



**Infant & Toddler  
Connection of Virginia**

SFY 2005  
Local Contract  
Public Comment:  
Summary,  
Response and  
Action

May 24, 2004

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**Infant & Toddler Connection of Virginia**  
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<b>GENERAL</b>			
	<p>We have pretty darn good providers here in Virginia and I don't know what I would have done without them [paraphrased and not nearly as eloquently] (just about everybody that wrote in and all of the parents that made a comment).</p>	<p>We agree that we have great Part C service providers in Virginia! We always have in common with those providers the goal of wanting to make sure that all eligible children and their families receive needed and appropriate Part C supports and services – even though we may sometimes disagree on the best way to make that assurance! We appreciate the continued commitment and effort of all Part C providers to making the system work for children and families.</p>	
	<p>The councils should be given the freedom to make decisions about how to best provide services locally. (13) Revise the contract to be minimal in terms of requirements.</p> <p>Develop a state and local partnership ... the partnership model would not rely on unnecessary reporting and administrative bureaucracies</p>	<p>In writing the draft local contract we attempted to respond to recent stakeholder requests for increased oversight and authority from the State and increased consistency in local implementation of Part C requirements statewide. We believe those goals can be achieved while preserving enough local freedom to make the best possible use of local resources, relationships, etc. Based on public comment on the draft local contract, we will make modifications to reporting requirements as well as budget categories and limits to allow additional local flexibility.</p>	<p>Please see changes described below under Scope of Work/Deliverables – Budget, Service Delivery Oversight and Budget Management Tool, Local Status Report.</p>
	<p>It will be difficult to get providers to sign contracts/we will lose providers (12) // The decrease in funding is an issue for our council. We are in a constant struggle for providers and are</p>	<p>We recognize the struggle to retain providers in the Part C system when higher salaries and</p>	<p>Please see changes described below under Scope of</p>

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	unable to compete with other agencies that offer higher salaries and benefit packages than we are able to. // Competing with schools for the people with the same education and qualifications. ... situation is only going to be exacerbated by the proposed contract.	fewer requirements are available through other systems, private practice, etc. Based on public comment on the draft local contract, we will reduce reporting requirements, eliminate dollar limits on associated costs, and increase flexibility in the conditions under which Part C funds may be used to pay associated costs.	Work/Deliverables – Budget, Service Delivery Oversight and Budget Management Tool, Local Status Report.
	Such stringent guidelines will severely damage ... progress made to increase council participation (15)	Please see information provided in the above responses regarding changes made to increase local flexibility. Please also see discussion in the response column of this table under Scope of Work/Deliverables - LICC Coordinator.	Please see changes described below under Scope of Work/Deliverables – Budget, Service Delivery Oversight and Budget Management Tool, Local Status Report.
	I think that the current budget crisis is going to have the biggest impact on the smaller programs. The rural and underserved areas are the areas where there are not private pay options for families	In order to address some of the issues faced in more rural areas, the limits on associated costs will be changed -- eliminate dollar limits on associated costs, and increase flexibility in the conditions under which Part C funds may be used to pay associated costs. There will also be changes to allow more flexibility in other budget areas. The Part C TA consultants are available to assist in identifying additional strategies to address specific local concerns and challenges resulting from the budget crisis.	Please see changes described below under Scope of Work/Deliverables – Budget
	I think we need to try to get through the next year as best we can while continuing to look at long- term solutions that will still address the needs of our children. The cost to the school system down the road will increase dramatically if we do not	The Part C staff is committed to supporting local systems in any way possible as we deal with the current budget shortfall. We also	No change

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	help these children get a good start in life.	look forward to working in partnership with stakeholders as we further develop and implement ideas identified through the Infrastructure Task Force and public comment received on the task force report.	
	I propose combining the New River Valley Council and the Greater Roanoke Council this year in order to save on operating expenses. There is overlap in providers and council members.	If 2 local council areas wish to merge under one Local Lead Agency, we would be happy to discuss how that might work. Please feel free to contact your TA Consultant or Mary Ann Discenza.	No change
	I am appalled that the State has taken little responsibility for adequate funding for services to children. It is a disgrace but over time it has shifted most of the responsibility from the State to localities.	We agree that the amount of State General Fund dollars committed to Part C is inadequate, and we will continue seeking additional dollars from both the State and from other sources (grants, reimbursement sources, etc.). In addition, the VICC has formed a new advocacy committee to address this issue. We hope that all stakeholders in Virginia's Part C system – families, providers, administrators, etc. will join together to advocate for needed state funding.	No change
	Whenever possible, could this contract use the similar section from the DMHMRSAS Performance Contract and Partnership Agreement? This would eliminate confusion and conflicting requirements.	One of the difficulties with this proposal is that not all Local Lead Agencies are CSBs. However, the DMHMRSAS will be considering this option as part of discussions and decisions based on final infrastructure recommendations, once those are submitted to the Commissioner.	No change
<b>Reporting Requirements</b>	I hope that coordinators can partner with the Part C office in regards to the reporting requirements.	We look forward to working in partnership with local Part C	Please see changes described below under

