Handbook

Welcome to the Infant and Toddler Connection of Virginia!

The Infant and Toddler Connection of Virginia (ITCVA) is Virginia's early intervention system for infants and toddlers (age 0-36 months) with disabilities and their families. Any infant or toddler in Virginia who isn't developing as expected or who has a medical condition that can delay typical development is eligible to receive early intervention supports and services under Part C of the Individuals with Disabilities Education Act (IDEA).

Early intervention supports and services focus on increasing the child's participation in family and community activities that are important to the family. In addition, supports and services focus on helping parents and other caregivers know how to find ways to help their children learn during everyday activities.

This handbook is a compilation of resources and guidance designed to support current Local System Managers in their role and responsibilities as well as provide a framework for orienting new Local System Managers. This handbook is not intended to be a standalone tool but should be used as a supplement to other tools and documents provided by the Infant and Toddler Connection of Virginia and the Local Lead Agency.

Table of Contents

Chapter 1: Introduction

Mission and Key Principles of Early Intervention

Mission:
Part C early intervention builds upon and provides supports and resources to assist family members and caregivers to enhance children's learning and development through everyday learning opportunities.

Purpose:
- To enable young children to be active and successful participants during the early childhood years and in the future in a variety of settings – in their homes with their families; in child care, preschool or school programs; and in the community.
- To enable families to provide care for their child and have the resources they need to participate in their own desired family and community activities
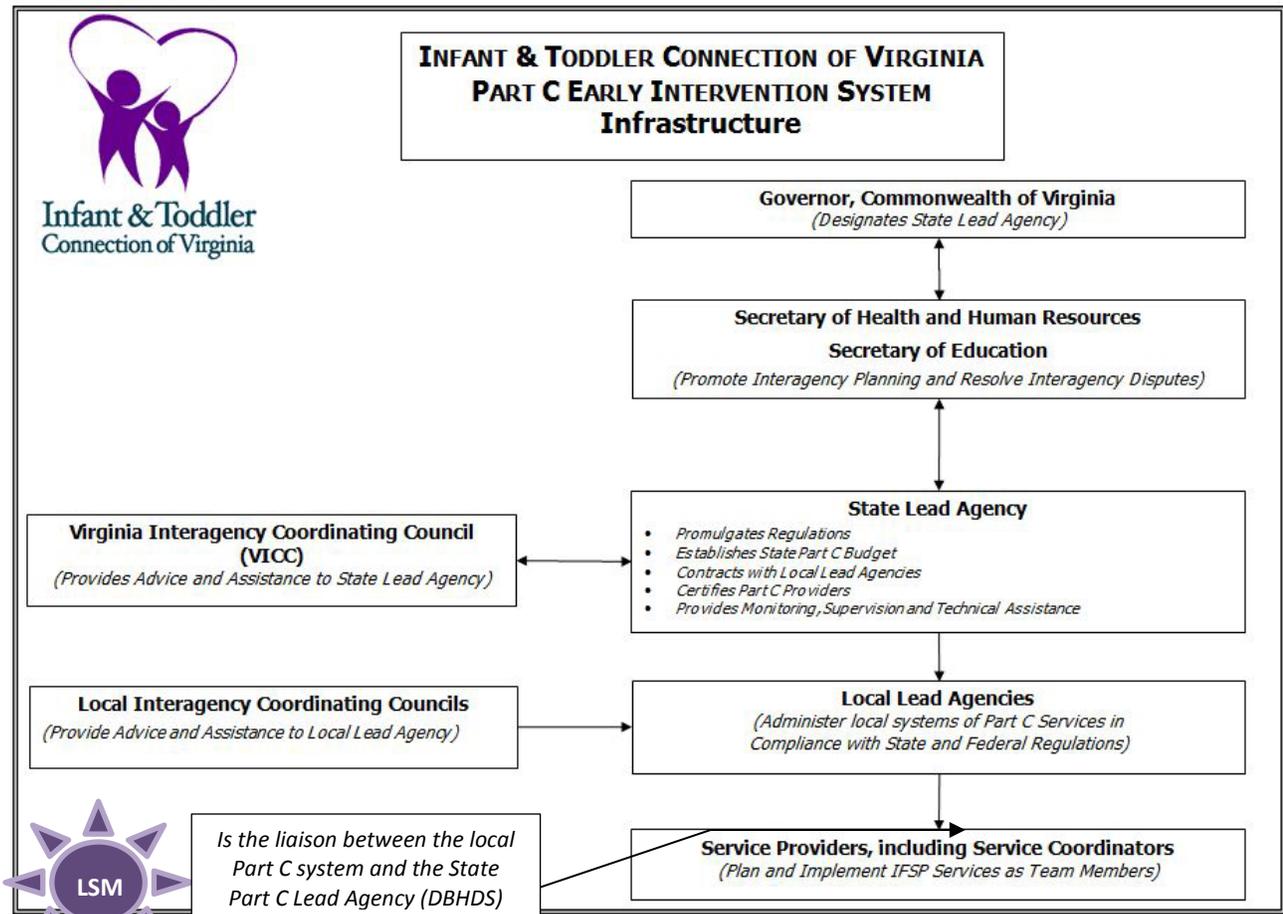
Key Principles:
1. Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts.
2. All families, with the necessary supports and resources, can enhance their children's learning and development.
3. The primary role of a service provider in early intervention is to work with and support family members and caregivers in children's lives.
4. The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect the child's and family members' preferences, learning styles and cultural beliefs.
5. IFSP outcomes must be functional and based on children's and families' needs and family-identified priorities.
6. The family's priorities, needs and interests are addressed most appropriately by a primary provider who represents and receives team and community support.
7. Interventions with young children and family members must be based on explicit principles, validated practices, best available research, and relevant laws and regulations.

Source: Work Group on Principles and Practices in Natural Environments, OSEP TA Community of Practice: Part C Settings. (2007). Agreed upon mission and key principles for providing early intervention services in natural environments.

