

State Fiscal Year (SFY) 2005

COMMONWEALTH OF VIRGINIA



Infant & Toddler Connection of Virginia

LOCAL CONTRACT FOR CONTINUING PARTICIPATION IN PART C

**EARLY INTERVENTION FOR INFANTS AND TODDLERS WITH
DISABILITIES AND THEIR FAMILIES**

James S. Reinhard, M.D., Commissioner
Department of Mental Health, Mental Retardation and Substance Abuse Services

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CONTRACT # _____

State Fiscal Year (SFY) 2005 COMMONWEALTH OF VIRGINIA
LOCAL CONTRACT FOR CONTINUING PARTICIPATION IN PART C
EARLY INTERVENTION FOR INFANTS AND TODDLERS WITH DISABILITIES AND THEIR FAMILIES

THIS DOCUMENT CONSTITUTES AN AGREEMENT BETWEEN:

The {Agency Name}, {address}, hereinafter referred to as the **Local Lead Agency**

AND

The Department of Mental Health, Mental Retardation and Substance Abuse Services; P. O. Box 1797, 1220 Bank Street, Richmond, Virginia 23219, hereinafter referred to as the **DMHMRSAS;**

AND IS DATED: {date of agreement}

I.0 DEFINITIONS

Associated Costs – costs associated with the provision of entitled Part C early intervention services (e.g. time and expense for travel, ability-to-pay billing process, etc.)

Days – as used within this contract, refers to calendar days unless clearly specified otherwise.

Early Intervention Services – services provided through Part C of the Individuals with Disabilities Education Act (20 U.S.C. § 1431 et seq.), as amended, designed to meet the developmental needs of each child and the needs of the family related to enhancing the child's development and provided to children from birth to age three who have (i) a twenty-five percent developmental delay in one or more areas of development, (ii) atypical development, or (iii) a diagnosed physical or mental condition that has a high probability of resulting in developmental delay.

Family-Centered Practices – a way of planning and providing early intervention services in which families are involved in all aspects of decision-making, families' cultures and values are respected, and families are provided with accurate and sufficient information to be able to make informed decisions. Family-centered practices include establishing an active parent-provider partnership; considering family routines, activities and natural settings throughout the early intervention process (from child find, evaluation and assessment, and delivery of entitled services on through transition); and keeping the focus of early intervention supports and services on increasing the child's participation in family and community activities identified by the family and supporting the family in identifying learning opportunities and enhancing their child's development.

Family Survey – an instrument designed to collect and track individual family-level data at two points in a family's experience in Virginia's early intervention system: at the time of the initial IFSP, and at the time of transition from early intervention. This two-stage instrument captures a family's views about its experiences when accessing the early intervention system, preparing for and developing an individualized family service plan, during service delivery, and during transition out of early intervention. The family survey has been integrated into Virginia's Monitoring and Improvement Measurement System.

Individualized Family Service Plan (IFSP) – a written plan, as required by Part C of the Individuals with Disabilities Education Act, for providing Part C early intervention services to eligible infants and toddlers and their families and that:

1. Is developed jointly by the family and appropriate qualified personnel providing early intervention services;
2. Is based on the multidisciplinary evaluation and assessment of the child and the assessment of the resources, priorities and concerns of the child’s family as determined by the family;
3. Includes outcomes, strategies, and services necessary to enhance the development of the child and the capacity of the family to meet the special needs of the child; and
4. Contains all of the required elements as specified in Component VII of Virginia’s Part C Policies and Procedures.

Infant and Toddler Online Tracking System (ITOTS) – secured, web-based data entry system for collection and tracking of child-specific data on all children served under Virginia’s Part C early intervention system.

Local Interagency Coordinating Council (LICC) – entities established on a statewide basis by the DMHMRSAS, in consultation with the Virginia Interagency Coordinating Council, to enable early intervention service providers to establish working relationships that will increase the efficiency and effectiveness of early intervention services. There are 40 LICCs across the state. The *Virginia Code*, § 2.2 – 5305 specifies the composition of the local councils, which include family and public and private agency representatives. The duties of LICCs, as defined in the *Virginia Code*, § 2.2-5305 include the following:

1. Identifying existing early intervention services and resources;
2. Identifying gaps in the service delivery system and developing strategies to address these gaps;
3. Identifying alternative funding sources;
4. Facilitating the development of interagency agreements and supporting the development of service coalitions;
5. Assisting in the implementation of policies and procedures that will promote interagency collaboration;
6. Developing local procedures and determining mechanisms for implementing policies and procedures in accordance with state and federal statutes and regulations; and
7. Implementing consistent and uniform policies and procedures for public and private providers to determine parental liability and to charge fees for early intervention services pursuant to regulations, policies and procedures adopted by the lead agency in § 2.2-5304.

Local Lead Agency – public agency that, under contract with DMHMRSAS, administers local Part C funds and assists the local interagency coordinating council in fulfilling its duties.

Local Participating Agency or Provider – any public agency, or its contracting agency or provider, that provides early intervention services or other activities according to Virginia Part C Policies and Procedures to Part C eligible children and their families; or another public or private agency or provider that agrees to do so by interagency agreement, memorandum of understanding, or letter of agreement.

Local Plan of Improvement – the written plan developed by a locality to address any compliance issues identified through the Monitoring and Improvement Measurement

System (MIMS). Specific timelines are required for each identified area of improvement. DMHMRSAS monitors and supports the successful completion of the improvement actions included in the plan within the specified time.

Monitoring and Improvement Measurement System (MIMS) – Virginia’s interagency system of evaluation and monitoring of the Part C system that is utilized to ensure local compliance with federal regulations and Virginia Part C Policies and Procedures. MIMS also serves as the mechanism for local improvement planning and implementation.

Natural Environments – settings that are natural, or typical, for a child’s age peers who have no disabilities.

Public Agency – Any department, authority, board, post, commission, division, institution, committee, office, entity or political subdivision, including local governing bodies, created by law to exercise some sovereign power or to perform some governmental duty, and empowered by law to undertake the prescribed activities.

2.0 SCOPE OF WORK

2.1 Local Lead Agency

2.1.1. FISCAL

The Local Lead Agency shall:

- a. Purchase, contract for, and/or provide services and disburse funds in accordance with the local interagency Part C budget developed by the LICC and approved by the DMHMRSAS.
 - (1) The Local Lead Agency shall ensure adherence to its own requirements, as well as those of the DMHMRSAS, including Part C of the Individuals with Disabilities Education Act (IDEA), for managing funds – including audits, hiring of personnel, and complying with the Virginia Public Procurement Act when contracting for services, other Part C functions and/or purchasing supplies/equipment.
 - (2) The Local Lead Agency shall provide accurate and detailed information to the LICC regarding its requirements, as well as those of DMHMRSAS, for procuring services and disbursing funds in order to facilitate interagency decisions and recommendations for use of funds within given parameters.
 - (3) The Local Lead Agency shall include a requirement for compliance with all state and local Part C Policies and Procedures (including provision of services in accordance with *Individualized Part C Early Intervention Supports and Services in Everyday Routines, Activities and Places*) in all of its contracts with Part C service providers.
 - (4) The Local Lead Agency shall monitor all of its contracts with Part C service providers for compliance with with all state and local Part C Policies and Procedures (including provision of services in accordance with *Individualized Part C Early Intervention Supports and*

Services in Everyday Routines, Activities and Places) and shall notify the LICC if non-compliance is found.

b. Prepare and submit all reports required by the DMHMRSAS. Specifically the Local Lead Agency shall:

(1) Prepare and submit Part C expenditure reports (Attachment B – Quarterly Report Forms) that reflect expenditures incurred during each quarter of the fiscal year (7/1/04 – 6/30/05). Any federal or state Part C funds unexpended at June 30, 2005 may be obligated and expended during the period of July 1, 2005 through September 30, 2005. Any unspent funds after September 30, 2005 will be returned to the DMHMRSAS. The expenditure reports, which must include signatures of an individual with fiscal authority from the Local Lead Agency and the LICC Coordinator, are due 30 days following each quarter. If an expenditure report is submitted later than 45 days following a quarter, the DMHMRSAS shall suspend payments to the Local Lead Agency until the report is received in accordance with this contract.

Report quarters and submission deadlines are as follows:

First report	(07/01/04 thru 09/30/04)	Due October 31, 2004
Second Report	(10/01/04 thru 12/31/04)	Due February 2, 2005
Third Report	(01/01/05 thru 03/31/05)	Due May 3, 2005
Fourth/Final Report	(04/01/05 thru 06/30/05)	Due August 2, 2005

(2) Prepare and submit the budget and budget revisions in collaboration with the LICC, within the LICC Part C allocation award amount and in accordance with DMHMRSAS requirements and procedures.

