

**Part C State Annual Performance Report (APR) for FFY 2008**

**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 9, 2009 VICC members:

- o Reviewed FFY 2008 data on the status of local systems and the State as a whole related to the targets set in the State Performance Plan (SPP);
- o Reviewed and approved recommendations from a VICC subcommittee on proposed targets and improvement activities for Indicator 3, child outcomes; and
- o Discussed improvement activities to address indicators that are below target.

In addition, drafts of the APR and Indicator 3 of the SPP were widely disseminated in December 2009 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](http://www.infantva.org)) and disseminated to and through local systems and participating State agencies no later than February 26, 2010. Public reporting on the performance of each local system will occur no later than March 31, 2010, 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 2008 target, and actual FFY 2008 data related to each of the State Performance Plan Indicators addressed in the Annual Performance Report. Detailed information about each indicator follows the table.

	<b>Indicator</b>	<b>Baseline Data</b>	<b>FFY 2008 Target</b>	<b>FFY 2008 Actual</b>
1	Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	72%	100%	93%
2	Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community setting.	99%	98%	97%
3	Percent of infants and toddlers with IFSPs who demonstrate improved: <ul style="list-style-type: none"> <li>a. Positive social-emotional skills (including social relationships);</li> <li>b. Acquisition and use of knowledge and skills (including early language/communication); and</li> <li>c. Use of appropriate behaviors to meet their needs</li> </ul>	Baseline due 2010	N/A	N/A
4	Percent of families participating in Part C who report that early intervention services have helped their family:	a. 65.8% b. 61.9%	a. 66.9% b. 62.7%	70.8% 67.3%

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Virginia  
State

	Indicator	Baseline Data	FFY 2008 Target	FFY 2008 Actual
	<ul style="list-style-type: none"> <li>a. Know their rights;</li> <li>b. Effectively communicate their children’s needs; and</li> <li>c. Help their children develop and learn.</li> </ul>	c. 77.6%	c. 78.6%	80.6%
5	Percent of infants and toddlers birth to 1 with IFSPs	.58%	.77%	.67%
6	Percent of infants and toddlers birth to 3 with IFSPs	1.79%	2.1%	1.99%
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%	98%
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"> <li>a. IFSPs with transition steps and services;</li> <li>b. Notification to the LEA, if child potentially eligible for Part B; and</li> <li>c. Transition conference, if child potentially eligible for Part B.</li> </ul>	<ul style="list-style-type: none"> <li>a. 84%</li> <li>b. 81%</li> <li>c. 51%</li> </ul>	<ul style="list-style-type: none"> <li>a. 100%</li> <li>b. 100%</li> <li>c. 100%</li> </ul>	<ul style="list-style-type: none"> <li>a. 98%</li> <li>b. 99.6%</li> <li>c. 96%</li> </ul>
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%	98%
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	No mediation
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
2008	100%

**Actual Target Data for FFY 2008:**

**93%** 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 2008:**

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 2008 is based on monitoring data from all 39 local Part C systems in Virginia. The records of children who had an initial or annual IFSP developed on or after August 1, 2008 but no later than November 30, 2008 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 12/2/07 – 12/1/08:

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

- 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	Child age 0-1 year
1	Child age 1-2 years
2	Children ages 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

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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

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

Virginia received clarification from the Office of Special Education Programs in October 2009 that states’ data for Indicator 1 must include timely start of services identified on initial and any subsequent IFSPs. While the record selection procedures described above assure review of services listed on initial IFSPs and added at annual IFSPs, services added during 6-month IFSP reviews (periodic IFSPs) were not represented. In order to ensure Virginia’s FFY 2008 APR data for this indicator address the timely start of services identified on initial, periodic, and annual IFSPs, the State Lead Agency required 14 local systems to go back and review the records of a state-selected sample of children who had periodic IFSPs developed with new services added during the original record review period of August 1, 2008 – November 30, 2008. The 14 local systems selected represented the various regions of state, varied in terms of the number of children served, and included some systems with FFY 2008 data showing they were in compliance with this indicator based on initial and annual IFSPs and others that were not in compliance. Local systems that had originally been required to review 14 records were required to review 3 periodic IFSPs; those that originally reviewed 22, 5 periodic IFSPs; and those that originally reviewed 30, 7 periodic IFSPs.

Using the processes described above, the statewide data showed that 708 of 764 children with IFSPs developed between August 1, 2008 and November 30, 2008 began receiving all of their IFSP supports and services in a timely manner ( $708 / 764 = 93\%$ ). Both the numerator and denominator include 98 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 98 children for whom the 30-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
13	13	59	13	0

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	35	20

**Number of Services Delayed Due to Provider Unavailability**

Occupational Therapy	Physical Therapy	Speech Language Therapy	Special Instruction	Other
8	14	5	3	5

Based on the FFY 2008 data, the status of local systems on this indicator is as follows:

**FFY 2008 Status of Local Systems on Indicator 1**

	100% Compliance	Substantial Compliance (95% - 99%)	Non-Compliance
<b># of local systems</b>	27	4	8

The 8 local systems in the noncompliance column above had compliance percentages that ranged from 56% - 93%. Local systems that were not at 100% compliance with this indicator based on FFY 2008 data received written notification of their noncompliance on 6/15/09. The 7 local systems that were below 93% compliance were required to develop a Corrective Action Plan related to timely initiation of services. The other 5 local systems below 100% compliance received written notification of their status and the need to reach full compliance (100%) within one year.

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 14 local systems. These 14 local systems were selected for data verification because each had been out of compliance with this indicator in FFY 2007 (though some were now reporting 100% compliance based on the FFY 2008 data) and each had been selected to add periodic IFSPs to their annual local record review. 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.

Explanation For Progress:

While still short of the target, Virginia continues to make progress on this indicator. Virginia was at 72% in FFY 2005, 81% in FFY 2006, 89% in FFY 2007, and 93% in FFY 2008. In addition to improvement in the state percentage, Virginia has demonstrated success in correction of local non-compliance with this indicator. The 2 remaining findings of noncompliance from FFY 2006 and all FFY 2007 findings of noncompliance were corrected in FFY 2008. The number of local systems in full compliance with this Indicator rose from 19 based on the FFY 2007 data to 27 based on the FFY 2008 data. Similarly, the number of local systems below 95% compliance fell from 18 in FFY 2007 to 8 in FFY 2008.

Some of the increase in compliance from FFY 2007 to FFY 2008 may be accounted for by Virginia’s revised definition of timely start of services, which went from 21 days to 30 days beginning July 1, 2008. When FFY 2007 data was analyzed using the 30-day definition of timely, that data indicated 92% of children received all services listed on their IFSP in a timely manner. FFY 2008 data indicates that the primary barriers to achieving a more significant increase in the percent of compliance from FFY 2007 to FFY 2008 (92% to 93%) and to demonstrating 100% compliance with this indicator were provider and funding shortages and a substantial increase in the number of

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instances where there was no reason documented for a delay in the start of services. Although those services for which there was no reason documented may have been delayed for family reasons or other exceptional circumstances beyond the local system’s control, these are counted as system reasons since documentation was not available to confirm an acceptable mitigating circumstance.

Virginia continued to invest significant resources in FFY 2008 toward improving the timely start of services. 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 2008 and early in FFY 2009:

- **State-level Technical Assistance - The State Lead Agency accessed the following technical assistance related to the timely start of services, as advised by the Office of Special Education Programs (OSEP) in its determination of needs assistance based on Virginia’s FFY 2007 APR:**

Technical Assistance Source	Action Taken as a Result of the Technical Assistance
Investigative Questions “Local Corrective Action Plans: Collection and Use of Valid and Reliable Data for Determining Factors Contributing to Non-Compliance” CAP-Related TA Sources from Indicator 9	As of January 2009, State TA Consultants are using questions and information from these documents to assist local systems during development of Corrective Action Plans (CAPs). The focus on data and investigative questions facilitates accurate identification of factors (especially those related to infrastructure, documentation, and training and TA needs) leading to local noncompliance. The result has been development of more targeted and effective local improvement strategies.
Transdisciplinary teaming and primary provider, efficient service delivery approaches	Efficient service delivery approaches have been one focus of the Part C System Transformation Initiative in Virginia. Training and technical assistance have been provided to local systems related to the use of a primary provider with appropriate team support, new approaches to eligibility determination that make better use of existing information about the child and more efficient team interaction for personnel participating in eligibility determination, and a more focused approach to assessment for service planning. In addition, all providers have completed 4 online training modules that reinforce effective and efficient service delivery practices. The changes supported by these sources of technical assistance are designed to address the provider shortages that are the primary factor contributing to noncompliance with timely provision of services. While the full system transformation was implemented on October 1, 2009, nine local systems were early implementers in FFY 2008 of some or all of the planned changes. Some early implementers reported that the new practices meant they were able to make an earlier determination about eligibility, and one local system reported they were already finding savings in terms of provider time and money.
NECTAC Website Family Centered Services Page	This website is used by State Technical Assistance Consultants as a resource for local systems in improvement planning. Some of the resources related to service coordination have been used with local systems that find high service coordinator case load size or service coordinator training and technical assistance needs are contributing to noncompliance with timely start of services.
State Activities to Increase Staff Capacity	The Part C staff has reviewed these strategies, and Monitoring and Technical Assistance Consultants are using them with local systems, as appropriate, during improvement planning. In addition, state level use of these strategies will be considered

Technical Assistance Source	Action Taken as a Result of the Technical Assistance
	once the impact of the Medicaid Early Intervention Program (which began October 1, 2009) on timely provision of services is determined. Local systems experiencing provider shortages are using some of the strategies listed in this document in their efforts to recruit and retain providers.
Statewide Personnel Data Management: Creating a System for Addressing Special Education, Early Intervention and Related Services Personnel Needs	This resource will be examined in greater detail as Virginia works to expand the state Part C database and implements the new practitioner database functionality. Practitioner database functionality was added to ITOTS in early FFY 2009. The expanded information available on providers has already been used to map provider availability across the Commonwealth and to identify potential areas of provider shortages. The Department of Medical Assistance Services (the State Medicaid Agency) is collaborating with the State Lead Agency for Part C to develop strategies for targeting provider recruitment in these areas. The provider database now allows the State Lead Agency to communicate directly with providers ensuring they have direct access to information, resources and support from the State level.

- Funding/Personnel Shortages –
  - State Part C staff members worked closely and frequently with local systems to address the budget shortfalls that were experienced to varying degrees by most local systems in FFY 2008. State efforts to reduce budget shortfalls and their impact on provider availability included the following:
    - Development of local system profiles that included local demographic and reimbursement data. Part C technical assistance consultants worked with local system managers to understand the data, correct it where needed, and use it particularly to ensure that Medicaid revenue was being maximized;
    - A statewide teleconference call with local system managers on September 30, 2008 to discuss short-term and long-term strategies for financial security and stability in the Infant & Toddler Connection of Virginia;
    - Surveys of local systems at several points in the fiscal year to gauge the level and scope of projected shortfalls;
    - Targeted use of ARRA funds with those local systems that continued to project budget shortfalls entering the fourth quarter of the fiscal year.
  - 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 are new to these responsibilities.
  - The State Lead Agency and the State Medicaid Agency (Department of Medical Assistance Services) continued to collaborate on changes in the way that Part C services are reimbursed under Medicaid. The Medicaid Early Intervention Program was implemented on October 1, 2009 and 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. It is expected that this will improve local systems’ ability to recruit and retain providers. A provider information sheet describing the Medicaid changes, including the increased reimbursement rates and expanded coverage for Part C 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. Anecdotal reports from local systems in the fall of 2009 indicate new providers are already expressing interest in working in the Part C system.



