



## **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](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).

**Please note the following ITOTS data entry requirements that impact adding and ending the Medicaid/FAMIS early intervention benefit:**

**Referral Date:** As per the practice manual, the date of referral for a child referred from another local early intervention system (from either in or out of state) is the date the child is available (i.e., has moved into the area served by the local system) or the date of referral, whichever comes last. (Page 7, 5c).

- The begin date for the early intervention benefit in VAMMIS (Medicaid data system) must be after the end date for the benefit in the previous local system. Therefore, if the referral date (in ITOTS) for the new system is the same as the discharge date (in ITOTS) from the previous system, the start date for the EI benefit for the new system will be the next day.
- Timeliness of entry of the Medicaid/FAMIS number in ITOTS for the new system is measured from the date of referral (10 business days).

#### **Discharge Dates:**

- Do not enter future dates for discharges. Accuracy of transition destination is not assured until the child actually is discharged. In addition, VAMMIS does not accept future date.

#### **Attention Certified Early Intervention Providers!**

As we have started the Quality Management Review (QMR) process, we are finding that some practitioners thought they completed the process for certification for both EI Professional and EI Service Coordinator, but actually completed it for just one. As you are aware, early intervention certification is required in order to provide early intervention services and service coordination. It is the responsibility of each practitioner to maintain documentation of their certification (either a copy of the Early Intervention Certification certificate(s) or notification from the Department of Behavioral Health and Developmental Services (Part C Office) that certification has been granted). If you do not have a copy of your documentation, please request a copy from Irene Scott at [Irene.scott@dbhds.virginia.gov](mailto:Irene.scott@dbhds.virginia.gov).

Each practitioner is also responsible for indicating the local systems for which they provide services. If you have not done this already or if there are changes to the information you entered previously, please update this information now. Log into the certification database (<https://www.eicert.dbhds.virginia.gov/Logon.aspx>) to check to be sure that all agency affiliations are current and that all local systems within which you will provide services are listed. The certification user manual <http://www.infantva.org/documents/ei-Cert-usermanual.pdf> describes the process and procedures for creating agency affiliations beginning on page 8.

The Monitoring and Supervision staff recommend that each provider agency and Local System Manager take the opportunity now to confirm that each practitioner providing services in their agency or local system has the appropriate early intervention certifications. Services provided by practitioners who are not EI Certified will result in compliance findings as well as retraction of Medicaid reimbursement for services provided by uncertified providers.

### **INFORMATION TECHNOLOGY (IT) CORNER**

#### **ITOTS 1.8**

David Mills has begun testing ITOTS 1.8. Testing is going well with only three (3) issues being identified. Once testing is completed, the issues will be corrected and testing will be expanded to the field. Please look for notification about when to start testing. If you or someone at your location is interested in testing, please contact David Mills.

#### **ITOTS Expansion**

A full scale review of all IT Projects is occurring across the Health and Human Resources Secretariat. Related to the ITOTs, the Department is reviewing the project and considering other options. In addition, at the request of Secretary Hazel, the Chief Information Officers (CIOs) from HHR Agencies will review all projects and make recommendations to the Secretary. The project is on hold pending Secretarial approval.

## **EARLY INTERVENTION PREMATURITY WORKGROUP**

The first meeting of the statewide, interagency Early Intervention Prematurity Workgroup was held August 31, 2010. The group identified the following statements to guide their work:

1. Recommendations for automatic eligibility as well as criteria to guide referral sources in determining which infants should be referred to early intervention (and when) will be developed.
2. The workgroup will identify what education/training is needed and mechanisms to provide that education/training so that determination of eligibility of infants born prematurely is made by providers with the knowledge, skills and experience necessary to determine typical versus atypical development for this population.
3. The workgroup will identify what training/education is needed and mechanism for such training so that the providers serving infants born prematurely have the necessary knowledge and skills to provide appropriate supports and services for these babies and their families.
4. Local support systems (throughout Virginia) will be identified so that families of babies born prematurely are informed about and/or referred to appropriate formal and informal community resources and agencies.
5. Individuals and Agencies that provide supports and services for infants born prematurely will collaborate and communicate with each other to assure that there are not gaps in services or duplication of services.

