

Infant & Toddler Connection of Virginia

Part C Update December 2010



**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.

Medicaid Eligibility Verification Vendor

Passport Health Communications is a Medicaid recognized vendor that contracts with Medicaid Providers who would like to use the 270 & 271 Batch Eligibility Verification Reporting process.

Passport Health Communications submits Medicaid/FAMIS information to ACS via a 270 report and will receive within the same day a 271 Verification Report. The report will include Medicaid/FAMIS eligibility information and Medicaid/FAMIS benefit eligibility information.

Passport Health Communications is offering a special price for all Early Intervention service providers, including Part C Local Lead Agencies as well as private agencies.

The special offer for EI providers:

- No Setup or Maintenance Fees, only the Per Inquiry Transaction Fee
- \$0.20 cents per inquiry

Each provider must work independently with Passport Health Communications, and arrange all contracts and logistics.

If a provider is interested in having a Passport Health Communications' representative contact you, just send an email with this request to Jeff Beard at DMAS at jeff.beard@dmass.virginia.gov.

If you would like to contact Passport Health Communications directly:

Sissy Kulinski, Senior Sales Executive Phone: 615 476 8846 Email:

sissy.kulinski@passporthealth.com www.passporthealth.com

State Performance Plan/Annual Performance Report

In 2004, every state was required by the US Department of Education to develop a State Performance Plan (SPP) that identified annual targets for the state's performance on a set of federally required indicators for the next 6 years. Each year we must submit an Annual Performance Report (APR) that specifies our actual performance on each of these indicators compared to the target we established in the SPP. The next APR is due to the Office of Special Education Programs (OSEP) on February 1, 2011, and a draft of that report will be available by December 17th for your review in the "What's New" section of our website, www.infantva.org. The data targets and improvement activities already have been discussed with the Virginia Interagency Coordinating Council, and we are accepting any additional written comments through December 30, 2010.

Since the State Performance Plan was designed to be 6-year plan and was established in 2004, we are now in the final year (FFY 2010) of that plan. Instead of asking states to write a new plan, OSEP has decided to extend the current plan by 2 years. As a result, we need to identify targets for FFY 2011 and FFY 2012 for each of the indicators. The draft revised SPP, reflecting these new targets, will be available by December 17th in the "What's New" section of our website. The draft targets already have been reviewed by the Virginia Interagency Coordinating Council, and we are accepting any additional written comments through December 30, 2010. Please note that the targets for the compliance indicators are required to remain at 100%. Therefore, the targets you will be most interested in reviewing are for Indicators 2, 3, 4, 5, and 6.

Please submit any comments you have on the APR and/or the SPP to Kyla Patterson at kyla@alumni.duke.edu no later than December 30, 2010.

Eligibility Determination:

In response to comments, related to the eligibility determination process, that we received after 6 months of implementing the Practice Manual, the Part C Office stated the following in the Practice Manual Comment Table (June 2010):

Based on feedback received on the Practice Manual and information that TA and Monitoring Consultants have heard from local systems, it is clear that some local systems are finding the intake and eligibility determination processes challenging and uncomfortable, whereas others are now experiencing few, if any, problems implementing the new practices. Before considering any changes to the intake and eligibility determination processes, it is important for State Part C staff members to understand what is happening differently in those local systems where things are going more smoothly versus those systems that are reporting more difficulty with the process. Therefore, State Part C staff members will spend the next few months talking with local systems (including the local system manager, service coordinators, other providers and/or families), reviewing records and/or observing the intake and eligibility determination processes across the Commonwealth. The information gathered will be used to determine what technical assistance, training, and/or Practice Manual changes are needed to support an effective and efficient process for intake and eligibility determination.

The Part C technical assistance consultants have completed a review of the intake, eligibility determination and assessment for service planning processes in 9 local systems. These local systems were chosen because they represented all regions of the state and included both large and small systems, urban and rural systems, and systems with in-house versus contracted staff. Based on knowledge of the technical assistance consultants, these 9 local systems also represented multiple approaches to the eligibility determination processes.

A standard set of questions was developed for use with each of the 9 local systems, and information was gathered through both interviews and record reviews conducted by the technical assistance consultants. A summary of the key findings from this review and next steps planned based on these findings are provided below.

