

**Infant & Toddler Connection of Virginia  
Virginia Interagency Coordinating Council  
Integrated Work Plan – Funding the System**

**Outcome Statement:** Virginia’s Early Intervention system ensures sufficient resources to provide appropriate services to eligible children and their families.

**Issue Statement(s):** Across the Commonwealth:

1. Service Delivery Models
  - Multiple service delivery models result in a wide range of determination of frequency, intensity and method of services based on provider preference rather than child and family need.
  - There is inconsistent understanding and implementation of the federal natural environment requirement.
2. Service Coordination
  - Service coordination models, expectations and training vary, resulting in inconsistent implementation of service coordinator roles and responsibilities within localities.
3. Service Provision/Funding
  - There is inconsistent knowledge and use of available interagency resources, private and public funding as well as information resources.
  - There are continued barriers to understanding, accessing the early intervention insurance benefit.
  - There are continued barriers to accessing of public funding sources for providers of service.
  - Implementation of ability to pay has impacted revenues in some localities.
  - Implementation of natural environments has impacted expenses across the state.
  - The existing methodology of dissemination of Part C funds to LICCs does not meet local needs statewide.
  - The number of children unserved or underserved is due to the increasing number of children identified, reduction in state and local agency funds used for early intervention, and decrease in the number of early intervention providers and revenues due to insufficient reimbursement rates from private and public third party payors for medically necessary services.
  - State and local funding have not increased in proportion to the increase in number of children served
  - There is inconsistent understanding of the federal non-supplanting provision.
  - There is no statewide system in place to collect uniform data on service utilization, use of financial resources, and cost of providing services.

Improvement Strategies				Progress Toward Improvement of Strategies
<i>Actions to Achieve Outcome</i>	<i>Steps to Achieve Actions</i>	<i>Targeted Due Date</i>	<i>Who is Responsible?</i>	<i>Accomplishments (Including date)</i>
1. Determine the amount of funds needed to finance the system	<ul style="list-style-type: none"> <li>Determine number of children served</li> <li>Determine estimated minimum cost per child based on services guidelines developed</li> <li>Determine number of children potentially eligible</li> <li>Analyze cost and compare to service data</li> </ul>	6/04	ITCV, EIIMT, Local Service Providers, Families, CoCoA	<ul style="list-style-type: none"> <li>12/01/02 Child Count Data: <ul style="list-style-type: none"> <li>Birth – 1 year: 1939</li> <li>1-2 years 1649</li> <li>2-3 years <u>575</u></li> <li>Total: 4163</li> </ul> </li> <li>Annual Child Count – 2002 7409</li> <li>Service Delivery guidelines drafted by broad group of stakeholders (12/02)</li> <li>Service Delivery guidelines disseminated for review and comment (Feb.2003)</li> </ul>
2. Determine impact of ability to pay (ATP) policies and procedures on local and state early intervention system.	<ul style="list-style-type: none"> <li>Develop ATP policies and procedures</li> <li>Provide training on ATP procedures</li> <li>Collect and analyze data on the fiscal impact of implementing new ATP policies and procedures</li> <li>Monitor access and utilization of ATP at local level</li> <li>Incorporate ATP policies and procedures into competencies in Service Coordination training</li> <li>Develop tools for collecting baseline data on numbers of families accessing the ATP scale and fee appeal process</li> <li>Implement ATP procedures for one year and review and analyze data following the year of implementation.</li> <li>Incorporate into ITOTS Phase II ability to identify payor source</li> <li>Provide on-going technical assistance</li> </ul>	12/03	ITCV, EIIMT, Local Service Providers, Families, CoCoA	<ul style="list-style-type: none"> <li>ATP draft practices document, ATP Questions and Answers document and official procedures disseminated (late 2001)</li> <li>Regional trainings on above (late 2001)</li> <li>Implementation of statewide ATP procedures (January 1, 2002)</li> <li>ATP practices and Question and Answer document finalized and disseminated to localities (August 2002)</li> <li>ATP practices and Question and Answer document put on</li> <li>Training provided at regional meetings (ongoing)</li> <li>ATP practices document would be ATP practices incorporated into Kaleidoscope curriculum</li> <li>ITOTS Phase II will identify payor sources. (Anticipated start up date for Phase II, Fall, 2003)</li> </ul>