- The Family Involvement Project held a conference call for families to learn more about Medicaid Waiver options and how those options can support needed services for infants and toddlers with disabilities.
- The State Lead Agency introduced Virginia's Part C Service Pathway to local lead agencies and providers on November 2, 2008 and implemented the pathway 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. Primary objectives in implementing the pathway include ensuring that personnel and funding resources are used as effectively and efficiently as possible. These efforts are expected to positively impact provider shortage issues.
- The State Lead Agency developed and implemented a Part C practitioner database, as part of ITOTS, to track and manage the process of early intervention certification and to support family choice of providers. This database now allows the State Lead Agency to communicate directly with providers ensuring they have direct access to information, resources and support from the State level.
- The State Lead Agency and the state Medicaid agency, the Department of Medical Assistance Services, collaborated to use the new Part C practitioner database to map provider availability across the Commonwealth in order to identify potential areas of provider shortages and begin developing strategies for targeting provider recruitment in these areas.
- 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.
  - Thirty-eight (38) service coordinators received training through *Kaleidoscope: New Perspectives in Service Coordination* in FFY 2008. 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.
  - By September 10, 2008 all existing Part C personnel had completed the on-line *Orientation to Part C* training module, passing the competency test with 80% accuracy. New personnel hired in FFY 2008 were required to complete the training and pass the competency test within 2 months of being hired. This training module included information on the requirements associated with timely start of services.
  - 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.
  - 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.
  - 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.

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- Local systems and other stakeholders received extensive information, technical assistance and training in FFY 2008 and early FFY 2009 related to Virginia’s system transformation efforts:
  - The State Lead Agency held statewide teleconference calls on the service pathway, new practitioner certification and training requirements, and new eligibility determination requirements.
  - Written question and answer documents were developed following each statewide teleconference call and widely disseminated.
  - System Transformation Updates were disseminated bi-weekly from October 1, 2008 – November 1, 2009 to keep local systems informed of planned changes in the system and to provide clarification where needed.
  - A System Transformation section was added to the Infant & Toddler Connection of Virginia website to ensure access to current information for all stakeholders as planning for the transformation continued and implementation began.
  - Short informational documents were developed for specific target audiences, providers, families, and local systems, to share information about changes in practice in advance of the October 1, 2009 implementation.
  - The State Lead Agency and the Department of Medical Assistance Services held regional trainings in October 2009 for local system managers and providers to ensure understanding of the procedures and practices associated with the new Medicaid Early Intervention Program.
  - *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, including Virginia’s 30-day timeline for start of services. This document is provided to all families prior to initial evaluation for eligibility.
  
- System Planning:
  - A System Transformation Implementation Task Force was established and met monthly from April – December 2009 to assist the State Lead Agency and the Department of Medical Assistance Services in identifying and addressing any anticipated barriers to successful implementation of the Medicaid Early Intervention Program.
  - An interagency agreement and data exchange agreement were signed by the State Lead Agency and the Department of Medical Assistance Services to support implementation of the Medicaid Early Intervention Program.
  - 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.

**Correction of FFY 2007 Findings of Noncompliance (if State reported less than 100% compliance):**

Level of compliance (actual target data) State reported for FFY 2007 for this indicator: 89%

1. Number of findings of noncompliance the State made during FFY 2007 (the period from July 1, 2007, through June 30, 2008)	<b>14*</b>
2. Number of FFY 2007 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	<b>13</b>
3. Number of FFY 2007 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	<b>1</b>

\*Virginia’s FFY 2007 Annual Performance Report (APR) identified fewer findings of noncompliance for FFY 2007 for Indicator 1 than are listed in the table above. The count of new findings versus those that were ongoing noncompliance was complicated by the timing of FFY 2007 monitoring and

identification of noncompliance on this indicator. In addition, there was one finding of noncompliance related to Indicator 1 based on an administrative complaint in FFY 2007. The number of FFY 2007 findings listed in the table above is the accurate count. The new monitoring calendar implemented in FFY 2008 and new reporting forms will help ensure accurate counting of new findings of noncompliance. Please note that the tracking and verification of correction of noncompliance were not impacted by the counting error that occurred in the FFY 2007 APR.

**Correction of FFY 2007 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance):**

4. Number of FFY 2007 findings not timely corrected (same as the number from (3) above)	1
5. Number of FFY 2007 findings the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	1
6. Number of FFY 2007 findings <u>not</u> verified as corrected [(4) minus (5)]	0

**Actions Taken if Noncompliance Not Corrected:**

The State Lead Agency has verified correction of all FFY 2007 findings. The one finding that was corrected more than one year from identification was identified on 1/11/08, and correction was verified on 6/30/09. Enforcement actions taken with this local system included:

- Required targeted technical assistance related to timely start of services.
- Required monthly monitoring calls with 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.
- On-site visits by the State Part C Monitoring Consultant and State Part C Technical Assistance Consultant for purposes of consultation, training and data verification.

**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 2007 finding, the child did begin receiving the services listed on his/her IFSP, though late.

All correction was not only made but also verified within 1 year of identification.

**Correction of Remaining FFY 2006 Findings of Noncompliance (if applicable):**

1. Number of remaining FFY 2006 findings of noncompliance noted in OSEP’s June 1, 2009, FFY 2007 APR response table for this indicator	<b>2</b>
2. Number of remaining FFY 2006 findings the State has verified as corrected	<b>2</b>
3. Number of remaining FFY 2006 findings the State has NOT verified as corrected [(1) minus (2)]	<b>0</b>

Correction of noncompliance for the 2 remaining findings of noncompliance from FFY 2006 was verified on 5/31/09 and 7/31/09.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008:**

*[If applicable]*

The following revisions were made to existing improvement activities:

- The timeline for revising the allocation methodology for disseminating funds to local systems has been changed to July 1, 2010. Because implementation of the Medicaid Early Intervention Program was delayed from July 1, 2009 to October 1, 2009, the State Lead Agency determined, in collaboration with local lead agencies, that it was important to collect data during FFY 2009 on the impact of the new Medicaid program before revising the method by which Part C funds are allocated to local systems.
- The timeline for statewide implementation of the revised Family Cost Share practices and fee scale has been changed to July 1, 2010. Although new practices were drafted in FFY 2008, implementation was postponed because there was insufficient time to finalize the practices and provide training to local systems and families in advance of the system transformation implementation date of October 1, 2009.
- The timeline for revising the State Interagency Agreement for Part C to include each participating State agency’s specific responsibilities for timely service provision has been delayed to ensure that the agreement is consistent with the changes in practice that were implemented on October 1, 2009 as part of the system transformation. Draft agreements have been developed and are under review and negotiation with the Part C participating state agencies.
- The timeline for including the definition of timely in State regulations has been delayed to ensure State regulations support all system transformation efforts and in the hope that final federal Part C regulations will be issued.
- Timelines for completion of the enhanced ITOTS data system have been revised since the original timelines were delayed for financial reasons (see Indicator 14 for additional explanation of delay). New plans for the ITOTS Expansion Project call for expanded data elements and reporting that will not only provide the data necessary to monitor and report on timely start of services but also provide tools for day-to-day local management and reminders of timelines/deadlines.

The following improvement activities were added in order to address the issues identified during the analysis of FFY 2008 data related to the timely start of supports and services:

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- Through regional meetings and the Part C Technical Assistance Update, provide reminders and technical assistance to local system managers, service coordinators and other providers about required documentation of mitigating circumstances when start of services is delayed.
- Provide a series of statewide training events through teleconference calls and Web-ex technology to support implementation of the Medicaid Early Intervention Program, maximizing Medicaid reimbursement for Part C services.
- Implement the plan developed and approved by OSEP for ensuring services added during periodic IFSP reviews are included in the data gathered through the annual local record review and reported to OSEP for timely start of services. That plan states the following:
  - During the annual local record review, each local system will review a representative sample of IFSPs (initial, periodic and annual) developed between 10/1/09 – 12/31/09 that include new services.
  - The State Lead Agency will select the records that each local system will review from the pool of children who had IFSPs developed in the specified time period. The pool of children will include:
    - Children open in ITOTS with initial IFSP dates between 10/1 – 12/31 for the past three years. This will generate a list of children with initial and annual IFSPs developed during 10/1/09 – 12/31/09.
    - Children with periodic IFSP reviews that occurred between 10/1/09 and 12/31/09 and that added new services. Local systems will maintain a list of all children who meet these criteria for periodic reviews and submit to the State Lead Agency in early January so that these children can be added to the pool from which the sample is selected.
  - The representative sample selection criteria used by the State Lead Agency to identify the records for each local system to review will be revised to include not only age, race/ethnicity, gender, and reason for eligibility, but also type of IFSP as follows:
    - For local systems that must review 14 records, there must be at least 2 each of initial, periodic and annual IFSPs included in the sample.
    - For local systems that must review 22 records, there must be at least 3 each of initial, periodic and annual IFSPs included in the sample.
    - For local systems that must review 30 records, there must be at least 4 each of initial, periodic and annual IFSPs included in the sample.
  - If the local system determines that a child whose record is selected had no new services added during the time period, 10/1/09 – 12/31/09, then the local system manager will contact the State Lead Agency and will be given a different record to review.

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	Ongoing	<u>Personnel</u> : State Part C staff

# APR Template – Part C

Virginia  
State

Activity	Timelines	Resources
system managers to notify their technical assistance consultant if unable to identify a service provider within 10 – 15 calendar days of the IFSP meeting		<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. Provide a series of statewide training events through teleconference calls and Web-ex technology to support implementation of the Medicaid Early Intervention Program, maximizing Medicaid reimbursement for Part C services	Beginning December 2009	<u>Personnel:</u> State Part C staff, Department of Medical Assistance Services staff <u>Other:</u> Implementation Task Force
5. Implement the plan developed by the State Lead Agency and approved by OSEP for ensuring services added during periodic IFSP reviews are included in the data gathered through the annual local record review and reported to OSEP for timely start of services	January 2010	<u>Personnel:</u> State Part C staff
6. Through regional meetings and the <u>Part C Technical Assistance Update</u> , provide reminders and technical assistance to local system managers, service coordinators and other providers about required documentation of mitigating circumstances when start of services is delayed	January 2010	<u>Personnel:</u> State Part C staff
7. Implement revised family cost share practices and new sliding fee scale	July 1, 2010	<u>Personnel:</u> State Part C staff <u>Other:</u> Family Cost Participation Stakeholder group, VICC
8. Finalize and implement the revised allocation methodology for disseminating federal and State Part C funds to local systems	July 1, 2010	<u>Personnel</u> – State Part C Staff, National Consultants <u>Other:</u> Implementation Task Force, VICC

# APR Template – Part C

Virginia  
State

Activity	Timelines	Resources
9. Revise the State Interagency Agreement for Part C to include each participating State agency's specific responsibilities for timely service provision	July 1, 2010	<u>Personnel</u> : State Part C staff
10. Collaborate with the State Corporation Commission to expand private insurance reimbursement for Part C services	2010	<u>Personnel</u> : State Part C Staff, State Corporation Commission (Bureau of Insurance)  <u>Other</u> : VICC
11. In developing an enhanced State Part C data system, include ongoing electronic collection of the data needed to monitor the timely start of services	2011	<u>Personnel</u> : State Part C and IT Staff  <u>Funding</u> : ARRA funds  <u>Other</u> : ITOTS Stakeholder Group
12. Include Virginia's definition of "timely" as it relates to beginning services following IFSP development in State Part C regulations	2011	<u>Personnel</u> : State Part C staff

**Part C State Annual Performance Report (APR) for FFY 2008**

**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
2008	98%

**Actual Target Data for FFY 2008:**

Based on the Section 618 data submitted by Virginia for December 1, 2008, **97%** 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 2008:**

Target Data

The FFY 2008 data reflects the primary service setting on the IFSP in effect for each child on December 1, 2008. 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, 2008 and that the data submitted was accurate.