The minutes from the Prematurity Workgroup are available on the infant & Toddler Connection Website at: <http://www.infantva.org/Workgroups.htm>.

## **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 4<sup>th</sup> 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](mailto: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.

## **U.S. DEPARTMENT OF EDUCATION'S CASH MANAGEMENT POLICIES**

### **Q: How does the U.S Department of Education's Cash Management Policy affect the Local Systems?**

A: The U. S. Department of Education's Cash Management relates to the ARRA funds and requires that we (the recipient) share this information with all subrecipients (that would be the local systems). The following is information that was provided by Sharon Becker from our Fiscal Office.

DOE (Dept of Education) is the Federal Agency.

DBHDS is the Prime Recipient of federal grants from DOE.

Local Leads are DBHDS's subrecipients and subrecipients of these DOE federal grant funds.

DOE is requiring that DBHDS make its subrecipients aware of Federal Cash Management Policies.

Federal Cash Management applies to all federal grants. For DBHDS this applies to Federal Part C and ARRA funds. It explains why the Fiscal Office is holding ARRA funds for some local leads as they are accumulating Federal Balances – meaning federal funds are to be funded to local systems as they use the funds – to meet immediate cash needs.

34 CFR Part 80 applies:

§ 80.21 Payment.

- (a) Scope. This section prescribes the basic standard and the methods under which a Federal agency will make payments to grantees, and grantees will make payments to subgrantees and contractors.
- (b) Basic standard. Methods and procedures for payment shall minimize the time elapsing between the transfer of funds and disbursement by the grantee or subgrantee, in accordance with Treasury regulations at 31 CFR part 205.
- (c) Advances. Grantees and subgrantees shall be paid in advance, provided they maintain or demonstrate the willingness and ability to maintain procedures to minimize the time elapsing between the transfer of the funds and their disbursement by the grantee or subgrantee.
- (d) Reimbursement. Reimbursement shall be the preferred method when the requirements in paragraph(c) of this section are not met. Grantees and subgrantees may also be paid by reimbursement for any construction grant.
- (i) Interest earned on advances. Except for interest earned on advances of funds exempt under the Intergovernmental Cooperation Act (31 U.S.C. 6501 et seq.) and the Indian Self-Determination Act (23 U.S.C. 450), grantees and subgrantees shall promptly, but at least quarterly, remit interest earned on advances to the Federal agency. The grantee or subgrantee may keep interest amounts up to \$100 per year for administrative expenses.

This does not change the SFY11 Part C reporting requirements. It merely explains why federal funds may be withheld from a local system semi-monthly payments. Funding will resume when the need is demonstrated. Be aware that Federal Cash Management is to be balanced with the Federal Payor of Last Resort requirement.

**Q: In listening to the Cash Management webinar, information was shared about recipients (DBHDS) and subrecipients (Local Systems). What did it mean when it was said that the cash drawdown to subrecipients should be spent within 3 days? Additionally, what was meant when it was said that cash can only be sent to subrecipients at their request?**

A: Three days expenditure is the federal guidance. However, DBHDS draws down the funds. We expend these funds (sends them to subrecipients) within three days (or as quickly as the State of Virginia's Accounting System allows after we drawdown the funds) and then we monitor your federal balances via the quarterly reports.

The DOE Federal guidance indicates that funding is on a reimbursable basis – meaning we reimburse subrecipients after they expend the funds. But DOE Federal guidance 34 CFR Part 80.21 also states:

- (b) Basic standard. Methods and **procedures for payment shall minimize the time elapsing between the transfer of funds and disbursement by the grantee or subgrantee**, in accordance with Treasury regulations at 31 CFR part 205.
- (c) Advances. **Grantees and subgrantees shall be paid in advance, provided they maintain or demonstrate the willingness and ability to maintain procedures to minimize the time elapsing between the transfer of the funds and their disbursement by the grantee or subgrantee.**
- (d) Reimbursement. **Reimbursement shall be the preferred method when the requirements in paragraph(c) of this section are not met.** Grantees and subgrantees may also be paid by reimbursement for any construction grant.