The budget and budget revisions must be developed within the following parameters:

- Administrative costs may not exceed 3% of the total local Part C allocation;
- Council Operations may not exceed 10% of the total local Part C allocation OR \$25,000, whichever is less; and may not exceed the amount of Part C dollars budgeted for Council Operations in SFY-04.
- For Direct Services, associated costs may not exceed \$25 per visit per child (or the current negotiated rate, if that is less) and Part C funds may be used to pay associated costs for no more than 2 service visits per month per child.

The LICC may make budget revisions of any amount **within** a budget category without prior approval of the DMHMRSAS. The LICC also may revise up to 10% of its budget between categories without the approval of the DMHMRSAS. When seeking to move funds between budget categories, revisions, either singular or cumulative, exceeding 10% of the amount of this Contract must be submitted in writing to the DMHMRSAS and approved prior to the use of funds for newly

proposed expenditures. These revisions shall be indicated on all subsequent expenditure reports in accordance with DMHMRSAS requirements.

- (3) Prepare and submit, in collaboration with the LICC, the Service Delivery Oversight and Budget Management Tool form monthly using the form and instructions provided in Attachment H. The Local Lead Agency may use electronic capabilities to produce a substantially equivalent form for submission of this information as long as that form documents the same data required on the Service Delivery Oversight and Budget Management Tool form.

Submission deadlines are 10 days following the end of the previous month.

The Service Delivery Oversight and Budget Management Tool form will be reviewed monthly by the DMHMRSAS to monitor local budget status and individualization of supports and services. If the pattern of supports and services documented on this form does not appear to reflect individualization of supports and services (e.g. almost all children receive services at the same frequency and intensity, the same disciplines are almost always involved, there appears to be little or no use of a primary service provider or consultation, etc.), then the following steps will be taken:

- (a) The Local Lead Agency will submit to the DMHMRSAS, within 5 calendar days of request, a sample of IFSPs as specified by the DMHMRSAS.
- (b) The DMHMRSAS will review individual IFSPs to determine whether outcomes reflect stated child and family interests, needs, routines, desired activity settings, and priorities; and whether listed supports and services are based on the selection of the most appropriate provider to support and assist the family in accomplishing those outcomes.
- (c) If the DMHMRSAS determines that Part C supports and services are not being individualized for children and families, then the Local Lead Agency will receive from DMHMRSAS, within 30 calendar days of the local form being submitted, a written Action Plan with steps to be taken to improve individualization of supports and services. Those steps will be determined based upon specific local issues identified through the review of submitted IFSPs. At a minimum, the required steps will include that all local Part C personnel participate in hands-on practice with development of outcomes and identification of appropriate supports and services (this activity will be facilitated by DMHMRSAS Part C Technical Assistance Consultants).
- (d) The DMHMRSAS will continue to review the locality's monthly Service Delivery Oversight and Budget Management Tool forms and will expect to see service

delivery trends that reflect individualization of supports and services within 3 months of the date the Local Lead Agency received the written Action Plan from DMHMRSAS.

- (e) If no change in service delivery patterns is demonstrated, consequences may include withholding of Part C funds; requiring the Local Lead Agency to give notice of contract termination to any local provider whose data indicate that supports and services are not being individualized in accordance with Virginia Policies and Procedures and *Individualizing Part C Early Intervention Supports and Services in Everyday Routines, Activities and Places*; or other actions as deemed necessary to correct non-compliance.
- c. Make available Part C funds to ensure access to and maintenance for all necessary computer resources in accordance with DMHMRSAS requirements to ensure: a) communication with the state office (e.g., email and Internet access); b) the completion of all necessary written activities for compliance with this contract; and c) the management of data required for MIMS and other required/requested data needs (see www.infantva.org for required MIMS data elements) via Microsoft Access Software or other software as provided by the state. Part C funds budgeted for this purpose must be reflected in the administrative line item of the local Part C budget (which may not exceed 3% of the total local Part C allocation).

2.1.2. ADMINISTRATION:

The Local Lead Agency will assist the LICC in carrying out its duties as follows:

- a. Assist the LICC in re-evaluating local policies and procedures annually; revising as needed to ensure (1) compliance with all Federal and State policies and procedures and (2) effectiveness; and providing the most current version to DMHMRSAS for technical assistance purposes. Local policies and procedures must address the following Part C requirements:
 - (1) Family-centered supports and services in accordance with *Individualized Part C Early Intervention Supports and Services in Everyday Routines, Activities and Places*;
 - (2) The 45-day timeline requirements under Virginia Part C Policies and Procedures related to completing the initial evaluation/assessment to determine eligibility and the development of an individualized family service plan for all eligible children;

- (3) The statewide uniform ability to pay policies and procedures in accordance with Component XIII and Appendix X of the Virginia Part C Policies and Procedures.
 - (4) Procedural safeguards and dispute resolution procedures under Virginia Part C Policies and Procedures.
 - (5) Accessing all appropriate sources of funding and services prior to the use of Federal Part C funds for early intervention services or activities. Those funding sources may include, based upon local availability and accessibility and individual eligibility requirements, the following:
 - (a) Medicaid — Medicaid-eligible children must receive early intervention services from Medicaid providers. Early intervention services may be covered based on eligibility and other factors through Medicaid programs including, but not limited to, Medallion I, Medallion II, the MR Community-based Waiver, Technology Assisted Waiver, Elderly and Disabled Waiver, State Plan Services (including, but not limited to, Targeted Case Management (TCM), occupational therapy, physical therapy, speech-language pathology),
 - (b) Other Federal funds, including, but not limited to, Maternal Child Health;
 - (c) CHAMPUS/TriCare;
 - (d) State General Funds;
 - (e) Local government funds;
 - (f) Private funds, including private third party insurance with parental permission;
 - (g) Donations;
 - (h) Family fees; and
 - (i) All other locally-identified sources of funding that apply to Part C services.
- b. Assist the LICC in developing, reviewing and revising local interagency agreements, contracts and memoranda of understanding, as necessary, to ensure inclusion of terms and conditions that require all local public and private participating agencies/providers comply with Part C requirements when providing Part C services.
 - c. Assist the LICC in developing and implementing local mechanisms to meet the Part C assurances listed in Section 4.0 of this contract, including review and revision as needed.
 - d. Assist the LICC in reviewing and revising (as needed) the list of locally-identified potential informal resources and supports within the community (as identified in previous years through the process of community mapping) and adding, as necessary, formal resources and supports (e.g. third party payors, local participating agencies/providers) to local early intervention systems in order to ensure that the payor of last resort provisions of Part C of the

Individuals with Disabilities Education Act are met and to increase service capacity.

- e. Assist the LICC in facilitating development and implementation of local interagency agreement(s), contract(s), and memoranda of understanding with additional local public and private agencies/providers, as necessary, 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 the Individuals with Disabilities Education Act.
- f. Assist the LICC in responding to data requests from the DMHMRSAS including, but not limited to, federal- and State-required data, including personnel data as captured by the “Personnel Table” (Attachment E) and child data as captured on the Infant and Toddler Online Tracking System, and other requested data captured via other methods as developed and implemented in Virginia and in accordance with timelines established by DMHMRSAS (see list in Attachment G). It is expected that the Local Lead Agency will assist the LICC in meeting the established timelines for responding to required data elements/reports. Specifically, the Local Lead Agency will assist the LICC, as needed, in entering child specific data that meet the Individual Child Data Form data elements into the secure web-based system in accordance with instructions and guidance provided by the DMHMRSAS (see the ITOTS web page or www.infantva.org). Child specific data is required by the DMHMRSAS to meet federal reporting requirements and to assist with state and local planning, accountability, compliance and systems improvement.
- g. Assist the LICC in participating in Virginia’s Monitoring and Improvement Measurement System (MIMS) in accordance with the guidance from the DMHMRSAS in order to: a) ensure that local Part C systems are accountable to the children and families they serve; b) assure quality and efficiency while also assuring compliance with Federal, State, and local Part C requirements; and c) promote local quality improvement of early intervention services. Assist the LICC in carrying out the following MIMS requirements:
 - (1) Implement all MIMS procedures, data elements, reports and other requirements in accordance with the requirements and timelines of the MIMS cycle that the locality is participating in including self-assessment based on MIMS indicators, hosting site visit, development of a plan of improvement, and status reports according to MIMS requirements and guidance.
 - (2) Implement the statewide family survey with guidance and technical assistance from DMHMRSAS. Enter family survey data in the database provided by DMHMRSAS and submit data in accordance with DMHMRSAS requirements and timelines, as family surveys are completed, or at least quarterly.

