



Infant & Toddler Connection of Virginia

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.

Enrollment of Children in the Medicaid Data System (VAMMIS)

Please note the following contact information for questions about enrollment of children in the Medicaid Data System (VAMMIS).

Irene Scott 804-786-4868 irene.scott@dbhds.virginia.gov
Beth Tolley 804-371-6595 beth.tolley@dbhds.virginia.gov

Early Intervention Certification

For questions about certification of practitioners, contact Irene Scott 804-786-4868
irene.scott@dbhds.virginia.gov.

For questions related to completing the online application, contact David Mills 804-371-6593
david.mills@dbhds.virginia.gov.

One Year Anniversary of Early Intervention System Transformation

October 1, 2010 marked the one year anniversary of the Early Intervention System Transformation which included early intervention practitioner certification requirements, the Medicaid Early Intervention Initiative, the implementation of the Service Pathway, and implementation of the Infant & Toddler Connection of Virginia Practice Manual. Here are some highlights from the year:

Certified Early Intervention Practitioners

Discipline	December 2009	August 2010	October 2010	Increase since 12/09	% increase since 12/09
Audiologist	1	1	1	0	0
Certified Therapeutic Recreation Specialist	2	2	2	0	0
Counselor (Licensed Professional Counselor)	3	4	4	1	33%
Counselor- School	1	1	1	0	0
Early Intervention Assistant	18	30	37	19	105%
Early Intervention Service Coordinator	294	358	381	87	30%
Educator of the Hearing Impaired	7	9	11	4	57%
Educator of the Visually Impaired	12	17	19	7	37%
Educators- including Early Childhood Special Education	120	147	157	37	31%
Family and Consumer Science Professional	31	37	37	6	19%
Family Therapist	2	2	2	0	0
Music Therapist	1	1	1	0	0
Nurse (RN/Nurse Practitioner)	16	18	18	2	13%
Occupational Therapist	136	152	167	31	23%
Occupational Therapy Assistant	12	12	13	1	8%
Orientation and Mobility Specialist	2	3	3	1	50%
Physical Therapist	148	165	176	28	16%
Physical Therapy Assistant	23	24	24	1	4%
Psychologist (including Clinical Psychologist)	1	1	1	0	0
Psychologist, School	3	3	4	1	33%
Social Worker (Licensed Social Worker)	2	2	3	1	50%
Social Worker, Licensed Clinical	13	19	19	6	46%
Social Worker, School	1	1	1	0	0
Speech – Language Pathologist	282	332	351	69	24%
Total individual Practitioners	*	1127	1203		

*Since practitioners can have more than one certification, the total number of certified practitioners is less than the sum of practitioners certified in each category. The total number of certified practitioners in December 2009 is not available. The total number of certified practitioners in February 2010 was **926**. So, from February to October 15, **277** additional individuals were granted Early Intervention Certification. This is an increase of 30% in the total number of certified practitioners in Virginia's early intervention system.

Children with the Medicaid Early Intervention Benefit

- The number of children with the Medicaid Early Intervention (EI) benefit changed from **2,968** in October 2009 to a high of **3,570** in August 2010. Enrollment for September 2010 dropped to **3,289** as a result of a high number of children transitioning out of early intervention into the school system.
- Initially, it was expected that the percent of children in early intervention who had Medicaid or FAMIS would be around 40%. Currently 51% of the children in early intervention have Medicaid or FAMIS and this number has been as high as 54% in one month.

Medicaid Reimbursement

- \$8,100,699 has been paid for early intervention services (not including case management) from October 2009 through August 2010.

Medicaid Early Intervention Initiative Updates

MCO/Carve-Out Decision and EI Case Management

The Department of Medical Assistance Services (DMAS) has made the decision to continue to carve out the early intervention services. This plan is contingent upon developing and implementing a strong early intervention case management system, most likely establishing early intervention targeted case management that will be specifically designed for infants and toddlers enrolled in Part C early intervention.