<p>3. Determine whether there is sufficient funding in the system to provide necessary services to all potentially eligible children</p>	<ul style="list-style-type: none"> <li>Review expenditure reports</li> <li>Review requests for additional funds</li> <li>Award necessary additional funds for period of 1/1/03-6/30/03</li> </ul>	<p>4/03</p>	<p>ITCV, EIIMT, Local Service Providers, Families, CoCoA</p>	<ul style="list-style-type: none"> <li>21 of 40 local councils have been awarded additional funds beginning 7/1/02</li> <li>An additional 12 councils applied and received funds by 12/31/02</li> <li>8 councils are pending award allocation</li> </ul>
<p>4. Determine if the definition of eligibility needs to be revised</p>	<ul style="list-style-type: none"> <li>Formulate recommendations from VICC Finance Task Force</li> <li>Present information to EIIMT</li> <li>Present information to VICC</li> </ul>	<p>12/03</p>	<p>ITCV, EIIMT, Local Service Providers, Families, CoCoA</p>	<ul style="list-style-type: none"> <li>Finance Task Force is studying this issue</li> <li>Finance Task Force has discussed whether this issue needs to be pursued in light of OSEP's requirement of serving 2% of the 0-3 population</li> </ul>
<p>5. Review and modify as appropriate the system for distribution of federal Part C funds</p>	<ul style="list-style-type: none"> <li>Obtain and analyze local interagency budgets</li> <li>Analyze information to obtain baseline information across all localities (local funding including local government, local agencies, local private and public providers)</li> <li>Review and implement fiscal impact of service delivery guidelines</li> <li>Develop, implement and review fiscal impact of Service Coordination guidelines</li> <li>Analyze parameters of service delivery with consideration of local council unique nesses.</li> <li>Provide input to ITOTS task force to ensure necessary fiscal information captured in Phase II.</li> <li>Present information to EIAC</li> <li>Obtain recommendations for EIAC about what elements to include in the funding formula</li> </ul>	<p>6/06</p>	<p>ITCV, EIIMT, Local Service Providers, Families, CoCoA</p>	<ul style="list-style-type: none"> <li>Development of ITOTS, Phase II will provide fiscal information. Anticipated start-up date is Fall, 03</li> <li>Draft service delivery guidelines have been disseminated to a wide variety of stakeholders for review and comment. (Feb. 03)</li> </ul>