Additional Resources:
A. Agreed Upon Mission and Key Principles for Providing Early Intervention Services in Natural Environments:
   http://www.ectacenter.org/~pdfs/topics/families/Finalmissionandprinciples3_11_08.pdf
B. DEC Recommended Practices in Early Intervention/Early Childhood Special Education
   http://www.dec-sped.org/dec-recommended-practices
C. 7 Key Principles: Looks Like/Doesn't Look Like
   http://www.nectac.org/~pdfs/topics/families/Principles_LooksLike_DoesntLookLike3_11_08.pdf

Chapter 2: Virginia Part C Infrastructure

INFANT & TODDLER CONNECTION OF VIRGINIA PART C EARLY INTERVENTION SYSTEM Infrastructure

Governor, Commonwealth of Virginia
(Designates State Lead Agency)

Secretary of Health and Human Resources
Secretary of Education
(Promote Interagency Planning and Resolve Interagency Disputes)

Virginia Interagency Coordinating Council (VICC)
(Provides Advice and Assistance to State Lead Agency)

State Lead Agency
- Promulgates Regulations
- Establishes State Part C Budget
- Contracts with Local Lead Agencies
- Certifies Part C Providers
- Provides Monitoring, Supervision and Technical Assistance

Local Interagency Coordinating Councils
(Provide Advice and Assistance to Local Lead Agency)

Local Lead Agencies
(Administer local systems of Part C Services in Compliance with State and Federal Regulations)

LSM — *Is the liaison between the local Part C system and the State Part C Lead Agency (DBHDS)*

Service Providers, including Service Coordinators
(Plan and Implement IFSP Services as Team Members)

State Part C Office Overview

Early Intervention Administrator	Oversees Virginia's early intervention program
Early Intervention Team Leader	Oversees Virginia's system for monitoring and supervision
Monitoring Consultants	Implements Virginia's general supervision and monitoring system
Technical Assistance Consultants	Provides individualized assistance to local systems in implementing and complying with early intervention program practices and requirements and support to local system managers in fiscal and programmatic planning and oversight
Policy Consultant	Develops and interprets state early intervention policies and practices
Data Manager	Collects data and reports it to the Office of Special Education Programs (OSEP)
Office Specialists	Provides administrative support
Professional Development Consultants/ Early Intervention Professional Development (EIPD)	Designs and implements professional development opportunities for early intervention providers

For questions please contact your Technical Assistance Consultant and/or Monitoring Consultant.

Contact Information for State Part C Office Staff: (insert link on new website- add regions)
Contact Information for EIPD Team: http://www.veipd.org/main/contact_us.html

Local System Structure: There are 40 local early intervention systems throughout the Commonwealth of Virginia. Systems are divided into 6 regions. Each region is assigned a Monitoring Specialist and Technical Assistance Consultant. Please refer to the map below to see which systems are assigned to each region.

Yellow: Southwest	Orange: Valley	Pink: Northern Virginia
Green: South Central	Blue: Richmond	Purple: Tidewater

Local Lead Agencies

Infant & Toddler Connection of

1 Alexandria	11 Danville-Pittsylvania	21 the Highlands	31 Prince William, Manassas and Manassas Park
2 the Alleghany Highlands	12 Staunton-Waynesboro	22 Loudoun	32 Rappahannock-Rapidan
3 Arlington	13 Crater District	23 Middle Peninsula-N Neck	33 Rappahannock Area
4 the Roanoke Valley	14 the Eastern Shore	24 Mount Rogers	34 the Blue Ridge
5 Central Virginia	15 Fairfax-Falls Church	25 the New River Valley	35 Richmond
6 Chesapeake	16 Goochland-Powhatan	26 Norfolk	36 the Rockbridge Area
7 Chesterfield	17 Hampton-Newport News	27 Shenandoah Valley	37 Southside
8 Williamsburg * James City * York * Poquouson	18 Hanover	28 the Piedmont	38 Augusta-Highland
9 the Heartland	19 Harrisonburg-Rockingham	29 DILENOWISCO	39 Virginia Beach
10 Cumberland Mountain	20 Henrico-Charles City-New Kent	30 Portsmouth	40 Western Tidewater

Please click the following link for a list of local system managers:
http://infantva.org/documents/LEIS%20Contacts.pdf

Chapter 3: Rights, Procedural Safeguards, Family Educational Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act (HIPAA)

The early intervention system in Virginia is designed to maximize family involvement and ensure parental consent in each step of the early intervention process, beginning with determination of eligibility and continuing through service delivery and transition. Local systems must safeguard confidentiality and ensure information about families and their children is not disclosed without appropriate consent.

A. Child and Family Rights and Procedural Safeguards
   Parents of infants and toddlers who are eligible for early intervention services have an important and special role to play in their child's services. Parents provide information; give permission; participate in meetings; and decide what services to accept. The local system manager must ensure service coordinators provide and explain the "Notice of Child and Family Rights and Safeguards, Including Facts about Family Cost Share" prior to determining eligibility and assessment for service planning, and any time the Parental Prior Notice form and/or Declination form are used. Procedural Safeguards protect the rights and safeguards of families enrolled in Virginia's early intervention system. It is critical that families understand the early intervention process as well as the rights and safeguards associated with each step throughout this process.
   a. Notice of Child and Family Rights and Safeguards Including Facts about Family Cost Share:
      http://infantva.org/documents/forms/Notice%20Rights%20Safeguards%20Family%20Fees%206-15.pdf
   b. Strengthening Partnerships:
      http://infantva.org/documents/forms/Strengthening%20Partnerships%209-16-2.pdf
   c. Chart of Procedural Safeguards: The Chart of Procedural Safeguards is designed to be a reference document. It is not intended to replace information in the Infant and Toddler Connection of Virginia's Practice Manual as not all procedural safeguard forms are required for every family or required at the step in the process where they are listed. It is important that at each step in the early intervention process, service coordinators and service providers thoroughly read the Practice Manual for detailed information about the child and family rights and safeguards.
      http://veipd.org/main/pdf/ei_process_handout1_procedural_safeguard_chart_final_revised_may2014.pdf
      i. Notice and Consent to Determine Eligibility
         http://infantva.org/documents/forms/3145eEI.pdf
      ii. Notice and Consent for Assessment for Service Planning
         http://infantva.org/documents/forms/3152eEI_130701.pdf
      iii. Confirmation of IFSP Schedule
         http://infantva.org/documents/forms/1048AeEI.pdf
      iv. Parental Prior Notice http://infantva.org/documents/forms/1047AeEI.pdf

6

      v. DMAS Early Intervention Services – Notice of Action letter
http://infantva.org/documents/forms/Notice%20of%20Action%203153eEI.pd
f
     vi. Declining Early Intervention Services
http://infantva.org/documents/forms/1050AeEI.pd
f

B. EI under FERPA and HIPAA

Family Educational Rights and Privacy Act (FERPA) and Health Insurance Portability and
Accountability Act (HIPAA) are laws enacted in part to safeguard confidentiality and ensure
information about families and their children is not disclosed to anyone not permitted within the
law. Part C is included under FERPA because it falls under the Individuals with Disabilities
Education Act (IDEA). Each local system manager is strongly encouraged to talk with their
supervisor about how these federal regulations are implemented in their local system.

    a. FERPA Regulations: https://www2.ed.gov/policy/gen/reg/ferpa/index.html
    b. FERPA Frequently Asked Questions, Guidance and Notices:
https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html
    c. HIPAA Summary, Guidance and Combined Text of all Rules:
https://www.hhs.gov/hipaa/for-professionals/privacy/index.html
    d. The Relationship of HIAA to Special Education
https://files.eric.ed.gov/fulltext/ED498479.pdf

