

Response to Public Comments on Virginia's State Performance Plan Draft
December 2005

Comment	Response
Indicator 1: Services Begin in a Timely Manner	
<p>1. Activity 5 states there will be an ANNUAL record review beginning in Fall 2006. Record Reviews are extremely time consuming. On average, the reviews that have been requested in the past take anywhere from 30-45 minutes per file. This is time taken from management staff. Based on the initial OSEP SPP template, it appears that data can be provided on selected local systems when reviews are conducted by the state staff. We suggest the state Part C staff conduct these record reviews during the MIMS process and submit this data for Indicator 1 as described by OSEP.</p>	<p>The Part C Office recognizes that record reviews are time consuming. Given that the ITOTS system does not collect the data needed to report to OSEP on this indicator, annual record reviews by all local systems are necessary (as indicated in a December 8, 2004 memo from Commissioner Reinhard) to fill this current gap in our accountability system. Efforts to enhance our Part C data system and to re-structure our overall monitoring and supervision system to better match OSEP's focused monitoring approach have begun. Changes to these systems, which will be made with consideration of stakeholder input, are expected to eliminate the need for temporary measures like record reviews to collect required data.</p> <p>Change: An activity was added to clarify that in developing an enhanced Part C data system, we will explore ongoing electronic collection of the data needed to monitor the timely start of services.</p>
<p>2. The data that was used to establish a baseline for the start of services in a timely manner was gathered prior to the requirement for services to begin within 21 days of the IFSP. In addition, the procedures that were used to gather the data in the individual localities differed substantially, with varying interpretations of what should be counted and how. This raises questions about how comparable the data from 2005 would be with data from subsequent years. It is recommended that data on the timely start of services be gathered in 2006, following the provision of specific guidelines to all localities, and that this be used as the baseline in place of the 2005 data. I suggest that nothing more be done with this inaccurate and misleading data after the submission of this plan and, instead, an accurate and fair method of collecting data on "timely" be developed and implemented to determine a true baseline and then use that as a benchmark from which to judge progress in this area</p>	<p>The weaknesses in the baseline data reported in the SPP were acknowledged within that document. Activity 5 notes that the record review protocol will be refined to improve the accuracy of data reported.</p> <p>Change: None</p>
<p>3. As I understand the guidance provided, if a child initiates any Part C service, including service coordination, then the 21 day threshold has been met. The provision of other Part C services could then follow with no</p>	<p>The interpretation in the comment column is incorrect. The determination of whether services begin in a timely manner applies to each service listed on the child's IFSP. Each service on the child's IFSP must begin within 21 days of</p>

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<p>provision for ensuring timely delivery of care.</p>	<p>the IFSP meeting unless the IFSP team decides on and documents the reasons for a later start date for a service(s) in order to meet the individual needs of the child and family.</p> <p>Change: None</p>
<p>Indicator 2: Natural Environments/Settings</p>	
<p>4. For activity 4, I would like to recommend that consideration be given to only giving the Orientation to Part C Training Module to newly hired personnel. If this is not possible or must be administered because of OSEP requirements, I would recommend that consideration be given to have service providers with 5 years or less experience in Virginia's Part C system be required to complete the Orientation to Part C Training Module.</p>	<p>Having all new and existing Part C personnel complete the Orientation to Part C Training Module is critical to assuring that children and families receive consistent information about Part C and experience consistently individualized approaches to supports and services across the Commonwealth. Reviewing the orientation training materials on-line and completing the competency test should not be time-consuming for existing Part C personnel. Since this requirement will not be implemented until it is incorporated into revised Virginia Part C Policies and Procedures (and approved by OSEP), there will be additional opportunity for public comment on this issue when the proposed policies and procedures are developed, which is anticipated to be in the spring of 2006.</p> <p>Change: None</p>
<p>Indicator 3: Child Outcomes</p>	
<p>5. You should have members on the GSEG workgroups who actually work directly with families in early intervention. In addition, I hope that there is broad stakeholder involvement and input as the work on these indicators progresses.</p>	<p>Local system managers, service providers and other local stakeholders have been and will continue to be involved in the development of the process for child and family outcome measurement. In June and July, members of the GSEG Core Group went to regional meetings of local system managers (in some cases, providers were also present) to provide information about the work related to development of child and family outcome measurement systems and to listen to local input. The GSEG Design Review Team, which provides stakeholder input to the GSEG Core Group, includes 2 local system managers and 3 Part C service providers. In addition, a total of ten local system managers and service providers were invited to participate on a provider group that gave input to the Core Group in October and November on the specific process for child outcome measurement (6 actually participated).</p>
<p>6. Other comments received: A number of comments were received that related to the specifics of implementing the Time 1/Time 2 assessment process; judgment by consensus; and the collection, reporting and analysis</p>	<p>All comments on Indicators 3 were forwarded to the GSEG Core Group in their entirety for consideration as the specific procedures related to child outcome measurement and reporting are developed. The GSEG Core group</p>

