules, mini-lessons and landing pads and through monthly webinars or teleconference opportunities. These trainings opportunities will be implemented in FFY 2010 and will support consistent and accurate implementation of Part C requirements as well as family-centered and evidence-based service delivery through all of the steps in the early intervention process.
- The State Lead Agency, in collaboration with the Department of Medical Assistance Services, developed and piloted a Quality Management Review process, materials, and timelines to monitor implementation of the Medicaid Early Intervention Services Program.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2009:

[If applicable]

The following revisions have been made to the improvement activities in the FFY 2009 APR:

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- The Health and Human Resources Secretariat is committed to developing a consistent, comprehensive data system for use across Virginia’s Health and Human Resources agencies rather than developing or enhancing program-specific data systems. Therefore, the activity to complete the enhanced Part C data system has been revised to reflect this shift.
- The activity to establish and implement additional fiscal monitoring procedures at the local level has been postponed to allow additional time to finalize the process and materials drafted in FFY 2009.
- The following activities have been added:
 - Explore options to expand personnel resources in order to ensure all monitoring and supervision activities are completed in a timely manner.
 - Require all local corrective action plans to include a rigorous data analysis process prior to identification of other improvement activities in order to improve the effectiveness of improvement strategies
 - Develop written materials and/or a web-based training module for new local system managers to quickly introduce Part C requirements and expectations for oversight and correction of noncompliance.
 - Review the technical assistance sources available on the SPP/APR Calendar website to identify any additional strategies for improving the timely correction of noncompliance.
 - Based on the data analysis process introduced at the Part C Leadership Academy, develop a series of online training modules that describe this process for data-driven improvement planning and support local systems in using it both proactively and reactively to correct noncompliance in a timely manner and continuously improve local performance.
 - Explore contracting with an individual who can assist with more in-depth data analysis for improvement planning and evaluation of the effectiveness of improvement activities

With these revisions, planned improvement activities related to correction of non-compliance are as follows:

Activity	Timelines	Resources
1. Provide technical assistance and follow-up to local systems on the implementation of corrective action plans	Ongoing	<u>Personnel</u> : State Part C Staff
2. Provide statewide monitoring and technical assistance teleconference calls, as needed, to deliver consistent information to all local system managers	Ongoing	<u>Personnel</u> : State Part C Staff <u>Funding</u> : Already in Part C budget
3. Review, revise (as needed), and disseminate annual record review forms and instructions	Annually by January	<u>Personnel</u> : State Part C Staff

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State

Activity	Timelines	Resources
annually		
4. Review and revise (as needed) data verification tools and processes annually	Annually by January	<u>Personnel:</u> State Part C Staff
5. Implement the format and process for annual public reporting on each local system	Annually in March	<u>Personnel:</u> State Part C Staff
6. Implement the process for making an annual determination about the status of each local system	Annually in April	<u>Personnel:</u> State Part C Staff
8. Require all local corrective action plans to include a rigorous data analysis process prior to identification of other improvement activities.	Beginning October 2010	<u>Personnel:</u> State Part C Staff <u>Other:</u> Technical assistance to state staff from Data Accountability Center (DAC)
9. Review the technical assistance sources available on the SPP/APR Calendar website to identify any additional strategies for improving the timely correction of noncompliance	April 2011	<u>Personnel:</u> State Part C Staff
10. Develop written materials and/or a web-based training module for new local system managers to quickly introduce Part C requirements and expectations for oversight and correction of noncompliance.	June 2011	<u>Personnel:</u> State Part C Staff, Integrated Training Collaborative <u>Funding:</u> ARRA funds, if a module is developed
7. Explore options to expand personnel resources in order to ensure monitoring and supervision responsibilities are all fulfilled in a timely manner	June 2011	<u>Personnel:</u> State Part C Coordinator <u>Funding:</u> ARRA funds, initially
8. Explore contracting with an individual who can assist with more in-depth data analysis for improvement planning and evaluation of the effectiveness of improvement activities	June 2011	<u>Personnel:</u> State Part C Coordinator <u>Funding:</u> ARRA funds, initially
9. Develop a series of online training modules to support local system use of a consistent and rigorous data analysis process for system improvement	October 2011	<u>Personnel:</u> State Part C Staff, Integrated Training Collaborative <u>Funding:</u> ARRA funds

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Activity	Timelines	Resources
		<u>Other</u> : Consulting support from Data Accountability Center
10. Establish and implement additional fiscal monitoring procedures at the state and local level	December 2011	<u>Personnel</u> : State Part C staff <u>Other</u> : NECTAC consultant, stakeholder group
11. Participate in the development of any comprehensive data system developed in the Health and Human Resources Secretariat	2012	<u>Personnel</u> : State Part C Staff, IT Staff <u>Funding</u> : To be determined

Part C State Annual Performance Report (APR) for FFY 2009

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 10: Percent of signed written complaints with reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement: Percent = [(1.1(b) + 1.1(c)) divided by 1.1] times 100.