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		providers and administrators to (1) identify data that is needed in order to document the effectiveness of and continuous improvements in Virginia's Part C system and (2) develop and implement mechanisms that collect that data in a time- and cost-effective way.	Scope of Work/Deliverables – Budget, Service Delivery Oversight and Budget Management Tool, Local Status Report.
	I support additional reporting from localities as our need for data over time is great and now we have the reporting requirement from the General Assembly that was tied to our additional allocation	The success of efforts to secure additional State General Fund dollars will depend to a large extent on our ability (1) to provide the data tied to our additional state allocation and (2) to use other available data to demonstrate both the effectiveness of the Part C system and the need for more funding.	No change
	The continued requests for more and more data from the local ICCs to hold them accountable, translates into additional unreimbursed administrative overhead for our organization. (2) There has not been attention to the added cost of data collection and data entry. This will result either in taking money away from services or in an added cost for local government. Too many new things are being required when more restrictions are placed on where funds are spent and funding is cut substantially. (14)	The budget shortfall in Part C poses many dilemmas. For example, in times of limited funding it is more important than ever to use data for ongoing oversight and management within the local system and at the State level. We owe it to Virginia's taxpayers and to the children and families we serve to be able to clearly demonstrate with data that we have used the funds available efficiently and to provide services in accordance with evidence-based practice. On the other hand, we have less money with which to collect and analyze that data. In order to provide a better balance between these competing	Please see changes described below under Scope of Work/Deliverables – Budget, Service Delivery Oversight and Budget Management Tool, Local Status Report.

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		needs, some budget restrictions will be lifted and some reporting requirements will be eliminated.	
	To continue to add administrative burden when it has not been demonstrated that we are out of compliance, or suspect in any way, is unwarranted. If there are councils that are unable to work through those situations, that is where the focus and increased accountability belongs. (2)	At this time, we have no means to determine (between MIMS rounds) local compliance with the service delivery considerations and philosophy detailed in the supports and services TA document. However, the requirement to complete and submit the Service Delivery Oversight and Budget Management Tool will be eliminated from the local contract. Technical Assistance Consultants will work closely with Local Lead Agencies to provide support, information, and ideas on front-end management (and encumbrance) of Part C dollars to ensure that the State can plan for and address local shortfalls as effectively as possible.	Please see changes described below under Scope of Work/Deliverables – Budget, Service Delivery Oversight and Budget Management Tool, Local Status Report.
	I doubt the capacity of your office to meaningfully use all the data requested at your current staffing level. It is unclear what use some of this data would or could be put to. What data will actually be useful; and efficient to collect needs to be re-thought.	We owe it to Virginia's taxpayers and to the children and families we serve to be able to clearly demonstrate with data that we have used the funds available efficiently and to provide services in accordance with evidence-based practice. Therefore, staff has made it a priority to use available data for state-level management and oversight. TA consultants also remain available to support Local Lead Agencies and local providers in using local	Please see changes described below under Scope of Work/Deliverables – Budget, Service Delivery Oversight and Budget Management Tool, Local Status Report.

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		data to plan and manage the local system during this time of budget shortfalls.	
	The requirements for MIMS, then the monthly reporting form, and the annual status report seem to be overdoing the reporting.(8) /// If we must complete the extensive monthly reports and the annual status report, this might be a good time to consider eliminating MIMS. (4)	Federal Part C regulations require a state Part C monitoring system. In Virginia, MIMS fulfills this requirement. We are also committed to continuous quality improvement in Virginia's Part C system. Monitoring and improvement can't just happen every three years. The local status report is intended to provide local Part C systems with the kind of data they need for continuous quality improvement and to meet federal reporting requirements that the state must address annually. Please see the section below related to the local status report for discussion of planned changes. In recognition of the limited time and funds available for data collection, the Service Delivery Oversight and Budget Management Tool will be eliminated from the contract.	Please see changes described below under Scope of Work/Deliverables – Budget, Service Delivery Oversight and Budget Management Tool, Local Status Report.
	We have concerns about the requirement to use the “Service Delivery Oversight and Budget Management Tool”, as well as some components of the required Annual Status Report, and the projected ability of our locality to ensure services to the children	Please see responses for the above comments.	Please see changes described below under Scope of Work/Deliverables – Budget, Service Delivery Oversight and Budget Management Tool, Local Status Report.
	The needs of children and families are better served by improving the technical assistance available to providers from the state office and local ICCs, which is their [the	Please see responses for the above comments.	Please see changes described below under Scope of

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	state's] appropriate role, [than by adding reporting requirements].		Work/Deliverables – Budget, Service Delivery Oversight and Budget Management Tool, Local Status Report.
<b>Need for additional TA</b>	There's going to be a surge in the need for these folks if this contract is implemented. How accessible will the TA staff be? How will the agencies afford this for staff such as contracted providers? How much money will be allowed for this?(12)	Although there will be changes made to the draft contract in order to ease budget restrictions and reporting requirements, TA Consultants will remain available to work closely with local Part C systems as they implement their service delivery systems with limited funding. Please let your TA Consultant know how she can best provide support specific to your local system.	Please see changes described below under Scope of Work/Deliverables – Budget, Service Delivery Oversight and Budget Management Tool, Local Status Report.
	I suggest that the state ensure that a pool of money is set aside for training and not only for this type of training need [Related to the SDOBMT and the Action Plan], but also for training such as Kaleidoscope or New Horizons (3)	We agree that training is important to an effective Part C service delivery system. The budget will be changed to allow the local Part C system to use Part C funds for training. Virginia's Part C Integrated Training Collaborative will be planning Part C training for the coming year with a goal of reducing costs to local Part C systems.	Add Training line item to the local Part C budget form.
	We need a way to evaluate the TA we get to assure that it meets the needs of each locality	We agree that there is a need to evaluate TA to ensure that needs are being met effectively. We plan to seek stakeholder input on this project to ensure that the evaluation will result in constructive feedback.	No change
<b>Funding Allocation</b>	It is imperative that the funding allocation formula be looked at again and adjusted for greater equity across the state. (3)	Based on initial feedback from localities, the Part C allocation was reviewed and revised by the	No additional change