- (3) Review interagency agreements, contracts, and memoranda of understanding or letters of agreement annually and revise as necessary and make available for review by DMHMRSAS as part of MIMS.
- h. Assist the LICC in identifying and reporting substantial, recurring non-compliance with contract issues related to Part C on behalf of local participating agencies or providers in accordance with the following process:
- (1) The Local Lead Agency shall assist the LICC and all other participating agencies or providers to resolve, to the greatest extent practicable, the issue locally prior to submitting a notice to the DMHMRSAS. Technical assistance is available from the DMHMRSAS to assist localities in their efforts at local resolution. When local issues of non-compliance, like those listed below, cannot be resolved at the local level then they are defined as substantial, recurring non-compliance issues. Substantial, recurring non-compliance issues include, but are not limited to, the following situations:
 - (a) Non-compliance with payor of last resort and local maintenance of effort provisions of Part C of the Individuals with Disabilities Education Act or paying for non-Part C activities or services for non-Part C children with Part C funds;
 - (b) Significant barrier in providing early intervention services, including delaying or preventing children from receiving services in accordance with requirements;
 - (c) Inability to provide required services as a result of provider limitations;
 - (d) Reporting delays to the Local Lead Agency by Part C participating agencies or providers regarding required data or requested or required information that impacts the Local Lead Agency's ability to report in a timely fashion to DMHMRSAS;
 - (e) The content or the implementation of local interagency agreements, memorandum of understanding are not in compliance with Part C requirements;
 - (f) Personnel are not being hired in accordance with Part C requirements; and
 - (g) Lack of participation and compliance with the MIMS process and requirements including implementing the family survey, indicator analysis and required information and local plan of improvement.
 - (2) The DMHMRSAS shall respond in writing to the Local Lead

Agency and the LICC within 15 days of receipt of the notification of the substantial, recurring non-compliance and shall identify the status or next steps that it proposes to take to resolve the non-compliance.

- (3) DMHMRSAS and the Local Lead Agency (in assisting the LICC) shall commit to making good faith efforts to develop plans and implement strategies to resolve issues of substantial, recurring non-compliance or barriers identified that prevent or delay children from receiving services.

2.1.3. PERSONNEL

The Local Lead Agency shall assist the LICC in carrying out its duties as follows:

- a. Assist the LICC in including terms in all local interagency agreements, contracts and/or memoranda of understanding requiring that all local participating agencies utilize hiring practices for employing early intervention personnel that meet Component IX, Personnel Standards in *Virginia Policies and Procedures for the Implementation of Part C of the Individuals with Disabilities Education Act*. Such terms shall include requiring that:
 - (1) The required documentation on the Personnel Data – Reporting Form (Attachment F) is completed by May 1, 2005 to:
 - (a) Ensure that early intervention personnel who do not meet a highest standard when hired complete necessary course work within three years to meet a highest standard; and
 - (b) Identify those persons employed as Early Intervention Assistants who are in the process of achieving approval of their qualifications within eighteen months from their date of hire.

2.1.4. SERVICE DELIVERY:

The Local Lead Agency shall assist the LICC in carrying out its duties as follows:

- a. Assist the LICC in including terms in all local interagency agreements, contracts and/or memoranda of understanding requiring that all local participating agencies utilize consistent statewide forms (see www.infantva.org for forms) or, with the exception of Procedural Safeguards forms, utilize electronic capabilities to produce substantially equivalent forms in content, sequence, format, and appearance in accordance with state guidance. Any electronically produced form shall be readily available in hard copy. Statewide service delivery forms include, but are not limited to, the following:

- (1) "Individualized Family Service Plan (IFSP)" Form;
 - (2) "Notice and Consent for Initial Evaluation/Assessment" Form;
 - (3) "Confirmation of Initial Evaluation and Assessment Schedule" Form (optional);
 - (4) "Confirmation of Individualized Family Service Plan (IFSP) Schedule" Form;
 - (5) "Confirmation of Evaluation/Assessment and Individualized Family Service Plan (IFSP) Meeting" Form;
 - (6) "Declining Early Intervention Services" Form;
 - (7) "Parental Prior Notice" Form;
 - (8) "Notice and Consent for Screening" Form; and
 - (9) "Notice of Child and Family Rights in the Infant and Toddler Connection of Virginia System (December 2002)".
- b. Assist the LICC in helping families in accessing formal and informal supports and community resources (including third party and other financial resources) to promote attainment of IFSP outcomes through various learning opportunities that naturally occur during the family's typical daily activities and routines (in accordance with *Individualized Part C Early Intervention Supports and Services in Everyday Routines, Activities and Places*).
 - c. Assist the LICC in developing and implementing specific family support activities to promote family-centered practices and family participation/involvement in all aspects of the early intervention system. Such activities should be designed to: a) enhance each family's capacity to support their child's development and learning; b) support families in making informed decisions; c) empower families to gain self-sufficiency and independence; d) facilitate full integration of the family in the community; and e) reflect the philosophy described in *Individualized Part C Early Intervention Supports and Services in Everyday Routines, Activities and Places*.
 - d. Assist the LICC in utilizing public awareness materials disseminated by the Infant and Toddler Connection of Virginia Early Intervention Office to ensure a consistent statewide public awareness campaign. This includes adopting and utilizing the consistent statewide identity and logo in the local early intervention system.

2.2 DMHMRSAS

DMHMRSAS shall:

- 2.2.1 Disperse state and federal Part C funds, subject to the Local Lead Agency's compliance with the provisions of this contract.
- 2.2.2 Provide advance notice in requesting additional information or data or in changing established timelines. The amount of advance notice may vary depending upon the circumstances of the request.
- 2.2.3 Disseminate consistent statewide public awareness campaign materials and strategies and provide guidance for implementation.
- 2.2.4 Make available, upon request, multiple copies of Procedural Safeguards forms.
- 2.2.5 Make available on its website (www.infantva.org) copies of all forms that are required for use by participating agencies in providing Part C services, in addition to policy and technical assistance documents and minutes from various meetings.
- 2.2.6 Provide communication to the Local Lead Agency on a regular basis, identifying updated information on the DMHMRSAS's website (www.infantva.org) and other pertinent resources and information
- 2.2.7 Provide technical assistance to the Local Lead Agency, the LICC and local participating agencies or providers.
- 2.2.8 Conduct random or planned fiscal audits as DMHMRSAS deems appropriate.
- 2.2.9 Review monthly (within 10 days of receipt from the Local Lead Agency) the Service Delivery Oversight and Budget Management Tool, or equivalent form, to monitor local budget status and individualization of supports and services. If the pattern of supports and services documented on this form does not appear to reflect individualization of supports and services (e.g. almost all children receive services at the same frequency and intensity, same disciplines are almost always involved, there appears to be little or no use of a primary service provider or consultation, etc.), then the following steps will be taken:
 - (a) The Local Lead Agency will submit to the DMHMRSAS, within 5 calendar days of request, a sample of IFSPs as specified by the DMHMRSAS.
 - (b) The DMHMRSAS will review individual IFSPs to determine whether outcomes reflect stated child and family interests, needs, routines, desired activity settings, and priorities; and whether listed supports and services are based on the selection of the most appropriate provider to support and assist the family in accomplishing those outcomes.

- (c) If the DMHMRSAS determines that Part C supports and services are not being individualized for children and families, then the Local Lead Agency will receive from DMHMRSAS, within 30 calendar days of the local form being submitted, a written Action Plan with steps to be taken to improve individualization of supports and services. Those steps will be determined based upon specific local issues identified through the review of submitted IFSPs. At a minimum, the required steps will include that all local Part C personnel participate in hands-on practice with development of outcomes and identification of appropriate supports and services (this activity will be facilitated by DMHMRSAS Part C Technical Assistance Consultants).
- (d) The DMHMRSAS will continue to review the locality's monthly Service Delivery Oversight and Budget Management Tool forms and will expect to see service delivery trends that reflect individualization of supports and services within 3 months of the date the Local Lead Agency received the written Action Plan from DMHMRSAS.
- (e) If no change in service delivery patterns is demonstrated, consequences may include withholding of Part C funds; requiring the Local Lead Agency to give notice of contract termination to any local provider whose data indicate that supports and services are not being individualized in accordance with Virginia Policies and Procedures and *Individualizing Part C Early Intervention Supports and Services in Everyday Routines, Activities and Places*; or other actions as deemed necessary to correct non-compliance.