Key Findings

- **Who does the intake?** Service coordinators do the intake in all 9 local systems reviewed. In most cases, the service coordinators were also qualified and certified in another discipline.
- **What screening tools are used?** All 9 local systems are using the ASQ, and 8 of the 9 also use supplemental checklists or other screening tools to address certain areas of development (especially communication and social-emotional) and/or certain age levels or risk factors (especially very young infants and those born prematurely).
- **How are the intake purpose and eligibility determination process being explained to families?** Most of the systems are explaining this information verbally, though 3 local systems provide the family with a notebook of information. The notebook also serves as a guide to the service coordinator to be sure all information is discussed. One local system has a checklist for the service coordinators to ensure they adhere to and explain the procedural safeguard requirements.

- **How do families respond to the eligibility determination process?** In two local systems, all families elect to combine eligibility determination, assessment for service planning and IFSP development so all families participate in the eligibility determination meeting. Another local system explains the eligibility determination process and lets families know they are welcome to attend; only 2 families have chosen to do so. In another local system, no families have requested to attend the eligibility determination meeting, and there have been no concerns expressed by families about this process.
- **Are (and how are) medical records being used by the eligibility determination team?** The availability of medical records for the eligibility determination team varied from 15% - 20% of children in some systems to almost all children in other systems. When medical records were available, there was evidence (documentation) in 8 of the 9 local systems that this information was used by the eligibility determination team.
- **Is there evidence of informed clinical opinion being used to determine eligibility even when documentation does not show 25% delay?** This was evident in most, but not all, local systems reviewed.
- **What percent of children with no diagnosed condition are being found eligible without needing additional assessment?** In 2 of the local systems reviewed, all children were receiving assessment in conjunction with eligibility determination. In the remaining 7 systems, the percentage needing additional assessment to determine eligibility varied: 1%, 10% (3 local systems), 18%, 28%, 54%.
- **Does the screener ever stop part way through a screening (as allowed in the Practice Manual) and does that play into the finding of eligibility?** Five (5) of the 9 local systems do stop the screening when it is clear that the child is at least 25% delayed in one area of development. In each instance, the child was found eligible. Of the remaining local systems, 2 always complete the full ASQ, 1 has some service coordinators that always complete the full screening and others that will stop if appropriate, and the remaining local system does not use the screening results in the eligibility determination.
- **At assessment for service planning, how many children are no longer eligible?** This was rare in all but one local system, where 12% of children were found no longer eligible at the assessment for service planning. In those systems where it was rare, the instances that did occur were due to the child making progress since the eligibility determination, which had typically been 3-4 weeks earlier and usually involved a communication delay.

Trends and Observations Based on the Data

- Those local systems that seem to be implementing the eligibility determination process successfully in accordance with the Practice Manual generally:
 - Ensure/provide comprehensive training for service coordinators on conducting intake based on the practice manual and on use of the screening tool(s)
 - Have strong community (e.g., physician) and interagency relationships

- Have clear processes, expectations and oversight of the process (e.g., detailed checklists for service coordinators that match the service pathway and practice manual, etc.)
 - Have consistent people implementing the process
 - Connect the dots between steps in the process. They conduct local self-evaluation about how information in one step helps/hinders the success of the next step (e.g., Is the intake information enough/right for the eligibility determination team, does the information from the eligibility determination team help determine the assessment for service planning team, etc.)
 - Have documentation on the ASQ that is complete, with extra comments to show follow-up questions and discussion with the family to confirm family responses, look at atypical development, etc.
 - Individualize screening (instead of always completing the full tool) and avoid duplication of screening that was conducted prior to referral.
 - Keep intake focused on gathering information needed for determining eligibility rather than moving too far into family assessment.
 - Understand informed clinical opinion and its use in both synthesizing developmental information from various sources and determining a child eligible even when other sources may not clearly document a delay.
- Although the feedback on the Practice Manual included a number of comments about the importance of inviting all families to participate in the eligibility determination meeting, most systems reviewed do not have families participating in all eligibility determination meetings and none reported any problems or concerns from families.
 - Although feedback on the Practice Manual included concerns that service coordinators were doing screening and did not have the developmental knowledge to screen/observe and bring back appropriate information to the eligibility determination team, most service coordinators in the 9 local systems reviewed were also certified in another discipline. Having the screening conducted by an individual qualified in another discipline did not correlate to fewer children needing additional assessment to determine eligibility or to fewer children being found no longer eligible at assessment for service planning. It appears that appropriately trained service coordinators can effectively collect and report developmental information to assist the eligibility determination team.