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of data related to child outcomes.	reviewed the comments and began addressing the questions during their December 7, 2005 meeting. Written response will be finalized by the Core Team in early January and made available at that time.
Indicator 4: Family Outcomes	
7. In the general overview, there is a reference that there are no “outcome indicators or other independent measures of family capacity”. In relation to this statement, to what does family capacity reference?	Change: The phrase referring to “other independent measures of family capacity” was deleted.
8. Other comments received: A few comments were received relating to the possible use of a professional contractor to implement a family survey at the state level, survey return rates, and whether proposed procedures will measure impact on families.	All comments on Indicator 4 were forwarded to the GSEG Core Group in their entirety for consideration as the specific procedures related to family outcome measurement and reporting are developed. The GSEG Core group reviewed the comments and began addressing the questions during their December 7, 2005 meeting. Written response will be finalized by the Core Team in early January and made available at that time.
Indicator 5: Number served in Part C (Birth – 1)	
9. Suggest that the eligibility definition used in Virginia be considered in looking at this issue. Documenting a 25% or greater delay in a child under one year old is rare. Another area to consider: Is the atypical definition of eligibility used appropriately and accurately in Virginia? This is the category that could capture the younger referrals that do not have a diagnosed condition. Suggest that this category be reviewed to determine if either a change of definition is needed or if more training in using the atypical category is needed in order to capture the younger referrals.	<p>Virginia’s definition of eligibility was reviewed in 2004 by the Infrastructure Task Force, which was comprised of State and local stakeholders, and the task force recommended no changes in the definition. It is unclear from the comment why it would be more rare to document a 25% delay in children under 1 than in older infants and toddlers. However, the Part C Office agrees that additional guidance related to the atypical development category of eligibility may be helpful.</p> <p>Change: The following activity was added – “Provide guidance to local system managers and providers on the atypical development category of eligibility for Part C services in Virginia.”</p>
10. Nothing is mentioned regarding the use of insurance & fees as impacting referrals to early intervention. It is naive to believe that financial considerations do not come into play when families consider services. Even with the ATP system, families need to consider the financial effects upon their resources	<p>Since the initial Part C evaluation and assessment are provided at no cost to families, it is not clear that insurance and fee issues would impact <i>referrals</i> to the Part C system. Your technical assistance consultant will be happy to discuss this issue with you if it appears to be a problem in your local system.</p> <p>Change: none</p>
11. It is very clear that the intent of this indicator is to “increase the referral rate of children who are diagnosed with hearing loss as a result of the newborn hearing screening.” Activity 7 states that there will be a data base “that automatically refers to Part C all children who fail the newborn	As recommended in the comment, the VISITS data base is already being designed to refer children who are reported with hearing loss (not those who fail the hearing screening).