Chapter 4: LSM roles and responsibilities

Local Part C System Manager roles and responsibilities include:
- serving as a liaison between the local Part C system and the State Part C Lead Agency, Department of Behavioral Health and Developmental Services (DBHDS);
- serving as a liaison between the Local Interagency Coordinating Council and the Local Lead Agency;
- providing oversight of local service delivery; assisting in continuously monitoring projected Part C expenditures and projected revenue;
- ensuring compliance with federal and state regulatory requirements;
- facilitating continuous local system improvement; completing local contract requirements;
- participating in training and technical assistance provided by DBHDS;
- completing all of the early intervention certification modules; implementing personnel requirements;
- developing and implementing public awareness and child find procedures;
- facilitating development, revision, and implementation of local interagency agreement(s), contract(s), and/or memoranda of understanding with additional local public and private agencies/providers;
- ensuring completion of fidelity assessment requirements; and notifying in writing, the DBHDS Part C Technical Assistance Consultant, and/or Monitoring Consultant, of local barriers to meeting contract requirements.

> *Additional Local System Manager responsibilities may vary by locality and local system manager tasks may be assigned to other staff members with Local System manager oversight.*

(More information on each responsibility can be found throughout this handbook. For the list of LSM roles and responsibilities please see the Local Part C Contract.)

A. EI Certification requirements for Local System Managers
   Local System Managers are required to complete all of the early intervention certification modules with at least 80% proficiency. However, Local System Managers are not required to obtain an EI certification unless they are also an EI provider or Service Coordinator. When a system manager is also an EI provider and/or Service Coordinator, they are required to obtain and maintain the appropriate and required EI certification.
   a. EI Certification Requirements, Practice Manual, Chapter 12
      http://www.infantva.org/documents/Practice%20Manual%20-%20Chapter%2012%206.17%20Final.pdf
   b. Early Intervention Certification modules http://veipd.org/elearn/

B. LICC and Local Interagency Agreement
   a. The Local Interagency Coordinating Council (LICC) are entities established on a statewide basis to enable early intervention service providers to establish working relationships that will increase the efficiency and effectiveness of early intervention services. The membership of the LICCs shall include local designees from community services boards, departments of health, departments of social services, and local school divisions. These designees shall designate additional council members to include at least

one parent representative who is not an employee of any public or private program that serves infants and toddlers with disabilities; representatives from community providers of early intervention services; and representatives from other service providers as deemed appropriate. Every county and city may appoint a representative to the respective local interagency coordinating council.

    b. Each local system must facilitate the development, evaluation, revision, and implementation of local interagency agreement(s), contract(s), and/or memoranda of understanding to ensure inclusion of terms and conditions that require all local public and private participating agencies/providers to comply with federal and state Part C requirements when providing Part C supports and services. Each local system must also facilitate development and implementation of local interagency agreement(s), contract(s), and/or memoranda of understanding with additional local public and private agencies/providers, as necessary over time, in order to fill gaps in services and ensure access to all potential payors in accordance with the payor of last resort provision of Part C of IDEA. (*For more information on the LICC please see the Local Part C contract. For a definition of Payor of last resort see Chapter 6 of this handbook.*)

    c. Guidance for using the State Interagency Agreement as a template for Local Interagency Agreements- http://www.infantva.org/documents/State%20MOA%20with%20guidance%20for%20local%20systems.pdf

C. Contract Deliverables– Local System Managers are responsible for completing and submitting contract deliverables. Please see the attached link for more information: insert link to Local Part C Contract Attachment E

D. Ensure access to the Secure File Transfer Protocol (sFTP) and maintain a current list of users

    a. What is SFTP? - SFTP is a method for securely sharing files that contain Personal Health Information (PHI). DBHDS maintains space on a server which has restricted access. Using the SecureFx software, individuals in one location can place files on the server, in a folder which can be accessed from a second location by another individual. DBHDS has purchased one licensed copy of the SecureFx software for each local system to use. In order to use the software, an account needs to be set up through the DBHDS technology department. A local system may have as many accounts as needed for the business of sharing documentation that contains PHI. However, the SecureFx software may only be uploaded to one computer in that system. If a system chooses to have multiple accounts, they must all access SecureFx on that one machine.

    b. To create or delete an account contact the Part C Data Manager, Technical Assistance Consultant, and/ or Monitoring Consultant

E. Ensure a process and oversight for all referrals. This does not require that the local system manager receive and process the referral, but rather that a local process for receiving referrals is in place and the local system manager provides oversight of the process. http://www.infantva.org/documents/Practice%20Manual%20-%20Chapter%203%204%2017%20Final.pdf

    a. Ensure a process and oversight for receiving electronic referrals from the Virginia Department of Health's Virginia Early Hearing Detection and Intervention (VEHDI) system – http://www.infantva.org/documents/Practice%20Manual%20-%20Chapter%203%204%2017%20Final.pdf

- i. Login for Virginia Infant Screening and Infant Tracking System (VISITS) application: https://vr-fhs.vdh.virginia.gov/vitalpub/home
- ii. Virginia Vital Event and Screening Tracking System- System Requirements: http://vrfhs.vdh.virginia.gov/sys_requirements.htm
- iii. Access and Security Forms
    1. Information Systems - Access and Confidentiality of records agreement : http://vrfhs.vdh.virginia.gov/documents/Confidentiality_Of_Records.pdf
    2. VISITS Early Intervention User Logon Request Form: http://vrfhs.vdh.virginia.gov/documents/VVESTS_VISITS_EarlyIntervention_user_logon.pdf

Chapter 5: LSM Oversight of Staff and/or Contract Providers

Local System Managers are responsible for oversight of their assigned local system. System organization and assigned responsibilities vary across systems at the discretion of the Local Lead Agency. For example, the Local Lead Agency may hire internal personnel to fulfill program obligations while others may utilize external personnel and contract out for program personnel. Some systems may incorporate a combination of internal personnel and contract providers.

> **Ultimately, the Local System Manager is responsible for ensuring all providers, internal and/or external, are following all Part C requirements and are providing quality early intervention services.**

The organization of the system will determine how the LSM provides local system oversight. For example, direct supervision of internal personnel will look different from the oversight of contract providers. LSMs should work closely with contract provider supervisors and develop a mechanism for ensuring that the expectations of contract providers are met. Ultimately, the Local System Manager is responsible for ensuring all providers, internal and/or external, are following all Part C requirements and are providing quality early intervention services.