For December 1, 2008, 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 80%. **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 (5,038 / 5,200 = 97%).**

Based on the December 1, 2008 data, the status of local systems on this indicator is as follows:



**FFY 2008 Status of Local Systems on Indicator 2**

	<b>Met State Target</b>	<b>Substantially Met State Target (95% - 99% of target)</b>	<b>Did Not Meet State Target</b>
<b># of local systems</b>	34	3	2

The 2 local systems that did not meet the state target were at 57% and 62% of the target for FFY 2008. All 5 local systems that did not fully meet the state target received written notification of their status and the need to improve performance with this indicator.

Improving Local Performance

Two (2) local systems did not meet the State target for provision of supports and services in natural environments based on FFY 2007 data. As of December 1, 2008, both of these local systems had reached the state target.

Explanation for Slippage

While the percentage of infants and toddlers with IFSPs who received their IFSP supports and services primarily in the home and community-based settings remained high (97%) in FFY 2008, there was slippage from the 99% attained in FFYs 2005-2007, and Virginia did not meet the state target of 98%. The slippage in FFY 2008 is accounted for almost entirely by 2 local systems that moved most supports and services into clinic settings for part of FFY 2008 due to significant budget shortfalls. As a result of ongoing monitoring activities, both systems received findings of noncompliance in FFY 2008 with the federal Part C requirement for provision of services in natural environments since the decision to move services out of natural environments was made for system financial reasons even though the child’s outcomes could be met in a natural environment. State Part C Monitoring Consultants and Technical Assistance Consultants worked closely with these local systems to minimize the number of children and families whose services were moved out of natural environments; ensure families were given complete and timely information about their rights and safeguards, including the dispute resolution options available to them under Part C; and to identify strategies for moving services back into natural environments as quickly as possible. Efforts to correct noncompliance in these local systems included the following:

- Both of these local systems were required to develop a Corrective Action Plan, which had to be approved by the State Lead Agency;
- At least one on-site visit was conducted with each system, and Technical Assistance and Monitoring Consultants held multiple follow-up calls with each system to monitor implementation of the Corrective Action Plans;
- Technical Assistance Consultants and Monitoring Consultants reviewed local budgets and payor of last resort requirements with local system managers. They also supported local system managers in negotiating with private providers to reduce rates and to develop other strategies to minimize the number of children and families impacted;
- Part C Technical Assistance and Monitoring Consultants worked with the Family Involvement Project (FIP) to ensure FIP staff members were informed of the situation in these local systems and available to support families in understanding and using their safeguards and dispute resolution options under Part C;
- A portion of Virginia’s American Recovery and Reinvestment Act (ARRA) funds for Part C were directed to one of these local systems in the last quarter of FFY 2008 since budget shortfalls were the reason services were being provided outside of natural environments. In the other local system, the local lead agency notified the State Lead Agency that they would not be continuing in the role of local lead agency in FFY 2009 due to budget issues. For that reason, ARRA funds were not awarded to that local system until FFY 2009 when the new local lead agency took over; and

- Technical Assistance Consultants assisted these local systems in planning ahead for use of ARRA funds in FFY 2009 and for the increased Medicaid revenues anticipated with implementation of Medicaid Early Intervention Program on October 1, 2009 to ensure all services being provided in clinic settings for financial reasons in FFY 2008 were returned quickly to natural environments in FFY 2009.

Although their status did not significantly impact the State’s status on this Indicator for FFY 2008, two other local systems also had findings of noncompliance with natural environment requirements identified through ongoing monitoring activities in FFY 2008. These systems were required to develop Corrective Action Plans. The current status of these 4 local systems is as follows:

	Date Noncompliance Identified	Status as of 1/1/10
Local system 1	11/12/08	Correction verified
Local system 2	1/9/09	Correction verified
Local system 3	1/15/09	TBD
Local system 4	2/27/09	TBD

In addition to working with the 4 local systems described above, the following improvement and maintenance activities were implemented at the state level in FFY 2008 and early FFY 2009:

- Budgets/Reimbursement:
  - State Part C staff members worked closely and frequently with local systems to address the budget shortfalls that were experienced to varying degrees by most local systems in FFY 2008. State efforts to reduce budget shortfalls and their impact on services in natural environments included the following:
    - Development of local system profiles that included local demographic and reimbursement data. Part C technical assistance consultants worked with local system managers to understand the data, correct it where needed, and use it particularly to ensure that Medicaid revenue was being maximized;
    - A statewide teleconference call with local system managers on September 30, 2008 to discuss short-term and long-term strategies for financial security and stability in the Infant & Toddler Connection of Virginia;
    - Surveys of local systems at several points in the fiscal year to gauge the level and scope of projected shortfalls; and
    - Targeted use of ARRA funds with those local systems that continued to project budget shortfalls entering the fourth quarter of the fiscal year.
  - 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 are new to these responsibilities.
  - The State Lead Agency and the State Medicaid Agency (Department of Medical Assistance Services) continued to collaborate on changes in the way that Part C services are reimbursed under Medicaid. The Medicaid Early Intervention Program was implemented on October 1, 2009 and includes increased reimbursement rates for providers, which address the costs associated with providing supports and services in natural settings. It is expected that this will improve local systems’ ability to recruit and retain providers willing to provide supports and services in the home and community-based settings. A provider information sheet describing the Medicaid changes, including the increased reimbursement rates, 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. Anecdotal reports from local systems in the fall of 2009 indicate new providers are already expressing interest in working in the Part C system.

## Technical Assistance and Training:

- 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.
- Thirty-eight (38) service coordinators received training through *Kaleidoscope: New Perspectives in Service Coordination* in FFY 2008. This training includes information on planning for and delivering supports and services in everyday activities, routines and places.
- A Part C Practice Manual and new statewide forms were implemented on October 1, 2009 to support planning for and delivery of supports and services in everyday activities, routines and places.
- 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 associated with planning for and providing supports and services in everyday activities, routines, and places.
- Communities of Practice in Autism (CoPA) training, an advanced-level training focused on strategies to support families with young children with autism spectrum disorders in natural environments, was provided to 180 participants in September 2008. The training was sponsored by the State Lead Agency, the Integrated Training Collaborative, and the Virginia Department of Education's Special Education Instructional Services. During FFY 2008, twelve CoPA leaders, at least one in each region of the Commonwealth, developed Action Plans with outcomes for their region. The CoPA leaders are supported by the CoPA Leadership Team. The leadership team and regional CoPA leaders participated in an online book club to talk about various perspectives and approaches in autism. The regional leaders and members from their region met regularly, shared information about evidence-based practices, developed resource materials, problem-solved strategies, and discussed experiences with supporting children with autism spectrum disorders and their families in natural environments. A section of the Infant & Toddler Connection of Virginia website is now dedicated to CoPA and includes the regional action plans, meeting minutes and resource materials for anyone to access.
- The State Lead Agency hired an Autism Specialist who is working across agencies and with families and providers to ensure the availability of evidence-based, family- and person-centered supports and services for individuals with autism from early childhood to adulthood. Part C staff are working closely with this individual 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
- The State Lead Agency designated a portion of Virginia's ARRA funds for Part C for workforce development, including further expansion of Virginia's CSPD. New training that will be developed with these funds will ensure continued focus on planning for and delivering individualized supports and services in everyday routines, activities and places.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008:**

*[If applicable]*

Improvement Activities:

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

- The timeline for revising the allocation methodology for disseminating funds to local systems has been changed to July 1, 2010. Because implementation of the Medicaid Early Intervention Program was delayed from July 1, 2009 to October 1, 2009, the State Lead Agency determined, in collaboration with local lead agencies, that it was important to collect data during FFY 2009 on the impact of the new Medicaid program before revising the method by which Part C funds are allocated to local systems.
- The following improvement activities have been added:
  - After 6 months of implementation, review and revise, as needed, the new Practice Manual and forms to ensure these documents effectively support providers and families in planning and implementing individualized supports and services in everyday routines, activities and places.
  - 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

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 &amp; 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. After 6 months of implementation, review and revise, as needed, the new Practice Manual and forms to ensure these documents effectively support providers and families in planning and implementing individualized supports and services in everyday routines, activities and	April, 2010	<u>Personnel</u> – State Part C staff, DMAS staff  <u>Other</u> – Stakeholder reviewers

# APR Template – Part C

Virginia  
State

Activity	Timelines	Resources
places		
4. Collect and analyze data in order to finalize and implement a revised allocation methodology for disseminating federal and State Part C funds to local systems	July 1, 2010	<u>Personnel</u> – State Part C Staff,  <u>Other</u> – Stakeholder Group and VICC
5. Collaborate with the State Corporation Commission to expand private insurance reimbursement for Part C services	2010	<u>Personnel:</u> State Part C Staff, State Corporation Commission (Bureau of Insurance)  <u>Other:</u> VICC
6. 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 2008**

**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:

- 4. 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 (use for FFY 2008-2009 reporting):**

**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.

# APR Template – Part C

**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.**

FFY	Measurable and Rigorous Target
2008	Targets must be set and submitted to OSEP by February 1, 2010 – see revised State Performance Plan

**Actual Target Data for FFY 2008:**

N/A

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2008:** N/A

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008:** N/A

**Part C State Annual Performance Report (APR) for FFY 2008**

**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
2008	<ul style="list-style-type: none"> <li>a. 66.9%</li> <li>b. 62.7%</li> <li>c. 78.6%</li> </ul>

**Actual Target Data for FFY 2008:**

Based on the results of the 2009 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 = **70.8%**
- b. Effectively communicate their children's needs = **67.3%**
- c. Help their children develop and learn = **80.6%**



**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2008:**

Target Data

Virginia administered the same family survey instrument used since FFY 2005, using the same process in FFY 2008 as was used in FFY 2007. 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 2009 to the contractor hired by the State Lead Agency to conduct the survey. In August and September 2009, 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. In October, 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 2008, surveys were returned by 1,957 families receiving early intervention services. This represents a 33.6% return rate, which is up slightly from the FFY 2007 return rate of 32.0%.