Specifically, (c) meaning we can fund our subrecipients in advance providing we monitor the expenditure of the funds. This was confirmed with a question during the DOE Webinar. Subrecipients can be funded in advance providing we monitor the expenditure of the funds. DBHDS's sub-recipients, CSBs/local systems, are funded semi-monthly per the State Appropriation act. The CSBs/local systems are paid both state and federal funds. Federal regulations allow the DBHDS to fund the federal funds in the same manner as state funds. Quarterly Part C reports allow the Part C office to review the federal cash balance on hand and adjust the funding or hold it if necessary. It is a possibility that funding of Part C funds could shift to a reimbursable basis (fund subrecipients AFTER they expend the funds) if DOE determines they do not like our processes. That is why we need to monitor federal cash balances at local systems very closely so we don't have to shift to a reimbursable basis.

## RESOURCES/TRAININGS

### **Cultural and Linguistic Competence Family Organization Assessment Tool**

The National Center for Cultural Competence at Georgetown University's Center for Child and Human Development has developed a new tool for assessing organizational cultural and linguistic competence, designed specifically for family organizations concerned with children with behavioral-emotional disorders, special health care needs, and disabilities. The *Cultural and Linguistic Competence Family Organization Assessment Instrument* (2010) can be downloaded in PDF format at <http://www.gucchdgeorgetown.net/nccc/clcfoa/>.

### **Addressing the Mental Health Needs of Young Children and Their Families**

The Comprehensive Community Mental Health Services for Children and Their Families Program, administered through the Substance Abuse and Mental Health Services Administration (SAMHSA), funds systems of care, a community-based service delivery model that promotes positive mental health outcomes for children and their families. A new brief from SAMHSA discusses recent data showing that behavioral and emotional problems decreased among 31% of young children under the age of 8 with mental health challenges within the first 6 months of entering systems of care. Caregivers' levels of strain also improved within 6 months of services. *Addressing the Mental Health Needs of Young Children and Their Families* is available online at [http://www.samhsa.gov/children/docs/MH\\_Needs\\_Children\\_Families.pdf](http://www.samhsa.gov/children/docs/MH_Needs_Children_Families.pdf)

### **Infants of Depressed Mothers Living in Poverty: Opportunities to Identify and Serve**

Source: Urban Institute - August 25, 2010

A new report from the Urban Institute shows that eleven percent of infants living in poverty have a mother suffering from severe depression. Many of these families are connected to services, such as WIC, health care, food stamps and TANF, presenting opportunities for policymakers and service providers to intervene. The brief includes strategies to help connect depressed mothers with treatment. *Infants of Depressed Mothers Living in Poverty: Opportunities to Identify and Serve* (2010), by Tracy Vericker, Jennifer Ehrle Macomber, Olivia Golden is available online at <http://www.urban.org/publications/412199.html>.

### **The Impact of Hardship on Very Young Children**

Source: Children's Health Watch - Retrieved July 16, 2010

Children's Health Watch has released a new brief entitled *Healthy Families in Hard Times: Solutions for Multiple Family Hardships* (June 2010), which looks at the impact of hardship on very young children. The brief finds that very young children in families who experience a combination of food, housing, and energy insecurity are more likely to be at risk of developmental delay and more likely to experience health problems than children in families with no hardships. The brief provides recommendations for improving the lives of these children through strengthening and coordinating the current programs they are eligible for. It is available online at [http://www.childrenshealthwatch.org/upload/resource/multiplehardships\\_report\\_jun10.pdf](http://www.childrenshealthwatch.org/upload/resource/multiplehardships_report_jun10.pdf).