A small group, which includes representatives from DBHDS, DMAS and local systems, is meeting throughout October to lay the framework for early intervention case management. Until implementation of this new Early Intervention Case Management, *local systems should continue to utilize Mental Health and Intellectual Disabilities Targeted Case Management for children who are eligible for these services.* The Part C Office, in conjunction with DMAS and other DBHDS representatives, will be providing additional information and training, including a webinar, to support local systems in implementing these existing targeted case management services while the early intervention case management systems is under development.

Timeline Requirements for Medicaid/FAMIS Data Entry in ITOTS

Recognizing the challenge of obtaining information from families and other agencies when the initial decision is made after referral to Part C that a child will have Medicaid or FAMIS coverage, the timeline for such situations has been adjusted. The **10 business day timeline** requirement for entering the Medicaid/FAMIS information in ITOTS for children who already have Medicaid or FAMIS when they are referred to Part C **is not changing.**

The Medicaid/FAMIS information must be entered in ITOTS **within 30 calendar days** of the date the decision is made that the child will have Medicaid or FAMIS (the disposition date) for the following situations:

- The child does not have Medicaid or FAMIS when he/she is referred to Part C. This includes children whose Medicaid/FAMIS applications are in process
- The child receives Medicaid/FAMIS coverage after the IFSP date
- Medicaid/FAMIS coverage is restored after having had coverage, then losing it.

This change is effective immediately. The Practice Manual located at <http://infantva.org/documents/pr-PM-PracticeManual.pdf> is being revised to reflect the new timeline. This change will not affect the page layout of your Practice Manual. It will only require replacing specified pages.

Personnel Regulations

The Department of Behavioral Health and Developmental Services has been granted a 6-month extension to the expiration date of the emergency regulations providing a certification process for early intervention practitioners. The Registrar has been notified of the Governor's approval of the extension and the public notice of the new expiration date will appear in the November 8th Register. The emergency regulations will remain in force until May 2, 2011.

New and Revised forms

In response to requests from the field, an IFSP Review Summary Letter has been created to use for physician certification when changes in services made during an IFSP review require physician certification. The form can be found at: <http://www.infantva.org/documents/forms/3223eEI-R.doc>.

Also, in response to requests from the field, the IFSP Summary Letter that is used for certification of IFSP services has been modified to say "Your approval of this IFSP is required in order for Medicaid or your family's insurance to cover services."

Early Intervention System Transformation Task Force

Please note: The minutes from the Early Intervention System Transformation Task Force have been moved to the Committees/Workgroup section of the web. <http://www.infantva.org/wkg-Transformation-WkGrp.htm>

Transition Record Review Results

Based on the 2009 local record review, we will be reporting the following results on the transition indicators in the Annual Performance Report (APR) due to the Office of Special Education Programs on February 1, 2011:

- Indicator 8a (IFSPs with transition steps and services): 88%
- Indicator 8b (notification to the LEA): 100%
- Indicator 8c (transition planning conference): 93%

States are required to be at 100% compliance with all three of these indicators, and we appreciate the hard work done by local systems to ensure that level of compliance on Indicator 8b. The results on 8a and 8c represent a decline in compliance over the previous year. On 8a, we went from 98% to 88%; on 8c, from 96% to 93%. Local systems have received notification of their local results on the transition indicators.

The records that will be reviewed in the next record review will be for those children transitioning August 1 – December 31, 2010. Therefore, it is critical that local systems take **immediate action** to correct noncompliance or to ensure continued compliance. It appeared that the primary problem leading to noncompliance in the last record review was inadequate (and often completely absent) documentation. Steps to take immediately include the following:

- Local system managers and service coordinators: Review the Practice Manual to ensure understanding of the documentation requirements related to transition.
 - In particular, please carefully review the instructions for completing page 7 of the IFSP (beginning on page 87 of the Practice Manual) and the transition information that begins on page 125 of the manual.
 - It also may be helpful to review the general documentation expectations related to contact notes. This information begins on page 135 of the Practice Manual.
- Local system managers: Ensure your local procedures for oversight and supervision are sufficient to identify when corrections in local practice are needed and when a service coordinator(s) need additional technical assistance or training related to transition requirements and documentation.

