



# Infant & Toddler Connection of Virginia February 2015 Update

February 2015

**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 DBHDS/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](mailto:irene.scott@dbhds.virginia.gov)

Beth Tolley 804-371-6595 [beth.tolley@dbhds.virginia.gov](mailto: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](mailto:irene.scott@dbhds.virginia.gov).

For questions related to completing the online application, contact David Mills 804-371-6593

[david.mills@dbhds.virginia.gov](mailto:david.mills@dbhds.virginia.gov)

**Welcome Telisha Woodfin**

We are delighted to announce that Telisha Woodfin as our new Monitoring Consultant. Telisha starts on February 25, serving as the Monitoring Consultant for the Richmond and Tidewater regions. Telisha holds a Master’s degree in Social Work and has over twelve years of experience working with children and families with varying developmental and behavioral health needs. Telisha most recently served as a Clinical Supervisor of the Infant & Toddler Connection of Richmond. Prior to that she was a Behavioral Therapist with a private, nonprofit organization and a Case Management Coordinator with a non-profit child and family agency in Richmond City.

*Please join us in welcoming her to the Infant & Toddler Connection of Virginia!*

**Local Contract Due Date Reminders**

<b>Due Date</b>	<b>What</b>	<b>To Whom</b>
March 31, 2015	Completed Record Review Forms (Indicators 01/Timely Initiation of Services and 08/Transition)	Your Monitoring Consultant
	Documentation for data verification for 5 records (for Indicator 01/Timely Initiation of Services)	
	Annual Record Review Data Verification Form	Richard Corbett
April 10, 2015	ITOTS Active Users Verification Report	Keishia White Fax: 804-371-7959
April	Quarterly Data Verification	Keep on File Locally

## *Low Registration Numbers for KI and KII*

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Registration is open for the spring KI and KII trainings which are scheduled for March and April in Staunton. Currently the registration numbers are very low for both KI and KII. If you are planning to register, please do so **by March 6th**. If registration numbers remain low, the trainings may be postponed until Fall 2015. If postponement occurs, TA Consultants will work with local systems to develop a training plan for service coordinators in need of KI and KII.

**Registration for KI:** <http://www.cvent.com/events/kaleidoscope-level-i-spring-2015/event-summary-1264e6360e6f46d498857783ad242b77.aspx>

**Registration for KII:** <http://www.cvent.com/events/kaleidoscope-level-ii-spring-2015/event-summary-f22f1d24d071404e8805854b04fb40d9.aspx>

### *To Shred or Not to Shred*

#### ***How Long Do We Keep Documentation When an IFSP Is Not Developed?***

- When a system receives a referral for a family they are unable to contact or the family declines the intake, the referral must be kept for three years after receipt of referral. This is the same as the requirement for children who receive services. If a system receives a referral for a child who lives outside their jurisdiction or is over age three, the system must inform the referral source of the correct place to direct the referral and then the documentation can be shredded. If a family declines to proceed after intake, eligibility determination or assessment for service planning, documentation including assessment findings must also be kept for three years after last contact. Documentation can be electronic or in paper form. Systems may elect to keep individual files or group files for children not enrolled in services.
- For children for whom Medicaid has been billed, records of EI services must be retained for a minimum of not less than five years after the date of discharge or last contact.

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### *State Systemic Improvement Plan (SSIP)*

As part of the State Performance Plan /Annual Performance Report, each state is required to develop and submit to the U.S. Department of Education, Office of Special Education Programs, a State Systemic Improvement Plan (SSIP). The plan will be developed over the first 2 years and then implemented over the remaining four years. The SSIP's focus on evidence-based practices and improving results for children and families will fit perfectly with efforts already underway in Virginia.

The measurable result that will be the focus of Virginia's SSIP is increasing the statewide percentage of infants and toddlers with IFSPs (exiting early intervention at age level) who demonstrate improved use of appropriate behaviors to meet their needs.

Here's what's new in the SSIP development process:

- Virginia has completed Phase I of the SSIP development process (data and infrastructure analysis, state-identified measurable result, broad improvement strategies, and theory of action). State staff are now working to complete the written report on Phase I that must be submitted to OSEP by April 1, 2015. All Phase I materials and documents are available in the SSIP section of our website, at <http://www.infantva.org/Sup-SSIP.htm>.
- We are now moving into Phase II of SSIP development, which includes identifying the specific steps necessary to accomplish the broad improvement strategies and developing an evaluation plan. In order to accomplish this work, we are forming State Leadership Teams around four of the broad improvement strategies we identified during Phase I:
  1. Functional assessment, including consistent and accurate determination of entry/exit ratings in the area of children using appropriate behaviors to meet their needs
  2. Coaching and natural learning environment practices
  3. Local system capacity to support implementation of evidence-based practices
  4. Enhancing the capacity of the statewide early intervention data system ( ITOTS) to efficiently collect and report comprehensive data on child indicator results.

These State Leadership Teams will help develop the details of the improvement plan required in Phase II of SSIP development and review evaluation information and make necessary adjustments during implementation of the plan. Membership on each team will include a local system

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manager, service provider, service coordinator, parent/family member, VICC member, and Infant & Toddler Connection state staff member. Additional information about these teams and how to nominate yourself or someone else was sent out on February 10 using the mailing list for the monthly Update.

If you have comments or questions about the SSIP, please contact Kyla Patterson at [k.patterson@dbhds.virginia.gov](mailto:k.patterson@dbhds.virginia.gov).