A. Understanding and Implementing Personnel Requirements
    a. Personnel Qualifications
        i. Please refer to Table C in Chapter 12 of the Practice Manual for Practitioner Qualifications and Responsibilities. This table provides information on Discipline, Qualifications, Practitioner Level, Scope of Responsibilities and EI services. http://www.infantva.org/documents/Practice%20Manual%20-%20Chapter%2012%206.17%20Final.pdf
        ii. Please refer to discipline specific websites for further information:
            1. Speech and Language: https://www.asha.org/
            2. Occupational Therapy: https://www.aota.org/
            3. Physical Therapy: https://www.apta.org/
            4. Education: http://www.doe.virginia.gov/
            5. Family and Consumer Sciences: http://www.aafcs.org/home
    b. EI Certification and Licensure Requirements
        i.   Refer to Part C Local Contract.
        ii. EI Certification and Licensure Requirements are covered in Chapter 12 of the Practice Manual. http://www.infantva.org/documents/Practice%20Manual%20-%20Chapter%2012%206.17%20Final.pdf
            1. Practitioner Qualifications
            2. Scope of Practice
            3. EI Certification: EI Professional, EI Specialist, EI Case Manager
            4. Requirements and Process for Recertification
            5. Lapsed Certification
            6. Termination of Certification

11

7. Supervision of Early Intervention Specialists

c. Professional Development Plan - All Early Intervention Certified Providers are required to maintain a Professional Development Plan.

    i. Professional Development Plans are covered in Chapter 12 of the Practice Manual. http://www.infantva.org/documents/Practice%20Manual%20-%20Chapter%2012%206.17%20Final.pdf

        1. The Early Intervention Professional Development Plan Form can be found at: http://infantva.org/documents/forms/3148eEI.pdf (initial form) and http://infantva.org/documents/forms/Ongoing%20Personal%20Development%20Plan.pdf (ongoing form)

        2. The Practice Manual, including Table A, reviews training activities that can be used towards recertification: http://www.infantva.org/documents/Practice%20Manual%20-%20Chapter%2012%206.17%20Final.pdf

        3. The Early Intervention Training Record Form can be found at: http://infantva.org/documents/forms/Training%20Record%20-%203148eEI-TR.pdf

d. Ensuring ITOTS Users have Completed the Required HIPAA Training

- Link to Required Training http://www.infantva.org/documents/adm-HIPAASecurityAwareness.pdf
- Link to ITOTS Account Request Form http://infantva.org/documents/3034eITSItots.pdf
- Link to Training Acknowledgment Form http://infantva.org/documents/3024iITS.pdf

e. Ensuring Part C Office is Notified when an Employee's Status no Longer Requires access to ITOTS

    i. To delete an account contact the Part C Data Manager, Technical Assistance Consultant, and/ or Monitoring Consultant.

f. Fidelity Assessment - Refer to Part C Local Contract and Chapter 12 of the Practice Manual

    i. Fidelity Assessments Resources

        1. Preparing for Fidelity Assessment: A Local System Planning Webinar https://sas.elluminate.com/site/external/jwsdetect/nativeplayback.jnlp?sid=vclassandpsid=2017-05-31.0809.D.4F1023280BF420521340092D0588BF.vcr

        2. Preparing for Fidelity Assessment: A Webinar for Providers https://docs.google.com/document/d/1HUWy4cHPd66MNBJeAQlIIhk4jKQejtzQqH7_VT2D3OA/edit

        3. Preparing for Fidelity Assessment: A Webinar for Observers and Supervisors https://sas.elluminate.com/site/external/jwsdetect/nativeplayback.jnlp?sid=vclass&psid=2017-09-20.0922.D.4F1023280BF420521340092D0588BF.vcr

        4. Tutorial for Using Texas Coaching Module https://sas.elluminate.com/site/external/jwsdetect/nativeplayback.jnlp?sid=

     vclass&psid=2017-08-
     31.1123.D.4F1023280BF420521340092D0588BF.vcr

    5. Coaching in Action Checklist
     http://infantva.org/documents/Coaching%20in%20Action%20Checklist%
     20-%20Final%204%2017.pdf
    6. Instructions
     http://infantva.org/documents/TX%20module%20instructions%20for%20
     VA%20with%20answer%20keys_final.pdf
    7. Checklist Tip Sheet
     http://infantva.org/documents/Coaching%20in%20Action%20Checklist%
     20-%20Tips.pdf
    8. Video Guidelines http://infantva.org/documents/Video%20Guidelines.pdf
    9. Fidelity Assessment FAQ
     http://infantva.org/documents/Fidelity%20Assessment%20FAQs.pdf
    10. At-A-Glance Chart
     http://infantva.org/documents/At%20A%20Glance%20Chart%20-
     %20from%20vb.pdf

   ii. Link to Texas Coaching Module:
     http://infantva.org/documents/TX%20module%20instructions%20for%20VA%20
     with%20answer%20keys_final.pdf

B. Develop and implement provider contracts.
 a. All contract requirements must align with Part C regulations and include required content as outlined in the Part C Local Contract. For assistance in developing and/or modifying a provider contract please contact your Part C Technical Assistance Consultant and/ or Monitoring Consultant.
 b. Refer to Part C Local Contract for a list of required Part C forms all participating agencies and providers must use.

C. Effective Strategies for Oversight of Contract Providers
- Local System Managers, who share contract providers, should collaborate to ensure consistent oversight between systems to the extent possible.
- Local systems will communicate with contract providers to ensure compliance with the state fidelity assessment requirement.
- The Local Lead Agency (LLA) designee (i.e. provider agency staff, service coordinator, services supervisor, local system manager, etc.) is required to review contract provider contact notes, at a frequency determined by the agency, and provide feedback.
- Local Lead Agency designee (i.e. service coordinator, eligibility staff, etc.) and contract providers communicate to ensure physician certification is in place within 30 days of first visit to meet the state requirement.
- Local Lead Agency will ensure that contract providers follow the practice manual in relation to documentation and coaching guidelines.
- Local Lead Agency designee will meet with contract provider agency designee, as deemed necessary, to ensure compliance with state requirements and LLA contract (i.e. staff/ provider meetings, new provider orientation, training).
- Contract provider designee will update and/ or communicate to the LLA designee all contact, credentialing, and license information for providers.

13

- Local Lead Agencies will establish an agreement with contract providers to ensure timely invoicing and payment of services provided.
- Contract providers will adhere to the Family Cost Share Agreement, access all third party payment and ensure that Part C funds are used as payor of last resort. (*For a definition of Payor of last resort see Chapter 6 of this handbook.*)

Chapter 6: Local System Fiscal Monitoring

It is the responsibility of the Local System Manager to understand the funding of the local system.

- All local systems receive Federal Part C early intervention funds and State funds designated for Part C, allocated by the State Part C office according to a formula.

- The federal and state funds allocated each fiscal year are dispersed to local systems via warrants from DBHDS, from July 1 through June 30 (State Fiscal Year (SFY)).