### **Early Literacy Practice Guides for Parents Now Available in Spanish**

Source: Center for Early Literacy Learning - September 1, 2010

The Center for Early Literacy Learning (CELL) has translated 18 practice guides for parents into Spanish. These guides provide parents who prefer to read in Spanish with practices they can use to engage their children in everyday early literacy learning activities. They are written at a 5th to 6th grade level. To access the guides, go to [http://www.earlyliteracylearning.org/pgparents\\_span.php](http://www.earlyliteracylearning.org/pgparents_span.php).

CELL also recently published an Overview Video that provides an introduction and illustration of the four components of the CELL model. It can be accessed on the CELL home page at <http://www.earlyliteracylearning.org>. CELL is funded by the U.S. Department of Education, Office of Special Education Programs, Research to Practice Division and is a major initiative of the Center for Evidence-Based Practices at the Orelena Hawks Puckett Institute.

### **Guides for Adapting Early Literacy Activities for Infants, Toddlers and Preschoolers with Disabilities**

The Center for Early Literacy Learning (CELL) has published 15 new CELL practice guides with adaptations for infants, toddlers and preschoolers, which show how to adapt early literacy activities so that young children with disabilities can participate. The guides can be used by practitioners or parents, or by parents in collaboration with practitioners. They describe everyday home, community, and childcare learning opportunities that encourage early literacy learning. All are available online at [http://www.earlyliteracylearning.org/pg\\_tier2.php](http://www.earlyliteracylearning.org/pg_tier2.php)

Source: Center for Early Literacy Learning - July 28, 2010

### **Radio Segment Discusses Post Traumatic Stress Disorder in Very Young Children**

Source: BAM Radio - Retrieved September 2, 2010

BAM Radio, an education radio network providing programs from the nation's top education organizations and thought leaders, recently featured a discussion on Post Traumatic Stress Disorder (PTSD) in very young children. In the segment, experts Dr. Patricia Van Horn, Susan J. Grosse and Susan Sawyers provide information on how to identify possible PTSD in young children and guidance on what to do if a child is thought to be affected. It can be accessed at <http://www.jackstreet.com/jackstreet/WMBK.RTPTSD.cfm>.

### **Guidelines and Videos on Social-Emotional Skills for Young Children**

The Center on the Social and Emotional Foundations for Early Learning (CSEFEL) has several new resources available online, including:

- How Do I Decide? Series of Guidelines - <http://www.vanderbilt.edu/csefel/resources/guidelines.html> One of the first two installments in this new series provides guidelines on: *When to Seek Outside Help for Children's Problem Behavior*.
- Online Videos - <http://www.vanderbilt.edu/csefel/resources/videos.html> Two CSEFEL videos, *Promoting Social Emotional Competence* and *Practical Strategies for Teaching Social Emotional Skills*, can now be viewed online in their entirety.

Source: Center on the Social and Emotional Foundations for Early Learning - July 15, 2010

### **New Autism Internet Modules Available Online**

Source: National Professional Development Center on Autism Spectrum Disorders

The Autism Internet Modules (AIM) Web site, hosted by the Ohio Center for Autism and Low Incidence (OCALI), has posted a number of new AIM modules, including: Antecedent-Based Interventions, Computer Aided Instruction, Functional Communication Training, Naturalistic Interventions, Parent Implemented Interventions, Prompting, Reinforcement, Response Interruption/Redirection, Self-Management, Task Analysis, and Time Delay. To access the modules, register for a free account at <http://www.autisminternetmodules.org/>

Content for these modules was developed by the National Professional Development Center on Autism Spectrum Disorders. To learn more, go to <http://autismpdc.fpg.unc.edu/>.

### **New Supplement to *Pediatrics* on Improving the System of Care for Infants and Children with Early Hearing Loss**

National data suggest that up to half of U.S. babies that do not pass their newborn hearing screens are lost to follow-up/lost to documentation. A Supplement to the August 2010 issue of *Pediatrics* entitled “Improving the System of Care for Infants and Children with Early Hearing Loss” features a series of articles highlighting the challenges that remain to be addressed to ensure early diagnosis and intervention for all children with early hearing loss. In a Foreword to the supplement, Former Surgeon General C. Everett Koop reflects on how far we have come in implementing the screening program, and expresses optimism that remaining problems can be solved through collaborative efforts, data-driven quality improvement activities, and creative uses of new technology. The supplement can be accessed at <http://pediatrics.aappublications.org/content/vol126/Supplement1/>.