We expect that the noncompliance from last year's record review can be corrected quickly and that we can look forward to much better results in the upcoming review. Thank you for helping to make sure that happens.

Family Survey

We are nearing the end of the distribution of the Family Survey for Fall 2010. Virginia's Part C System contracts with the Social Science Research Center at Old Dominion University to conduct the survey. In order to present the survey questionnaire to families as respectfully and friendly as possible, and to keep the costs of conducting the survey as low as possible, we ask that you please follow the following guidelines when submitting the names and addresses for surveys.

1. Do not submit any of the information in all caps. This makes the merge field larger and can run off the label. The only exception is the abbreviation for the state, VA can be capitalized.
2. Do not abbreviate city names.
3. Check that city names are spelled correctly.
4. Include apartment numbers in the address line.
5. Do not include phonetic spellings of names in the cell with the name.
6. Check that first names and last names are not reversed.
7. For parents with the same last name include both first names in the first name cell separated by an ampersand i.e., [John & Jane] with the last name cell including the last name once i.e., [Doe] so that when merged the concatenated name will appear like this [John & Jane Doe].

8. For parents with different last names, include the complete name of the first parent in the first name column followed by an ampersand i.e., [Jane Doe &] with the second parent's full name in the last name slot i.e., [John Roe] so that when merged the concatenated name will appear like this [Jane Doe & Richard Roe]. Do NOT put both the parents' first names in the first name column and both the last names in the last name column. This does not look correct when merged: [Jane/Richard Doe/Roe].
9. Do not list Social Services as the parent of the child in foster care.
10. In cases of mixed custody, include the name of the person most involved in the child's services.
11. In cases where there is no parent name to list put "Parents of" rather than "Null" or leaving the field blank.
12. Do not place the entire set of information for a child in the first cell.

Final Expenditure Reports for State Fiscal Year 2010

The final non-ARRA expenditure report for the State Fiscal Year 2010 allocation of federal and state Part C funds is due to Sharon Becker on November 15, 2010. This final report must reflect expenditures of SFY 2010 funds that were obligated prior to June 30, 2010 and spent between July 1, 2010 and September 30, 2010. If your local system has no expenditures in the 7/1/10 – 9/30/10 spend-down period (i.e., there have been no expenditures of SFY-2010 funds beyond those reported on your 4th quarter expenditure report), then it is not necessary to submit a final expenditure report. However, you must send an email to Sharon Becker (sharon.becker@dbhds.virginia.gov) by November 15, 2010 letting her know that you have no further expenditures to report and will not be submitting a final report.

INFORMATION TECHNOLOGY (IT) CORNER

Infant and Toddler On-Line Tracking System (ITOTS) 1.8

Testing continues on ITOTS 1.8! Please be patient as we work on correcting some existing issues.

ITOTS Expansion

At the request of the Secretary of Health and Human Resources, Secretary Hazel, Chief Information Officers (CIOs) from Health and Human Resources (HHR) agencies have submitted recommendations for proceeding with the ITOTS Expansion project. We have received a variety of recommendations and are investigating some new options presented.

THE COMPREHENSIVE SYSTEM OF PERSONNEL DEVELOPMENT (CSPD)

The Integrated Training Collaborative (ITC) continues to work on the expanded professional development deliverables through ARRA funding. The professional development portal which will house Virginia's early intervention professional development opportunities will soon be live. For details regarding the professional development work plan, please see: <http://infantva.org/documents/pr-ITC-ARRA-Grant-ProfDevel-201008.pdf>.

Assistive Technology

The ITC sponsored a webinar with Dr. Pip Campbell entitled, "Using Assistive Technology to Promote Children's Participation" I on assistive technology for young children. Dr. Campbell provided practical strategies and simple accommodations to promote increased participation. The webinar will be posted on the professional development portal within the next few weeks. Following the webinar, Dr. Campbell provided two follow-up sessions in Tidewater and NoVA. The Tidewater session was telecast live to three additional locations to provide statewide coverage. It is anticipated that Dr. Campbell will continue to collaborate with Virginia to assist in the development of local "AT Teams" in some localities. Watch for further information.