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		Plan B Workgroup and DMHMRSAS to improve equity. The final allocations along with an explanation of the method used to determine those allocations, was disseminated to Local Lead Agencies in May.	
	The allocation does not seem equitable to councils that have continually increased their child count, but who receive very little local funding. Some councils are able to meet the increasing demands of additional children at a much lower per child cost. Increases in child count should be tied to higher performance. (2)	Based on initial feedback from localities, the Part C allocation was reviewed and revised by the Plan B Workgroup and DMHMRSAS to improve equity. The final allocations along with an explanation of the method used to determine those allocations, was disseminated to Local Lead Agencies in May.	No additional change
	<p>It is recommended that the Part C office reconsider the funding allocation formula and re-distribute the \$780,071 in order to reduce the funding cut and make it comparable across all of the localities in the state. This would result in approximately a 15% cut across all localities and may be seen as more equitable, rather than a 20% cut in 19 localities and cuts ranging from 2-10% in 21 others. It would also show that the funding cuts have taken into consideration the need that was demonstrated by the localities this fiscal year in their applications for additional funds.</p> <p>Since the amount of the recently approved additional funding from the General Assembly is quite similar to the total amount of the "advantage" that has only been allocated to some areas in the current allocation formula, it would seem that it would be difficult to demonstrate to the legislators exactly how this new funding is helping their own jurisdictions. Using a comparable across-the-board cut for all localities, however, would make it much easier to demonstrate to the legislators that the funding they have approved is working in their localities.</p>	Based on initial feedback from localities, the Part C allocation was reviewed and revised by the Plan B Workgroup and DMHMRSAS to improve equity. The final allocations along with an explanation of the method used to determine those allocations, was disseminated to Local Lead Agencies in May.	No additional change

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	As identified in the recently completed Cost Study, regional differences occur across the state in how much funding is available and how much is actually available in localities. Therefore, it is also recommended that additional technical assistance from the Cost Study consultant be used to develop an equitable funding formula for our current situation.		
<b>DEFINITIONS</b>			
<b>EI Services</b>	Definition of Early Intervention Services has changed from prior contract. Provision (iii) is now “a diagnosed physical or mental condition that has a high probability of resulting in developmental delay.” This language is substituted for “a handicapping condition.” Note that in Va. Code § 2.2-5300 the “handicapping condition” language is still used; I could find no 2004 legislative change. Why the change in contract language?	Contract language (in the public comment version) was revised to reflect current federal language in Part C of IDEA. Virginia Code language has not yet been updated.	No change
<b>Locality</b>	Add a definition of locality and review contract language to ensure this term is used appropriately (e.g. 2.1.2.h(1), 3.1.2, 3.1.3). The reference to “the locality’s” report in section 2.1.1.b(3)(d) seems inappropriate. This report is prepared and submitted by the Local Lead Agency in collaboration with the LICC.	In order to improve clarity and accuracy of terms, the term “locality” will be eliminated from the contract.	Eliminate the term “locality,” using a more specific reference such as “Local Lead Agency” or a general reference to “the local Part C system,” as appropriate.
<b>Associated Costs</b>	The definition of Associated Costs is not clear. It would be helpful for the contract to state clearly and completely which charges can be included under the heading of Associated Costs and which cannot be included. (5)	The definition of associated costs will be expanded to be complete and the “etc.” will be eliminated from the end.	Change definition of associated costs to read: “Costs associated with provision of entitled Part C supports and services (e.g. travel time and mileage; participation in IFSP or other team meetings; Part C billing-related documentation over and above that required for other consumers of the agency/practice; professional consultation

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			when the child/family are not present).
	Associated Costs- This definition would appear to include administrative costs. Was that the intent? Please add definitions for both and tell us where computers would be placed.	The definition of associated costs will be expanded to be complete and the "etc." will be eliminated from the end. A definition of administrative costs will be added.	Add definition of administrative costs to read as follows: Operational costs incurred by the Local Lead Agency as a result of administering the local Part C contract (e.g. fiscal management, monitoring contracts with providers).
	We seek clarification about the definition of associated costs. Is it limited to the actual costs of transport to provide services in the natural environment, or is it intended to include other non-reimbursable expenses like IFSP meetings and consultations?	The definition of associated costs will be expanded to be complete and the "etc." will be eliminated from the end.	See above comments for changes
<b>Family Centered Practices</b>	Family-Centered Practices- This definition includes the term "entitled services". How does this effect implementation of Individualized Part C Early Intervention Supports and Services in Everyday Routines, Activities and Places? What happens when a family requests services that do not necessarily coincide with this philosophy?	Eligible children and families are entitled to receive those early intervention services listed on the IFSP. The early intervention services listed on a child's IFSP are those supports and services necessary and appropriate to address the IFSP outcomes. EI services are provided to promote the child's development and to assist the family in meeting their child's developmental needs. <i>Individualized Part C Early Intervention Supports and Services in Everyday Routines, Activities and Places</i> describes Virginia's philosophy and considerations for IFSP teams to use in making consistent, family-centered and evidence-based decisions about individualized, appropriate and effective supports	No change

