



**Infant & Toddler Connection of Virginia  
Part C Update  
November 16, 2009**

**Note about This Update:**

This Update is prepared by the Infant & Toddler Connection of Virginia State Team at the Department of Behavioral Health and Developmental Services as a means of sharing current information from the Part C Office.

**MEDICAID EARLY INTERVENTION INITIATIVE**

**Enrollment of Children in the Medicaid Early Intervention Program**

- As of November 09, 2009, 2759 children were enrolled in the Medicaid Early Intervention Program.
- By December 31, 2009, 216 children will turn 3 years of age.
- Approximately 180 children are less than one year of age.
- Six (6) children are under 3 months of age.

**Provider Enrollment**

- As of November 16, 2009, 1,220 individuals were enrolled as Medicaid Early Intervention Providers. The following provides a total by discipline:
  - Physical Therapist-153
  - Physical Therapist Assistant-23
  - Educators (Including Early Childhood Special Education)-143
  - Occupational Therapist-132
  - Occupational Therapist Assistant-11
  - Orientation and Mobility Specialist-2
  - Educator of the Hearing Impaired-7
  - Developmental Therapy Assistant-19
  - Counselor (Including Licensed Professional Counselor)-2
  - Counselor (School)-1
  - Certified Therapeutic Recreation Specialist-2

- Early Intervention Service Coordinator-355
- Family and Consumer Science Professionals-43
- Music Therapist-1
- Family Therapist-2
- Psychologist (Including Clinical Psychologist)-1
- Social Worker (Licensed Clinical)-17
- Social Worker (Licensed)-1
- Nurse (Including Registered Nurse and Nurse Practitioner)-21
- Speech-Language Pathologist-283
- Audiologist-1

### **Billing and Claims**

- The Department of Medical Assistance Services (DMAS) is now processing early intervention claims.
- Some Medicaid Early Intervention Codes were listed incorrectly in the DMAS Early Intervention Services Manual. The correct codes can be found at <http://www.infantva.org/documents/ovw-ccED-PM-EligibilityMedicaid-EI-Codes.pdf>.

## **PERSONNEL REQUIREMENTS**

### **Emergency Personnel Regulations have been finalized.**

- State emergency regulations specifying personnel requirements for Virginia's Part C system went into effect on November 3, 2009. These emergency regulations will expire November 2, 2010; therefore, the administrative process of adopting permanent replacement regulations has started.
- A Notice of Intended Regulatory Action will be published on November 23, 2009 with an initial public comment period of 30 days beginning on November 23. Public comment will be accepted in writing or during the December Virginia Interagency Coordinating Council meeting. Written comments may be sent to the following:

Karen A. Durst  
 DBHDS, Part C Office  
 P. O. Box 1797  
 1220 Bank Street  
 Richmond, Virginia 23218

- Information may be accessed through the website of the Virginia Regulatory Town Hall.

## **Professional Development Procedures**

The Part C Office in conjunction with the Virginia Interagency Coordinating Council has developed procedures and forms to support the Personnel Regulations.

- Every certified practitioner must have a professional development plan. Practitioners may use the attached Professional Development Plan form or may use an alternate form provided through their agency.
- Completion of the attached Training Record is required for all certified practitioners
- In order to count toward the required hours for re-certification, training activities must be at least 2 hours in length. This can include a planned combination of activities that total two or more hours.
- The practitioner's supervisor must sign off on each line of the training record to indicate his/her awareness of the trainings/activities the employee is accessing as well as approval of the activities.
- Practitioners who work independently, rather than for an agency, must have their plan reviewed and signed by the local system manager in (one of) the system in which they work.