2.2.10 Conduct site visits with the Local Lead Agency, the LICC and local participating agencies or providers for the purposes of monitoring and for assistance in resolving issues through technical assistance.

2.2.11 Provide training or guidance to the Local Lead Agency, the LICC and local participating agencies or providers based on changes or modifications to the state level interagency agreement and Virginia Part C Policies and Procedures, which are reviewed at least annually and revised as necessary, and on other information as appropriate.

2.2.12 Acknowledge to the Local Lead Agency and the LICC receipt of the notification of substantial, recurring non-compliance or projected insufficient financial resources within 15 business days and identify steps and proposed timeframes for resolution.

2.2.13 Maintain interagency agreements with the participating state agencies: the Departments of Health; of Education; of Medical Assistance Services; of Mental Health, Mental Retardation and Substance Abuse Services; and of Social Services; the Departments for the Deaf and Hard-of-Hearing, for

the Blind and Vision Impaired, and for Virginia Office for Protection and Advocacy; and the Bureau of Insurance with the State Corporation Commission. In addition, the DMHMRSAS will resolve disagreements relating to these interagency agreements and seek compliance from the state agencies at the local level after reasonable local effort.

2.2.14 Delineate between those data requests to which a response is required (e.g., federally-required, State-required, requested by Virginia legislature) and those to which a response is not required, per se, but necessary for the purpose of making informed policy decisions.

3.0 DELIVERABLES

3.1 Local Lead Agency

The Local Lead Agency shall provide to the DMHMRSAS the following:

3.1.1 Executed contract documents as specified on the Contract form included herein.

3.1.2 Monitoring and Improvement Measurement System (MIMS) documents and data as follows, in conjunction with the LICC, in accordance with the requirements of the MIMS cycle in which the locality is participating, in accordance with submission timelines as specified by the DMHMRSAS, and in accordance with the Scope of Work of this contract:

a. Family Survey Data – due dates as follows:

Report period May – July	Due: August 1, 2004
Report period August – October	Due: November 1, 2004
Report period November – January	Due: February 1, 2005
Report period February – April	Due: May 1, 2005

b. MIMS Indicator Data; and

c. Local Status Report, in accordance with the form and instructions provided in Attachment H, by January 15, 2005.

3.1.3 Child-specific data, in conjunction with the LICC and in accordance with the Infant and Toddler Online Tracking System (ITOTS) data elements as children enter the system or at least by the last day of each month. Data must be reviewed and updated by the locality (to ensure that the local count reflects the actual children in the system at that time – new children are entered and discharged children are closed) quarterly, by July 10, 2004; October 10, 2004; January 10, 2005; and April 10, 2005.

3.1.4 Revised local policies and procedures, in conjunction with the LICC, by May 1, 2005.

- 3.1.5 Completed Service Delivery Oversight and Budget Management Tool form, or equivalent form, in accordance with the following submission deadlines:

<u>Report Month</u>	<u>Due Date</u>
July 2004	August 10, 2004
August 2004	September 10, 2004
September 2004	October 10, 2004
October 2004	November 10, 2004
November 2004	December 10, 2004
December 2004	January 10, 2005
January 2005	February 10, 2005
February 2005	March 10, 2005
March 2005`	April 10, 2005
April 2005	May 10, 2005
May 2005	June 10, 2005
June 2005	July 10, 2005

- 3.1.6 Report of Non-Compliance, in conjunction with the LICC, submitted within 30 days of identification of the non-compliance including; a) identification of the substantial recurring non-compliance issue, b) the agencies or providers involved, c) the length of time that the non-compliance has occurred, and d) the steps taken to resolve the issue at the local level.

- 3.1.7 The federally-required Part C “Personnel Table” (Attachment E), in conjunction with the LICC, by September 15, 2004.

- 3.1.8 The required documentation related to personnel who do not meet highest standards, in conjunction with the LICC and in accordance with the Personnel Data – Reporting Form: Documentation of Personnel Currently Employed in LICC’s Early Intervention System As Early Intervention Assistants by May 1, 2005 (Attachment F).

- 3.1.9 Completed Part C expenditure reports for report quarters and due dates as follows:

First report:	(07/01/04 thru 09/30/04)	Due October 31, 2004
Second report	(10/01/04 thru 12/31/04)	Due February 2, 2005
Third report	(01/01/05 thru 03/31/05)	Due May 3, 2005
Fourth/final report	(04/01/05 thru 06/30/05)	Due August 2, 2005

If an expenditure report is submitted later than 45 days following a quarter, the DMHMRSAS shall suspend payments to the Local Lead Agency until the report is received in accordance with this contract.

- 3.1.10 Revised local Part C budgets, as necessary, in conjunction with the LICC and in accordance with DMHMRSAS requirements and procedures.

- 3.1.11 Unspent Part C funds at the end of the fiscal year according to timelines and guidance provided from the DMHMRSAS.

3.2 DMHMRSAS

DMHMRSAS shall provide to the Local Lead Agency and local participating agencies and providers, the following:

- 3.2.1 Statewide public awareness materials for use by the Local Lead Agency and local participating agencies and providers.
- 3.2.2 State website (www.infantva.org) for local access to required forms, policy and technical assistance documents and minutes from meetings.
- 3.2.3 Training and technical assistance to the Local Lead Agency, the LICC and local participating agencies based upon state and local needs and issues.
- 3.2.4 State and Federal Part C funds in accordance with this Contract.

4.0 ASSURANCES

4.1 The Local Lead Agency will:

- a. Provide financial reports containing information that the State may require; and
- b. Keep financial records and afford access to those records as the State may find necessary to assure the correctness and verification of reports and proper disbursement of funds provided under Part C.

(34 CFR 303.122)

4.2 The Local Lead Agency assures through the terms and conditions of interagency agreements, contracts, and purchase orders, the following:

- a. Federal funds made available under Part C will not be commingled with State funds.

(34 CFR 303.123)

State funds in this assurance references Federal, State, local and private funding sources other than federal Part C funds. This assurance is satisfied by the use of an accounting system that includes an “audit trail” of the expenditure of funds awarded under Part C. Separate bank accounts are not warranted.

- b. Federal funds made available under Part C will be used to supplement and increase the level of State and local funds expended for infants and toddlers with disabilities and their families and in no case supplant such State and

local funds appropriated or budgeted at the state and local level for Part C services.

(34 CFR 303.124)

To meet this requirement, the total amount of State and local funds budgeted for expenditures in the current fiscal year for early intervention services for Part C eligible children must be at least equal to the total amount of State and local funds actually expended for early intervention services for these children and their families in the most recent fiscal year for which information is available.

- c. Fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under Part C.

(34 CFR 303.125)

- d. Every effort will be made during planning and implementation of the interagency system of early intervention services to consider and access all available sources of funds prior to use of Part C funds. To meet the payor of last resort provision, the requirements on non-substitution of funds and non-reduction of other benefits must be met.

(34 CFR 303.126)

In accordance with this payor of last resort provision, Part C funds may not be used as a reimbursement source:

1. For a family with private insurance, Part C funds may not be used to make up the difference between the usual and customary rate paid by the insurance company for a service and the local participating agency's/provider's cost to provide that service. By being a provider for that insurance company, the local participating agency/provider has agreed to accept that usual and customary rate.
2. For a child with Medicaid, Part C funds cannot be used to make up the difference between the amount reimbursed by Medicaid and the local participating agency's/provider's cost of providing that service. As a Medicaid provider, the local participating agency/provider has agreed to accept reimbursement at the Medicaid rate.
3. For a child whose family is paying according to the statewide Part C ability to pay scale, Part C funds cannot be used to reimburse the agency for the family fee if the family states they are unable to pay the fee (even after all appeals are exhausted) if state, local or federal funds are used to support the provision of any early intervention services provided by the agency.

Specifically, this requirement applies primarily to public agencies including, but not limited to, CSBs and Health Departments that use public funds to provide early intervention services. It also applies to private agencies that provide early intervention services via a lump sum contract with a public agency. This does not apply, however, if

early intervention services are purchased from a vendor at a per service rate.

- e. Part C funds will be used by the Local Lead Agency to plan, develop, and implement a local interagency system of early intervention services for Part C eligible children and their families as defined in State policies and will be expended in accordance with Federal requirements, including requirements for the provision of direct services not provided or funded by other sources. (34 CFR 303.3; 34 CFR 303.144; and 34 CFR 303.127)
- f. Local policies and practices will be implemented which ensure that traditionally-underserved groups, including minority, low income, and rural families have access to culturally-competent services within their local geographic areas. (34 CFR 303.128)
- g. All Federal, State, and local policies and procedures for Part C implementation are implemented through local interagency agreements, contracts, and/or memoranda of understanding.
- h. The Local Lead Agency further assures that all local participating agencies/providers are informed of the assurances listed above and that the obligation to comply with these assurances is included in all contracts, agreements, and purchase orders with local Part C services providers.