Next Steps

- The Technical Assistance Consultants will complete the same review process used with the 9 local systems with the remaining 31 local systems since this process provided helpful information to both state staff and local system managers. Reviews will be completed with the next set of 9-11 local systems by the end of February.
- Some of the local systems reviewed had developed checklists and other tools to help ensure a consistent and effective intake, eligibility determination and assessment for service planning

process. The Technical Assistance Consultants will share these checklists and tools with all local systems during January regional meetings and discuss how these tools might be helpful in your local system.

- Use of informed clinical opinion in eligibility determination will be the topic for the “Talks on Tuesdays” on February 1, 2011.
- April regional meetings will include information about explaining procedural safeguards to families during intake, eligibility determination and assessment for service planning as well as documenting these discussions.

Family Survey Report

Two reports related to Virginia’s 2010 statewide Part C family survey will be available in the “What’s New” section of our website, www.infantva.org, beginning the week of December 20. One report is a detailed, technical report written by Randall Penfield of the University of Miami. The other is a more reader-friendly summary of the full report. These reports provide important information about the effectiveness of Virginia’s efforts to positively impact families with children who have developmental delays or disabilities. We strongly encouraged you to read at least the summary report.

The Family Survey Report link in the “What’s New” section will also allow you to access your local system results for each question on the survey.

MARK YOUR CALENDARS!

The Part C Office, in conjunction with the Partnership for People with Disabilities, will be presenting a webinar on Quality Management Reviews (QMR) and Documentation on **Monday, January 10, 2011** from **11-12:30**. This webinar will focus on what occurs during a QMR review, a review of the information gathered through the pilot process related to both the QMR and documentation. The webinar will also address “next steps” related to the QMR’s. More information will be forthcoming.

2011 Annual Record Review

The 2011 Annual Record Review for “Timely Initiation of Services” and “Transition” will occur between January 18, 2011 and March 1, 2011. The record review time period for “Timely Initiation of Services is 10/1/2010 – 12/31/2010. The record review time period for “Transition” is 8/1/2010 – 12/31/2010. During the week of January 10, 2011, each local system will receive a list of children (one list for “Timely Initiation of Services” and another list for “Transition”) for which a record review must be completed. We will send you information regarding the method by which you will receive this list (e-mail, fax, etc) in January.

The 2011 annual record review for “timely initiation of services” will include a representative sample of IFSPs (initial, periodic and annual). You were asked in a memo from Mary Ann Discenza dated October 1, 2010 to maintain a list of children who have had an IFSP review completed during 10/1/2010 and 12/31/2010 that resulted in at least one new service being added to the IFSP. (Please do not send us a listing of children that did not have any new services added to their IFSP). The list of periodic record reviews is due to the Part C office by January 7, 2011. Please e-mail this list to Mary Anne White at

maryanne.white@dbhds.virginia.gov. The Part C Office will continue to generate the list of children with initial and annual IFSPs during the given time period using ITOTS, as we have done in the past.

MARK YOUR CALENDARS for the 2011 Annual Record Review Teleconference Call!

The Part C Office will hold a teleconference call to discuss the requirements for the 2011 Annual Record Review on **Thursday, January 6 from 2:00 - 3:00pm**. Changes to the “Timely Initiation of Services” excel spreadsheet will be discussed along with information on completing the annual record review process. More information will be forthcoming.

COMPREHENSIVE SYSTEM OF PERSONNEL DEVELOPMENT (CSPD) The Integrated Training Collaborative coordinates Virginia's professional development for early interventionists who provide supports and services to eligible children and families under Part C of the Individuals with Disabilities Education Act (IDEA).

What’s New on the Early Intervention Professional Development (EIPD) Website?