## **ANNUAL PERFORMANCE REPORT (APR)**

- The Federal Fiscal Year 2008 APR is due to the Office of Special Education Programs (OSEP) on February 1, 2010.
- Statewide data on the APR indicators will be presented and discussed during the Virginia Interagency Coordinating Council (VICC) meeting on December 9, 2009. Since the Federal Fiscal Year (FFY) 2008 data will establish the baseline data for Indicator 3 (child outcomes), VICC members will be making a recommendation on state targets for the next two years for this indicator.
- The draft APR will be disseminated to VICC members and local systems and posted to our website no later than December 17. Any comments on the draft will be due back to the Part C Office no later than January 5.

## **DATA SYSTEM**

- ITOTS Version 1.7 was released on Monday, 11/16/09. This release corrected a number of issues with version 1.6.
- The ITOTS Expansion project is under way.
  - David Mills will be contacting Local Systems to develop a list of stakeholders who will have input on the development of this project. The plan is to schedule the first stakeholder meeting for early December.
  - Central Office staff has been reviewing the scope and objectives of this project.
  - Central Office staff has begun meeting two times per week to gather requirements for this project and are currently evaluating the referral process and are developing a list of questions for the stakeholder group.
- Requirements for ITOTS Version 1.8 are currently being gathered.

## TRAINING RESOURCES

### **International Society on Early Intervention (ISEI)**

[http://depts.washington.edu/isei/gen\\_info.html](http://depts.washington.edu/isei/gen_info.html)

The primary purpose of the ISEI is to provide a framework and forum for professionals from around the world to communicate about advances in the field of early intervention. The membership of ISEI is composed of basic and clinical researchers relevant to the field of early intervention representing a diverse array of biomedical and behavioral disciplines, as well as clinicians and policy-makers in leadership positions. As such, linkages between basic science and applied research, interdisciplinary collaborations, and connections between research and practice are emphasized. To foster communication and research collaborations, the ISEI sponsors or co-sponsors international conferences, provides information about conferences relevant to the field of early intervention, publishes a membership directory, and has established an information exchange mechanism through the Internet. From time-to-time, the ISEI will publish books or reprint journal articles of special interest to its members. A Book Series has been established with Brookes Publishing, and a special international section has been reserved for ISEI in the interdisciplinary journal, *Infants and Young Children*.

Online Learning Modules are available from the **Family, Infant and Preschool Program (FIPP)**. The learning module topics are designed to support FIPP's [Integrated Framework](#).

[Introduction to Coaching in Natural Learning Environments](#)

[Children and Marital Conflict](#)

[Introduction to Primary Coach Teaming Practices](#)

[Carefree Kids](#)

[The Use of Coaching by Registered Nurses as a Practice Method for Supporting Patients and Families](#)

### **CSEFEL Infant Toddler Training Modules**

The Center on the Social and Emotional Foundations for Early Learning (CSEFEL) recently introduced a new Spanish version of the popular Promoting Social and Emotional Competence: Infant Toddler Training modules. These modules were designed based on input gathered during focus groups with program administrators, T/TA providers, early educators, and family members about the types and content of training that would be most useful in addressing the social-emotional needs of young children. Both the English and Spanish versions can be downloaded for FREE.

URL for English version:

[http://www.vanderbilt.edu/csefel/inftodd.html?utm\\_source=TACSEI+%26+CSEFEL+Updates&utm\\_campaign=1724c11355-TACSEI+and+CSEFEL+Updates\\_4.2009&utm\\_medium=email](http://www.vanderbilt.edu/csefel/inftodd.html?utm_source=TACSEI+%26+CSEFEL+Updates&utm_campaign=1724c11355-TACSEI+and+CSEFEL+Updates_4.2009&utm_medium=email)

URL for Spanish version:

[http://www.vanderbilt.edu/csefel/modulos\\_inftodd.html?utm\\_source=TACSEI+%26+CSEFEL+Updates&utm\\_campaign=1724c11355-TACSEI+and+CSEFEL+Updates\\_4.2009&utm\\_medium=email](http://www.vanderbilt.edu/csefel/modulos_inftodd.html?utm_source=TACSEI+%26+CSEFEL+Updates&utm_campaign=1724c11355-TACSEI+and+CSEFEL+Updates_4.2009&utm_medium=email)