Kaleidoscope

Kaleidoscope, Level I (KI), will be held on October 25th and 26th in Fairfax. This session is full. There will be another KI offered in April 2011 in Waynesboro. Please note that this is the final KI for this grant year so please plan

accordingly. More details will be available and distributed via the listserv soon. Additionally, plans are underway for KII. Please watch the listserv for dates and location.

SpecialQuest Birth to Five Resource Materials

SpecialQuest (SQ) Birth to Five is a national effort that is designed to touch the “head, heart, and hands” of families and professionals working together to create inclusive communities for young children with disabilities. This relationship- and team-based approach enhances and sustains inclusive services, family leadership skills, and integrated, collaborative service delivery. The vision of SQ Birth to Five is that states and local communities, including Early Head Start and Head Start programs and their community partners, collaborate to provide high quality inclusive services for young children with disabilities and their families. This work is supported by embedding the SpecialQuest approach, materials, and resources into professional development and service systems.

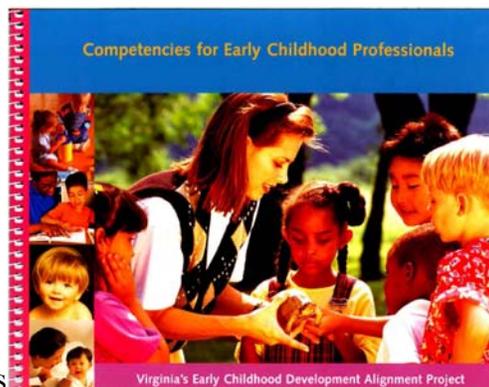
Virginia received long-term technical assistance from SpecialQuest Birth to Five and the state’s Leadership Team continues to work to share the materials and approach with early childhood providers across the state. The training materials are packaged in a Multimedia Library. SpecialQuest Birth to Five has agreed to provide a Multimedia Library for each local Part C system in Virginia. They will be distributed in this fall to LSMs during upcoming regional meetings.

Materials Available

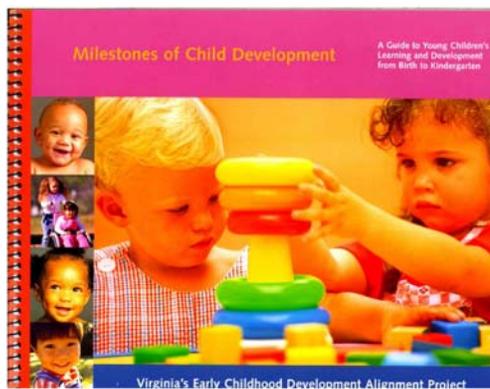
We have a limited number of the following items available if you would like copies of:



Developmental Wheels



Competencies for Early Childhood Professionals



Or Milestones of Child Development

Please contact David Mills (david.mills@dbhds.virginia.gov). Materials will be distributed on a first come first served basis. Many thanks to our colleague, Phyllis Mondak, for making these materials available.

RESOURCES/TRAININGS

Take Note-Professional Development Opportunities

Please note that any shared professional development activity requires each practitioner to ascertain relevance to his/her work. No endorsement of any activity not offered through the state Part C office should be assumed.