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<p>hearing screening.” I would recommend the wording be changed to reflect that the system not automatically refer all children who do not pass the newborn hearing screen at birth since not all children will result with a hearing loss. It was my understanding that those children who failed the newborn hearing screening have follow-up with an audiologist, and then if a referral was appropriate such a referral be made.</p>	<p>Change: The wording of Activity 7 was changed to reflect automatic referral of children who are reported with hearing loss.</p>
<p>12. Very difficult to achieve these numbers considering the state’s stricter eligibility criteria, particularly with premature infants.</p>	<p>Virginia’s definition of eligibility has not changed and Virginia is considered by OSEP to be among the states with a broad eligibility definition. As indicated in the response to comment #9, an activity was added to the SPP to provide guidance to local system managers and providers on the atypical development category of eligibility for Part C services in Virginia, which may help to address concerns about eligibility of premature infants.</p> <p>Change: None</p>
<p>13. It would be helpful to provide more detail about the activities that will be used to increase the overall number of children identified and served, as well as the proportion of children under one year of age. The SPP proposes to “target technical assistance and resources” but does not include many details. The conditions that the new birth screenings will potentially be identifying are relatively rare and would not be expected to increase the Part C numbers substantially.</p>	<p>Beyond the other specific activities listed in the SPP and the activity added based on comment #9 above, Activity 4 states that technical assistance and resources will be targeted based on the results of data analyses completed in Activities 1-3. Once the proposed data analyses are completed, additional specific activities will be identified, as appropriate.</p> <p>Change: None</p>
<p>14. It is hoped that all of the early intervention providers in each locality could be involved in / have access to “analyzing the data” about referrals in their communities. Should be done on an ongoing basis.</p>	<p>We agree that it is important for local systems to have access to and understand the data related to referrals in their communities. The Part C Office will share that data with local systems once it is compiled and will assist local systems in understanding how the data can be analyzed on an ongoing basis at the local level.</p> <p>Change: None</p>
<p>15. Unfortunately, it seems likely that the challenges related to funding for early intervention in Virginia are having a very negative impact on Child Find and referrals to the Part C system, regardless of the public awareness efforts that are in place.</p>	<p>Recent efforts to significantly increase the amount of State General Fund dollars for Virginia’s Part C system have been very successful (with State dollars for Part C now at \$3.125 million per year, after many years at \$125,000 per year). An additional increase in those funds will be sought for this year as well.</p> <p>Change: None</p>
<p>16. Over the past two years, local systems have restricted public awareness</p>	<p>While the State has assumed responsibility for development of consistent</p>

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<p>and child find efforts, as those responsibilities were assumed at the state level. This includes the printing and dissemination of public awareness materials. Local systems need to have access to adequate supplies of these materials at all times.</p>	<p>public awareness materials, the Local Contract for Continuing Participation in Part C (SFY-2005 and SFY-2006) clearly states that it is a local responsibility to “utilize and promote public awareness materials disseminated by the Infant & Toddler Connection of Virginia Early Intervention Office to ensure a consistent statewide public awareness campaign.” In addition, local systems are required to have a local child find plan as part of local policies and procedures.</p> <p>Public awareness materials can be ordered through the materials order form, which can be found on our website http://www.infantva.org/documents/pr-PublicAwareSurveyOrderForm.doc or requested from Mary Anne White at the Part C Office. Orders are filled once a month.</p> <p>Change: None</p>
<p>17. In this indicator, reference is made to ensuring referrals as a result of the increased elements of Virginia’s newborn screening program for chronic conditions. As a local system manager, guidance is needed related to these conditions, and possible developmental consequences.</p>	<p>As part of Activity 6, the Part C Office will work with the Department of Health to identify existing resources that can provide local system managers and service providers with additional information about the chronic conditions added to Virginia’s newborn screening program. This step will be added to the overall Part C Office work plan for 2006.</p> <p>Change: None</p>
<p>18. In the first chart on page 15 for Baseline Data for FFY 2004 is the data (.97) in 2002 for Virginia birth – 1 population accurate? It appears to be an anomaly.</p>	<p>The 2002 birth-1 child count data in the chart reflects the data submitted to OSEP that year, and the Part C Office has been unable to identify a specific reason for the significantly higher number that year.</p> <p>Change: None</p>
<p>19. How does Virginia compare with states that have similar eligibility and similar financial responsibility?</p>	<p>The chart in the Overview section of Indicator 5 provides a comparison of Virginia to the group of State’s with similar eligibility requirements. It was unclear from the comment whether financial responsibility referred to family fees or the amount of financial responsibility the State takes for the Part C system. In either case, the Part C Office is not aware of any data available for such a comparison between states.</p> <p>Change: None</p>
<p>20. Add collaboration with Early Head Start, Migrant Head Starts for child find</p>	<p>The Part C Office agrees that enhanced collaboration with Early Head Start and Migrant Head Starts could facilitate child find efforts.</p>