So, what IS new on the EIPD website? EVERYTHING!! We are so excited about all of the new professional development opportunities available on the all new Early Intervention Professional Development website: <http://www.eipd.vcu.edu>

Take some time to take a look at the archived webinars, the outcome mini-lesson, and the resource landing pads. What for periodic updates as new materials become available.

Talks on Tuesdays

The first Talks on Tuesday was held on December 7th from 12:00-1:00 p.m. The featured topic was a field trip to the new EIPD website and to the CONNECT modules website. Participants explored the available resources and also learned from each other about useful professional development tools. Following each Talks on Tuesdays webinar, participants will receive a brief survey to gather input on the efficacy of the webinar, to identify additional topics, and to provide. For those who were unable to join us, the archived webinar will be available soon.

Please **mark your calendars** for the next two Talks on Tuesdays:

January 4th from 12:00-1:00 p.m. TOPIC: Prematurity

February 1st from 12:00-1:00 p.m. TOPIC: Using Informed Clinical Opinion during Eligibility

Space is limited; registration will be available soon.

Assistive Technology Regional Groups

As a follow up to our assistive technology work with Dr. Pip Campbell, we will be creating regional AT Networks. If you are interested in being part of this new initiative, please contact Deana Buck at (804) 827-0198 or dmbuck@vcu.edu.

Autism Webcast

In collaboration with VCU's Center of Excellence for Autism Spectrum Disorders, Dana Childress will provide a webcast on effective strategies for teaching communication to young children with Autism Spectrum Disorders. **Save the date:** March 8th at 3:30 p.m. More details and registration information will be available soon.

Kaleidoscope Training

Kaleidoscope, Level II was held in Williamsburg on December 9th and 10th for over 60 service coordinators. A special thank you to Dr. Patricia Popp from Project HOPE and the College of William & Mary for collaborating with us to utilize their fantastic new college of education meeting space.

The final KII for this contract year will be offered in Fredericksburg at the Riverside Center Conference Facility on March 23rd and 24th. Registration will be available soon.

The last KI for this contract year will be held April 12th and 13th in Waynesboro. Registration is open and space is limited so please register early. Details and registration are available at:

<http://www.vcu.edu/partnership/Kaleidoscope/index.html>.

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.

Virginia Project Connect: Creating Futures Without Violence

Project Connect, a groundbreaking multi-state initiative of the Family Violence Prevention Program, seeks to develop comprehensive models of public health prevention and intervention that can lead to improved health and safety for victims of sexual and domestic violence. In Virginia, the project's focus lies in family planning and home visiting settings. The Virginia Department of Health's Injury, Suicide and Violence Prevention Program, in partnership with the Women's and Infants' Health Program, the Virginia Home Visiting Consortium, and the Virginia Sexual and Domestic Violence Action Alliance, is developing assessment strategies and tools, training curricula, and educational materials to better enable family planning clinic staff and early childhood home visiting workers to identify and provide support and referral to individuals and families impacted by sexual and domestic violence. For more information, click on the following link:

George Washington University Training Opportunity

George Washington University has received a federally funded grant program to train 32 early childhood special educators. They are offering 70% tuition support towards a 43 hr master's degree program. The program's focus is expanded to include specific training for supporting young children with an autism spectrum disorder and teaching young children from diverse, multi-stressed communities.

If you are interested, please contact **Lorelei Emma, project director**, at innovationgw@gmail.com.

CONNECT Modules

CONNECT Modules are free, online and designed using an evidence-based approach to professional development. Resources include video clips, activities, and handouts. The modules focus 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 professional development curricula.

- [Module 1: Embedded Interventions](#)
Learn about the practice of embedded interventions to help children participate in a variety of early learning opportunities and environments promoting high quality inclusion.
[Módulo 1: Intervenciones incorporadas](#) (Spanish version of Module 1)
- [Module 2: Transition](#)
Learn about practices to help support children and families as they transition among programs in the early care and education system.
- [Module 3: Communication for Collaboration](#)
Learn about communication practices that can be used to promote collaboration with professionals and families in early care and education, and intervention settings.
- [Module 4: Family-Professional Partnerships](#)
Learn about effective practices for developing trusting family-professional partnerships in early care and education programs.