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		and services for each child and family. As indicated in that TA document, "Families may choose to supplement the frequency or type of services determined by the IFSP team to be necessary and appropriate under Part C, with other services and/or providers that the IFSP team does not identify as necessary to meet the IFSP outcomes. These non-Part C services are listed by the IFSP team in Section VII of the IFSP – Other Services (services needed but not entitled under Part C)."	
<b>Family Survey</b>	Family Survey- This definition indicates that this two-stage instrument captures a family's view when accessing the system, during service delivery, and during transition. How does it capture family views during service delivery if it is only given at initiation of service and during transitioning?	The definition states that the family survey "...captures a family's views of <u>its experiences</u> ... during service delivery..." In order to avoid any confusion, we will change the language.	Change 2 <sup>nd</sup> sentence of the definition to read: "This two-stage instrument captures a family's view about its experiences with accessing the early intervention system, preparation for and development of an individualized family service plan, service delivery, and transition out of early intervention."
<b>LICC</b>	The definition of the LICC is not clear in establishing the responsibility of the LICC versus the Lead Agency. If the LICC is to be an advisory board to the Lead Agency, this should be clearly stated. The Lead Agency cannot take responsibility for duties not assigned to it, nor can it ensure that the LICC will carry out its duties if the LICC is a separate and independent body.	The definition of LICC used here is from the <i>Virginia Code</i> . The existing language in the <i>Virginia Code</i> combined with the need for a valid local contract (which cannot be between DMHMRSAS and the LICC) makes it very difficult to clearly delineate between the duties/definition of the LICC and those of the Local	No change

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		Lead Agency. We have done our best, with the guidance of the Office of the Attorney General, to develop a valid contract and delineate responsibilities as clearly as possible for SFY-05. We will work toward changes to the <i>Virginia Code</i> that will better address this issue for future contracts. We appreciate your patience.	
	The definition of the Local Interagency Coordinating Council (LICC) indicates that it is established by DMHMRSAS, in consultation with the Virginia Interagency Coordinating Council. It would seem that, based on my experience, that it is actually the locality that establishes these LICCs. In # 7 of this definition, talks about policies and procedures adopted by the lead agency. Do you mean the Local Lead Agency or the state lead agency?	The definition comes directly from the <i>Virginia Code</i> . The reference here to establishment of the LICCs means that DMHMRSAS, in consultation with the VICC, established the 40 LICCs as entities. <u>Membership</u> of the LICCs is established at the local level. The reference to lead agency in #7 is to the State Lead Agency, as described in § 2.2-5304. There is no discussion of local lead agencies in the <i>Virginia Code</i> . To eliminate confusion, since the contract as a whole references both a state and a local lead agency, we will add clarifying language in #7.	In #7 of the definition of LICC, add the following clarification "...policies and procedures adopted by the <u>[state]</u> lead agency."
<b>2.0 SCOPE OF WORK</b> <b>3.0 DELIVERABLES</b>			
<b>LICC/LLA Roles</b>	This section provides no clarification of the ultimate responsibility for the Part C Budget. (4) a. If the LICC develops the budget, then does the Lead Agency need approval from the LICC for each disbursement of funds? What would the Lead Agency's	The existing language in the <i>Virginia Code</i> combined with the need for a valid local contract (which cannot be between DMHMRSAS and the LICC)	Change language in 2.1.3 and 2.1.4 to state that "The Local Lead Agency, with the advice and assistance of the LICC, shall: ..."

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	<p>response be if the LICC requested disbursements that appear to violate Part C guidelines? (2)</p> <p>b. Or is the LICC acting as an advisory board to assist the Lead Agency in the broad development of guidelines for the disbursement of Part C funds, with the Lead Agency determining specifics of the budget expenditures? (2)</p> <p>Whereas on page 4, the contract states that the Lead Agency shall disburse funds <i>“in accordance with the local interagency Part C budget developed by the LICC”</i>, this section states that the Lead Agency shall <i>“Prepare and submit the budget and budget revisions in collaboration with the LICC”</i>.</p>	<p>makes it very difficult to clearly delineate between the duties/definition of the LICC and those of the Local Lead Agency. We have done our best, with the guidance of the Office of the Attorney General, to develop a valid contract and delineate responsibilities as clearly as possible for SFY-05. We will work toward changes to the <i>Virginia Code</i> that will better address this issue for future contracts. In the meantime, we hope that the Local Lead Agencies and LICCs will work closely together to carry out the duties required in the contract.</p> <p>Administrative duties listed in the contract (2.1.2) are clearly given to the LICC in the Virginia Code, so the language in the local contract needs to state the Local Lead Agency assist the LICC to complete these duties. We will change language related to Personnel (2.1.3) and Service Delivery (2.1.4) to clarify that these responsibilities belong to the Local Lead Agency, with the advice and assistance of the LICC.</p>	
	<p>Strengthen language in contract to designate who is ultimately responsible for providing services</p>	<p>Please see above for discussion of responsibility of the Local Lead Agency versus the LICC. Responsibility of the Local Lead Agency versus the State Lead Agency is addressed below under General Conditions and</p>	<p>Please see below under General Conditions and Submission Statement.</p>

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	Support the need for local councils. (3) Giving the Lead Agency complete control over the decisions for the locality is of great concern for us as providers. I do think there is value in the team approach we have had in decision-making.	Submission Statement. Because the LICC is not a legal entity, it is not possible to have a valid contract between and the LICC and DMHMRSAS. In order to establish a legal mechanism (i.e. contract) through which funds can be disseminated to the local level and accountability can be addressed, the contract is between DMHMRSAS and a Local Lead Agency. Use of a local lead agency for purposes of contracting was based on stakeholder input provided through the Infrastructure Task Force. We agree that the LICC has a valuable role to play in the local Part C system, and we will be working to further define that role as we complete the infrastructure work and look to revise the <i>Virginia Code</i> .	No change
	Please review language in the entire contract as the local lead agency is accepting the responsibility.	Please see responses to the above comments.	No change
	While the contract contemplates a lead agency, which is the signatory, it continues to assign various duties, responsibilities and powers to the LICC which has been determined not to be a legal entity. The LICC should be clearly redefined as an advisory group. (2) The contract could then assign responsibility and authority to the lead agency which is the signatory to the agreement and, where appropriate, require the lead agency to seek the advice of the council. The contract continually blurs who is ultimately responsible for various activities. Examples include Pg 3 # 6 and 7; and even the definition of Lead Agency. One cannot give the lead agency contractual obligations without the authority to carry them out. The last paragraph of Page 5 gives the LICC budget authority even though they are not	Please see responses to the above comments.	No change