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	<p>Change: An activity was added to Indicator 5 and Indicator 6 to address collaboration with Early Head Start and Migrant Head Starts to identify procedures and strategies to ensure that children served through Head Start programs who are potentially eligible for Part C are referred to the local Part C system.</p>
<p>Indicator 6: Number served in Part C (birth – 3)</p>	
<p>21. 3% is an impossible standard based on data previously collected which showed the state average around 2%. These measures are not rigorous, they are unrealistic. Actively seek funding source to serve an additional 1%.</p>	<p>Graphing the trend data, using increases in child count over the last several years, suggests that 3% is a realistic target for 2010. Data collected through the Virginia Cost Study, completed in 2004, actually estimates that 6% of the birth – three population would be eligible under Part C in Virginia.</p> <p>Please see comment #15 for information about recent increases in State funding for Part C.</p> <p>Change: None</p>
<p>22. Our local system currently serves a greater percentage than would be expected based on our population. Having said that, looking strictly at numbers, I do not see our numbers increasing at any time in the future. There has been a gradual decrease in our numbers over the last few years due in part to our declining population. Our unemployment rate continues to increase, another factory is due to close in December and young families continue to leave the area.</p>	<p>The statewide targets for this indicator take into account that the percentage of the birth-three population served in Part C will vary across the Commonwealth. The Virginia Cost Study, which was completed in 2004 and is available on our website, provides charts and narrative on the factors that affect the percentage of population eligible for each city and county in Virginia. It is also important to note that, although the number of children served in the local Part C system may decrease with a declining population, the percentage would not necessarily be affected.</p> <p>Change: None</p>
<p>23. It would be helpful to provide more detail about the activities that will be used to increase the overall number of children identified and served, as well as the proportion of children under one year of age. The SPP proposes to “target technical assistance and resources” but does not include many details.</p>	<p>Please see response to comment #13 above.</p>
<p>24. A small but yet important piece of the statewide public awareness campaign is the EI brochure. It is in need of updating as the listing of developmental milestones is not comprehensive. There are families who</p>	<p>Although it was not clear from the comment why the developmental milestones are not considered comprehensive, we agree that it would be appropriate to review the brochure and how it is being used to determine whether there is a</p>

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<p>would look at the current listing of milestones and decide their child does not need a referral to Part C when, in fact, if the brochure had a more comprehensive and more well-thought out list of milestones, families would have a better chance of knowing that their child needed to be referred. The brochure is currently the easiest piece of statewide material we have to distribute to agency offices and in packets at hospitals for newborns and their parents, etc. and it needs to be updated as a part of the plan to increase the number of children we serve.</p>	<p>need for revision.</p> <p>Change: An activity was added to address the need to review the existing Part C Developmental Checklist Brochure and how it is being used to determine whether the brochure needs to be revised.</p>
<p>25. This indicator references work related to CAPTA. We are desperately in need of guidance and tools to meet the requirements for referrals for children who are abused and neglected. For this data year, our local system has not received a single referral in response to CAPTA requirements. The timelines speak to statewide training of DSS regional supervisors in June 2006.</p>	<p>The June 2006 date was entered in error. The Part C Office and the Virginia Department of Social Services had already agreed to timelines that reflect completion of meetings with DSS supervisors no later than March 2006. Part C technical assistance consultants are also available to assist local Part C systems in working with local DSS agencies regarding CAPTA referral procedures.</p> <p>Change: Timelines for Activity 6 have been revised to reflect that Part C staff will attend meetings of DSS regional supervisors to present information on early intervention and determine the need for additional information and training no later than March 2006.</p>
<p>Indicator 7: 45-day Timeline</p>	
<p>26. There is reference to having local system managers submit written documentation to confirm mitigating circumstances related to the 45-day timeline. (Referenced also in Indicator 14). This appears to be a new request, I would recommend maintaining the present level of submission. There is also reference to have the system manager's supervisor meet with the Technical Assistant Consultant, Monitoring Consultant, and the State Part C Coordinator. I would suggest this be an optional activity to include the supervisor. In some systems this level of hierarchy might not be necessary. I would also recommend that activity 5 also include a statement "implement rewards for those systems who continually meet measurable targets."</p>	<p>As indicated in the Overview section, these are not new activities. The Overview section also notes that meetings between the local system manager, his/her supervisor, the TA consultant, Monitoring consultant, and Part C Coordinator only occur with those local systems identified by the Part C Office as in need of more extensive technical assistance and support in overcoming barriers to compliance.</p> <p>The issue of incentives in general is addressed in Indicator 9, Activity 3.</p> <p>Change: None</p>
<p>27. Mechanisms should be included for tracking situations when children are referred to Part C, do not have an evaluation/assessment, and then re-enter the system as a new referral.</p>	<p>It is unclear why such a mechanism would help address compliance with the 45-day timeline. As long as the local system properly enters data into ITOTS, this situation would result in the original referral ending and the new referral beginning a new 45-day timeline.</p>