New CONNECT Module on Family-Professional Partnerships

CONNECT, an OSEP-funded project has just released a new module on family-professional partnerships. Meet China, a preschool teacher at a full-day community child care and Aaron, a single father, whose 4-year old son, little Aaron, is in China's class. Recently, China has become concerned about little Aaron. Learn how China and Aaron are developing a trusting partnership to help little Aaron. The family-professional partnerships practices and the module are also applicable for home visiting, early intervention and other 0-3 settings. [View CONNECT Modules Now](#)

iPads to Families with Children Diagnosed with Autism

The Holly Rod Foundation, founded by Rodney and Holly Robinson Peete, who themselves have a son with autism, are having a holiday giving

campaign by donating iPads to families with children diagnosed with autism, who are either non-verbal or have limited verbal ability. The iPad, with its Many apps, is an excellent tool for communication and can be life changing for some children. There is a financial requirement - single family annual > income of less than \$35,000 or dual family annual income of less than \$50,000. Please spread the word to those you know affected by autism.

Here is the link to apply:

<http://www.hollyrod.org/#/holiday-2010/4545650338>

Reflective Supervision: Supporting Reflection as a Cornerstone for Competency by Deborah Weatherston, Robert F. Weigand, and Barbara Weigand

Reflective practice and reflective supervision have been the focus of a collaboration among representatives from 14 state infant mental health associations working to enhance competence among infant–family professionals. In particular, this group has worked to examine the fundamental nature of reflective practice, to deepen their understanding of reflective supervision, and to create strategies to support the development of critically important professional capacity. The authors summarize some of the key issues that are being addressed by this group and describe their views on reflective supervision as they have emerged through this collaboration. To read this free article from the Zero to Three November 2010 issue, click on http://main.zerotothree.org/site/DocServer/31-2_Weatherston.pdf?docID=11942.

New from TACSEI! "Making Life Easier" Series for Parents and Caregivers

Source: Technical Assistance Center on Social Emotional Intervention for Young Children

The Technical Assistance Center on Social Emotional Intervention for Young Children (TACSEI) has launched a new series entitled, **MAKING LIFE EASIER**, which is designed to provide helpful tips for parents and caregivers on how to make often challenging events easier to navigate and even enjoyable. Topics currently available include Bedtime and Naptime, Running Errands, and Diapering. Each tipsheet also includes a helpful quick reference sheet. To access the series, go to http://www.challengingbehavior.org//do/resources/making_life_easier.html.



Online Training

[New webshop: Using Digital Cameras to take Movies for Documentation](#)

This webshop will explore the use of digital cameras for taking video files, and then uploading those files into Microsoft PowerPoint slide shows for documentation purposes.

Multilingualism

- The advantages that multilinguals exhibit over monolinguals are not restricted to linguistic knowledge only, but extend outside the area of language. The substantial long-lived cognitive, social, personal, academic, and professional benefits of enrichment bilingual contexts have been well documented. Supporting research is provided in an article by Michał B. Paradowski, which is available at <http://www.multilingualliving.com/2010/05/01/the-benefits-of-multilingualism/>.
- The Multilingual Living website offers short texts that aim to clarify the misconceptions that associate multilingualism with disorders. Each topic offers a brief introduction to common questions, and includes an evidence source, which either marks watershed findings or otherwise addresses points which are perhaps less known within research on multilingualism. To view them, go to <http://www.multilingualliving.com/2010/08/23/multilingualism-disorders-are-there-any-disorders-which-are-caused-by-bilingualism/>.

Diversity Readings

The National Center for Children in Poverty has produced a list of key readings that can help support workforce and leadership development, accreditation and quality improvement, learning standards and child assessments, and other practices.

- For a short list of resources on recent research on how children develop concepts see Romero, M. (2010). Key readings on children's development of social inclusion and respect for diversity. New York: National Center for Children in Poverty, Columbia University Mailman School of Public Health. http://nccp.org/publications/pub_949.html.
- For a more exhaustive list of publications see Romero, M. (2010). An annotated bibliography on policy levers to promote social inclusion and respect for diversity in early childhood. New York: National Center for Children in Poverty, Columbia University Mailman School of Public Health. http://nccp.org/publications/pub_955.html.

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