### ***Making the Most of Playtime: New Resource from CSEFEL***

The Center on the Social and Emotional Foundations for Early Learning (CSEFEL) has published a new resource for families entitled *Making the Most of Playtime*, which offers tips and strategies for families to consider when playing with their infant or toddler. It is part of the CSEFEL Family Tools Collection and can be accessed online at [http://www.vanderbilt.edu/csefel/familytools/make\\_the\\_most\\_of\\_playtime2.pdf](http://www.vanderbilt.edu/csefel/familytools/make_the_most_of_playtime2.pdf)

### **Article On Social-Emotional Relationships**

Relationships are the way babies come to know the world and their place in it. They provide the loving context necessary to comfort, protect, encourage, and offer a buffer against stressful times. It is through relationships that young children develop social-emotional wellness, which includes the ability to form satisfying relationships with others, play, communicate, learn, face challenges, and experience emotions. [Click here](#), for tips on nurturing babies' social-emotional relationships.

[http://www.zerotothree.org/site/PageServer?pagename=ter\\_key\\_social\\_socemottips&AddInterest=1157](http://www.zerotothree.org/site/PageServer?pagename=ter_key_social_socemottips&AddInterest=1157)

**Bright Futures** is a national health promotion and disease prevention initiative that addresses children's health needs in the context of family and community. In addition to use in pediatric practice, many states implement Bright Futures principles, guidelines and tools to strengthen the connections between state and local programs, pediatric primary care, families, and local communities. The mission of Bright Futures is to promote and improve the health, education, and well-being of infants, children, adolescents, families, and communities.

Bright Futures uses a developmentally based approach to address children's health needs in the context of family and community. Bright Futures is a set of principles, strategies, and tools that are theory-based, evidence-driven, and systems-oriented that can be used to improve the health and well-being of all children. The centerpiece of Bright Futures is a comprehensive set of [health supervision guidelines](#) developed by multidisciplinary child health experts – ranging from providers and researchers to parents and other child advocates – that provide a framework for well-child care from

birth to age 21. These guidelines are designed to present a single standard of care and a common language based on a model of health promotion and disease prevention.

Bright Futures is based on the idea that successful child health promotion and care is rooted in a [partnership](#) of families, communities, health care providers, and public health officials. So in addition to developing programs and materials for families, Bright Futures [materials](#) are used by health professionals who care for children, including pediatricians, nurse practitioners, school nurses, public health workers, family physicians, nurses, physician assistants, dentists, child care workers, and others. See Bright Futures' website for a wealth of resources: <http://brightfutures.aap.org/about.html>

### **National Autism Center Publishes National Standards Report**

The National Autism Center has published the final report of its National Standards Project, a rigorous multi-year project to analyze treatments for children with Autism Spectrum Disorder (ASD). The National Standards Report (2009) provides information on which treatments have been shown to be effective for children with ASD. It covers a broad range of applied treatments, identifies the level of scientific evidence available for each, and provides specific information about the age groups, treatment targets, and diagnostic populations to which these treatments have been applied. The report is meant to serve as a single, authoritative source of guidance for parents, caregivers, educators, and service providers as they make informed treatment decisions. To learn more, go to <http://www.nationalautismcenter.org/affiliates/>

### **Discipline Sponsored Training**

Training resources are available through professional organizations including:

Occupational Therapy: [www.aota.org/](http://www.aota.org/)

Physical Therapy: [www.apta.org/](http://www.apta.org/)

Speech and Language: [www.asha.org](http://www.asha.org)

Other sites for Continuing education include:

OT Courses: [www.TodayinOT.com/ce](http://www.TodayinOT.com/ce)

Education: [www.OnlineCE.com](http://www.OnlineCE.com)