From the 1,957 responses to the FFY 2008 family survey, a random sample of 1,201 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 1,201 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.

<b>Distribution of Child’s Race/Ethnicity in the Representative Sample</b>		
<b>Race/Ethnicity</b>	<b>N</b>	<b>Percentage</b>
White	670	55.8%
Black or African-American	245	20.4%
Hispanic or Latino	155	12.9%
Asian or Pacific Islander	51	4.3%
American Indian or Alaskan Native	3	0.2%
Multi-Racial	77	6.4%
Total	1201	100.0%
Note. The distribution of race/ethnicity for the children receiving early intervention services in Virginia under Part C are: White = 55.6%, Black/African American = 20.8%, Hispanic = 12.9%, Asian/Pacific Islander = 4.2%, American Indian or Alaskan Native = 0.2%, Other/Multi-Racial = 6.3%		

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 1,201 respondents included

# APR Template – Part C

in the representative sample, 1,183 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: 838 / 1183 = 70.8%

Effectively communicate their children's needs: 796 / 1183 = 67.3%

Help their children develop and learn: 954 / 1183 = 80.6%

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

Item <b><i>Stem:</i> Over the past year, Early Intervention services have helped me and/or my family:</b>	% Strongly/ Very strongly agree	% Agree in any category
Participate in typical activities for children and families in my community.	32%	60%
Know about services in the community.	38%	72%
Know where to go for support to meet my family's needs.	44%	77%
Keep up friendships for my child and family.	46%	76%
Know where to go for support to meet my child's needs.	48%	84%
Be more effective in managing my child's behavior.	54%	88%
Find information I need.	51%	87%
Improve my family's quality of life.	53%	88%
Feel that I can get the services and supports that my child and family need.	57%	91%
Feel that my family will be accepted and welcomed in the community	57%	90%
Feel more confident in my skills as a parent.	58%	91%
Feel that my child will be accepted and welcomed in the community	59%	91%

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
Communicate more effectively with the people who work with my child and family.	60%	92%
Understand how the Early Intervention system works.	59%	94%
Understand the roles of the people who work with my child and family.	59%	93%
Figure out solutions to problems as they come up.	55%	90%
Feel that I can handle the challenges of parenting a child with special needs.	57%	91%
Know about my child's and family's rights concerning Early Intervention services.	62%	93%
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%	95%

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 2008 on the three outcomes in Indicator 4 indicates the following:

**FFY 2008 Status of Local Systems on Indicator 4a**

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

The 10 local systems that did not meet the state target for this indicator were at 64% to 92% 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 10 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 2008 Status of Local Systems on Indicator 4b**

	<b>Met State Target</b>	<b>Substantially Met State Target (95% - 99% of target)</b>	<b>Did Not Meet State Target</b>
<b># of local systems</b>	24	8	7

The 7 local systems that did not meet the state target for this indicator were at 46% to 94% of the target. The 15 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 5 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 2008 Status of Local Systems on Indicator 4c**

	<b>Met State Target</b>	<b>Substantially Met State Target (95% - 99% of target)</b>	<b>Did Not Meet State Target</b>
<b># of local systems</b>	25	7	7

The 7 local systems that did not meet the state target for this indicator were at 83% to 94% of the target. The 14 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 2007 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 2008 data, the status of local systems that did not meet the state target in FFY 2007 is as follows:

- Indicator 4a (Know their rights) – 7 of 15 reached the state target; 6 showed progress; and 2 showed slippage.
- Indicator 4b (Effectively communicate their children's needs) – 8 of 18 reached the state target; 6 showed progress; and 4 showed slippage.
- Indicator 4c (Help their children develop and learn) – 11 of the 20 reached the state target; 6 showed progress; and 3 showed slippage.

#### Explanation for Progress

In FFY 2008, Virginia demonstrated progress on and exceeded the target for all three family indicators. On Indicator 4a (early intervention services helped families know their rights), the percent increased from 66.1% in FFY 2007 to 70.8% in FFY 2008; on Indicator 4b (early intervention services helped families effectively communicate their children's needs), from 62.3% to 67.3%; and on Indicator 4c (early intervention services helped families help their children develop and learn), from 77.5% to 80.6%.

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 2008 and early FFY 2009:

- The complete analysis of FFY 2007 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 2007 family survey.
- Local systems were provided with the local response data for each item on the FFY 2007 family survey. Technical assistance was provided to local system managers in understanding the local data and how to use it for local improvement planning.
- Thirty-eight (38) service coordinators were trained through *Kaleidoscope: New Perspectives in Service Coordination*, which includes training on family rights and supporting families to understand and communicate their children's needs.
- The State Lead Agency introduced Virginia's Part C Service Pathway to local lead agencies and providers on November 2, 2008 and implemented the pathway 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. Extensive training and technical assistance were provided in preparation for implementing the new manual and forms, including two statewide technical assistance teleconference calls, multiple question-and-answer documents, and a 2-day statewide training for all local system managers.

- *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.
- The State Lead Agency hired an Autism Specialist who is working across agencies and with families and providers to ensure the availability of evidence-based, family- and person-centered supports and services for individuals with autism from early childhood to adulthood. Part C staff members are working closely with this individual to identify and implement strategies that will ensure high-quality, effective supports and services for infants and toddlers with autism and their families.
- The Family Involvement Project held regional family information meetings across the Commonwealth in November 2008 related to family rights and advocacy.
- 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.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008:**

*[If applicable]*

The following improvement activity has been added:

- To support continued improvement in outcomes for families participating in the Infant & Toddler Connection of Virginia and to further understand concerns expressed by some respondents to a recent parent survey conducted by the Parent Educational Advocacy and Training Center, the State Lead Agency will open a dialogue with the Family Involvement Project and the Virginia Interagency Coordinating Council to discuss what it means to engage in family-centered practice and to determine if there is a need for additional statewide improvement activities related to family outcomes.

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	Ongoing	<u>Personnel:</u> State Part C staff

# APR Template – Part C

Virginia  
State

Activity	Timelines	Resources
improve performance related to family outcomes		
2. Hold discussions with the Family Involvement Project and the Virginia Interagency Coordinating Council to: <ul style="list-style-type: none"> <li>▪ Discuss what it means to engage in family-centered practice; and</li> <li>▪ Determine if there is a need for additional statewide improvement activities related to family outcomes</li> </ul>	June 2010	<u>Personnel</u> – State Part C staff; Family Involvement Project staff  <u>Other</u> – VICC

Part C State Annual Performance Report (APR) for FFY 2008

**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
2008	.77%

**Actual Target Data for FFY 2008:**

Based on the December 1, 2008 child count, **.67%** of infants and toddlers birth to 1 were served in Virginia’s Part C early intervention system in FFY 2008.

National data for December 1, 2008 indicated 1.04% 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 2008:**

Target Data:

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

**FFY 2008 Status of Local Systems on Indicator 5**

	Met State Target	Substantially Met State Target (95% - 99% of target)	Did Not Meet State Target
<b># of local systems</b>	15	2	22

The 22 local systems that did not meet the state target for this indicator were at 42% to 86% of the target. The 24 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 22 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 2007 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 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

Local improvement activities related to more general public awareness and child find for infants and toddlers birth to three are identified in Indicator 6.

Based on FFY 2008 data, the status of the 18 local systems that did not meet the state target in FFY 2007 is as follows:

- 2 reached the state target;
- 5 showed progress toward reaching the state target even though the target increased;
- 2 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;
- 2 maintained the same percent of their local birth – 1 population served in Part C; and
- 7 showed slippage in the percent of their local birth – 1 population served in Part C.

Explanation of Slippage:

Virginia demonstrated a small degree of slippage from FFY 2007 (.70% to .67%) and did not meet the target (.77%) for this indicator for FFY 2008. While a small amount of progress was made in increasing the percentage of children birth – three with IFSPs (see Indicator 6), the amount of progress was less than expected and the target for that indicator was not met either. Budget and expenditure data from FFY 2008, as well as anecdotal reports from local systems, suggest that budget constraints were the primary reason the expected progress was not achieved. Funding and personnel time that would have been available for public awareness and child find efforts were re-directed in FFY 2008 to ensure Part C supports and services were available to children who were identified, referred and found eligible.

The State Lead Agency completed the following improvement activities in FFY 2008 and early FFY 2009 to address budget constraints and increase the number of children birth – one served in Virginia's Part C system:

- Budget Constraints:
  - State Part C staff members worked closely and frequently with local systems to address the budget shortfalls that were experienced to varying degrees by most local systems in FFY 2008. State efforts to reduce budget shortfalls and their impact on children and families included the following:
    - Development of local system profiles that included local demographic and reimbursement data. Part C technical assistance consultants worked with local system managers to understand the data, correct it where needed, and use it particularly to ensure that Medicaid revenue was being maximized;
    - A statewide teleconference call with local system managers on September 30, 2008 to discuss short-term and long-term strategies for financial security and stability in the Infant & Toddler Connection of Virginia; and
    - Surveys of local systems at several points in the fiscal year to gauge the level and scope of projected shortfalls.
  - The State Lead Agency and the State Medicaid Agency (Department of Medical Assistance Services) continued to collaborate on changes in the way that Part C services are reimbursed under Medicaid. The Medicaid Early Intervention Program was implemented on October 1, 2009 and includes increased reimbursement rates for providers and an expansion of the scope of Part C services covered by Medicaid. It is expected that this will 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.
  - In early FFY 2009, 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 will use these ARRA funds for public awareness and child find, while others 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.
- 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.
  - Approximately 46,000 copies of Virginia's Part C developmental checklist brochure were included in New Parent Kits, which were distributed through local departments of social services and other local public agencies. While New Parent Kits are no longer being printed at the state level, the materials from those kits, including Virginia's developmental checklist brochure, are available on the Smart Beginnings website for local agencies to print and for parents to access.

# APR Template – 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.
- Data elements and reports were added to ITOTS to allow for reporting on selected developmental outcomes up to age 2 for children with prematurity as a risk factor or documented low birth weight or very low birth weight in response to a request from the Legislative Subcommittee studying follow-up with children who are born prematurely.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008:**

*[If applicable]*

Improvement activities and timelines from the FFY 2007 APR have been revised as follows:

- Based on data from the December 1, 2008 child count, the State Lead Agency has determined that it will be important to contact states with high percentages of the birth – 1 population served in Part C to determine effective practices in public awareness, child find, eligibility determination, how premature birth is included in the State’s eligibility definition, etc.
- The timeline 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 postponed to coincide with development of other state-level interagency agreements for Part C.
- The activity related to linkage between the VISITS database and ITOTS, the Part C data system, has been delayed due to funding shortages. However, ARRA funds have now been designated to address this project and a new timeline has been established.
- An activity has been added to reflect that the State Lead Agency will partner 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 EI in order to increase the percentage of infants with permanent hearing loss who are enrolled in early intervention by six months of age.
- An activity has been added to study the potential impact (on children and on the system) of eliminating the current Virginia Part C policy of age adjustment for children born prematurely.