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	<p>party to the contract. Pg. 7 2.1.2 places the lead agency in a secondary role vis a vis the LICC as does pg. 11 2.1.3.</p> <p>Throughout the draft proposed local contract, reference is made to the local Lead Agency assisting the LICC in various functions, including budget development. Since the Attorney General's office has determined that an LICC cannot legally enter into a contract, then all references to "assisting the LICC" should be changed to "the Lead Agency...assisted by the LICC."</p>		
	<p>The scope of responsibilities for the Local Lead Agency (LLA) will include <i>all</i> those attributed to the fiscal agent in previous years <i>and</i> all of the duties that had been completed by the Council Coordinator <i>as well as</i> new, fairly burdensome, reporting requirements. We do not recommend endorsing this contract for the above stated reasons.</p>	<p>Please see responses to the above comments. Please also note the elimination of many reporting requirements and budget restrictions as discussed throughout this table.</p>	<p>No change</p>
	<p>The local lead agency should be required by DMHMRSAS to enter into a memorandum of understanding or interagency agreement with the LICC. Such an agreement would serve to outline the LICC's responsibilities, resources management, budget management, as well as the day-to-day local operation of Part C. This would allow the local flexibility to LICCs and would allow the local lead agency the ability to make restrictions, if warranted.</p>	<p>Please see responses to the above comments.</p>	<p>No change</p>
	<p>Local Lead Agency shall monitor all of its contracts with Part C service providers for compliance with all state and local Part C Policies and Procedures. I know service coordinators monitor service provision but this monitoring does not necessarily include monitoring provider compliance with Part C policies and procedures. Who is expected to provide this monitoring, the LICC and/or the Local Lead Agency? Section (4) of 2.1.1a requires the Lead Agency to "monitor" contracts for Part C compliance and notify the LICC, but does not give the Lead Agency or the LICC any authority to require the contracting agency to rectify its non-compliance. (2)</p>	<p>Contracts generally include not only the requirements that must be followed by the provider but also the steps that can be taken by the Local Lead Agency in the event that the provide fails to comply with those requirements. 2.1.1.a requires notification of the LICC if there is non-compliance because the Local Lead Agency must assist the LICC in identifying and reporting substantial, recurring non-compliance (as detailed in 2.1.2.h of the local</p>	<p>No change</p>

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		contract).	
	Conditions d, e, f and g of section 4.2 should not be responsibilities of the Local Lead Agency. Up to this point they are responsibilities of the LICC with which the Local Lead Agency will assist. Section 4.0 turns them into direct Local Lead Agency responsibilities. Not acceptable.	As discussed above, we have worked closely with the Office of the Attorney General to establish a valid contract for SFY-05 despite the difficulty of delineating Local Lead Agency versus LICC responsibilities. Please note that all assurances under 4.2 are preceded by the statement that <u>"The Local Lead Agency assures through the terms and conditions of interagency agreements, contracts, and purchase orders, the following:"</u>	No change
	To what does "its" refer in the second line of section 2.1.1.a(2)? In most instances throughout the contract, "its" appears to refer to the LICC, but here that does not make sense. Should the reference be to the Local Lead Agency?	This refers to Local Lead Agency.	No change
	Of particular concern is the requirement that the Lead Agency is to enter data into ITOTS. This shifts the cost of data collection and entry to the locality, which is unacceptable.	There is no requirement within the local contract that the Local Lead Agency be the one to enter the data. Language will be changed (in 2.1.2.f) to clarify that the Local Lead Agency will assist the LICC in establishing a local process to make sure this data is entered.	No change
	It seems that the responsibilities listed in this, and other sections, would create a considerable administrative burden for the Local Lead Agency. Nowhere in the contract is the Part C Administrator mentioned. Why is that? It would seem that if these requirements were to be implemented as proposed, the Local Lead Agency would be accepting full responsibility for implementing the Part C system of care with limited support from the state and significant liability for both public and private providers. Wouldn't this translate into unfunded mandates?	Please see discussion below under LICC Coordinator, as well as other discussion throughout this table regarding elimination of some reporting requirements and budget limitations.	No change
	The Council has not been well prepared for this change in	We recognize that the changes	No change

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	role. Any agency that agrees to be the LLA will have to guide the Council through this process. This is likely to damage the cordial and supportive relationships that we have developed	required in order to establish a valid local contract will be challenging. The TA Consultants are available to assist Local Lead Agencies and LICCs in addressing these challenges.	
<b>LICC Coordinator</b>	I suggest that the contract acknowledge the role of the Council Coordinator in Virginia's early intervention system. The Council Coordinators provide a tremendous service to the Part C system as they oversee their local systems and are the link between your office and the field. If each locality opted to not have a Council Coordinator as they could so choose to do within the rules of the contract, the many deliverables your office expects next year would likely not be delivered and the system as we know it may well fall apart. (24)	When Virginia began planning for and initially implementing Part C, each LICC was strongly encouraged to be staffed by a council coordinator. The council coordinator's role was to champion Part C locally, to pull together representatives and resources from across agencies to plan for and implement Part C locally. As Virginia's Part C system and local Part C systems have evolved over time, the council coordinator's role has also evolved. Some councils still have a full-time coordinator, while many others use only a part-time coordinator. Council coordinator duties also vary across the Commonwealth. Most coordinators now fulfill duties related to management of the local system (data functions, budget planning, overseeing implementation of the local contract deliverables, etc.). Recognizing (1) the need for local management of the Part C system and (2) the way that council coordinators' duties have changed over the years, we will use the term "Local Part C System Manager" as being more	Add a budget line item for Local Part C System Management. There will be no restriction on the amount of Part C funds that may be budgeted for this line item.  Add definition in 1.0 to read: Individual employed to coordinate and provide oversight for the local Part C system. The roles and responsibilities of the local Part C system manager include, but are not limited to, the following:  1. Serving as a liaison between the local Part C system and the State Lead Agency, DMHMRSAS 2. Serving as a liaison between the local interagency coordinating council and the Local Lead Agency 3. Clearly describing and explaining the service delivery considerations