- State and Federal Part C funds may only be used for service delivery as payor of last resort. "Payor of last resort" means all other sources of funding must be accessed and used before Part C funds can be used.

- Local systems must bill Medicaid, Tricare, and private insurance in addition to billing family fees in accordance with the Family Cost Share Agreement. Payment from these sources provides significant financial support for the provision of local early intervention services.

- Some local systems receive funding from other sources, including but not limited to local funds from the Local Lead Agency, in-kind donations from the Local Lead Agency or other contributors, and grant funds.

- It is the responsibility of the Local System Manager to maximize available funding to ensure service delivery and to discuss any financial challenges with the Local System Technical Assistance Consultant and Monitor prior to notifying the Part C Administrator of any potential shortfall.

A. LSM as fiscal monitor: Refer to the following webinars and tutorials, developed by the State Part C office, to assist in fiscal monitoring:
   a. Budget, Federal Balance report and Mid-Year Reports
      - Web Tutorial: How to Complete Your Initial Fiscal Form
        https://sas.elluminate.com/site/external/jwsdetect/nativeplayback.jnlp?sid=vclass&psid=2016-07-06.0944.D.4F1023280BF420521340092D0588BF.vcr
      - Web Tutorial: How to Complete Your Mid-Year and End of Year Fiscal Form
        https://sas.elluminate.com/site/external/jwsdetect/nativeplayback.jnlp?sid=vclass&psid=2016-07-26.1024.D.4F1023280BF420521340092D0588BF.vcr
      - Instructions for budget workbook
   b. Monitor Expenditures and Projected Revenue
      - Promoting Effective and Efficient Fiscal Management - Part 1, 2, and 3
        http://www.veipd.org/main/sub_local_sys_mgt.html under elearning/presentations/webinars
      - Understanding and implementing "Payor of last resort" – Practice Manual
         1. Federal Regulations - Payor of last resort
            https://sites.ed.gov/idea/regs/c/f/303.510

15

2. Practice Manual Chapter 11: Finance and Billing
   http://www.infantva.org/documents/Practice%20Manual%20-
   %20Chapter%2011,%209%2017%20Final.pdf
3. **Local Part C Contract**

Chapter 7: LSM Oversight of Service Delivery and Compliance

A. Ensure Local System Compliance with State and Federal Regulations
Federal Regulations: https://sites.ed.gov/idea/regs/c
State Regulations: https://law.lis.virginia.gov/admincode/title12/agency35/chapter225/\
   a. Utilizing the state data system reports for monitoring
      • The following document provides guidance on the reports available in the state data system to be used for local monitoring based upon the federal indicators and data quality.
      http://infantva.org/documents/List%20of%20ITOTS%20Reports%20for%20Monitoring%2012-13-16.pdf
   b. Indicators as defined by the Office of Special Education Programs

Indicator 1: Timely Initiation of Services [COMPLIANCE INDICATOR]	
Percent of infants and toddlers with IFSP's who receive the early intervention services on their IFSPs in a timely manner. (20 U.S.C. 1416(a)(3)(A) and 1442) **Virginia defines timely start of services as within 30 days of the date the parent signs the IFSP.**	
Data Source	*Annual Local Record Review*
Data Collection	*October 1st through December 31st of the previous year*
Measurement	*% = # of infants and toddlers with IFSPs who received the early intervention services on their IFSPs in a timely manner divided by the total # of infants and toddlers with IFSPs X 100. (Must also report the mitigating circumstance for each service not timely)*
Mitigating Circumstances	*Family/Non-System Reasons:* • *Child/Family Illness;* • *Family Scheduling Preference;* • *Temporarily Lost Contact;* • *IFSP Team Planned A Later Start Date To Meet Child/Family Needs;* • *Natural Disaster/Severe Weather.* *System Reasons :* • *Provider Unavailability;* • *Foster/Surrogate Parent Issue;* • *No Reason Documented.*

Indicator 2: Primary Service Setting [RESULTS INDICATOR]	
Percent of infants and toddlers with IFSPs who primarily receive their EI services in the home or community settings. (20 U.S.C. 1416(a)(3)(A) and 1442)	
Data Source	**ITOTS Report:** *Table 2: Report of Program Setting where EIS are Provided to Children with Disabilities and their Families Accordance with Part C Section A: Age Group And Setting Of Infants and Toddlers, Ages Birth Through 2*
Data Collection	**December 1st**
Measurement	*% = # of infants and toddlers with IFSPs who primarily receive EIS in the home or community based settings divided by the total # of infants and toddlers with IFSPs X 100.*

Indicator 3: Child Outcomes [RESULTS INDICATOR]	
Percent of infants and toddlers with IFSPs who demonstrate improved: 1. Positive social-emotional skills 2. Acquisition and use of knowledge and skills (including early language/communication); and 3. Use of appropriate behaviors to meet their needs (20 U.S.C. 1416(a)(3)(A) and 1442)	
Data Source	**_ITOTS Reports:_** Child Progress Report (Entry to Exit Comparison)
Data Collection Time Period	July 1st - June 30th
Measurement A. Positive social–emotional skills B. Acquisition and use of knowledge and skills C. Use of appropriate behaviors to meet their needs	**_Summary Statements for Each Outcome_** 1. *Of those children who entered the program below age expectations, the % that substantially increased their rate of growth by the time they turned three or exited the program; and* 2. *% of children who were functioning within age expectations by the time they turned three or exited the program.*
Other: Time 1 assessment (entry rating) is completed on children 30 months and younger who are new to EI; Time 2 assessment (exit rating to determine progress) must be done prior to exit for all children who had an entry rating AND who have been in the system for 6 months or longer.	

Indicator 4: Family Outcomes [RESULTS INDICATOR]

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)

Data Source	*Statewide Family Survey*
Data Collection Time Period	***Annually; Surveys Sent to Families open on 12/1*** Survey Data is collected by the Social Science Research Center of Old Dominion University, Norfolk, VA
Measurement	a. *# of respondent families participating in Part C who report that EIS helped the family know their rights divided by the # of respondent families participating in Part C X 100.* b. *# of respondent families participating in Part C who report that EIS helped the family effectively communicate their children's needs divided by the # of respondent families participating in Part C X 100.* c. *# of respondent families participating in Part C who report that EIS helped the family help their children develop and learn divided by the # of respondent families participating in Part C X 100.*

Indicator 5: Child Find (0-1) [RESULTS INDICATOR]

Percent of infants and toddlers birth to one compared to national data. (20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source	*Information from ITOTS; VA Department of Education Totals For Students With Disabilities By Disability and Age, Ages 0-2 as of December 1st and Juvenile Justice Population*
Data Collection	***Annually; Children with IFSPs on December 1***
State Measurement	*# of infants and toddlers birth to 1 with IFSPs divided by the population of infants and toddlers birth to 1 x 100* • *compared to the same % calculated for other States with similar eligibility definitions* • *compared to National data.*
Local Measurement	*%= # of infants and toddlers birth to 1 with IFSPs divided by the local population of infants and toddlers birth to 1 for the previous year X 100.*

Juvenile Justice Population: *"Easy Access to Juvenile Populations"* online available at:
https://www.ojjdp.gov/ojstatbb/ezapop/

Local system data compared to population data from most recent and available data from the Juvenile Justice website.
Results are converted and reported as a percentage of the State Target.
State data provided by OSEP, usually in November or December, and includes data for all states and national average.