5.0 GENERAL CONDITIONS:

- 5.1 **Applicable Laws and Courts:** This contract shall be governed in all respects by the laws of the Commonwealth of Virginia and any litigation with respect thereto shall be brought in the courts of the Commonwealth. The Local Lead Agency shall comply with all federal, state and local laws, rules and regulations.
- 5.2 **Anti-Discrimination:** The Local Lead Agency certifies to the DMHMRSAS that it shall conform to the provisions of the Federal Civil Rights Act of 1964, as amended, as well as the Virginia Fair Employment Contracting Act of 1975, as amended, where applicable, the Virginians With Disabilities Act, the Americans With Disabilities Act and *Virginia Code* § 2.2-4311. If the award is made to a faith-based organization, the organization shall not discriminate against any recipient of goods, services, or disbursements made pursuant to the contract on the basis of the recipient's religion, religious belief, refusal to participate in a religious practice, or on the basis of race, age, color, gender or national origin and shall be subject to the same rules as other organizations that contract with public bodies to account for the use of the funds provided; however, if the faith-based organization segregates public funds into separate accounts, only the accounts and programs funded with public funds shall be subject to audit by the public body. (*Virginia Code* § 2.2-4343.1E).

In every contract over \$10,000 the provisions in 1. and 2. below apply:

5.2.1 During the performance of this contract, the Local Lead Agency agrees as follows:

- a. The Local Lead Agency shall not discriminate against any employee or applicant for employment because of race, religion, color, sex or national origin, or disabilities, except where religion, sex or national origin is a bona fide occupational qualification reasonably necessary to the normal operation of the Local Lead Agency. The Local Lead Agency agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of this nondiscrimination clause.
- b. The Local Lead Agency, in all solicitations or advertisements for employees, shall state that such Local Lead Agency is an equal opportunity employer.
- c. Notices, advertisements and solicitations placed in accordance with federal law, rule or regulation shall be deemed sufficient for the purpose of meeting the requirements of this section.

5.2.2 The Local Lead Agency shall include the provisions of 1. above in every contract for services or purchase order over \$10,000, so that the provisions shall be binding upon each contractor or vendor.

5.3 **Compliance:** The Local Lead Agency shall incorporate compliance with the following requirements into all contracts, interagency agreements, and memoranda of understanding for the implementation of Part C of the Individuals with Disabilities Education Act (IDEA): *(Links to many of these documents may be found on our website and can be accessed at: www.infantva.org).*

5.3.1 Public Law 105-17, Individuals with Disabilities Education Act (IDEA);

5.3.2 34 CFR Part 303: Early Intervention Program for Infants and Toddlers with Disabilities;

5.3.3 Virginia Code § 2.2-5300 et seq.;

5.3.4 Submission, Assurances and Certifications; Part C Grant Application;

5.3.5 Virginia Part C Policies and Procedures (2000), any subsequent revisions, and local policies and procedures;

5.3.6 Department of Mental Health, Mental Retardation and Substance Abuse Services Policy 4037 (CSB) 91-2: Early Intervention Program for Infants and Toddlers with Disabilities and Their Families;

5.3.7 Memorandum of Agreement Among the Agencies Involved in the implementation Of Part C of the Individuals with Disabilities Education Act

(IDEA) to Meet Full Implementation Requirements (September 1996) and local interagency agreements or memorandum of understanding; and

- 5.3.8 Applicable local interagency agreements, contracts, and memoranda of understanding
- 5.4 **Immigration Reform and Control Act of 1986:** The Local Lead Agency certifies that they do not and shall not during the performance of this contract employ illegal alien workers or otherwise violate the provisions of the federal Immigration Reform and Control Act of 1986.
- 5.5 **Authorities:** Nothing in this contract shall be construed as authority for any party to make commitments that will bind the other party beyond the scope of services contained herein.
- 5.6 **Ethics in Public Contracting:** The Local Lead Agency certifies that any contract entered into by the Local Lead Agency as a result of this agreement shall be made without collusion or fraud and that it will not offer or receive any kickbacks or inducements from any other parties in connection with its contract and that it will not confer on any public employee having any official responsibility for this procurement transaction any payment, loan, subscription, advance, deposit of money, services or anything of more than nominal value, present or promised, unless consideration of substantially equal or greater value was exchanged.
- 5.7 **Performances:** All services provided by the Local Lead Agency pursuant to this contract shall be performed to the satisfaction of the DMHMRSAS, and in accordance with all applicable federal, state and local laws, ordinances, rules and regulations. The Local Lead Agency shall not receive payment for work found by the DMHMRSAS to be unsatisfactory or performed in violation of Federal, State and local laws, ordinances, rules or regulations. Furthermore, the Local Lead Agency shall, through contract management, hold local public and private agencies to which Part C funds are provided accountable and withhold payment for services found to be unsatisfactory. Should any disagreements arise under any portion of this contract, both parties agree to attempt to resolve them through open discussion prior to issuing any notice of cancellation.
- 5.8 **Confidentiality:** The Local Lead Agency assures that information and data obtained as to personal facts and circumstances related to clients will be held confidential, during and following the term of this agreement, and will not be divulged, except as required to legally meet mandatory requirements, without the individual's written consent and then only in strict accordance with Part C of the Individuals with Disabilities Education Act confidentiality requirements and prevailing laws. Any information to be disclosed, except to the DMHMRSAS must be in summary, statistical, or other form which does not identify particular individuals.
- 5.9 **Modification of Contract:** This Contract may be modified upon the mutual agreement of the DMHMRSAS and the Local Lead Agency, including, but not limited to, the Scope of Work, budget, and compensation. Any and all modifications to the Contract must be in writing and signed by both the Local

Lead Agency and the DMHMRSAS. This procedure does not include changes to original funding. The procedure applicable to changes to funds is under Section 5.0 "General Conditions," item 5.18 "Changes to Funds."

- 5.10 **Termination of Contract:** Either the DMHMRSAS or the Local Lead Agency may terminate this contract at any time during the contract period, upon 90 days written notice via certified mail with return receipt. In the event that the Local Lead Agency wishes to terminate the contract, the notice of cancellation shall be sent to the Commissioner of the Department of Mental Health, Mental Retardation and Substance Abuse Services. In the event the DMHMRSAS wishes to terminate the contract, the notice of cancellation shall be sent to the Local Lead Agency. The 90-day notice period shall commence on the date of receipt of the notice by the addressee as documented by the return receipt. In the event that this contract is cancelled for any reason, the Local Lead Agency shall cooperate with the DMHMRSAS to implement a transition plan for Part C eligible children and their families served under this contract.
- 5.11 **Audit:** The Local Lead Agency shall retain all books, records, and other documents relative to this contract for five years after final payment, or until audited by the Commonwealth of Virginia, whichever is sooner. The DMHMRSAS, its authorized agents, and State and Federal auditors shall have full access to and the right to examine any of said materials during said period.
- 5.12 **Availability of Funds:** It is understood and agreed between the parties that the DMHMRSAS shall be bound hereunder only to the extent of the funds available or which may hereafter become available for the purpose of this contract.
- 5.13 **Assignment of Contract:** This contract shall not be assignable by the Local Lead Agency in whole or in part without the written consent of the DMHMRSAS.
- 5.14 **Prompt Payment:** The Local Lead Agency shall comply with the terms and conditions of Article 4, Titled "Prompt Payment" of the Virginia Public Procurement Act.
- 5.15 **Drug-Free Workplace:** During the performance of this contract, the Local Lead Agency agrees to (i) provide a drug-free workplace for the Local Lead Agency's employees; (ii) post in conspicuous places, available to employees and applicants for employment, a statement notifying employees that the unlawful manufacture, sale, distribution, dispensation, possession, or use of a controlled substance or marijuana is prohibited in the Local Lead Agency's workplace and specifying the actions that will be taken against employees for violations of such prohibition; (iii) state in all solicitations or advertisements for employees placed by or on behalf of the Local Lead Agency that the Local Lead Agency maintains a drug-free workplace; and (iv) include the provisions of the foregoing clauses in every contract for services or purchase order of over \$10,000.00 so that the provisions will be binding upon each contractor or vendor.

For the purposes of this section "*drug-free workplace*" means a site for the performance of work done in connection with a specific contract awarded to a contractor; the employees of whom are prohibited from engaging in the unlawful

manufacture, sale, distribution, dispensation, possession or use of any controlled substance or marijuana during the performance of the contract.