FFY	Measurable and Rigorous Target
2009	100%

Actual Target Data for FFY 2009:

Using the required measurement formula, **100%** of signed written complaints with reports issued were resolved within the 60-day timeline. As indicated on the *Report of Dispute Resolution under Part C of the Individuals with Disabilities Education Act*, the State Lead Agency received 2 signed written complaints in FFY 2009. A report had been issued for one of those complaints, and the report was issued within the 60-day timeline.

The other complaint was pending at the time the *Report of Dispute Resolution under Part C of the Individuals with Disabilities Education Act* was submitted. A report has since been issued on that complaint, but this report was not issued within the 60-day timeline.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:

The first FFY 2009 complaint with a report issued alleged that the purpose of the IFSP review (to determine the need for changes to services) was not met. Following investigation by the State Lead Agency, the complaint was determined to be founded, with violations of 34 CFR 303.342 and 34 CFR 303.343.

The second FFY 2009 complaint alleged that early intervention services were not provided by qualified providers, appropriate early intervention services were not provided at the frequency needed, the family was expected to provide therapy services to their child when they were not trained as therapists, and the family’s issues and concerns were not listened to or addressed by certain individuals within the local system. Following investigation by the State Lead Agency, no violations of federal or state Part C requirements were found. However, the investigation did find that the local system could have been more active in ensuring the family understood the focus and purpose of early intervention supports and services and the role of both the family and service providers in the provision of those supports and services. The report included an action plan with steps to improve communication with families about what to expect in early intervention.

The State Lead Agency takes the following actions to ensure complaint resolution timeline requirements are met:

- One State Lead Agency staff member is assigned primary responsibility for receiving and addressing complaints. A second staff member is designated as her back-up in case of illness, a large number of simultaneous complaints, or other circumstance that would render the primary staff member unable to address the complaint within the 60-day timeline.
- A written flow chart is available that reflects the steps and timelines to follow in resolving a complaint.
- Upon receipt of a signed written complaint, the staff member determines the deadline for meeting the 60-day timeline and states this date in the notification of complaint letter that is sent to both the local system manager and the complainant.
- A written administrative complaint log sheet is started and includes the deadline for meeting the 60-day timeline requirement.
- The staff member enters dates into her calendar to reflect: (1) the date by which the complaint must be investigated and the report written; (2) date by which the draft report must be sent to the Office of the Attorney General; and (3) deadline date by which complainant must have the report.
- Procedures have been established with the Office of the Attorney General to ensure their timely review of the draft report.

These procedures have been reviewed in light of the delayed report for one of the complaints received in FFY 2009. The State Lead Agency staff member assigned primary responsibility for receiving and addressing complaints also fulfills monitoring and supervision responsibilities, which have increased dramatically in the last year. With implementation of the Medicaid Early Intervention Services Program, the Part C monitoring and supervision staff members are now responsible for conducting Medicaid Quality Management Reviews in addition to their Part C monitoring responsibilities. The Part C Office is exploring options to expand personnel resources to ensure Quality Management Review, Part C monitoring and supervision, and dispute resolution responsibilities are all fulfilled in a timely manner.

The following activities related to dispute resolution were completed in FFY 2009:

- To ensure that service coordinators are able to fully and accurately inform families of their options for dispute resolution, *Kaleidoscope: New Perspectives in Service Coordination* training, addresses both formal and informal options for dispute resolution. Fifty-two (52) service coordinators received training through *Kaleidoscope: New Perspectives in Service Coordination* in FFY 2009, and over 100 service coordinators completed the training in early FFY 2010.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2009:

The following revisions have been made to the improvement activities in the FFY 2009 APR:

- The activity to look at results of a parent survey coordinated by the Parent Educational Advocacy Training Center (PEATC) and determine why the concerns expressed by some survey respondents did not result in complaints to the State Lead Agency was delayed and will be addressed at the March 2011 meeting of the Virginia Interagency Coordinating

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Council. The results of the more recent statewide family survey will also be considered in this discussion.

- An activity was added to address the need for additional personnel resources in order to ensure reports are issued in a timely manner in response to all written complaints.