Indicator 6: Child Find (0-3) [RESULTS INDICATOR]	
Percent of infants and toddlers birth to three compared to national data (20 U.S.C. 1416(a)(3)(B) and 1442)	
Data Source	*Information from ITOTS; VA Department of Education Totals For Students With Disabilities By Disability and Age, Ages 0-2 as of December 1st and Juvenile Justice Population*
Data Collection	***Annually; Children with IFSPs on December 1***
State Measurement	*# of infants and toddlers birth to 3 with IFSPs divided by the population of infants and toddlers birth to 3 x 100* • *compared to the same % calculated for other States with similar eligibility definitions* • *compared to National data.*
Local Measurement	*%= # of infants and toddlers birth to 3 with IFSPs divided by the local population of infants and toddlers birth to 3 for the previous year X 100.*
Juvenile Justice Population: *"Easy Access to Juvenile Populations"* online available at: https://www.ojjdp.gov/ojstatbb/ezapop/ *Local system data compared to population data from most recent and available data from the Juvenile Justice website. Results are converted and reported as a percentage of the State Target.* *State data provided by OSEP, usually in November or December, and includes data for all states and national average*	

Indicator 7: 45-day Timeline [COMPLIANCE INDICATOR]	
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)	
Data Source	*ITOTS Information*
Data Collection	*Referrals from October 1st – December 31st of the previous year for which IFSPs were developed;*
Measurement	*%=# 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 eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted x 100.*
Mitigating Circumstances	*Family/Non-System Reasons:* • *Child/Family Illness;* • *Family Scheduling Preference;* • *Temporarily Lost Contact;* • *IFSP Team Planned A Later Start Date To Meet Child/Family Needs;* • *Natural Disaster/Severe Weather.* *System Reasons :* • *Provider Unavailability;* • *Foster/Surrogate Parent Issue;*

	• *No Reason Documented.*

Indicator 8: Transition [COMPLIANCE INDICATOR]	

The percentage of toddlers with disabilities exiting Part C with timely transition planning for who the Lead Agency has:

    a. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than none months, prior to the toddler's third birthday;

    b. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and

    c. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services. (20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source	**Annual Local Record Review**
Data Collection	August 1st through December 31st of the previous year
State Measurements	*Transition Steps and Services:* *Percent = [(# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C)] times 100.* *Notification to the LEA:* *Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.* *Transition Conference* *Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.* *Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.*

Mitigating Circumstances	*Family/Non-System Reasons:*
	    • *Child/Family Illness;*
	    • *Family Scheduling Preference;*
	    • *Late Referral to Part C*
	    • *Natural Disaster/Severe Weather*
	System Reasons :
	    • *SC/Part C Representative Scheduling Difficulties;*
	    • *LEA/Part B Scheduling Difficulties;*
	    • *No Reason Documented.*

Indicator 9: Hearing Requests that went to Resolution Sessions that were Resolved Through Resolution Session Settlement Agreements
This is not applicable in Virginia since we do not use Part B procedures
Indicator 10: Mediations held that Resulted in Mediation Agreements
Measured and reported at the state level

c. Local System Monitoring Tools and Resources
- Indicator 01: Timeliness of Initiation of Services
    1. Timeliness of Services Tracking (Spreadsheet)
       http://infantva.org/LocalSystemMonitoring.htm
- Indicators 03 and 04: Child and Family Outcomes
    1. TOOLKIT for Analysis of Child and Family Outcomes
       http://infantva.org/documents/Toolkit%20for%20Analysis%20of%20Child%20Outcome%20Data%209-21-16.pdf
    2. Family Outcome data by state and local system
       http://infantva.org/sup-FamilySurvey.htm

- Indicator 07: 45-Day Timeline
    1. Monitoring Compliance with Indicator 07 (45-Day Timeline)
       http://infantva.org/documents/Monitoring%20Compliance%20Indicator%2007.pdf
- Indicator 08: Transition
    1. Monitoring Compliance with Indicator 08 (Transition)
    2. Information for staff
        a. Tutorials - http://www.veipd.org/main/sub_transition.html, under elearning/Presentations/Webinars
        b. Archived Webinars (Talks on Tuesdays) - Tutorials - http://www.veipd.org/main/sub_transition.html, under elearning/Presentations/Webinars
- Data Quality
    1. Quarterly Data Verification Reports (Instructions)
- Ensure provider documentation meets requirements
    1. Refer to contact note checklist in the practice manual, Chapter 9
       http://www.infantva.org/documents/Practice%20Manual%20-%20Chapter%209%204%2017%20Final.pdf
    2. Optional Contact Note Templates

a. http://infantva.org/documents/forms/Early%20Intervention%20Activity%20Note%20Template%201.pdf
b. http://infantva.org/documents/forms/Early%20Intervention%20Activity%20Note%20Template%202.pdf

B. Ensure compliance with Practice Manual – http://infantva.org/Pr-PracticeManual-Forms.htm
   a. Local Monitoring and Supervision Associated with Referral
      • Practice Manual, Chapter 3
      http://www.infantva.org/documents/Practice%20Manual%20-%20Chapter%203%204%2017%20Final.pdf
   b. Local Monitoring and Supervision Associated with Intake
      • Practice Manual, Chapter 4
      http://www.infantva.org/documents/Practice%20Manual%20-%20Chapter%204%2010%2016%20Final.pdf
   c. Local Monitoring and Supervision Associated with Eligibility Determination
      • Practice Manual, Chapter 5
   d. Local Monitoring and Supervision Associated with Assessment for Service Planning
      • Practice Manual, Chapter 6
      http://www.infantva.org/documents/Practice%20Manual%20-%20Chapter%206%204%2016%20Final.pdf
   e. Local Monitoring and Supervision Associated with IFSP Development
      • Practice Manual, Chapter 7
      http://www.infantva.org/documents/Practice%20Manual%20-%20Chapter%207%209.17%20Final.pdf
   f. Local Monitoring and Supervision Associated with IFSP Implementation and Review
      • Practice Manual, Chapter 8
      http://www.infantva.org/documents/Practice%20Manual%20-%20Chapter%208%209%2017%20Final.pdf