- 5.16 **Precedence of Terms:** The terms and conditions of this contract shall apply in all instances. In the event of a conflict between any of these terms and conditions and those of any other contracts, the terms and conditions of this contract shall apply.
- 5.17 **Renewal of Contract:** This contract may be renewed by the DMHMRSAS upon written agreement of all parties for four (4) successive one year periods, under the terms of the current contract, and at a reasonable time (approximately 90 days) prior to the expiration.
- 5.18 **Changes to Funds:** Upon request by the Local Lead Agency for changes in their original funding amounts, DMHMRSAS reserves the right to grant additional funds to the Local Lead Agency or to reduce the amount of funds previously allocated to the Local Lead Agency. DMHMRSAS will notify the Local Lead Agency of the amount of funds added to their original funding amounts and what the additional funds may be used for, or the reduction to their original funding, by issuing a letter to the Local Lead Agency. This letter shall be made part of the Contract.

6.0 SUBMISSION REQUIREMENTS

The Local Lead Agency shall submit to the DMHMRSAS the following documents, incorporated as part of this contract and in the supplemental Excel spreadsheets as Attachments A, B and D, which are required for execution of this contract:

- 6.1 Identification Sheet
- 6.2 Part C Funds Local Budget
- 6.3 Local Part C Interagency Budget Justification Narrative

7.0 PERIOD OF CONTRACT: This contract commences upon final execution and expires on June 30, 2005, to include work beginning July 1, 2004.

8.0 COMPENSATION AND PAYMENT

The DMHMRSAS shall pay the Local Lead Agency semi-monthly (a total of 24 payments). The timely submission of Expenditure Reports by the Local Lead Agency in accordance with §2.1.1.b (1) of this contract is required for the continuance of automatic allocations. The DMHMRSAS shall suspend any further semi-monthly payments until required reports are received in accordance with this contract.

Federal Part C Funds \$

State General Funds \$

TOTAL Part C Allocation 04-05: \$

- 8.1 The Local Lead Agency shall use these funds for the implementation of the Part C early intervention system in accordance with all requirements and provisions in this contract.

9.0 SUBMISSION STATEMENT

The Local Lead Agency agrees to carry out all services and functions outlined in this contract in compliance with this contract and all terms and conditions imposed herein, as well as all fiscal requirements of Part C of the Individuals with Disabilities Education Act (20 USC 1431 et seq).

IN WITNESS WHEREOF, the parties have caused this Contract to be duly executed intending to be bound thereby:

{Local Lead Agency}

By: _____

{Name of Authorized Officer of Local Lead Agency}
{Title}

Date: _____

**Department of Mental Health, Mental Retardation
And Substance Abuse Services**

By: _____

James S. Reinhard, M.D.
Commissioner

Date: _____

ATTACHMENTS

ATTACHMENT A – IDENTIFICATION SHEET

ATTACHMENT B – LOCAL PART C INTERAGENCY BUDGET, QUARTERLY REPORTING FORM

ATTACHMENT C – Instructions for 2004-2005 Local Budgets

ATTACHMENT D – State Fiscal Year (SFY) 2005 Local Part C Interagency Budget
Justification Narrative

ATTACHMENT E – Personnel Table – Federal Part C Report

ATTACHMENT F – Personnel Data - Reporting Form

ATTACHMENT G – Anticipated Data/Information Required from Local Interagency Coordinating Councils

ATTACHMENT H – Local Status Report

CONTRACT # _____

LICC _____

State Fiscal Year (SFY) 2005

COMMONWEALTH OF VIRGINIA
LOCAL CONTRACT FOR CONTINUING PARTICIPATION IN PART C
EARLY INTERVENTION FOR INFANTS AND TODDLERS WITH DISABILITIES AND THEIR FAMILIES

Form Instructions

- 1 Enter the council name in the cell to the right of "Council Name:"
- 2 Do not enter any information into grey cells. These cells have formulas written into them and will automatically make calculations to figures you enter into other cells.
- 3 Enter allocation amounts by category as listed in your local contract into the orange cells.
- 4 Place an "X" in the appropriate box to define the purpose of this form submission, you may have an "X" in more than one box. Indicate the quarter reporting with an "X".
- 5 By category, distribute the amounts allocated to create your budget. Budget amounts that had previously been recorded in the two categories of "Council Operations" and "Systems Components" should now be reported in the category of "Council Operations". For budget revisions, please use the same cells as the previous budget.
- 6 For expenditure reports, enter the amount expended, by category for the quarter you are reporting. This section is to be used for reporting ALL allocation types.
- 7 Below "Printed Name" enter the names of the Council Coordinator and Lead Agency Rep., below the date, enter the date of the report's submission.
- 8 Sign and submit the completed form following the dates outlined in your contract.
- 9 Final report is for any carryover funds (funds from federal Part C and Federal one-time balances as of June 30) expended from July 1st to September 30.

CONTRACT # _____

LICC _____

State Fiscal Year (SFY) 2005 COMMONWEALTH OF VIRGINIA
LOCAL CONTRACT FOR CONTINUING PARTICIPATION IN PART C
EARLY INTERVENTION FOR INFANTS AND TODDLERS WITH DISABILITIES AND THEIR FAMILIES

ATTACHMENT C

STATE FISCAL YEAR (SFY) 2005 LOCAL PART C INTERAGENCY BUDGET JUSTIFICATION NARRATIVE

Total Part C Base Allocation*: _____

*includes State Part C Funds [\$3,125], DSS Funds, and Federal Part C Funds

Amount Designated for Administration**: _____

**Must not exceed 3% of State and Federal Part C Funds

Explanation:

Amount Designated for Systems Operations: _____

Explanation:

Amount Designated for Entitled Direct Services: _____

Explanation: Include the number of children your council serves; how evaluations and services are provided (provider positions funded, contracts with private providers, etc.); estimated revenues for family fees, third party payment, targeted case management (TCM) and local funding.

CONTRACT # _____

LICC _____

State Fiscal Year (SFY) 2005 COMMONWEALTH OF VIRGINIA
 LOCAL CONTRACT FOR CONTINUING PARTICIPATION IN PART C
EARLY INTERVENTION FOR INFANTS AND TODDLERS WITH DISABILITIES AND THEIR FAMILIES

ATTACHMENT D

**PERSONNEL TABLE – FEDERAL PART C REPORT
 FOR SUBMISSION 9/15/04**

2003-2004 (FORM EXPIRES 7/31/04)

Number and Type of Personnel (in Full Time Equivalency FTE) and Additional Personnel Needed to Provide Early Intervention Services for Infants and Toddlers with Disabilities and Their Families

Early Intervention Services Personnel	(A) FTE Employed and Contracted	(B) FTE Needed
Audiologists		
Nurses		
Nutritionists		
Occupational Therapists		
Orientation and Mobility Specialists		
Paraprofessionals		
Pediatricians		
Physical Therapists		
Physicians (Other than Pediatricians)		
Psychologists		
Social Workers		
Special Educators		
Speech and Language Pathologists		
Other Professional Staff:		
Counselor		
Certified Therapeutic Recreation Ther.		
Educational Interpreter		
Generalist		
TOTAL		

State Fiscal Year (SFY) 2005 COMMONWEALTH OF VIRGINIA
LOCAL CONTRACT FOR CONTINUING PARTICIPATION IN PART C
EARLY INTERVENTION FOR INFANTS AND TODDLERS WITH DISABILITIES AND THEIR FAMILIES

ATTACHMENT E

Instructions for Completing the Personnel Table – Federal Part C Report

Instructions for Column A, Early Intervention Services Personnel Employed and Contracted

1. Report the number of full-time equivalent personnel employed and contracted who provide Part C early intervention services. *Report all employed personnel who were providing services to the infants and toddlers, for whom you completed an individual Child Data Form (i.e., the total number of infants and toddlers receiving early intervention services).*
2. Include the following in the personnel counts:
 - Personnel providing early intervention services employed by any agency that is a member of the local council.
 - Personnel contracted to provide early intervention services by any agency that is a member of the local council.
 - Personnel who are providing early intervention services to infants and toddlers, employed by private agencies which are under public supervision.
3. The number of personnel should be reported in full-time equivalency (FTE) of assignment. For example, if two half-time personnel are employed in the same category of position, they would equal one full-time employee.
4. If personnel work with children of all ages, count only that proportion of time spent with infants and toddlers with disabilities. For example, a person who works with infants 20 percent of the time would be counted as .2 FTE. (Decimals may be used.)
5. For contracted personnel, calculate the FTE by dividing the total number of hours contracted per week (or month) by the number of hours in a full-time work week (or month). For example, 19 hours contracted and 38 hours in a full-time work week would be counted as .5 FTE
6. For personnel employed by private agencies, calculate the FTE by apportioning staff time to the infants and toddlers whose services are being delivered under public supervision in accordance with Part C (Part C services). For example, in a center based program that serves 5 toddlers, four of whom are receiving services under public supervision, a .8 FTE would be reported for their employees. The program's occupational therapist in employed half-time and works with 10 infants, 7 of whom are receiving services under public supervision, an FTE of .35 would be reported ($1/2 \times 7/10$). (Decimals may be used.)
7. Place zeros (0) in categories where no personnel are employed. For example, if the locality did not employ orientation and mobility specialists in the reporting year, place a zero in that cell.
8. Record all FTEs as decimals. Do not use fractions.