### **2010 Kids Count Data Book**

Source: Annie E. Casey Foundation - July 27, 2010

On July 27, 2010, the Annie E. Casey Foundation published its *2010 Kids Count Data Book*. The report finds that overall improvements in child well-being, which began in the late 1990s, stalled in the years leading up to the current economic downturn. In 2008, the percentage of low-birth weight babies and the percentage of children living in poverty both rose. To learn more, see the report online at <http://datacenter.kidscount.org/DataBook/2010/Default.aspx>

### **Supporting Young Bilingual/Multilingual Learners**

*Multilingual Living* is a blog about raising bilingual children, with texts submitted by readers. There are many useful ideas and recommendations of textbooks, reading materials and more. For example, there is an idea by one of the readers about making up stories while listening to music in the car. The story can be in any language! To read more, go to <http://www.multilingualliving.com/2010/06/26/making-up-stories-music-with-your-bilingual-multilingual-children/>.

*The Spanglish Baby* is a website about raising bilingual children in Spanish and English. It is full of useful information. For example, a recent post by Monica Olivera Hazelton shared ways she is passing on her Latino heritage to her children, teaching them Spanish, and the method she is using to pass is to incorporate bilingual and bicultural children’s literature into their routine. She describes her preferences and how she uses the materials. Access the site at <http://www.spanglishbaby.com/>. Olivera Hazelton’s example is at <http://www.spanglishbaby.com/2009/04/use-bilingual-and-bicultural-literature-to-enhance-language-learning/>.

## Early Childhood Research and Reference Portal

This Web page provides access to a variety of research and reference materials for individuals at all levels of the system: administrators, researchers, policy makers, practitioners, families and advocates for young children with special needs. <http://nectac.org/portal/portal.asp>.

## NECTAC's Webinar Series on Early Identification and Part C Eligibility

Recorded presentations and additional resources from NECTAC's Webinar Series on Early Identification and Part C Eligibility are available at: <http://nectac.org/~calls/2010/earlypartc/earlypartc.asp>

## Tenth National Early Childhood Inclusion Institute

[Presentations](#) from [The Tenth National Early Childhood Inclusion Institute](#) held May 17-19, 2010 in Chapel Hill, NC are now available. Browse by day or use the [Presentation Finder](#) search. Also, check out the [online discussions](#).

### **Reflective Practice in Natural Environments: Promoting Family and Child Care Provider Support Visits (Barbara Hanft)**

This session focuses on assisting early interventionists and infant toddler specialists to engage in reflective practice in order to effectively support family members and child care providers in helping young children with disabilities participate in family and community life. Professional development activities will contrast family sup directed play and therapy sessions in a family or family child care provider's living room. Handouts and activities can be used by individual EI providers, specialists, team leaders, program supervisors and TA providers. (This session will be repeated today at 1:30 PM.)

[Reflective practice in natural environments: Supporting family & child care providers](#)  (PDF: 123kb)

[Early intervention: How am I supporting families?](#)  (DOC: 43kb)

## Free Web-based Module on Embedded Early Childhood Interventions

Source: CONNECT: The Center to Mobilize Early Childhood Knowledge - July 1, 2010

CONNECT: The Center to Mobilize Early Childhood Knowledge is a project funded by the Office of Special Education Programs (OSEP) to develop online modules on effective practices for early childhood professional development providers. These modules use an evidence-based approach to professional development and include video clips, activities, and handouts for instructors and learners. They are focused on young children with disabilities in inclusive environments and are designed to be used with existing curricula, coursework and other professional development opportunities. CONNECT's first Module addresses embedded interventions and is now available at <http://community.fpg.unc.edu/connect-modules/learners>

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