C. Facilitate Continuous Quality Improvement through Record Reviews, Observation, and Employee Supervision
   a. Quality Record Review tool
      http://infantva.org/documents/LS%20Quality%20Record%20ReviewTool%20-%202018.pdf
   b. Checklists to Aid in Self-Assessment, Observation and Supervision for Providers and Service Coordinators
      • Forms and/or Documentation Associated with Each Step in the EI Process http://www.veipd.org/main/tools_trade.html under Tools of the Trade, Tools for Service Delivery
      • Intake:

http://www.veipd.org/main/tools_trade.html under Tools of the Trade, Tools for Service Delivery

- Eligibility Determination: http://www.veipd.org/main/tools_trade.html under Tools of the Trade, Tools for Service Delivery
- Assessment for Service Planning: http://www.veipd.org/main/tools_trade.html under Tools of the Trade, Tools for Service Delivery
- IFSP Development: http://www.veipd.org/main/tools_trade.html under Tools of the Trade, Tools for Service Delivery
- IFSP Implementation Checklist: http://www.veipd.org/main/tools_trade.html under Tools of the Trade, Tools for Service Delivery
- Family Cost Share Practices: http://www.veipd.org/main/tools_trade.html under Tools of the Trade, Tools for Service Delivery
- Checklist of Family Centered Practices and the IFSP: http://www.veipd.org/main/tools_trade.html under Tools of the Trade, Tools for Service Delivery
- Key Characteristics of Well Written IFSP Outcomes: http://www.veipd.org/main/tools_trade.html under Tools of the Trade, Tools for Service Delivery

   c. Supervision Module https://veipd.org/elearn/course/index.php?categoryid=15

D. Understanding and Implementing Part C Supervision Requirements

   a. Refer to sections in the Practice Manual referenced under letter b.

E. Ensure Timely and Accurate ITOTS Data Entry

   a. ITOTS Data Entry – Referral

- Practice Manual, Chapter 3, pages 9-10 http://www.infantva.org/documents/Practice%20Manual%20-%20Chapter%203%204%2017%20Final.pdf

   b. ITOTS Data Entry – Intake

- Practice Manual, Chapter 4, pages 10-11 http://www.infantva.org/documents/Practice%20Manual%20-%20Chapter%204%2010%2016%20Final.pdf

   c. ITOTS Data Entry – Eligibility Determination

- Practice Manual, Chapter 5, page 10
  http://www.infantva.org/documents/Practice%20Manual%20-%20Chapter%205%204%2016%20Final.pdf
  d. ITOTS Data Entry – Assessment for Service Planning
    - Practice Manual, Chapter 6, page 13
      http://www.infantva.org/documents/Practice%20Manual%20-%20Chapter%206%204%2016%20Final.pdf
  e. ITOTS Data Entry – IFSP Development
    - Practice Manual, Chapter 7, page 13
      http://www.infantva.org/documents/Practice%20Manual%20-%20Chapter%207%209.17%20Final.pdf
  f. ITOTS Data Entry – IFSP Implementation and Review
    - Practice Manual, Chapter 8, page 35
      http://www.infantva.org/documents/Practice%20Manual%20-%20Chapter%208%209%2017%20Final.pdf
  g. ITOTS Manual – http://infantva.org/documents/forms/ICDFInstruct-5-16.pdf

Chapter 8: Additional Resources

Infant and Toddler Connection of Virginia   http://infantva.org/Default.htm

Welcome to the Infant and Toddler Connection of Virginia website. This site provides information and resources on Early Intervention in Virginia for families, practitioners, and local administration. Information and resources available on the site include the ITCVA Practice Manual and related forms, contact information for individual local systems, information on implementing EI in Virginia, information for local administration on supervision and monitoring, and public reporting documents.

Virginia Early Intervention Professional Development   http://www.veipd.org/main/index.html

Welcome to the Virginia Early Intervention Professional Development Center website. This site provides information, resources, and a broad range of professional development efforts specifically designed for early interventionists, students, families, faculty and all committed to ongoing learning. Information and resources available on the site include archived Talks on Tuesdays and other webinars, access to certification modules, checklists and other tools that can be used to aid in service delivery, resources and information for families, blog posts, and training information.

VA Early Intervention Acronyms

ACRONYM or TERM	WHAT IT MEANS
ASP	Assessment for Service Planning
AT	Assistive Technology
BHA	Behavioral Health Authority
COG	Cognitive Development
CSB	Community Services Board
DD	Developmental Delay
DBHDS	Department of Behavioral Health and Developmental Services *(state department that oversees early intervention services in VA)*
DOE	Department of Education *(state department that oversees special education in VA)*
DMAS	Department of Medical Assistance Services *(state department that administers Medicaid)*
DS	Developmental Services
ECE	Early Childhood Education

ACRONYM or TERM	WHAT IT MEANS
ECSE	Early Childhood Special Education *(preschool)*
ED	Eligibility Determination
EI	Early Intervention
EI TCM	Early Intervention Targeted Case Manager (state certification level)
EIP	Early Intervention Professional (state certification level)
EIS	Early Intervention Specialist (state certification level) OR Early Intervention Services
Exp or EC	Expressive Communication
FCS	Family Cost Share
FM	Fine Motor Development
GM	Gross Motor Development
HV	Home Visit
IDEA	Individuals with Disabilities Education Act (federal law that describes early intervention and special education services)

28

ACRONYM or TERM	WHAT IT MEANS
IEP	Individualized Education Program
IFSP	Individualized Family Service Plan
LLA	Local Lead Agency *(agency that oversees EI services in a local area)*
LICC	Local Interagency Coordinating Council
LSM	Local System Manager
OSEP	Office of Special Education Programs (federal office that oversees special education across the US)
OT	Occupational Therapy/Therapist
NE	Natural Environment
Part B	Part of the Individuals with Disabilities Education Act that describes public school services for children with developmental delays and disabilities
Part C	Part of the Individuals with Disabilities Education Act that describes early intervention services
PPN	Parental Prior Notice
PT	Physical Therapy/Therapist

ACRONYM or TERM	WHAT IT MEANS
QMR	Quality Management Review *(System for monitoring the Medicaid EI services program)*
Rec or RC	Receptive Communication
SC	Service Coordinator
S-E	Social-Emotional Development
S-H	Self-Help or Adaptive Development
SLP	Speech Language Pathology/Pathologist
SP	Service Provider
ST	Speech Therapy
TA	Technical Assistance
TCM	Targeted Case Management
VICC	Virginia Interagency Coordinating Council

The "Local Early Intervention System (EIS) Monitoring Results and Determination Report" is a mechanism for the Infant and Toddler Connection of Virginia (ITCVA) to inform localities of their Part C of IDEA monitoring results. Because data becomes available at varying points throughout the year—and in order to expedite communication of results while fostering familiarity with the report and reporting process—two (2) copies of this report are prepared and sent during the year.