Planned improvement activities related to dispute resolution are as follows:

Activity	Timelines	Resources
<p>Review with staff of the Family Involvement Project and the Virginia Interagency Coordinating Council the results of the PEATC parent survey conducted in FFY 2009 to:</p> <ul style="list-style-type: none"> • Determine why the concerns expressed by respondents did not lead to complaints; • Compare to any comments received on the more recent statewide family survey; and • If necessary, develop additional strategies to ensure parents are aware of and empowered to use their dispute resolution options 	<p style="text-align: center;">March 2011</p>	<p><u>Personnel:</u> State Part C staff, Family Involvement Project staff</p> <p><u>Other:</u> VICC</p>
<p>Explore options to expand personnel resources in order to ensure dispute resolution responsibilities are fulfilled in a timely manner</p>	<p style="text-align: center;">June 2011</p>	<p><u>Personnel:</u> State Part C Coordinator</p> <p><u>Funding:</u> ARRA funds, initially</p>
<p>Develop and implement a mechanism to collect data on the number of potential complaints that are resolved informally through the efforts of the Part C Office or the Family Involvement Project to determine whether there are trends in the concerns expressed by families and to document that the family was informed of their options for formal resolution.</p> <ul style="list-style-type: none"> • Explore tracking options used in other states • Determine best electronic option for tracking 	<p style="text-align: center;">December 2011</p>	<p><u>Personnel:</u> State Part C staff, IT Staff, Family Involvement Project</p>

Part C State Annual Performance Report (APR) for FFY 2009

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 11: Percent of fully adjudicated due process hearing requests that were fully adjudicated within the applicable timeline.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement: Percent = [(3.2(a) + 3.2(b)) divided by 3.2] times 100.

FFY	Measurable and Rigorous Target
2009	100%

Actual Target Data for FFY 2009:

As indicated on the *Report of Dispute Resolution under Part C of the Individuals with Disabilities Education Act*, there were no due process hearing requests in FFY 2009.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:

N/A

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2009:

[If applicable]

N/A

Part C State Annual Performance Report (APR) for FFY 2009

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 12: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures are adopted).

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement: Percent = (3.1(a) divided by 3.1) times 100.

FFY	Measurable and Rigorous Target
2009	N/A

Actual Target Data for FFY 2009:

N/A

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:

Virginia has not adopted Part B due process procedures.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2009:

[If applicable]

N/A

Part C State Annual Performance Report (APR) for FFY 2009

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 13: Percent of mediations held that resulted in mediation agreements.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement: Percent = [(2.1(a)(i) + 2.1(b)(i)) divided by 2.1] times 100.

FFY	Measurable and Rigorous Target
2009	N/A

Actual Target Data for FFY 2009:

100% of mediations held resulted in mediation agreements. As indicated on the *Report of Dispute Resolution under Part C of the Individuals with Disabilities Education Act*, one (1) request for mediation was received in FFY 2009. The mediation was completed in a timely manner and resulted in a mediation agreement.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:

The mediation request related to the appropriate frequency of service provision. A mediation agreement was reached and implemented to resolve the dispute.

Mediation requests are infrequent in Virginia, but all requests since FFY 2004 that have actually gone to mediation have resulted in mediation agreements.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2009:

[If applicable]

N/A

Part C State Annual Performance Report (APR) for FFY 2009

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 14: State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement: State reported data, including 618 data, State performance plan, and annual performance reports, are:

- a. Submitted on or before due dates (February 1 for child count, including race and ethnicity, settings and November 1 for exiting, personnel, dispute resolution); and
- b. Accurate (describe mechanisms for ensuring error free, consistent, valid and reliable data and evidence that these standards are met).

FFY	Measurable and Rigorous Target
2009	100%

Actual Target Data for FFY 2009:

For FYY 2009, **100%** of required data was submitted in a timely and accurate manner.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:

Target Data

The Indicator 14 Scoring Rubric provided by OSEP was used to calculate the actual target data for FFY 2009.

SPP/APR Data			
APR Indicator	Valid and Reliable Data	Correct Calculation	Total
1	1	1	2
2	1	1	2
3	1	1	2
4	1	1	2
5	1	1	2
6	1	1	2
7	1	1	2
8A	1	1	2

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8B	1	1	2
8C	1	1	2
9	1	1	2
10	1	1	2
11	1	1	2
12	1	1	2
13	1	1	2
		Subtotal	30
APR Score Calculation	Timely Submission Points (5 pts for submission of APR/SPP by February 1, 2010)		5
	Grand Total		35

618 State-Reported Data					
Table	Timely	Complete Data	Passed Edit Check	Responded to Data Note Requests	Total
Table 1– Child Count Due Date: 2/1/10	1	1	1	1	4
Table 2- Program Settings Due Date: 2/1/10	1	1	1	1	4
Table 3– Exiting Due Date: 11/1/10	1	1	1	N/A	3
Table 4– Dispute Resolution Due Date: 11/1/10	1	1	1	N/A	3
Subtotal					14
618 Score Calculation			Weighted Total (Subtotal x 2.5; round ≤.49 down and ≥.50 up to whole number)		35

Indicator #14 Calculation	
A. APR Grand Total	35
B. 618 Grand Total	35
C. APR Grand Total (A) + 618 Grand Total (B)	70
D. Percent of timely and accurate data = (C divided by 70 times 100)	70/70 = 100%

Data Verification: All data submitted to OSEP in FFY 2009 was verified for accuracy using one or more of the following mechanisms:

- Infant-Toddler Online Tracking System (ITOTS) quarterly verification reports; and/or
- Signed verification statements submitted by the local system and confirming the accuracy of data submitted through ITOTS and local record reviews; and/or
- On-site data verification by State Part C staff; and/or
- Submission of documentation by the local system to the State Lead Agency for verification.