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. Contact states with broad eligibility definitions that are serving a high percentage of the birth – 1 population to determine effective practices in public awareness, child find, how premature birth is included in the State’s eligibility definition, evaluation, etc.	April 2010	<u>Personnel:</u> State Part C staff
2. Partner with the Virginia Children with Special Health	May 2010	<u>Personnel:</u> State Part C Staff;

**APR Template – Part C**

Activity	Timelines	Resources
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 EI in order to increase the percentage of infants with permanent hearing loss who are enrolled in early intervention by six months of age		CSHCN staff; VEHDI staff
3. Explore the possibility of developing interagency agreements between the DBHDS and regional children's hospitals to ensure timely referral of children to Part C early intervention.	July 2010	<u>Personnel:</u> State Part C Staff
4. Study the potential impact (on children and on the system) of eliminating the current policy of age adjustment for children born prematurely	July 2010	<u>Personnel:</u> State Part C staff <u>Other:</u> VICC, State Child Find and Public Awareness Work Group
5. 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 ITOTS all children who are reported with hearing loss or congenital anomalies.	2011	<u>Personnel:</u> State Part C staff, Department of Health staff, Department of Education staff  <u>Funding:</u> Through Department of Health and ARRA funds

Part C State Annual Performance Report (APR) for FFY 2008

**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
2008	2.1%

**Actual Target Data for FFY 2008:**

Based on the December 1, 2008 child count, **1.99%** of infants and toddlers birth to 3 were served in Virginia’s Part C early intervention system in FFY 2008.

National data for December 1, 2008 indicated 2.66% 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 2008:**

Target Data

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

**FFY 2008 Status of Local Systems on Indicator 6**

	Met State Target	Substantially Met State Target (95% - 99% of target)	Did Not Meet State Target
<b># of local systems</b>	20	5	14

The 14 local systems that did not meet the state target for this indicator were at 52% to 93% of the state target. The 19 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 13 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 2007 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 2008 data, the status of the 26 local systems that did not meet the state target in FFY 2007 is as follows:

- 9 reached the state target;
- 12 showed progress toward reaching the state target; and
- 5 showed slippage in the percent of their local birth – 3 population served in Part C.

Explanation for Progress

Although the target was not met, the percentage of the birth – 3 population served in Virginia's Part C early intervention system increased from 1.92% in FFY 2007 to 1.99% in FFY 2008. In addition, the number of local systems that met the state target increased from 13 in FFY 2007 to 20 in FFY 2008. The amount of progress on this indicator was less than expected. Budget and expenditure data from FFY 2008, as well as anecdotal reports from local systems, suggest that budget constraints were the primary reason the expected progress was not achieved. Funding and personnel time that would have been available for public awareness and child find efforts were re-directed in FFY 2008 to ensure Part C supports and services were available to children who were identified, referred and found eligible.

In addition to supporting implementation of local Service Enhancement Plans, 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 2008 and early FFY 2009:

- Budget Constraints:
  - State Part C staff members worked closely and frequently with local systems to address the budget shortfalls that were experienced to varying degrees by most local

systems in FFY 2008. State efforts to reduce budget shortfalls and their impact on children and families included the following:

- Development of local system profiles that included local demographic and reimbursement data. Part C technical assistance consultants worked with local system managers to understand the data, correct it where needed, and use it particularly to ensure that Medicaid revenue was being maximized;
    - A statewide teleconference call with local system managers on September 30, 2008 to discuss short-term and long-term strategies for financial security and stability in the Infant & Toddler Connection of Virginia; and
    - Surveys of local systems at several points in the fiscal year to gauge the level and scope of projected shortfalls.
  - The State Lead Agency and the State Medicaid Agency (Department of Medical Assistance Services) continued to collaborate on changes in the way that Part C services are reimbursed under Medicaid. The Medicaid Early Intervention Program was implemented on October 1, 2009 and includes increased reimbursement rates for providers and an expansion of the scope of Part C services covered by Medicaid. It is expected that this will increase overall revenue in the Part C system and the number of available providers, freeing other funds and local system manager/other personnel time to be used for public awareness and child find efforts.
  - In early FFY 2009, 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 will use these ARRA funds for public awareness and child find, while others 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.
- 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 Governor declared May 2009 as Early Intervention Awareness Month in Virginia.
  - 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.
  - A data exchange agreement was signed between the State Lead Agency for Part C and the state Medicaid Agency (Department of Medical Assistance Services - DMAS) to allow DMAS to share with the Part C Office on a regular basis a list of children, birth – three, who have Medicaid, are not enrolled in the Medicaid Early Intervention benefit program, and are receiving services that suggest they may be eligible for Part C.
  - 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, describing the expanded coverage for Part C early intervention services.
- 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.

- Staff from the State Lead Agency and the State Medicaid agency (Department of Medical Assistance Services) provided information to Medicaid Managed Care Organizations regarding the supports and services available through the Part C system and the importance of making referrals of potentially eligible children.
- By September 10, 2008 all existing Part C personnel had completed the on-line *Orientation to Part C* training module, passing the competency test with 80% accuracy. New personnel hired in FFY 2008 were required to complete the training and pass the competency test within 2 months of being hired. This training module included information on the requirements associated with screening, evaluation for eligibility determination, assessment and IFSP development.
- 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.
- 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.
  - The Infant & Toddler Connection of Virginia now 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.
  - 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.



- A FERPA and HIPAA compliant referral and consent form for use by referral sources other than physicians was implemented statewide to provide consistent referral information to local systems and facilitate parent consent for communication between the referral source and the local Part C system. This form complements the one developed the previous year for use by physicians.
- Virginia’s Part C Service Pathway and all of the practices described above are documented in the new *Infant & Toddler Connection of Virginia Practice Manual*, which was implemented statewide on October 1, 2009.
- System Planning:
  - 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, the Hearing Work Group, the 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 2008:**

*[If applicable]*

Improvement Activities:

Improvement activities and timelines in the FFY 2007 APR have been revised as follows:

- The timeline for revising the State Interagency Agreement for Part C to clarify responsibilities associated with child find and referral to the Part C system was delayed to ensure that the agreement is consistent with the changes in practice that were implemented on October 1, 2009 as part of the system transformation. Draft agreements have been developed and are under review and negotiation with the Part C participating state agencies.
- The timeline for statewide implementation of the revised Family Cost Share practices and fee scale has been changed to July 1, 2010. Although new practices were drafted in FFY 2008, implementation was postponed because there was insufficient time to finalize the practices and provide training to local systems and families in advance of the system transformation implementation date of October 1, 2009.
- The timeline to develop and implement a mechanism through ITOTS to enter the specific referral source has been postponed since planned expansions to ITOTS were delayed for financial reasons (see Indicator 14).
- The following new improvement activities have been added:
  - 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.

# APR Template – Part C

- Explore the possibility of hiring a contractor to spearhead the Infant & Toddler Connection of 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.
- 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.
- Include child find and public awareness as topics for focus at the leadership training for local system and local program managers scheduled for April 2010.
- Convene a focus group(s) of primary referral sources, including physicians and hospitals, to determine what encourages/discourages referrals to Part C, what kinds of information they would find helpful, and how they prefer to receive information.
- Expand and strengthen partnerships at the state and local level to improve coordination and collaboration for child find and public awareness and efforts.

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. 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	February 2010	<u>Personnel:</u> State Part C staff
5. Explore the possibility of hiring a contractor to spearhead the Infant & Toddler Connection of	February 2010	<u>Personnel:</u> State Part C staff <u>Funding:</u> ARRA funds

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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		
6. Include child find and public awareness as topics for focus at the leadership training for local system and local program managers	April 2010	<u>Personnel:</u> State Part C staff <u>Funding:</u> ARRA funds <u>Other:</u> Stakeholder Planning Group
7. Implement new Family Cost Share practices and a fee scale that better ensure that a family's inability to pay is not a barrier to seeking or accepting supports and services	July 1, 2010	<u>Personnel:</u> State Part C Staff; national consultants <u>Funding:</u> Already in Part C budget <u>Other:</u> Stakeholder workgroup
8. Revise the State Interagency Agreement for Part C to clarify responsibilities associated with child find and referral to the Part C system. <ul style="list-style-type: none"> <li>• Collaborate with Early Head Start and Migrant Head Start to identify procedures and strategies to ensure that children served through Head Start programs who are potentially eligible for Part C are referred to the local Part C system and include in the State interagency agreement</li> </ul>	July 1, 2010	<u>Personnel:</u> State Part C staff; Other Participating State Agencies' staff, Head Start
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	July 1, 2010	<u>Personnel:</u> State Part C staff; DMAS staff
10. Convene a focus group(s) of primary referral sources, including physicians and hospitals, to determine what encourages/discourages referrals to Part C, what kinds of information they would find helpful, and how they prefer to receive information	September 2010	<u>Personnel:</u> State Part C staff, Virginia Department of Health staff <u>Other:</u> VICC

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Activity	Timelines	Resources
11. 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	October 2010	<u>Personnel</u> – State Part C Staff
12. Expand and strengthen partnerships at the state and local level to improve coordination and collaboration for child find and public awareness and efforts: <ul style="list-style-type: none"> <li>• Strengthen local interagency coordinating council (LICC) roles</li> <li>• Continue current participation in state-level committees and initiatives focused on young children and participate in new interagency initiatives, as appropriate</li> </ul>	December 2010	<u>Personnel:</u> State Part C staff
13. Develop and implement a mechanism through ITOTS 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	2011	<u>Personnel:</u> State Part C staff, IT staff <u>Funding:</u> ARRA funds <u>Other:</u> ITOTS Stakeholder Group

**Part C State Annual Performance Report (APR) for FFY 2008**

**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
2008	100%

**Actual Target Data for FFY 2008:**

**98%** 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 2008:**

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 2008 was reported 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, 2008 and December 31, 2008 and evaluated and assessed and for whom an initial IFSP meeting was required to be conducted. The 45-day timeline was met for 1,482 of the 1,519 eligible children referred (1,482 /1,519 = 98%). Both the numerator and denominator include 194 children for whom the timeline was exceeded due to family reasons or other exceptional circumstances beyond the local system’s control.

Of the 194 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 III	Family Scheduling Preference	Temporarily Lost Contact	Disaster/Severe Weather
33	148	6	7

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. Since that time, monitoring of accuracy has occurred through ongoing interaction with local systems (e.g., during record reviews conducted for other purposes, technical assistance, reviews conducted based on local requests for additional funds, etc.). Another statewide, systematic verification of family scheduling preference as a reason for exceeding the 45-day timeline will be conducted in FFY-2009.