<p>6. Develop and implement an integrated data system for decision making and managing the local EI system</p>	<ul style="list-style-type: none"> <li>• Complete the data system</li> <li>• Pilot data system</li> <li>• Revise data system as appropriate</li> <li>• Provide training on use of data for decision making</li> <li>• Implementation of database decision making</li> <li>• Provide on-going Technical Assistance</li> </ul>	<p>10/03</p>	<p>ITCV, EIIMT, Local Service Providers, Families, CoCoA</p>	<ul style="list-style-type: none"> <li>• Develop of data system: ITOTS (Infant &amp; Toddler On-Line Tracking System) 2001</li> <li>• Implement Phase I of ITOTS which provides a snapshot of IFSP information (Spring 02)</li> <li>• Provide focused training on use of ITOTS (Spring 02)</li> <li>• Provide on-going training on use of ITOTS</li> <li>• ITOTS Phase I developed and enhances to “real-time” reporting capabilities</li> <li>• Develop ITOTS Phase II which will capture complete and ongoing changes related to the IFSP and financial information</li> </ul>
<p>7. Increase knowledge of and access to potential formal funding</p>	<ul style="list-style-type: none"> <li>• Lead Agency/EIIMT determine which formal resources should be accessed by localities for early intervention</li> <li>• Lead Agency/EIIMT provide written guidance on accessing the specified formal resources, including eligibility requirements, documentation and billing requirements, etc</li> <li>• Representative(s) of the agencies which manage each specific resource provide training and technical assistance for early intervention providers</li> <li>• Develop a matrix and step-by-by step instructions for council coordinators and providers to use to determine which resources to access for individual children and families</li> <li>• Specify expectations in the local contract</li> <li>• Develop and implement plan for addressing non-compliance</li> </ul>	<p>7/06</p>	<p>ITCV, EIIMT, Local Service Providers, Families, CoCoA</p>	<ul style="list-style-type: none"> <li>• Development, dissemination of Questions and Answer document on the IFSP - including integration of Targeted Case Management Requirements and IFSP Documentation (9/2001)</li> <li>• Revision of Instructions for IFSP incorporating updated targeted case management documentation requirements (2002)</li> <li>• Multiple trainings provided by Part C staff and OMR staff on implementation of MR Targeted Case Management (2002)</li> <li>• Written materials developed on MR TCM for early intervention (2002)</li> <li>• Presentation on Title IV-E at November 2002 statewide early intervention conference</li> <li>• TA provided for individual councils on accessing various funding sources on an as-needed basis</li> </ul>

<p>8. Increase knowledge of and access to informal community resources and supports.</p>	<ul style="list-style-type: none"> <li>• Include information about accessing and expanding informal resources in written guidance materials developed through the Part C Office</li> <li>• Include information about informal community resources in training</li> <li>• Provide ongoing TA to localities to assist them to identify and access local informal resources</li> <li>• Link council coordinators with other coordinators who have successfully accessed and/or increased community resources and supports</li> <li>• Provide information about the value of informal resources and supports in public awareness materials</li> </ul>	<p>2004</p>	<p>ITCV, EIIMT, Local Service Providers, Families, CoCoA</p>	<ul style="list-style-type: none"> <li>• Information on accessing informal supports and resources incorporated in May 2000 IFSP training, trainings and TA for individual councils and regions throughout 2001-2, in the Families are Special Too conference (2/2002) and in natural environments presentations and sessions at the November 2002 statewide early intervention conference</li> <li>• Information about the value of informal supports and resources is being incorporated into draft service delivery guidelines (currently in process)</li> <li>• Family Involvement Program and Central Directory staff used as resources to help providers and families locate community supports and resources</li> </ul>
<p>9. Review efforts to meet federal payor of last resort and non-supplanting provisions.</p>	<ul style="list-style-type: none"> <li>• Integrate requirement of various funding sources</li> <li>• Obtain commitment from state agencies to improving EI services</li> <li>• Determine necessary steps to assure that federal non-supplanting provision is met</li> <li>• Technical Assistance provided to localities regarding payor of last resort including strategies for implementation and documentation of barriers</li> </ul>	<p>12/04</p>	<p>ITCV, EIIMT, Local Service Providers, Families, CoCoA</p>	<ul style="list-style-type: none"> <li>• DMAS documentation requirements have been incorporated into the IFSP instructions so that the IFSP meets DMAS requirements for the plan of care</li> <li>• DMAS (rehabilitation) documentation requirements for targeted case management have been incorporated into the IFSP so the IFSP serves as the CSP/ISP for Part C eligible children who are receiving MR targeted case management</li> </ul>

**Evidence of Change/Benchmark: (How will the ITCV and/or LICC evaluate and/or demonstrate improvement with the finding?):**

Virginia will determine the extent localities are maximizing resources through the MIMS self-assessment and continuous improvement process, by reviewing data from an integrated database, family surveys, contracts,

Interagency Agreements, and Policies and Procedures to ensure all potential funding streams are accessed prior to Part C dollars.

**Supporting Documentation to Verify the Evidence of Change:**