Instructions for Column B, Additional Early Intervention Services Personnel Needed

1. Report the number of additional early intervention personnel needed to provide early intervention services for infants and toddlers; and
2. Include in these figures:
 - The unduplicated number of unfilled vacancies that occurred in the reporting year
 - The number of additional personnel that were needed in the reporting year to fill positions occupied by persons who were *not appropriately and adequately prepared or trained for the position held i.e., they do not hold the highest standard.*
3. These counts should include personnel needed by public and private agencies to provide early intervention services. *Do not* include personnel without budgeted positions. For example, if a program would like to have three more speech pathologists but has no more budgeted positions and no vacancies, the need for that program should be reported as 0.

ATTACHMENT G

Anticipated Data/Information Required from Local Lead Agencies During SFY-05

The following table provides a list of data and information required from Local Lead Agencies during SFY-05, as well as the purpose for collecting this data and the ways the data may be used. While every effort has been made to plan ahead in identifying data requirements of Local Lead Agencies, there are almost always data needs that arise during the course of a year that were not originally anticipated. When that happens, DMHMRSAS will provide advance notice in requesting the additional information or data, as indicated in 2.2.2 of this contract.

Data/ Information Requirement	Due Date	Purpose for Collecting this Data	How This Data will be Used
Part C Expenditure Reports	10/31/04 2/2/05 5/3/05 8/2/05	To document expenditures of Part C funds during each quarter of the contract year.	This data is used by DMHMRSAS and the Early Intervention Interagency Management Team (EIIMT) to monitor use of funds at the local level and to document trends in use of funding statewide.
Service Delivery Oversight and Budget Management Tool (or equivalent form)	On the 10 th of each month from August, 2004 through July, 2005	To document services planned and delivered, reimbursement sources, and projected encumbrance of Part C funds	This data is critical for localities to use in front-end management of their system (for both budget planning and for oversight of service delivery). This data will be used by DMHMRSAS to monitor local budget status and individualization of Part C supports and services.
Family Survey Data	8/1/04 11/1/04 2/1/05 5/1/05	To document family satisfaction with their early intervention experience	This data is used for state and local planning, accountability, compliance and systems improvement. It will also be used by localities in planning for local systems improvements.
MIMS indicator data	In accordance with monitoring timelines for each locality	To document compliance with federal Part C requirements and Virginia's Part C Policies and Procedures.	This data is used for state and local planning, accountability, compliance and systems improvement. It should also be used by localities in planning for local systems improvements.
Local Status Report	1/15/05	To document the steps to be taken (or status of those steps) to improve the local Part C system based upon findings of the MIMS self-assessment process and ongoing monitoring.	This information is used to facilitate improvements in the local Part C system and to identify trends across the Commonwealth and possible training and technical assistance needs. This information is also helpful in providing state status reports to OSEP.
Revised local policies and procedures	5/1/05	To document that local policies and procedures are in place and in compliance with state policies and procedures and to identify technical assistance needs.	This data will assist with state and local planning, accountability, compliance and systems improvement. It will also be used to direct technical assistance resources to meet local needs.
Personnel Data - Reporting Form (Attachment F of this contract)	5/1/05	To identify those persons employed as EI Assistants who are in the process of achieving approval of their qualifications and to	This data will assist with state and local planning, accountability, compliance and systems improvement.

Data/ Information Requirement	Due Date	Purpose for Collecting this Data	How This Data will be Used
		ensure that EI personnel who do not meet a highest standard when hired complete necessary course work within 3 years.	
Data for Federal Personnel Table	9/15/04	To meet federal reporting requirements related to personnel	This information must be submitted to OSEP annually. This data will also assist with state and local planning, accountability, compliance and systems improvement.
Child specific data that meet Individual Child Data Form elements (to be entered into the secure web-based data system)	Must be entered as children enter the system or at least by last day of each month. Data should be checked for needed updates and confirmed by: 7/10/04 10/10/04 1/10/05 4/10/05	To meet federal reporting requirements related to child count and other child-specific data.	Child count and other required child-specific data must be submitted to OSEP annually. This data will also assist with state and local planning, accountability, compliance and systems improvement.

Draft – 416/04

**Local Part C Early Intervention System
Annual Status Report**

Each local lead agency is contractually required to submit an annual status report on the local Part C early intervention system, as indicated in the Local Contract for Continuing Participation in Part C. Completion of the annual status report serves multiple functions, including the following:

1. Assisting the locality to examine and use data on an ongoing basis to monitor and continuously improve the local Part C early intervention system;
2. Assisting the State to provide on going monitoring and implementation of Part C;
3. Providing uniform reporting from LICC's that result in high-quality information across LICC's related to performance and compliance;
4. Enhancing the data available to the State for use in determining statewide priorities for funding, technical assistance, training, etc; thereby targeting limited funding to achieve the greatest impact for children and families in the Commonwealth;
5. Improving accountability to Virginia's taxpayers that the state and localities demonstrate best use of each dollar invested in our Part C service delivery system;
6. Providing more complete data to document progress on federally-identified priorities in Virginia's annual performance report to the Office of Special Education Programs; and
7. Responding to Legislative inquiries.

The annual status report is due on January 15, 2005 and should be submitted to:

Mary Ann Discenza, Part C Coordinator
DMHMRSAS – 9th Floor
P.O. Box 1797
Richmond, VA 23218-1797
FAX: (804) 371-7959

**Local Part C Early Intervention System
Annual Status Report**
Reporting Period: December 1, 2003 through December 1, 2004

Name of Local Lead Agency: _____

Date Submitted: _____

What year did your locality complete its last MIMS self-assessment? _____

Provide an update on your current Plan of Improvement including:

- The status of each activity listed in the plan (e.g. completed, in progress, not yet begun, changed or deleted, etc.)
- The progress that has been made on each identified area needing improvement (information that would be included in the “Progress Toward Improvement of Strategies” section of the local Plan of Improvement) as a result of implemented activities.
This information may be provided directly on the plan of improvement or described on a separate, attached piece(s) of paper.

INSTRUCTIONS:

For each of the following targets, please describe your locality’s current status (information has been provided for each target indicating the kinds of data that may be used to address current status).

- A Plan of Improvement must be developed if specific criteria for each target are not met, otherwise you are also encouraged to develop and submit a Plan of Improvement for areas needing improvement in order to continue improving outcomes for eligible children and their families. The Plans of Improvement must outline the efforts that will bring the locality into compliance by **January 15, 2006**. All Plans of Improvement must be submitted to the Part C office by **March 15, 2005**.
- Localities are encouraged to use any record review information already gathered from January 2004 through December 2004 when responding to the targets. At a minimum, a locality must have reviewed a total of 10% of their annualized child count. If a locality has an annualized child count fewer than 100, a minimum of 10 records must be reviewed.
 - If a locality has an annual child count of 150 children, a total of 15 records must be reviewed. If during the reporting period, the locality has only reviewed 5 records, an additional 10 records must be reviewed for this annual status report.
- Data obtained through ITOTS, should be for the specified reporting period: December 1, 2003 through December 1, 2004.
- Data sources have been provided to assist localities with completion of the Status Report. If a locality has additional data sources, they are encouraged to use this data when responding to the targets.

TARGETS

1. Public Awareness/Child Find

- a. *Children served in locality are representative of population – geographically and culturally (race, ethnicity, etc.)*

Data sources: ITOTS December 1 and annual child count data
Department of Health birth statistics
Census data (www.census.gov)
Virginia Quick Facts (www.census.gov)
Kids Count (www.vakids.org)

Please provide a summary/analysis of the information presented above.