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
0	34	3

**Delays Due to Provider Unavailability**

Occupational Therapy	Physical Therapy	Speech Language Therapy	Special Instruction	Service Coordination	Other
8	9	9	7	1	0

Based on the FFY 2008 data, the status of local systems on this indicator is as follows:

**FFY 2008 Status of Local Systems on Indicator 7**

	100% Compliance	Substantial Compliance (95% - 99%)	Non-Compliance
# of local systems	32	4	3

The 3 local systems in the noncompliance column above were at 57%, 60%, and 90%. Local systems that were not at 100% compliance with this indicator based on FFY 2008 data received written notification of their non-compliance on 6/15/09. 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 4 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 2008 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 same for FFY 2008 when data were collected in the second quarter of the fiscal year as they were in FFY 2007 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 1,519 for the second quarter of FFY 2008 and 1,560 for the fourth quarter of FFY 2007.
- The data collected in FFY 2008 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.
  - ITOTS data indicates that the number of children referred per quarter and evaluated and assessed with an IFSP developed ranged from 1,474 to 1,678 in FFY 2008. The total of 1,519 children in the data collection for this indicator is in the middle of that range.

#### Explanation of Progress

Virginia maintained 98% compliance with this indicator from FFY 2007 to FFY 2008. The number of local systems in full (100%) compliance with this indicator increased from 23 in FFY 2007 to 32 in FFY 2008. 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 to foster/surrogate parent issues from 12 in FFY 2007 to zero (0) in FFY 2008. 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 2008 and early FFY 2009 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 are targeted toward addressing that issue.

- Addressing Provider Availability:
  - State Part C staff members worked closely and frequently with local systems to address the budget shortfalls that were experienced to varying degrees by most local systems in FFY 2008. State efforts to reduce budget shortfalls and their impact on provider availability included the following:
    - Development of local system profiles that included local demographic and reimbursement data. Part C technical assistance consultants worked with local system managers to understand the data, correct it where needed, and use it particularly to ensure that Medicaid revenue was being maximized;
    - A statewide teleconference call with local system managers on September 30, 2008 to discuss short-term and long-term strategies for financial security and stability in the Infant & Toddler Connection of Virginia;
    - Surveys of local systems at several points in the fiscal year to gauge the level and scope of projected shortfalls;
    - Targeted use of ARRA funds with those local systems that continued to project budget shortfalls entering the fourth quarter of the fiscal year.
  - 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.
  - The State Lead Agency and the State Medicaid Agency (Department of Medical Assistance Services) continued to collaborate on changes in the way that Part C services are reimbursed under Medicaid. The Medicaid Early Intervention Program was implemented on October 1, 2009 and 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. It is expected that these changes will improve local systems' ability to recruit and retain providers. 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. Anecdotal reports from local systems in the fall of 2009 indicate new providers are already expressing interest in working in the Part C system.

- 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 throughout the year.
  - Thirty-eight (38) service coordinators received training through *Kaleidoscope: New Perspectives in Service Coordination* in FFY 2008. 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.
  - By September 10, 2008 all existing Part C personnel had completed the on-line *Orientation to Part C* training module, passing the competency test with 80% accuracy. New personnel hired in FFY 2008 were required to complete the training and pass the competency test within 2 months of being hired. This training module included information on the requirements associated with evaluation, assessment and IFSP development, including the 45-day timeline requirement.
  - A Part C Practice Manual and new statewide forms were implemented on October 1, 2009 to support timely completion and efficient use of personnel during intake, eligibility determination, assessment for service planning and development of an initial IFSP.
  - Emergency State Part C personnel regulations went into effect on November 4, 2009 to support the Medicaid changes. 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.

**Correction of FFY 2007 Findings of Noncompliance:**

Level of compliance (actual target data) State reported for FFY 2007 for this indicator: 98%

1. Number of findings of noncompliance the State made during FFY 2007 (the period from July 1, 2007, through June 30, 2008)	<b>10</b>
2. Number of FFY 2007 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	<b>10</b>
3. Number of FFY 2007 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	<b>0</b>

**Verification of Correction (either timely or subsequent):**

In order to verify correction of noncompliance with Indicator 7, the State Lead Agency reviewed 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 were 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



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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 2007 finding, the child did have an evaluation, assessment and IFSP meeting, though late.

All correction was not only made but also verified within 1 year of identification.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008:**

*[If applicable]*

One new improvement activity has been added:

- o Verify the accurate use of family scheduling preference as a reason for exceeding the 45-day timeline

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
Develop and implement a process, including triggers, for verifying the accurate use of family scheduling preference as a reason for exceeding the 45-day timeline	May 2010	<u>Personnel</u> : State Part C staff
Collaborate with the State Corporation Commission to expand private insurance reimbursement for Part C services	2010	<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 2008**

**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
2008	100%

**Actual Target Data for FFY 2008:**

- A. **98%** of IFSPs include transition steps and services
- B. Notification was sent to the local school division for **99.6%** of children potentially eligible for Part B
- C. A transition conference was held for **96%** of children potentially eligible for Part B

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2008:**

Target Data

Target data for FFY 2008 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 October 1, 2008 and December 31, 2008 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 10/1/08 – 12/31/08	Number of records to be reviewed
0 - 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

- 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

- 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

- 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 355 records reviewed, the most recent IFSP included transition steps and services for 349 of the children. (349 /355 = 98%)

**FFY 2008 Status of Local Systems on Indicator 8a**

	100% Compliance	Substantial Compliance (95% - 99%)	Non-Compliance
<b># of local systems</b>	35	0	4

The 4 local systems in the noncompliance column above were at 67%, 75%, 87% and 91% compliance. Local systems that were not at 100% compliance with this indicator based on FFY 2008 data received written notification of their non-compliance on 6/15/09. Since these 4 local systems were below 93% compliance, they were required to develop a Corrective Action Plan related to transition steps and services.

- B. *Notification to the LEA* – Records were reviewed for a total of 334 children considered potentially eligible for Part B. Of the 344 records, there were 12 in which the family did not allow the notification to the school division (i.e., opted out). Of the 322 families who allowed notification, the information was sent to the school division for 321 of the children. (321 / 322 = 99.6%)

**FFY 2008 Status of Local Systems on Indicator 8b**

	<b>100% Compliance</b>	<b>Substantial Compliance (95% - 99%)</b>	<b>Non-Compliance</b>
<b># of local systems</b>	38	0	1

The local system that demonstrated noncompliance with this indicator was at 93% compliance. On 6/15/09, this local system received written notification of their status and the need to reach full compliance (100%) within one year.

- C. *Transition Conference* – Records were reviewed for a total of 412 children considered potentially eligible for Part B. The parent gave approval for a transition conference to be held for 367 of these children. The transition conference was delayed due to system reasons for 13 of the 367 children whose parents gave approval for the conference. Therefore, the transition conference was held in compliance with Part C requirements for 354 of the 367 families who gave approval for a conference.

(354 / 367 = 96%)

The numerator and denominator include 111 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 13 records where there was a delay in the transition conference due to system reasons, 1 was due to Part C scheduling difficulties, 9 were due to school system scheduling difficulties and 3 were listed as “no reason documented.”

**FFY 2008 Status of Local Systems on Indicator 8c**

	<b>100% Compliance</b>	<b>Substantial Compliance (95% - 99%)</b>	<b>Non-Compliance</b>
<b># of local systems</b>	31	0	8

Of the 8 local systems in the noncompliance column above, 6 had percentages between 90% and 94%, inclusive, and the other 2 were at 65% and 75% compliance. Local systems that were not at 100% compliance with this indicator based on FFY 2008 data received written notification of their non-compliance on 6/15/09. The 5 local systems that were below 93% compliance were required to develop a Corrective Action Plan related to the transition conference. The other 3 local systems below 100% compliance received written notification of their status and the need to reach full compliance (100%) within one year.

Local system managers were required to submit a signed verification form confirming the accuracy of the local record review data for Indicator 8. Additional verification of local data for this indicator was conducted using a desk audit by State Part C staff with all local systems that were out of compliance with some part of this indicator in FFY 2007 (though some were now reporting 100% compliance based on the FFY 2008 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 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.

#### Explanation of Progress

Virginia maintained a very high level of compliance with all 3 of the requirements for this indicator, and improved from 96% to 98% on 8c. The State has also been successful in ensuring timely correction of local non-compliance. In addition to supporting local systems in identifying and implementing local improvement activities, a number of state-level improvement activities were completed in FFY 2008 and early FFY 2009:

- Technical assistance was provided routinely at regional meetings of local system managers on a variety of issues related to transition.
- Thirty-eight (38) service coordinators participated in, *Kaleidoscope: New Perspectives on Service Coordination* training, which addresses transition requirements.
- By September 10, 2008 all existing Part C personnel had completed the on-line *Orientation to Part C* training module, passing the competency test with 80% accuracy. New personnel hired in FFY 2008 were required to complete the training and pass the competency test within 2 months of being hired. This training module included information on the requirements associated with transition.
- The OSEP-recommended Investigative Questions related to transition were used by Part C Technical Assistance Consultants and local system managers to assist in the identification of effective local improvement strategies in Corrective Action Plans (CAPs) beginning in FFY 2008.
- The Part C Family Involvement Project, in collaboration with the Department of Education, developed *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. This booklet has been disseminated to families through local systems and directly from the Family Involvement Project during community events and workshops.
- 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.
- *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 and required timelines related to transition. 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 during the transition process.
- Emergency State Part C personnel regulations went into effect on November 4, 2009 to support the Medicaid changes. 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 transition.
- 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.

# APR Template – Part C

**Correction of FFY 2007 Findings of Noncompliance:**

Level of compliance (actual target data) State reported for FFY 2007 for Indicator 8a: 99%

1. Number of findings of noncompliance the State made during FFY 2007 (the period from July 1, 2007, through June 30, 2008)	<b>7*</b>
2. Number of FFY 2007 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	<b>7</b>
3. Number of FFY 2007 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	<b>0</b>

Level of compliance (actual target data) State reported for FFY 2007 for Indicator 8b: 100%

1. Number of findings of noncompliance the State made during FFY 2007 (the period from July 1, 2007, through June 30, 2008)	<b>5*</b>
2. Number of FFY 2007 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	<b>5</b>
3. Number of FFY 2007 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	<b>0</b>

\* Virginia’s FFY 2007 Annual Performance Report (APR) identifies fewer findings of noncompliance for FFY 2007 for Indicators 8a and 8b than are listed in the tables above. The count of new findings versus those that were ongoing noncompliance was complicated by the timing for FFY 2007 monitoring and identification of noncompliance on these indicators. The number of FFY 2007 findings listed in the tables above is the accurate count. The new monitoring calendar implemented in FFY 2008 and new reporting forms will help ensure accurate counting of new findings of noncompliance. Please note that the tracking and verification of correction of noncompliance were not impacted by the counting error that occurred in the FFY 2007 APR.

Level of compliance (actual target data) State reported for FFY 2007 for Indicator 8c: 96%

1. Number of findings of noncompliance the State made during FFY 2007 (the period from July 1, 2007, through June 30, 2008)	<b>10</b>
2. Number of FFY 2007 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	<b>10</b>
3. Number of FFY 2007 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	<b>0</b>

**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

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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 2007 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.

All correction was not only made but also verified within 1 year of identification

### Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008:

*[If applicable]*

The following revisions to the FFY 2007 APR improvement activities have been made to ensure continued progress toward reaching the target of 100% compliance:

- Timelines associated with establishing State Part C regulations and revising the State interagency agreement were delayed to allow for completion of the Part C system transformation.
- The following new improvement activities were added to ensure continued compliance with transition requirements:
  - Include day-to-day management tools in the ITOTS Expansion Project to provide reminders to service coordinators about completion of required transition activities and deadlines.
  - Complete 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.