Copy 1 of 2 is disseminated at the end of the fiscal year and only contains results for Indicators 1, 7, and 8. Copy 2 of 2—the final copy for the previous fiscal year is typically sent by the end of the first quarter of the next fiscal year. The final report also includes your complete local EIS determination and specifies any required enforcements.

In accordance with Subpart H, §303.700 of the Individuals with Disabilities Education Act (IDEA) 2011, states are required to make determinations annually on the performance of each local EIS under Part C and to use appropriate enforcement mechanisms depending on the determination. States must use the following four (4) determination categories outlined in §303.703 of IDEA: Meets Requirements (MR), Needs Assistance (NA), Needs Intervention (NI) and Needs Substantial Intervention (NSI).

- If your local EIS receives a determination of Meets Requirements (MR)—congratulations! Your hard work is recognized and appreciated. If your local EIS has improved its determination status since last year (and/or improved its determination assessment score since last year), thank you for your ongoing improvement efforts.

- If your local EIS receives a determination of Needs Assistance (NA) immediately following a determination of Meets Requirements (MR), ITCVA technical assistance and monitoring team staff members will continue to be available to work with your local EIS as needed to help identify and address any issues that may be preventing a determination of Meets Requirements.

- If your local system receives its second (or greater) consecutive determination of Needs Assistance (NA), Subpart H, §300.704 of IDEA 2011 stipulates that enforcement actions are required. As required by law, the Department of Behavioral Health and Developmental Services (DBHDS) will take the enforcement actions specified in your local system's individualized determination report.

- If your local system has not yet corrected noncompliance for any of the compliance indicators (1, 7, and 8), you must continue your monthly monitoring and improvement strategies until your system is in compliance. Your technical assistance and monitoring consultants are available to assist you.

- If your local system did not meet the targets for any of the results indicators (2, 3, 4, 5, and 6), your technical assistance and monitoring consultants will work with you to determine the best way to improve your results.

Enforcement actions are designed to ensure that the local system has the resources and supports needed in order to meet Part C requirements.

Enforcement Options

Enforcement options include, but are not necessarily limited to, the following[1]:

a. Improvement plan;
b. Required targeted Technical Assistance (TA) and/or Training;
c. On-Site Activities (training, TA, record reviews, meetings with staff and/or providers, etc.) with the Local System Manager (LSM); (may include LSM's supervisor and/or Local Lead Agency Administrator);
d. Focused monitoring site visit(s) on area(s) of noncompliance;
e. Increased frequency of meetings between LSM and Part C TA/Monitoring staff;
f. Development/revision of the EIS's annual staff development plan to include professional development related to the area(s) of noncompliance;
g. Required collection and analysis of specific data;
h. Required record reviews at a frequency determined with the State Lead Agency (SLA) and with verification by the SLA;
i. Link to another EIS which demonstrates promising practices in the identified area(s) of noncompliance;
j. Required meeting with the EIS Administration and the State Part C Administrator, TA and Monitoring Consultants to identify barriers and develop a plan to address the barriers;
k. Report noncompliance to the Administration of the EIS explaining that it may be necessary to redirect or withhold funds if timely improvement is not shown;
l. Conditionally approve the local contract;
m. Require the EIS to direct the use of Part C funds to areas that will assure correction of noncompliance;
n. Withhold a percentage of EIS funds;
o. Recover funds;
p. Withhold any further payments to the EIS; and/or
q. Terminate local contract.

---

[1] Lettering is used solely to facilitate identification of enforcement options and does not imply hierarchal order.

Required Enforcements

OSEP has established the following minimum enforcement requirements based on monitoring findings. The SLA may impose additional enforcements depending on the specific circumstances.

Category	Required Enforcements
Non-Compliance Beyond One Year	The local early intervention system is required to: 1. Implement an improvement plan; and 2. Obtain and use targeted technical assistance and training resources on topics specific to the area(s) of non-compliance and /or non-performance which includes technical assistance from their TA and/or Monitoring Consultants. The focus is on capacity building and overcoming barriers to compliance
Determination of "Needs Assistance" 2 or more years in a row	The local early intervention system is required to: 1. Implement an improvement plan; and 2. Obtain and use targeted technical assistance and training resources on topics specific to the area(s) of non-compliance and /or non-performance which includes technical assistance from their TA and/or Monitoring Consultants. The focus is on capacity building and overcoming barriers to compliance.
Determination of "Needs Intervention"	The local early intervention system is required to: 1. Implement an improvement plan; and 2. Obtain and use targeted technical assistance and training resources on topics specific to the area(s) of non-compliance and /or non-performance which includes technical assistance from their TA and/or Monitoring Consultants. The focus is on capacity building and overcoming barriers to compliance.
Determination of "Needs Intervention" for 3 Consecutive Years	The local early intervention system is required to: 1. Implement an improvement plan; and 2. Obtain and use targeted technical assistance and training resources on topics specific to the area(s) of non-compliance and /or non-performance which includes technical assistance from their TA and/or Monitoring Consultants. The focus is on capacity building and overcoming barriers to compliance. • On-site activities are required including TA and training. The Local System Manager's supervisor must participate in the initial onsite visit. • The Local System will be required to direct the use of Part C funds to areas that will assure correction of noncompliance. It may be necessary to redirect or withhold funds if timely improvement is not shown. • The Local System may be identified as "high-risk" with a requirement that the EIS enter into a ***Special Agreement*** (As determined with the SLA Assistant Commissioner and the State Part C Administrator).
Determination of "Needs Substantial Intervention"	The enforcements identified for **"Needs Intervention Three Consecutive Years"** apply. In addition, the SLA _will_ take one or both of the following actions: • Recover funds; and/or • Withhold further payments to the EIS.

With reauthorization of IDEA, OSEP has focused on state and local accountability in implementing this federal legislation. Both the local system's publicly-reported data and its determination status provide valuable data and information about how your local system's performance compares to the State's measurable and rigorous targets. If you have questions regarding your determination report, please contact your Monitoring Consultant and/ or Technical Assistance Consultant.

Public Reporting of Determinations

The Individuals with Disabilities Education Act (IDEA) of 2004 §616(b)(2)(C)(ii)(II) requires each state to measure and report results on federally-identified indicators in an Annual Performance Report (APR). In addition to reporting this APR data to the Office of Special Education Programs (OSEP), it will also be reported publicly and used to make local determinations as required under the IDEA of 2004 §616 (d)(e).

To access Public Reporting documents visit http://infantva.org/sup-PublicRepStateLocalMon.htm