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		<p>descriptive of the responsibilities now needed. We will make changes in the budget categories and lift restrictions related to using Part C funds to pay an individual to manage the local Part C system.</p>	<p>and philosophy associated with individualizing Part C early intervention supports and services in everyday routines, activities and places to a wide variety of people in order to move the local system forward in adopting of these practices.</p> <ol style="list-style-type: none"> <li>4. Working in partnership with families, agencies and professionals to maintain a local service delivery system that provides individualized, family-centered supports and services for all eligible children and families</li> <li>5. Providing oversight of local service delivery trends to monitor individualization of supports and services.</li> <li>6. Assisting the Local Lead Agency in continuously monitoring projected Part C expenditures based upon active IFSPs and available reimbursement sources</li> <li>7. Facilitating continuous local system improvement through collection, use and</li> </ol>

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			interpretation of data (e.g. chart reviews, ITOTS, Family Survey, etc.) 8. Assisting the Local Lead Agency in completing local contract requirements
	(2.1.b.(1)) Contains the first of only two references to the LICC Coordinator limiting their scope of responsibility to signing the expenditure report. The contract lacks a definition of the LICC Coordinator and does not indicate any responsibility of the LICC Coordinator. Is there a long-range effort to eliminate the coordinator specifically and allow the Local Lead Agency to determine a mechanism to complete those functions historically associated with the LICC Coordinator. (2)	All references to LICC Coordinator will be eliminated. Where appropriate, the term "Local Part C System Manager" will be used instead.	Eliminate all references to Council Coordinator.
	... the local fiscal agent for the LICC enters into a contractual arrangement with the council coordinator to support of LICC activities. This contractual arrangement ensures that early intervention services are conducted within the purview of federal/state/local policies and procedures, administrative functions required by DMHMRSAS are addressed in a timely manner, ensure that child find and public awareness are on-going processes, and children and their families have an advocacy resource.  I do not think it is necessary to have a full time council coordinator. I do feel someone well educated in overseeing a system needs to be present. I feel their role s an advocate for children and their families and making sure people in the system are complying with the state regulations and providing quality care.	The budget will be changed to allow Part C funds to be used (without limits) to pay a Local Part C System Manager to fulfill the kinds of functions described in this comment, among others.	Add definition in 1.0 for Local Part C System Manager, to read as detailed above
	While a core group, and council chair may not be needed, the coordinator will still be needed to prepare budgets, facilitate payments, and generally oversee the budget, agency contracts, etc.	Please see above for discussion of Local Part C System Manager and duties.	Please see above
<b>Budget -</b>	Review the entire contract for language alterations i.e., Page	Will review and make changes as	Will review and make

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<b>General</b>	5 #2 states <u>LICC</u> may make unlimited budget revisions within a category and then 10% needs to be consistent	needed	changes as needed
	A means to justify and approve exceptions to any caps imposed should be implemented	Based on public comment, we will eliminate most caps within the budget. The cap of 3% on administrative costs will remain, though limits on council operations will be eliminated and other line items, such as data collection, will be added to ease the need for such costs to be budgeted within the 3%. The other cap that will remain, though it has been eased, relates to associated costs. A process for exceptions to the associated costs limit will be defined. Please see below, under Budget- Associated Costs, for more specific information.	Add mechanism by which associated costs may be paid with Part C funds for visits beyond the limit. Please see below, Budget-Associated Costs, for specific language.
	The caps on council ops plus elimination of systems components will result in loading Direct Services with more funds than needed if the cap on associated costs is implemented.	In order to address this and other concerns related to proposed budget limits, restrictions will be eliminated or eased as described in the budget sections below.	Please see changes listed in this column under Budget – Administrative costs, Associated costs for direct services, council operations, and system components.
	The LICC may make budget revisions of any amount within a budget category. How do you define category? Would Entitled Services be considered a category or is Assistive Technology considered a category?	The budget categories will be revised as a result of public comment. There will now be 2 budget categories: Systems Operations and Direct Services.	No change
	This states that the Local Lead Agency will prepare and submit the budget and budget revisions in accordance with DMHMRSAS requirements and procedures. Do you mean as specified in this contract? CSBs already have a Performance Contract with DMHMRSAS which specifies requirements and procedures. The timelines for submission of Part C reports does not coincide with the required submission dates for	The DMHMRSAS will be considering the possibility of merging Part C and Performance Contract requirements as part of discussions and decisions based on final infrastructure recommendations, once those are	No change