Is this an area needing TA/training? _____

Do you need to develop a Plan of Improvement to address this target? _____

2. Services in the Natural Environment

a) *Every eligible child has an initial IFSP developed within 45 calendar days of referral (or documented mitigating circumstances are related to child and family factors, NOT system factors).*

Data sources: ITOTS data: Days from Referral to IFSP by Council; Children Exceeding 45-day Timeline with Mitigating Circumstances
Record reviews: Question 29

Localities may choose which data source to use; both do not have to be used.

- If a locality chooses to use the ITOTS information, please record your information in column 1 and place an “X” on the line next to ITOTS in the column header.
- If a locality chooses to use information gained through record reviews
 - A locality must have completed enough record reviews to total a minimum of 10% of their annualized child count. For those localities that serve fewer than 100 children, a minimum of 10 records must be reviewed.
 - Use of the Record Review Tabulation Sheet will assist in completing the table below as you will only need to transfer numbers from the tabulation sheet to the chart.
 - Place the information in the appropriate quarter. (e.g. If a locality did record reviews in March and October, information would be put in Quarter 1 and Quarter 4
 - If a locality has not completed record reviews within the past year, put your information in column 4.

	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
List the # of records reviewed:								
Date of Review:								
	#	%	#	%	#	%	#	%
Number (#) and Percentage (%) of IFSP’s that exceeded the 45-day timeline:								
Mitigating Circumstances: List number (#) and percentage (%)								
When using ITOTS data, use first column and check the box next to ITOTS only .	#	%	#	%	#	%	#	%
	ITOTS only:							
• Family ill?								
• Child ill?								
• Family scheduling preference?								
• Provider unavailability?								
• Temporarily lost contact?								
• Other?								

Please provide a summary/analysis of the information obtained through the ITOTS reports and record reviews.

1. Is this an area needing TA/training? Yes ____ No ____

2. Do you need to develop a Plan of Improvement to address this target? Yes __ No __

- A POI **MUST** BE DEVELOPED IF THERE ARE **ANY** IFSP’s THAT EXCEED 45-DAY TIMELINE FOR **SYSTEMS REASONS**

b) *Every child’s evaluation includes evaluation in all areas of development: cognitive, physical (including vision and hearing), communication, social or emotional, and adaptive development.*

Data sources: Record reviews: Question 29

- A locality must have completed enough record reviews to total a minimum of 10% of their annualized child count. For those localities that serve fewer than 100 children, a minimum of 10 records must be reviewed.
- Use of the Record Review Tabulation Sheet will assist in completing the table below as you will only need to transfer numbers from the tabulation sheet to the chart.
- Place the information in the appropriate quarter. (e.g. If a locality did record reviews in March and October, information would be put in Quarter 1 and Quarter 4
- If a locality has not completed record reviews within the past year, put your information in column 4.

	Quarter 1	Quarter 2	Quarter 3	Quarter 4				
List the number of records reviewed:								
Date of Review:								
In each of the developmental domains, list the number (#) and percentage (%) of record reviews that contain an assessment of the developmental area for each quarter you reviewed records. Developmental domains are considered evaluated/assessed IF there is documentation on the IFSP of the developmental level and description of strengths and needs within the developmental level.								
Domain	#	%	#	%	#	%	#	%
<i>Cognitive</i>								
<i>Gross Motor</i>								
<i>Fine Motor</i>								
<i>Communication</i>								
<i>Social/Emotional</i>								
<i>Adaptive</i>								
<i>Hearing</i>								
<i>Vision</i>								

Number of records reviewed for which all areas were not addressed in the evaluation/assessment: _____

Please provide a summary/analysis of the information presented above.

1. Is this an area needing TA/training? Yes ____ No ____
 2. Do you need to develop a Plan of Improvement to address this target? Yes ____ No ____
 - A PLAN OF IMPROVEMENT MUST BE DEVELOPED IF ANY RECORD DID NOT DEMONSTRATE THAT ALL AREAS OF DEVELOPMENT WERE EVALUATED AND ASSESSED.
- c) *IFSP outcomes reflect everyday routines, activities and places and match with identified child and family needs.*

Data Sources: Record reviews: Questions 15, 16, 17, 32 - 34

	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
Number of records reviewed:												
Date of Review:												
	#	% yes	% no									
Is there any documentation of the parents' perceptions of their child's abilities and needs on the context of daily activities?												
Is there documentation of family routines, and activities?												
Did the family identify any priorities, resources and concerns?												
	#	%		#	%		#	%		#	%	
Do the outcome and short term goals reflect family priorities and activities/settings that are important to the family?												
Do the outcome and short term goals relate to actual daily functional activities of the child?												
Are the outcomes and short-term goals discipline free?												
Are the outcome and short term goals contextualized?												

Please list 3 outcomes written on IFSP's over the past 12 months that you feel reflect Virginia's supports and services philosophy.

Please provide a summary/analysis of the information presented above.

Is this an area needing TA/training? Yes ____ No _____

Do you need to develop a Plan of Improvement to address this target? Yes ____ No _____

d) *Child and family begin receiving the early intervention services listed on their IFSP in a timely manner.*

Data sources: Record reviews

	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
Number of records reviewed:												
Date of Review:												
# of Days	Max	Min	Ave									
Range of number of days from the start date listed on IFSP with date that first service was delivered												

- If services did not begin by the "Start Date" as listed on the IFSP, list reasons why

Provide a summary/analysis of the information provided.

Is this an area needing TA/training? Yes ____ No _____

Do you need to develop a Plan of Improvement to address this target? Yes ____ No _____

- A PLAN OF IMPROVEMENT MUST BE DEVELOPED IF ANY RECORD DOES NOT LIST A “START DATE” OR SERVICES DID NOT BEGIN IN A TIMELY MANNER.

e) *Part C early intervention services identified on the IFSP are actually provided. If not, why not?*

Data sources: Service Delivery Oversight and Budget Management Tool

1. Review the last three (3) months of Service Delivery Oversight and Budget Management Tool submitted to the Part C office. If there are any children whose “actual” services did NOT match “planned” services, how many records indicated the reason for the discrepancy was due to:
 - Family Reasons (Child ill, Family member ill, etc.) _____
 - System Reasons (Provider illness, Personnel shortage, etc) _____

Please provide a summary/analysis of the information presented above.

Is this an area needing TA/training? Yes ____ No _____

Do you need to develop a Plan of Improvement to address this target? Yes ____ No _____

f) *Early intervention services result in improved and sustained functional abilities for children.*

Data sources: Record reviews

1. Review 10 records of children who have been enrolled in your local system for at least six (6) months.
2. Look at outcomes listed on IFSP’s that are being reviewed at an IFSP review and complete the chart below:

Child ID*	# of Outcomes	# of Short Term Goals	% of Short Goals Met as of Review Date	% of Outcomes Met as of Review Date

* Localities may choose any confidential way to identify the child such as ICDF code, agency code or Child 1, Child 2, etc.

Please provide a summary/analysis of the information presented above.

Is this an area needing TA/training? Yes ____ No _____

Do you need to develop a Plan of Improvement to address this target? Yes ____ No _____

3. Transition

a) *The 90-day transition conference is held for all children transitioning from Part C to Part B.*

Data source: Record reviews: Question 45

Family Survey

a. Local family survey data was submitted to DMHMRSAS via the database in each of the last 4 quarters.

Data Sources: ITOTS: Standard Annual Report B-1
Family Survey

	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
List the number of records reviewed:								
Date of Review:								
Domain	#	%	#	%	#	%	#	%
Total Number of children who were opened and received initial IFSP								
Total number (#) and percentage (%) of Beginning Family Surveys returned**								
Total number of children exit the system								
Total number (#) and percentage (%) of Following Family Surveys returned**								

** It is recognized that the number of Family Surveys returned within a reporting period will not equal the number of children entering and leaving the early intervention system for the same reporting period, the information over time will help localities get a sense of return rates.

- List 3 things families identified as strengths for your system

- List 3 things families identified as areas needing improvement for your system

Please provide a summary/analysis of the information presented above.

Is this an area needing TA/training? Yes ____ No _____

Do you need to develop a Plan of Improvement to address this target? Yes ____ No _____

- A PLAN OF IMPROVEMENT MUST BE DEVELOPED IF FAMILY SURVEY DATA WAS NOT SUBMITTED FOR EACH QUARTER DURING 2004. THE PLAN OF IMPROVEMENT MUST ADDRESS THE BARRIERS THAT PREVENTED TIMELY SUBMISSION OF THE SURVEY DATA.

4. Please list the following:

- a) The three activities completed in your local Part C system in the past year that have resulted in the greatest positive impact for children and families.

- b) The top three current training and technical assistance needs in our locality.