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	Change: None
Indicator 8: Transition	
28. Activity 1 states there will be another ANNUAL record review beginning in Fall 2006. Record Reviews are extremely time consuming.	Please see response to comment #1.
29. Transition from Part C to Part B can be a challenge in our locality and in others around the state. Overall, it seems that there are systemic problems related to transition that should be addressed in the implementation of the State Performance Plan. The specific activities that are currently required by Part C need to be re-examined, with significant input from Part C providers, Part B personnel, and families who have participated in this process. In particular, the time frame for the required notification of the school system about a child needs to be re-examined.	<p>While Virginia cannot change the federal Part C requirements related to transition, we agree that significant work needs to be done to review, clarify, and consistently implement procedures to meet the Part C transition requirements in Virginia. The improvement activities in the SPP reflect involvement of State and local stakeholders in these efforts and a plan to ensure that State-level strategies address the barriers identified by local systems. Comment #33 and the activity added to the SPP as a result of that comment deal with the need to formalize specific transition procedures through a revised state interagency agreement.</p> <p>Change: None</p>
30. Guidance is necessary for Part C providers related to documentation of the 90-day conference. In our locality, this step was documented in progress notes, or on the IFSP. If the record did not clearly specify that the meeting was, in fact, the 90-day conference, the record reviewer indicated a deficiency in the system, even though the meeting was held. In some cases, the record review indicated that a referral to Part B was not made, because the file did not include the fax verification sheet. In our locality, many referrals to Part B are hand-delivered. The indicators of meeting this requirement need to be clearly specified so that local service coordinators are clear about their responsibilities. The activity sheet for this topic indicates that changes will be made in the IFSP and in record review protocols to more accurately capture transition planning efforts.	<p>As noted in the comment, the improvement activities already address this issue through planned revisions to the IFSP form and instructions, transition guidance document, and the record review protocol. The November 28, 2005 memo (Local Compliance/Status with Part C Transition Requirements) from Mary Ann Discenza to local systems further discusses how the improvement activities will be used to provide the kind of guidance and clarification requested.</p> <p>Change: None</p>
31. Training is needed at the local level that includes local Part C and Part B staff together to talk about transition requirements	<p>In order to ensure that State-level strategies to address transition issues will effectively address the barriers to compliance that local systems are experiencing, State Part C staff will meet with local system managers and service coordinators (Activities 2 and 3 in the SPP) prior to determining what specific strategies will be used (Activity 4).</p> <p>Change: None</p>