## State Performance Plan (SPP)/Annual Performance Report (APR)

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Regulations specifying Requirements for the Virginia Early Intervention System were published on December 29, 2014. This is the first time Virginia has had state regulations, other than personnel regulations, governing the Part C early intervention system. We had previously operated under state policies and procedures. You can find these regulations at

<http://register.dls.virginia.gov/details.aspx?id=4755>.

Please be aware that the requirements for contact notes that are already articulated in Chapter 9 of the Practice Manual are now specified in state regulations (12VAC35-225-180). This includes the requirement that contact notes include a **narrative** description of what occurred during the session including what was done, what the family or other caregiver did during the session (including how they actively participated during the session), how the child responded during the session (including what the child was able to do in relation to outcomes and goals), and suggestions for follow-up. Since this is now a regulatory requirement, contact notes written after the regulations went into effect and that do not meet the requirements in 12VAC35-225-180 may be subject to retraction during Medicaid Quality Management Reviews. Infant & Toddler Connection of Virginia state staff are working to define the criteria that will be used to consistently determine whether a contact note meets the regulatory requirements and will be sharing that information with all local systems as further guidance on the existing contact note requirements.

SPRING 2015

# Language Group

(For Preschoolers with Hearing Loss)



UNIVERSITY of VIRGINIA  
SHEILA C. JOHNSON CENTER  
CURRY SCHOOL OF EDUCATION

## What?

A speech therapy group focusing on language development in preschoolers with hearing loss.

- Intervention focused on language development targeting appropriate word endings and grammar.
- Focus on early literacy skills to address speech sound awareness and vocabulary development.
- Center-based learning with opportunities for interactions with peers and clinicians.
- Therapy provided by graduate student clinicians. All students are closely supervised by ASHA certified speech-language pathologists.

## When?

Spring 2015

Biweekly sessions  
February 13<sup>th</sup> to May 1<sup>st</sup>  
Fridays 2:00-3:00pm

Cost of the program is \$20/session for a total of 7 sessions during the spring semester.

If interested, please fill out the attached paperwork and mail or fax by February 6, 2015.

For more information:  
Rebecca Rehm, CCC-SLP, [rroh@virginia.edu](mailto:rroh@virginia.edu)  
434-924-6334



The Sheila C. Johnson Center for Human Services at the University of Virginia  
417 Emmett Street South  
Charlottesville, VA 22903  
434-924-7034  
<http://curry.virginia.edu/community-programs/sjc>

## Who?

Preschoolers (ages 3 - 5)  
with Hearing Loss



## How?

In collaboration with Lori Bobsin, Ph.D, CCC-SLP, LSLS Cert. AVT.



# The Decision Tree

## Child Indicator Seeds for Success

### February is Plant the Seeds of Greatness Month!



**Get out your gardening gloves!**

**It is time to Plant the Seeds of Greatness in the month of February.**

Did you know that was this month? I've never heard of it, but it makes sense to spend February planting the assessment seeds we gathered last month. So let's grow with it! Personally, I think we should plant the seeds of greatness every month, but I'll take February for starters.

If you are unhappy with how your Assessment for Service Planning is going, this month has been set aside to sit-back and reflect on what you can do to improve your skills. Hopefully you took some time in January to swap ideas, experiences and resources with your colleagues as was suggested. Now is the time to turn your goals into realities.

I have personally spent some time this month reflecting on what I would change in my own assessment practices. I would like to rely more on natural observations of a child and less on the traditional quantitative assessment. And while I will still need to use a comprehensive evaluation tool, I would like to put more focus on natural observation and explore how a child engages in activities in familiar settings with familiar adults, take time to explore family questions and concerns and explore how I can use this information to identify meaningful, functional outcomes and family supports.

Here are some of the natural observation practices I plan to focus on this month. *Anne Brager*

Natural Observations	Variables	(Traditional) Quantitative Assessment
Family plays <b>active</b> role with assessors to elicit and analyze child's performance	<b>Involvement of Family</b>	Family members <b>observe</b> child perform discrete skills
Takes place in child's environment with <b>familiar</b> people, furniture, toys, routines	<b>Environment</b>	Testing protocol and people <b>unfamiliar</b> to child, especially if in clinic or office
Child <b>interacts</b> with familiar caregivers while early intervention providers observe	<b>Report</b>	Unfamiliar adult(s) <b>direct</b> child through structured activities
Child's toys, routines, and activities are used, with <b>modifications</b> if needed <b>All</b> children are considered to be "testable"	<b>Materials</b>	<b>Unfamiliar</b> materials are used, often by a succession of assessors Children are not expected to complete all test items
<b>Variations</b> encouraged in conditions, directions, language, materials, sequence, and content	<b>Procedures</b>	Presentation of test items is in a <b>prescribed</b> manner, based on an invariable sequence of items
Child's <b>typical</b> performance is observed Establishes <b>baseline</b> for supports and services Stresses integrated report or goals of child behavior and learning	<b>Results</b>	Assigns <b>developmental levels</b> or scores based on selected skills, often irrelevant for a particular child Separate reports or goals often generated for each developmental domain
A child's progress is assessed within a <b>specific context</b> , highlighting next steps and modifications	<b>Assessing progress</b>	Administration of same test protocol often shows negligible change Child's <b>context is irrelevant</b>

(Linder, 1993)



## Infant & Toddler Connection of Virginia February 2015 Update

### *Part C Staff*

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