Planned improvement activities related to transition are as follows:

Activity	Timelines	Resources
1. Revise the State Interagency Agreement for Part C to establish specific procedures to be used at the local level to meet Part C transition requirements	July 1, 2010	<u>Personnel</u> : State Part C staff; Other Participating State Agencies' staff
2. 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	2011	<u>Personnel</u> : State Part C Staff
3. Include day-to-day management tools in the ITOTS Expansion	2011	<u>Personnel</u> : State Part C staff, IT staff

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Activity	Timelines	Resources
Project to provide reminders to service coordinators about completion of required transition activities and deadlines		<u>Funding:</u> ARRA funds  <u>Other:</u> ITOTS Stakeholder Group
4. Complete 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	2011	<u>Personnel:</u> State Part C staff, IT staff, Part B staff  <u>Funding:</u> ARRA funds  <u>Other:</u> ITOTS Stakeholder Group



**Part C State Annual Performance Report (APR) for FFY 2008**

**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
2008	100%

**Actual Target Data for FFY 2008:**

In FFY 2008, **98%** of noncompliance was corrected within one year of identification, as detailed in the table below:

FFY 2008 Data on Correction on Noncompliance

Indicator	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2007 (7/1/07-6/30/08)	(a) # of Findings of noncompliance identified in FFY 2007 (7/1/07-6/30/08)	(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.	<b>Monitoring:</b> (Self-Assessment/ Local APR, Data Review/Desk Audit/ On-Site Visit, etc.)	13	13 (Identified 1/11/08)	12
	<b>Dispute Resolution</b> (Complaints, due process hearings)	1	1	1
2. Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	<b>Monitoring:</b> (Self-Assessment/ Local APR, Data Review/Desk Audit/ On-Site Visit, etc.)	0	0	0
	<b>Dispute Resolution</b> (Complaints, due process hearings)	0	0	0
3. Percent of infants and toddlers with IFSPs who demonstrate improved outcomes	<b>Monitoring:</b> (Self-Assessment/ Local APR, Data Review/Desk Audit/ On-Site Visit, etc.)	0	0	0
	<b>Dispute Resolution</b> (Complaints, due process hearings)	0	0	0

# APR Template – Part C

Virginia  
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Indicator	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2007 (7/1/07-6/30/08)	(a) # of Findings of noncompliance identified in FFY 2007 (7/1/07-6/30/08)	(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	<b>Monitoring:</b> (Self-Assessment/ Local APR, Data Review/Desk Audit/ On-Site Visit, etc.)	0	0	0
	<b>Dispute Resolution</b> (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	<b>Monitoring:</b> (Self-Assessment/ Local APR, Data Review/Desk Audit/ On-Site Visit, etc.)	0	0	0
	<b>Dispute Resolution</b> (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.	<b>Monitoring:</b> (Self-Assessment/ Local APR, Data Review/Desk Audit/ On-Site Visit, etc.)	10	10 (Identified 1/11/08)	10
	<b>Dispute Resolution</b> (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:	<b>Monitoring:</b> (Self-Assessment/ Local APR, Data Review/Desk Audit/ On-Site Visit, etc.)	7	7 (Identified 1/11/08)	7

# APR Template – Part C

Indicator	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2007 (7/1/07-6/30/08)	(a) # of Findings of noncompliance identified in FFY 2007 (7/1/07-6/30/08)	(b) # Findings from (a) for which correction was verified no later than one year from identification
IFSPs with transition steps and services;	<b>Dispute Resolution</b> (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	<b>Monitoring:</b> (Self-Assessment/ Local APR, Data Review/Desk Audit/ On-Site Visit, etc.)	5	5 (Identified 1/11/08)	5
	<b>Dispute Resolution</b> (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.	<b>Monitoring:</b> (Self-Assessment/ Local APR, Data Review/Desk Audit/ On-Site Visit, etc.)	10	10 (Identified 1/11/08)	10
	<b>Dispute Resolution</b> (Complaints, hearings)	0	0	0
<b>Sum the numbers down Column a and Column b</b>			46	45

Percent of noncompliance corrected within one year of identification = (column b sum divided by column a sum) times 100:  $45 / 46 = 98\%$

Note: Virginia's FFY 2007 Annual Performance Report (APR) identifies fewer findings of noncompliance for FFY 2007 for Indicators 1, 8a, and 8b than are listed in the table above. The count of new findings versus those that were ongoing noncompliance was complicated by the timing for FFY 2007 monitoring and identification of noncompliance on these indicators. The number of FFY 2007 findings listed in the table above is the accurate count. The new monitoring calendar implemented in FFY 2008 and new reporting forms will help ensure accurate counting of new findings of noncompliance. Please note that the tracking and verification of correction of noncompliance were not impacted by the counting error that occurred in the FFY 2007 APR.

**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:

- 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 2007 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 2007 (the period from July 1, 2007 through June 30, 2008) (Sum of Column a on the Indicator C 9 Worksheet)	<b>46</b>
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)	<b>45</b>
3. Number of findings <u>not</u> verified as corrected within one year [(1) minus (2)]	<b>1</b>

**Correction of FFY 2007 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance):**

4. Number of FFY 2007 findings not timely corrected (same as the number from (3) above)	<b>1</b>
5. Number of findings the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	<b>1</b>
6. Number of findings <u>not</u> yet verified as corrected [(4) minus (5)]	<b>0</b>

**Actions Taken if Noncompliance Not Corrected:**

The State Lead Agency has verified correction of all FFY 2007 findings. The one finding that was corrected more than one year from identification was identified on 1/11/08, and correction was verified on 6/30/09. Enforcement actions taken with this local system included:

- Required targeted technical assistance related to timely start of services.
- Required monthly monitoring calls with 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.

- On-site visits by the State Part C Monitoring Consultant and State Part C Technical Assistance Consultant for purposes of consultation, training and data verification.

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, TA, 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 follows the same procedures used to collect data on the relevant indicator annually. This means that:

- For 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.

- 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).

In addition, for each local system with a finding of noncompliance in FFY 2007, state Part C staff used ITOTS and/or record reviews to verify that each instance of noncompliance involved in the FFY 2007 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).

All correction of noncompliance from FFY 2007 was not only made, but also verified, within 1 year of identification.

**Correction of Remaining FFY 2006 Findings of Noncompliance (if applicable)**

1. Number of remaining FFY 2006 findings noted in OSEP's June 1, 2009 FFY 2007 APR response table for this indicator	2
2. Number of remaining FFY 2006 findings the State has verified as corrected	2
3. Number of remaining FFY 2006 findings the State has NOT verified as corrected [(1) minus (2)]	<b>0</b>

The two remaining FFY 2006 findings were verified as corrected on 5/31/09 and 7/31/09.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2008:**

Explanation of Progress:

Virginia has made significant progress on this indicator since last year and achieved a very high level of compliance (98%) with the requirement for verification of correction of noncompliance within one year of identification. This improvement reflects the effort and commitment of local systems to timely correction of noncompliance as well as strong state-level efforts to shorten the time between collection of data, identification of noncompliance, and development of the Corrective Action Plan; to develop and implement a formal system of enforcements; and to provide frequent technical assistance and follow-up

# APR Template – Part C

to support local implementation of Corrective Action Plans. The following improvement activities were implemented in FFY 2008 and early FFY 2009 to ensure timely correction of non-compliance:

- **State-level Technical Assistance - The State Lead Agency accessed the following technical assistance related to the timely correction of noncompliance, as advised by the Office of Special Education Programs (OSEP) in its determination of needs assistance based on Virginia’s FFY 2007 APR:**

Technical Assistance Source	Actions Taken as a Result of the Technical Assistance
Investigative Questions	The Part C staff reviewed the questions to determine whether they had all been considered in improvement planning. Staff members identified the need for more consistent and thorough documentation of enforcements applied. A system has been developed and implemented by the State Lead Agency to document all enforcements applied, follow-up on enforcements, and the impact of those enforcements.
Corrective Action Plan Templates	<p>Virginia is adopting page 2 of one template (a table that identifies strategies based on areas of corrective action: infrastructure/staffing, valid and reliable data, development/revisions to policies and procedures, changes to supervision, provision of training and TA, changes to provider practices) as an optional worksheet/resource for local systems to use to document factors contributing to noncompliance. Virginia’s current CAP form lists these areas to consider but does not have a place for the local lead agency to record findings in each category.</p> <p>Monitoring and TA Consultants will use the second sample template provided (the one that was completed) – especially Section II, Findings and Evidence - to help new local system managers think about the process of developing improvement strategies.</p>
NCSEAM Components of Effective Systems of General Supervision	Information from this resource was used in the September 2009 training with new local system managers to ensure they understand the state system of general supervision and monitoring, including when and what monitoring activities occur, when and how results are shared, and expectations of local system managers regarding timely correction of noncompliance.
NCSEAM checklist for reviewing and approving Corrective Action Plans	This checklist is used as a technical assistance resource document with local systems, especially new local system managers. In FFY 2009 the NCSEAM checklist will be used to enhance Virginia’s current CAP review criteria, resulting in a formal checklist for use by the State Lead Agency and local system managers.
Wyoming EI Monitoring Manual, including Root Cause Questions	Part C Monitoring Consultants piloted some of the root cause questions during Fall 2009 on-site visits. Based on the pilot experience, specific root cause questions and other information from the Wyoming Monitoring Manual will be incorporated into Virginia’s monitoring and technical assistance resources, as appropriate, to assist local systems in developing and implementing Corrective Action Plans.
Technical Assistance from national consultant Sharon Walsh on monitoring and supervision system	Sharon Walsh assisted staff in the development of the system of enforcements that was formally adopted by the State Lead Agency in FFY 2008. She also helped staff address the issue of the delay between collection of data and identification of noncompliance and subsequent development of the Corrective Action Plan. The process and timelines for reviewing local data and notifying local systems of noncompliance was examined and revised to ensure that written notification is sent more quickly after data indicates noncompliance. In FFY 2008, a calendar was developed, specifying when data will be reviewed for each indicator and when notification of noncompliance will be sent to local systems. The calendar was implemented in the second half of FFY 2008.