Lynchburg College ECSE Online Courses

Lynchburg College is now offering online all four early childhood special education courses required for SE-ECSE endorsement. This endorsement comes with a Certificate (Young Children with Disabilities Certificate). For further information, please contact Dr. Glenn Buck at (434) 544-8689 or Buck@Lynchburg.edu

Best Practices in Early Childhood (Birth to Five) Symposium

This symposium will be offered November 1 and 2 from 9:00 a.m. to 4:00 p.m. at the Crown Plaza West at 6531 West Broad Street in Richmond. The interactive two day workshop will feature Dr. Kristie Prettie-Frontczak and Dr. Jennifer Grisham Brown. Also plan to join Larry Edelman for a reception on “Using Video for Training, Technical Assistance, and Service Delivery” from 5:00-8:00 p.m. on November 1st. For more information and to register, visit: <http://guest.cvent.com/d/sdq9y1>

CONNECT Module

CONNECT Module 3, Communication for Collaboration is now available. This module focuses on communication practices that can be used to promote collaboration with professionals and families in early care and education and intervention settings. Visit: <http://community.fpg.unc.edu/connect-modules/learners/module-3>

Functional Analysis & Treatment of Severe Behavior Disorders

Dr. Brian Iwata will conduct a two-day workshop, “Functional Analysis & Treatment of Severe Behavior Disorders,” November 18 – 19 in Richmond, VA. The workshop will be held at the **Omni Richmond Hotel**, which is within walking distance of **Shockoe Slip & Shockoe Bottom**, where **Richmond’s best dining, shopping, and entertainment options** are found. All will receive a certificate of attendance. BCBAs may receive 12 Type II CE credits and Psychologists may receive 11 CE Credits. Register soon as space is limited. For registration information, forms, and fees, visit: www.bisoxford.com or contact Walt Antonow at [662] 234-1640.

New TACSEI Roadmap on Family-Focused Interventions

Source: Technical Assistance Center on Social Emotional Intervention for Young Children - Retrieved September 30, 2010

The Technical Assistance Center on Social Emotional Intervention for Young Children (TACSEI) has published a new Roadmap entitled, *Family-Focused Interventions for Promoting Social-Emotional Development in Infants and Toddlers with or at Risk for Disabilities* (September 2010), by Diane Powell and Glen Dunlap. This TACSEI Roadmap discusses family-focused services and practices for promoting social-emotional development of children served in Part C and specifically focuses on interventions that influence parenting practices for infants and toddlers with or at risk for disabilities. It is available online at

http://www.challengingbehavior.org//do/resources/documents/roadmap_5.pdf

Understanding Your Child's Behavior: Reading Your Child's Cues from Birth to Age Two

Source: The Center on the Social and Emotional Foundations for Early Learning - September 21, 2010

The Center on the Social and Emotional Foundations for Early Learning (CSEFEL) has released a new resource to help parents better understand their children's behavior cues and respond in ways that support healthy social and communication development. *Understanding Your Child's Behavior: Reading Your Child's Cues from Birth to Age Two* is available online at http://csefel.vanderbilt.edu/documents/reading_cues.pdf

New! "CELLcasts" from the Center for Early Literacy Learning

Source: Center for Early Literacy Learning - October 14, 2010

The Center for Early Literacy Learning (CELL) has released their first set of CELLcasts for parents. CELLcasts are audio/video versions of CELL practices which can be watched and listened to online or downloaded to iPod/Mp3 players. *Oohs and Aahs* are fun-filled ideas to help infants increase their vocalizations while *Up, Down, All Around* will teach toddlers to begin to talk about and understand their environment. For preschoolers, *Delighting In Writing* shows parents how to encourage their child's use of drawings and symbols to express thoughts and feelings. All are available at http://www.earlyliteracylearning.org/ta_cellcasts1.php

New Connect Module on Communication for Collaboration

Source: CONNECT: The Center to Mobilize Early Childhood Knowledge -

CONNECT: The Center to Mobilize Early Childhood Knowledge has released a new module focused on communication practices that can be used to promote collaboration with professionals and families in early care and education, and intervention settings. CONNECT modules are free and designed using an evidence-based approach to professional development. Resources include video clips, activities, and handouts. The modules are focused on teaching and intervening effectively with young children in a variety of early learning environments and inclusive settings and are designed to be embedded into existing curricula, coursework and other professional development opportunities. To learn more and to access *CONNECT Module 3: Communication for Collaboration*, go to <http://community.fpg.unc.edu/connect-modules>

CDC Launches New Web Page on Shaken Baby Syndrome

Source: Centers for Disease Control and Prevention - Retrieved September 30, 2010

The Centers for Disease Control and Prevention (CDC) recently launched a new Web page on Shaken Baby Syndrome (SBS), which includes facts, statistics, public awareness resources, strategies to prevent SBS, and more. To access the Web page, go to <http://www.cdc.gov/concussion/HeadsUp/sbs.html>

New Music Therapy Resource

The American Music Therapy Association has recently released a new early childhood online magazine, *imagine*.