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	reports in the Performance Contract. If the CSB is the Local Lead Agency, would we be expected to comply with both requirements? Wouldn't it be more efficient to coordinate Part C submission dates with the Performance Contract submission dates? This section also discusses Administrative costs, which cannot exceed 3%. The DMHMRSAS requires that administrative costs be distributed in a consistent and justifiable method across all core services. Given the limit on administrative costs, would early intervention services be exempt from this?	submitted to the Commissioner. For the SFY-05 contract year, the dates and requirements of the Part C contract (not the Performance Contract) will apply to the Part C funds and budget. The 3% cap on administrative costs will remain, though other limits on related functions (e.g. data collection, coordinator/manager have been changed as described in the sections below).	
	I urge you to go back to the four budget categories	The budget categories will be revised as a result of public comment. There will now be 2 budget categories: Systems Operations and Direct Services. Within the Systems Operations category, however, data collection, training and systems manager will be added as line items.	No change
	Direction is needed about specific uses of Part C funds.	In addition to the revised budget instructions that will be provided with the final local contract, TA consultants are available to assist each Local Lead Agency in the preparation of the Local Part C budget (including specific uses of Part C funds and where each should be reflected within the budget).	No change
<b>Budget - Council Operations</b>	(2.1.b.(2)) Council Operations budget line limited to 10% of allocation or \$25,000, whichever is less, puts a burden on localities to be able to fund a coordinator position. To think that the council coordinator can continue to provide the high quality of services with such a reduced budget and significant	Members of the workgroup who made recommendations for changes to the local contract to address the budget shortfall (please see comment below) felt	Add a budget line item for Local Part C System Management. There will be no restriction on the amount of Part C funds

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	<p>restrictions does not make sense. (6) In some instances this position might be eliminated due to lack of funds. (9) Supplies and clerical help will consume most of the proposed \$25,000 maximum, eliminating funds for a coordinator at a time when coordinator duties will increase significantly. (33) Is this intended to create the consequence of eliminating the position?</p>	<p>that our limited Part C funds could no longer support full-time council coordinators to do the duties outlined for that position. Those duties were detailed many years ago when Virginia was in the planning and initial implementation phases for Part C. Recognizing (1) the need for local management of the Part C system, (2) the way that council coordinators' duties have changed over the years and (3) the variability of coordinator functions across localities, we will make changes in the budget categories and lift restrictions related to using Part C funds to pay an individual to manage the local Part C system. We will use the term "Local Part C System Manager" as being more descriptive of the responsibilities now needed. The individual now serving as LICC Coordinator may certainly fill the role of Local Part C System Manager. The budget line item called Part C Systems Manager may include funding for salary and benefits, supplies, copying and other costs associated with the Part C System Manager</p>	<p>that may be budgeted for this line item.</p> <p>Add definition in 1.0 for Local Part C System Manger as detailed in the action column of this table under LICC Coordinator.</p>
	<p>I am concerned about the increased amount of paperwork required in the draft contract while apparently the number of hours that a staff person is paid to complete these requirements will be cut under the 10% Council Operations limit. (26)</p>	<p>Please see responses above related to council operations as well as responses later in this table related to Service Delivery Oversight and Budget Management Tool and Local Status Report.</p>	<p>Please see changes described below under Scope of Work/Deliverables – Budget, Service Delivery Oversight and Budget Management Tool, Local</p>

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			Status Report.
	Regarding the council operations cost I do not think it is necessary to have a full time council coordinator. I do feel someone well educated in overseeing a system needs to be present. I feel their role s an advocate for children and their families and making sure people in the system are complying with the state regulations and providing quality care.	Changes to the Budget will reflect that the local Part C system may use Part C funds to hire a Local Part C System Manager to carry out the kinds of roles described in this comment, among others.	Add definition in 1.0 for Local Part C System Manger as detailed in the action column of this table under LICC Coordinator.
	I do support capping the administrative cost for the Local Lead Agency. I have had concerns that our lead agency has charged too much in the past. I think a \$25,000 maximum is appropriate.	Though we will eliminate the 10%/\$25,000 limit previously allotted for council operations, the 3% limit on administrative expenses will remain in place. We hope that local Part C systems will look carefully at administrative efficiencies in order to maximize the use of Part C funds for direct services.	No change
	I would like to know how the decision was made to reduce the council operations	A workgroup comprised of local council coordinators, public and private Part C providers, parents, CSB MR and Executive Directors, and DMHMRSAS staff was convened in order to help identify possible short-term strategies to address the Part C budget reduction. The recommendations of that workgroup reflect the attitude that we will not enter the year thinking in terms of how long the limited Part C funds will last before they run out; rather, we will figure out what needs to happen to make those funds last for the full year. To that end, workgroup recommendations resulted in several changes reflected in the draft SFY-05 local contract – one such change was the	No change

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	<p>Recommendations for alternative caps on council operations:</p> <ul style="list-style-type: none"> <li>• Allow enough funding for a half-time coordinator</li> <li>• A limit of 20% would seem more realistic for smaller localities.</li> <li>• If 10% adequately represents the amount then all councils should be allowed 10% (eliminate the part about \$25,000) -- although 10% is unrealistic</li> <li>• While I fully support the effort to decrease Council Operations expenses so that more funding will be available for direct services... Council Operations could be capped at 10% of a locality's allocation, with no ceiling, but also no higher than it has been in prior years (so no one increases this amount).</li> <li>• Move the salary for Council Coordinator under Administration as a separate line item. Allow each system to decide the number of hours this person can work.</li> <li>• I recommend that the limit be a percentage of the local allocation equal to the percentage of the Federal allocation that the state takes to fund the central office, or that the limit be stricken from the contract.</li> </ul>	<p>recommended cap on council operations.</p> <p>As discussed in the responses to various comments on the council operations limit and based upon the various recommendations received through public comment the following changes will be made with regard to the cap on council operations:</p> <ul style="list-style-type: none"> <li>• Budget categories will be changed to make clear what expenses are to be budgeted under what line items. A new general category called Systems Operations will include line items for administration, Local Part C System Manager, data collection, and training.</li> <li>• Within the category of Systems Operations, there will be a limit only on the administration line item, which may not exceed 3% of the total local allocation.</li> <li>• The line item called Part C Systems Manager may include funding for salary and benefits, supplies, copying and other costs associated with the Part C System Manager</li> </ul>	<p>Add a new general category in the budget called Systems Operations to include line items for administration, Local Part C System Management, data collection, and training.</p> <p>Add language in 2.1.1.a(2) and in Budget Instructions to specify that the line item called Part C Systems Management may include funding for salary and benefits, supplies, copying and other costs associated with the Part C System Manager</p> <p>Change language in 2.1.1.a(2) and on the budget form and instructions to reflect that, within the Systems Operations category, only the administration line item will have a cap (3%).</p>
<b>Budget – Systems Components</b>	<p>The LLA will assist the LICC in developing and implementing specific family support activities....etc. It is unclear what this entails and who is responsible for ensuring this. Family Support funds have effectively been eliminated from the budget with the elimination of Systems Components. (38) Losing sight of the children &amp; families we serve by totally</p>	<p>The philosophy and service delivery considerations discussed in <i>Individualized Part C Supports and Services in Everyday Routines, Activities and Places</i> are centered around the concept</p>	<p>Delete 2.1.4.c</p>