- Topics related to areas of noncompliance were discussed routinely by Part C technical assistance consultants at regional meetings of local system managers.
- An Investigative Questions guidance package was used with local system managers in the development of FFY 2008 Corrective Action Plans to assist in the identification of root causes of noncompliance and effective local improvement strategies to address those root causes.
- Two statewide technical assistance calls were held in FFY 2008 to inform local system managers of changes in Virginia's monitoring calendar, to reinforce the importance of timely correction of noncompliance, and to share information about the implementation of enforcement actions.
- A new interagency agreement between the State Lead Agency and the State Medicaid Agency, the Department of Medical Assistance Services, was developed and signed. This new agreement specifies the responsibilities of each agency for monitoring and oversight, assigning to the State Lead Agency the responsibility for conducting Quality Management Reviews (QMR) with all local systems. The two agencies collaborated to begin developing the QMR process, materials and timelines.
- State Lead Agency staff, including Grants Management/Fiscal Office staff worked with a NECTAC consultant to begin identifying additional procedures for fiscal monitoring at the state and local level. The General Supervision and Monitoring Stakeholder Group also participated in this process.
- An additional state Part C monitoring consultant was hired in early FFY 2009, increasing the total number of Part C monitoring consultants to three. This additional staff member will be essential in implementing the additional monitoring responsibilities associated with Quality Management Reviews and in continuing to support local systems in timely correction of noncompliance.
- 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.
- The State Lead Agency designated a portion of the funds Virginia received for Part C under the American Recovery and Reinvestment Act (ARRA) for the ITOTS Expansion Project. Goals for the enhanced data system include expanding data elements to allow for reporting on all SPP/APR indicators through ITOTS, improving report capabilities, increasing the functional capabilities of the data system to facilitate day-to-day management at both the State and local levels, and adding collection of financial information related to service delivery. Although the Alaska data system was acquired in FFY 2008, as planned and at no cost, the additional work necessary to customize the system to meet the needs of the ITOTS Expansion Project was not completed for financial reasons. Because of increases in the numbers of children served in some local systems, increases in costs, and decreases in reimbursement rates from more than one third party payor in FFY 2008, funds originally budgeted for this project had to be redirected to local systems to ensure services for eligible infants, toddlers and families. The availability of ARRA funds has allowed the ITOTS Expansion Project to be re-started.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008:**

*[If applicable]*

The following revisions have been made to the improvement activities in the FFY 2007 APR:

- Timelines for completion of the ITOTS Expansion Project have been revised since the original timelines were delayed for financial reasons.
- The following activities have been added:

# APR Template – Part C

- Finalize development and begin implementation of the process established for Quality Management Reviews (QMR).
- Hold leadership training for all local system managers, to include a continued focus on their responsibilities related to oversight and monitoring.
- Establish and implement additional fiscal monitoring procedures at the state and local level.

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	Annually by January	<u>Personnel</u> : State Part C Staff
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
7. Finalize development and begin implementation of the process established for Quality Management Reviews (QMR)	January 2010	<u>Personnel</u> : State Lead Agency staff, Department of Medical Assistance staff
8. Hold leadership training for all local system managers	April 2010	<u>Personnel</u> : State Part C staff <u>Funding</u> : ARRA Funds

# APR Template – Part C

Virginia  
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Activity	Timelines	Resources
		<u>Other</u> : Integrated Training Collaborative, stakeholder group
9. Establish and implement additional fiscal monitoring procedures at the state and local level	October 1, 2010	<u>Personnel</u> : State Part C staff  <u>Other</u> : NECTAC consultant, stakeholder group
10. Complete the ITOTS Expansion Project	2011	<u>Personnel</u> : State Part C Staff, IT Staff  <u>Funding</u> : ARRA funds  <u>Other</u> : Stakeholder group

**Part C State Annual Performance Report (APR) for FFY 2008**

**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
2008	100%

**Actual Target Data for FFY 2008:**

**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 2008. One (1) was withdrawn. For the other complaint, there was a report issued within the 60-day timeline with no findings of noncompliance.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2008:**

Virginia has maintained 100% compliance with this indicator since FFY 2007.

The FFY 2008 complaint alleged that a child was denied appropriate early intervention services. Following investigation by the State Lead Agency, the complaint was determined to be unfounded.

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.

The following activities related to dispute resolution were completed in FFY 2008:

- 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. Thirty-eight (38) service coordinators were trained through Kaleidoscope in FFY 2008.
- A Part C Practice Manual was completed and includes a chapter describing dispute resolution options and procedures. There is an emphasis throughout other chapters of the manual on informing families of their dispute resolution options at various decision-making points in the early intervention process (e.g., when the local system proposes to change or end a service; when the family expresses disagreement with or declines a step in the early intervention process or an early intervention service).
- The Family Involvement Project held regional family information meetings across the Commonwealth in November 2008 related to family rights and advocacy.
- *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 frequent references to the dispute resolution options that are available to families, describes each option, and provides families with contact information not only for the State Lead Agency but also for the Virginia Office for Protection and Advocacy and the Parent Educational Advocacy Training Center.

### **Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008:**

The following revisions have been made to the improvement activities in the FFY 2007 APR:

- Although the State Lead Agency originally planned to develop a dispute resolution handbook for service providers and families, the development of the Practice Manual and revisions to *Strengthening Partnerships*, as described in the section above, accomplished the same goal of sharing information with providers and families about the three formal ways of resolving disputes. Therefore, the activity to develop a dispute resolution handbook has been deleted.
- The timeline for developing and implementing a mechanism to collect data on the number of potential complaints that are resolved more informally has been revised. The original plan called for this data collection to occur through the enhanced Part C data system, which was delayed for financial reasons (see Indicator 14).
- To ensure that families are aware of and feel empowered to use their dispute resolution options, an activity was added to look at results of a recent parent survey coordinated by the Parent Educational Advocacy Training Center (PEATC) and determine why the concerns

# APR Template – Part C

expressed by some survey respondents did not result in complaints to the State Lead Agency.

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 prior to the 2009 OSEP verification visit to:</p> <ul style="list-style-type: none"> <li>• Determine why the concerns expressed by respondents did not lead to complaints; and</li> <li>• If necessary, develop additional strategies to ensure parents are aware of and empowered to use their dispute resolution options</li> </ul>	<p style="text-align: center;">June 2010</p>	<p><u>Personnel</u>: State Part C staff, Family Involvement Project staff</p> <p><u>Other</u>: VICC</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"> <li>• Explore tracking options used in other states</li> <li>• Determine best electronic option for tracking</li> </ul>	<p style="text-align: center;">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 2008

**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
2008	100%

**Actual Target Data for FFY 2008:**

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 2008.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2008:**

N/A

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008:**

*[If applicable]*

N/A

Part C State Annual Performance Report (APR) for FFY 2008

**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
2008	N/A

**Actual Target Data for FFY 2008:**

N/A

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2008:**

Virginia has not adopted Part B due process procedures.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008:**

*[If applicable]*

N/A



Part C State Annual Performance Report (APR) for FFY 2008

**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
2008	N/A

**Actual Target Data for FFY 2008:**

Although 1 request for mediation was received in FFY 2008, the parent withdrew the request before mediation occurred.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2008:**

N/A

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008:**

*[If applicable]*

N/A

Part C State Annual Performance Report (APR) for FFY 2008

**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
2008	100%

**Actual Target Data for FFY 2008:**

For FYY 2008, **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 2008:**

Target Data

The Indicator 14 Scoring Rubric provided by OSEP was used to calculate the actual target data for FFY 2008.

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

# APR Template – Part C

Virginia  
State

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
		<b>Subtotal</b>	30
<b>APR Score Calculation</b>	<b>Timely Submission Points</b> (5 pts for submission of APR/SPP by February 1, 2010)		5
	<b>Grand Total</b>		35

618 State-Reported Data					
Table	Timely	Complete Data	Passed Edit Check	Responded to Data Note Requests	Total
<b>Table 1– Child Count</b> Due Date: 2/1/09	1	1	1	1	4
<b>Table 2- Program Settings</b> Due Date: 2/1/09	1	1	1	1	4
<b>Table 3– Exiting</b> Due Date: 11/1/09	1	1	1	N/A	3
<b>Table 4– Dispute Resolution</b> Due Date: 11/1/09	1	1	1	N/A	3
<b>Subtotal</b>					14
<b>618 Score Calculation</b>			<b>Weighted Total</b> (Subtotal x 2.5; round $\leq .49$ down and $\geq .50$ 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 68 times 100)*	70/70 = 100%

*Data Verification:* All data submitted to OSEP in FFY 2008 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. In FFY 2008, Virginia changed its monitoring calendar in order to monitor all SPP/APR indicators earlier in the fiscal year. Since the targeted FFY 2007 data verification had just been completed in the first quarter of FFY 2008, no additional targeted verification was conducted in FFY 2008.

Explanation of Progress:

Virginia met the target for this indicator for the second year in a row. In FFY 2008 and early FFY 2009, 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 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.
- The State Lead Agency developed and implemented a Part C practitioner database, as part of ITOTS, to track and manage the process of early intervention certification and to support family choice of providers.
- An additional programmer was hired in the State Lead Agency’s Information Technology office to support development of the Part C practitioner database and other enhancements to ITOTS.
- The State Lead Agency designated a portion of the funds Virginia received for Part C under the American Recovery and Reinvestment Act (ARRA) for the ITOTS Expansion Project. Goals for the enhanced data system include expanding data elements to allow for reporting on all SPP/APR indicators through ITOTS, improving report capabilities, increasing the functional capabilities of the data system to facilitate day-to-day management at both the State and local levels, and adding collection of financial information related to service delivery. Although the Alaska data system was acquired in FFY 2008, as planned and at no cost, the additional work necessary to customize the system to meet the needs of the ITOTS Expansion Project was not completed for financial reasons. Because of increases in the

numbers of children served in some local systems, increases in costs, and decreases in reimbursement rates from more than one third party payor in FFY 2008, funds originally budgeted for this project had to be redirected to local systems to ensure services for eligible infants, toddlers and families. The availability of ARRA funds has allowed the ITOTS Expansion Project to be re-started.

- Although the broad changes planned as part of the ITOTS Expansion Project were delayed, three (3) new ITOTS versions were completed in FFY 2008 and early 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 developed and 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 began 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.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008:**

*[If applicable]*

The following revisions have been made to the improvement activities in the FFY 2007 APR:

- Timelines for completion of the ITOTS Expansion Project have been revised since the original timelines were delayed for financial reasons.
- Timelines for developing and implementing reports that flag large changes or unusual findings have also been revised to coincide with completion of the ITOTS Expansion Project.
- Two new improvement activities have been added in order to :
  - Facilitate the exchange of data between ITOTS and local lead agency data systems (to reduce duplicate data entry) and between ITOTS and other state agencies' data systems (to support referrals and outcome reporting)
  - Allow Part C data to be integrated with other data from within the State Lead Agency for purposes of outcome and other reporting.

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

Activity	Timelines	Resources
1. Complete the ITOTS Expansion Project	2011	<u>Personnel</u> : State Part C Staff, IT Staff  <u>Funding</u> : ARRA funds  <u>Other</u> : Stakeholder group
2. Develop and implement reports that flag large changes or	2011	<u>Personnel</u> – State Part C and IT Staff

# APR Template – Part C

Activity	Timelines	Resources
unusual findings in local data that are then discussed with local systems to determine if errors occurred		
3. Complete the Data Exchange Project, which will facilitate data exchange between state and local data systems and across state agency data systems.	2011	<u>Personnel</u> : State Part C Staff, IT Staff  <u>Funding</u> : ARRA funds  <u>Other</u> : Stakeholder group
4. Complete the Data Warehousing and Reporting Project, which will allow Part C data to be integrated with data from other programs at the State Lead Agency for outcome and other reporting purposes.	2011	<u>Personnel</u> : State Part C Staff, IT Staff  <u>Funding</u> : ARRA funds  <u>Other</u> : Stakeholder group