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<p>32. Revise the State Interagency Agreements to establish specific protocols and procedures to be implemented at the local level related to transition requirements. Look to see if revisions to interagency agreements should be listed for other Indicators as well.</p>	<p>The process to revise the State Interagency Agreement for Part C has already begun. We agree that those revisions must include specific procedures related to transition.</p> <p>Change: An activity was added to reflect the need to revise the state interagency agreement and to include specific procedures related to transition.</p>
<p>Indicator 9: Correcting Non-Compliance</p>	
<p>33. Related to activity 1, I would recommend that personnel include collaboration with Part C staff and local System Managers.</p>	<p>OSEP requires Virginia to identify areas of noncompliance related to any Part C requirements in monitoring reports. The Part C Office has already started implementing procedures to fulfill this requirement (e.g., compliance letters related to evaluation and assessment, 45-day timeline, frequency/intensity).</p> <p>Change: None</p>
<p>34. Activity 3 mentions “effective sanctions are established.” I would recommend that personnel include local system personnel be involved in the discussion of sanctions, and would support the discussion of incentives be included in this activity, and timelines for activity 3 include language to establish and “implement” procedures to evaluate the effectiveness of sanctions and “incentives”.</p>	<p>The Supervision and Monitoring Advisory Committee listed in Personnel will be a stakeholder group advising the Part C Office on this issue. The advisory committee is expected to begin work in January 2006.</p> <p>Change: None</p>
<p>35. We are opposed to any sanctions. In reviewing the original Verification Visit letter from OSEP dated July 5, 2005 it is evident that the State Part C was not monitoring the correction of compliance, “...there was no formal process for approving improvement plans, and no systematic procedures for determining whether an LLA had corrected noncompliance.” It is our view that formalizing the improvement plan process and monitoring progress carefully should be the first steps prior to implementing sanctions on a system already under funded. Recommend Eliminating sanction wording from SPP and next revision of the contract as this is not an OSEP requirement and the local systems are already under-funded.</p>	<p>The improvement activities for Indicator 9 include more formalized procedures for approving local plans of improvement and determining whether the local system has corrected noncompliance in accordance with the plan of improvement within one year. However, the July 5, 2005 OSEP letter cited in the comment also notes that, “During the verification visit, the Lead Agency acknowledged that its emphasis in responding to noncompliance has been on the provision of technical assistance and collaboration, and that it recognized that this approach had not ensured the timely correction of noncompliance.” The OSEP letter goes on to say, “Further, although as explained above, the Local Contract terms afford the Lead Agency the option of terminating an LLA’s contract as a sanction, the State has never imposed such termination or any other sanctions if an LLA has not corrected noncompliance. The Lead Agency acknowledged that, as a result, noncompliance with Part C requirements (such as requirements related to the 45-day timeline and transition planning) has persisted well beyond one year ... and continues to persist.” It is clear from the OSEP letter that much greater accountability for</p>

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	<p>compliance and correction of noncompliance than is currently in place is required in Virginia. The Part C Office is committed to working with local stakeholders in the development of a range of sanctions and incentives to support compliance with Part C requirements. A Supervision and Monitoring Advisory Committee will be formed to advise the Part C Office and is expected to begin meeting in January 2005.</p> <p>Change: None</p>
36. On page 33 in the second bullet under c I believe there is a typo – funding should be finding?	Change: “Funding” was changed to “finding”
Indicator 14: Timely and Accurate Data	
37. Activity 4 includes a request that local System Manager’s supervisors confirm the accuracy of data. I would ask “Why? I think more time should be spent on determining what are the parameters of verification, and less on securing a signature. Other activities indicate State Part C staff are resources for this indicator. I do not understand why supervisors need to be involved in the verification and would recommend deleting this. It is unlikely that most of Virginia’s system managers’ supervisors are actually going to carry out the task of confirming the accuracy of data as this would be incredibly time consuming. In addition, it may be, in some cases that system managers’ supervisors decline to sign a verification form because they do not have the time to complete a process to determine accuracy but yet do not feel comfortable signing their name to such a form without being able to personally verify it.	<p>The July 5, 2005 findings letter from OSEP based on their April verification visit clearly requires Virginia to increase the level of accountability for data accuracy. The improvement activities for this indicator of the SPP reflect a shared responsibility between the State and local systems for confirmation of data accuracy (local review and signatures confirming data accuracy and annual State on-site record reviews to verify data). Since there is widespread concern about the proposed requirement for local system manager supervisors to sign statements confirming the accuracy of local data, the Part C Office has changed this requirement to allow the local system manager to sign. The Local Contract, which is signed by the local lead agency head, will then include language stating that this signature process is the means by which the local lead agency assures submission of accurate data.</p> <p>Change: The wording of Activity 4 was revised to require “a signed certification by the local system manager confirming the accuracy of the data.”</p>
38. Although reviewing ITOTS data quarterly is a best practice activity, the labor intensity of matching the ITOTS number with the actual name before you can go to a file is a burden. Since ITOTS doesn’t print out the child’s name, there is not a way to prevent the manual matching of data from the report to the file.	<p>The new ITOTS data verification reports referenced in Activity 2 will print the child’s name if the name has been entered into ITOTS.</p> <p>Change: None</p>
39. Activity 3: adds additional record reviews, which are extremely time consuming.	Please see response to comment #1.
40. There may be a typo in activity one. Shouldn’t it be October 2005 and November 2005?	Change: Dates were corrected to read October 2005 and November 2005.