The State Lead Agency also selects local systems for **targeted** data verification measures based on an analysis of data and identified triggers. The methods used for targeted data verification with the selected systems may include on-site data verification or required submission of documentation to the State Lead Agency for desk review and verification. This targeted data verification **is in addition to** the other data accuracy strategies in place statewide, including signed verification statements, built-in error checks in the ITOTS data system, Corrective Action Plan/Service Enhancement Plan (CAP/SEP) status check-ins, phone verification, and review of any questionable data.

Explanation of Progress:

Virginia met the target for this indicator for the third year in a row. In FFY 2009 and early FFY 2010, Virginia implemented the following improvement activities to ensure continued submission of timely and accurate data:

- Detailed, written instructions for the annual local record review form and a statewide technical assistance call were provided to all local system managers to support consistency in completion of the record review, and Part C Monitoring Consultants and Technical Assistance Consultants were available to answer questions and provide clarification as needed.
- Two (2) new ITOTS versions were completed in FFY 2009 to help ensure accurate data and enhanced functionality for State and local users.
- New local system managers received training in September 2009 on the use of ITOTS data for oversight and monitoring of the local system.
- A data exchange agreement between the Department of Medical Assistance Services (the State Medicaid agency) and the State Lead Agency was signed to allow sharing of information between the agencies' data systems in support of expanded Medicaid reimbursement for Part C services as well as more complete and accurate data about delivered services and reimbursement amounts. The State Lead Agency continued work with the Department of Education and the Virginia Department of Health on similar data exchange agreements that will facilitate referrals into and out of the Part C system and provide outcome data for children across service delivery systems and ages.
- A Part C Leadership Academy was held in April 2010 for local system managers and program directors. The academy was designed to enhance leadership skills and focused strongly on oversight and accountability, including the use of data to inform system improvements and correction of noncompliance. One session of the conference, attended by all participants, introduced a systematic process for data analysis and emphasized the

importance of valid and reliable data. Local systems used actual local data from ITOTS and record reviews to practice the data analysis process.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2009:

[If applicable]

The following revisions have been made to the improvement activities in the FFY 2008 APR:

- The Health and Human Resources Secretariat is committed to developing a consistent, comprehensive data system for use across Virginia’s Health and Human Resources agencies rather than developing or enhancing program-specific data systems. Therefore, the activities related to an enhanced Part C data system and data exchange have been revised to reflect this shift.
- The Data Warehousing and Reporting Project, which would allow Part C data to be integrated with data from other programs at the State Lead Agency for outcome and other reporting purposes, has been tabled at this time since the planning for and timing of this project are dependent on the Department as a whole and not just the Part C Office. As the other components of this project move forward and the project as a whole is better defined, this activity may again become an improvement activity related to collection and use of Part C data.
- An activity has been added to develop a series of online training modules that will support local systems’ use of the data analysis process for system improvement that was introduced at the April 2010 Part C Leadership Academy.

With these revisions, planned improvement activities related to timely and accurate data are as follows:

Activity	Timelines	Resources
1. Develop a series of online training modules to support local system use of a consistent and rigorous data analysis process for system improvement	October 2011	<p><u>Personnel:</u> State Part C Staff, Consultant, Partnership for People with Disabilities</p> <p><u>Funding:</u> ARRA funds</p> <p><u>Other:</u> Consulting support from Data Accountability Center</p>
2. Participate in the development of any comprehensive data system developed in the Health and Human Resources Secretariat	2012	<p><u>Personnel:</u> State Part C Staff, IT Staff</p> <p><u>Funding:</u> To be determined</p> <p><u>Other:</u> Stakeholder group</p>
3. Explore options for interagency data exchange as part of any comprehensive data system developed in the Health and Human Resources Secretariat.	2012	<p><u>Personnel:</u> State Part C Staff, IT Staff</p> <p><u>Funding:</u> To be determined</p> <p><u>Other:</u> Stakeholder group</p>

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Activity	Timelines	Resources
4. Within any comprehensive data system developed within the Health and Human Resources Secretariat, explore development of reports that flag large changes or unusual findings in local data that are then discussed with local systems to determine if errors occurred	2012	<u>Personnel</u> – State Part C and IT Staff