You can find direct access to the inaugural issue at

http://imagine.musictherapy.biz/Imagine/imagine_online_magazine.html

New Web Site on Hearing Loss in Children

Source: Centers for Disease Control and Prevention - October 7, 2010

The Centers for Disease Control and Prevention (CDC) have launched a new Web site on Hearing Loss in Children.

(<http://www.cdc.gov/hearingloss>) Some of the features include:

- Easy-to-read information on signs & symptoms, screening & diagnosis, treatment services, and prevention.
- A compilation of important data and scientific publications.
- Individualized pages for different visitors – families, health professionals, EHDI programs, and partners.
- An overview of the work CDC and its partners are doing in the area of hearing loss.
- On the home page, there is an item called “Hearing Loss Widget.” You can put this widget on your website to help spread the word about symptoms of hearing loss.

ZERO TO THREE

ZERO TO THREE is a national, nonprofit organization that informs, trains, and supports professionals, policymakers, and parents in their efforts to improve the lives of infants and toddlers. In addition to many resources accessible through their website (<http://www.zerotothree.org/>), you may sign up to receive the ZERO TO THREE Insider at http://main.zerotothree.org/site/PageServer?pagename=est_alerts. This newsletter includes information about new resources and also features an article from the ZERO TO THREE Journal. The October 15, 2010 featured **Infant Mental Health Home Visiting Strategies: From the Parents’ Points of View**, by Deborah Weatherston. The author interviewed parents who had participated in infant mental health (IMH) home visiting programs in community mental health agencies in Detroit, Michigan. Parents were asked to describe what they remembered about the practitioner and the intervention that was most useful or helpful. The article describes the personal attributes of the home visitors as well as the experiences that parents believed were crucial to successful IMH home visiting.

(http://main.zerotothree.org/site/DocServer/30-6_Weatherston.pdf?docID=11781) This article appeared in the July 2010 Journal issue "Home Visiting: Past, Present, and Future." Buy this issue now for \$15.00.

PART C STAFF CONTACT INFO

Mary Ann Discenza, Part C Coordinator, maryann.discenza@dbhds.virginia.gov (804) 371-6592.

Wendy Cary, Information Technology Services, wendy.cary@dbhds.virginia.gov (804) 786-2894.

Beverly Crouse, Part C Technical Assistance Consultant, btcrouse@vt.edu (540) 231-0803.

Karen Durst, Part C Technical Assistance Consultant, karen.durst@dbhds.virginia.gov (804) 786-9844.

Bonnie Grifa, Part C Monitoring Consultant, bonita.grifa@dbhds.virginia.gov (757) 410-2738.

Cori Hill, Part C Training Consultant, cfill@vcu.edu (540) 943-6776.

David Mills, Part C Data Manager, david.mills@dbhds.virginia.gov (804) 371-6593.

Kyla Patterson, Consultant, kyla@alumni.duke.edu (860) 430-1160.

Irene Scott, Administrative & Office Specialist III, irene.scott@dbhds.virginia.gov (804)786-4868.

Beth Tolley, Part C Technical Assistance Consultant, beth.tolley@dbhds.virginia.gov (804) 371-6595.

LaKeisha White, Office Services Specialist, keisha.white@dbhds.virginia.gov (804) 786-3710.

Mary Anne White, Part C Monitoring Consultant, maryanne.white@dbhds.virginia.gov (804) 786-1522.

Tamara Wilder, Part C Monitoring Consultant, tamara.wilder@dbhds.virginia.gov (804) 786-0992.