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41. Page 45 item 3 timeline includes enhancing the iTOTS system to require updates of services and settings data at each IFSP review. When that data is entered it should include projected start and end dates which will allow for circumstances where services are planned to change within a current IFSP, i.e. an IFSP is written for weekly services for one month then bi-weekly services after that.	<p>The detailed requirements analysis (Activity 1) that is already underway is looking at all federal and State reporting requirements to ensure that the Part C data system will allow us to accurately report all required data, including data related to timely start of services (which will require the more specific level of start and end dates noted in the comment).</p> <p>Change: None</p>
42. Without having the infrastructure of a Statewide automated data system that can provide information in real time the data collection requirements to monitor and ensure accountability of local systems is very extensive and expensive. The development of the data system needs to be a top priority and on a fast track or Virginia will not be able to come into compliance with the plan.	<p>The Part C Office agrees, and this activity is underway. The Part C Office has contracted with a Part C Data Analyst who began work in October 2005. The Data Analyst is in the process of conducting a detailed requirements analysis, which includes reviewing all federal and State reporting requirements and interviewing state and local stakeholders to understand current practices and data needs. By March 2006, this analysis will be complete and the data analyst will provide the Part C Office with recommended technology solutions for meeting federal and state reporting requirements with timely and accurate data and in the most efficient way possible.</p> <p>Change: None</p>
Other General Comments	
43. It appears that the SPP is in response to OSEP requirements only; it would be worthwhile to have an overall Plan to address other Part C issues such as funding the system and staff shortages.	<p>The SPP activities are being incorporated into a broader state-level work plan that will include other issues such as funding, personnel, reviewing and restructuring the monitoring and supervision system, etc. The response to Comment #15 addresses funding. In addition to the individual work being done with local systems to address locality-specific personnel issues, the Part C Office will be partnering with CoCoA to understand the underlying issues related to personnel shortages that need to be addressed at the State level.</p> <p>Change: None</p>
44. Concern about cost at state and local levels to implement the SPP. Need to address where this funding will come from.	<p>When the funding source was known, it was identified in the SPP. In other cases, identifying the funding source will be part of completing the activity. See Comment #15 regarding ongoing efforts to increase State funding support for the Part C system.</p> <p>Change: None</p>
45. Our primary concern is that, as currently written, the focus of the SPP is	The comment does not specifically identify what activities fall into the

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<p>not exclusively focused on the OSEP requirements, but instead includes other items that the State Part C Office finds desirable to implement or that are required by other sources such as the General Assembly. The SPP should strictly and minimally reflect the 14 Indicators as set by OSEP.</p>	<p>category of those that the State Part C Office finds desirable to implement or that are required by other sources. However, the Part C Office believes that all activities identified on the SPP are critical in meeting the targets related to the OSEP Indicators.</p> <p>Change: None</p>
<p>46. The process of developing the plan has brought much needed clarity on requirements (timeliness) and focus on areas that need to be clarified</p>	
<p>47. Overall very thorough</p>	