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	gutting the Systems Component from our contract. Some of the most valuable services we provide are family support, whether it be training for them or training for the professionals that work with them, or helping them make contacts with other families. What category of funds should be used to support this effort? (2)	of supporting families: in their role as decision-maker, as the primary agent of change in their child's life, and as members of the community. Appropriately individualized services support the family in identifying learning opportunities to promote their child's development. Service coordinators link families with existing community resources to provide further support based on each family's identified priorities, resources and concerns. Providing family support does not mean spending extra money on separate activities. The wording of 2.1.4.c seems to be misleading in this regard and is somewhat redundant with 2.1.4.b. Therefore, we will delete 2.1.4.c.	
	There will be no training (38), ... Training is essential for early intervention staff. (9) /// Training for staff and families was one of our major goals identified through MIMS. How are we to be compliant without funds to attend?	We agree that training is important for staff and families. A line item for training will be added into the Systems Operation category of the budget. Every effort is being made by the Integrated Training Collaborative to plan training for the coming year using strategies that minimize expenses for local Part C systems.	Add training line item into Local Part C Budget form and budget justification.
	What about child find and public awareness? (25) Since there are no more funds for Public awareness have the state do it and write reporting requirements into the contract (2)	While there are no funds for local child find and public awareness, we expect that local Part C systems will continue to work closely with primary referral sources to encourage their use of developmental screening and	No change

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		appropriate referral to the Part C system. Public awareness materials will continue to be provided by the State.	
	What about funding for transition activities? (2)	Transition activities should be individualized to the needs of each child and family and are generally provided as part of service coordination. Local Part C systems interested in providing more general, non-individualized transition activities are encouraged to explore other sources of funding (Part C TA Consultants can assist localities in identifying possible alternative funding sources or in thinking of more individualized ways to address transition needs).	No change
	How will we provide transportation (2)	Transportation necessary for the child and family to receive Part C early intervention services is considered an entitled Part C service and would be budgeted under the Direct Services category of the Local Part C Budget. When Part C services are provided in accordance with the natural environment requirement, transportation costs should be minimal.	No change
	How will forms and rights booklets be provided?	These will continue to be provided by the DMHMRSAS.	No change
<b>Budget – Administrative Costs</b>	I am concerned about the computer costs for the council being rolled in to the 3% Administrative cost the local lead agency receives. (17) I recommend that the 3% cap be raised or all costs for data be borne in a separately identified category of the budget.	In order to allow for increased budget flexibility and adequate funding for administrative costs, computer costs will be included in a new line item called Data	Add Budget line item Data Collection under Systems Operation. Include in budget instructions that computer costs are to be

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		Collection.	budgeted in this new line item.
	If the proposed limits on council operations are implemented then a council coordinator cannot be hired, then the 3% administrative fee for the Local Lead Agency will not be enough in order to complete required paperwork. (4)	Budget categories will be changed and budget limits lifted in order to allow costs associated with data collection and a Local Part C System Manager to be adequately covered and accounted for separately from administrative costs. Reporting requirements will also be reduced.	No change
	We believe that DMHMRSAS is overly restrictive on administrative costs at a limit of 3%. Generally, Facilities and Administration on service grants are either the federally negotiated rate or at least 8% of total modified direct costs. Furthermore, the Commonwealth of Virginia has indicated that state agencies not be more restrictive than their prime agreement with the federal agency.	While the 3% limit on administrative costs will remain, budget categories will be changed and budget limits lifted in order to allow costs associated with data collection and a Local Part C System Manager to be adequately covered and accounted for separately from administrative costs. Reporting requirements will also be reduced. Since many of the costs that will be budgeted under data collection and Part C System Manager would typically be considered part of administration and since there is no limit on those 2 line items, we believe the limit on the kinds of expenses you are concerned about is effectively higher than 3%.	No change
<b>Budget – Associated Costs for Direct Services</b>	I would like to tell you about Bryson. He is a nine-month-old with Shaken Baby Syndrome. He has been home from UVA for ~ one month after admission in a local hospital and transfer to UVA for further treatment, totaling ~ 4 months. Bryson exhibits massive brain injury. He has virtually no active movement of his extremities and limited head control.	The proposed limit on associated costs was never intended to suggest that all children should receive the same level of services or that each child could receive only 2 services per month. The	Add new language in 2.1.1.a(2) to specify updated requirements related to associated costs, as detailed in response column.

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	<p>When he was discharged from UVA, he was quickly evaluated for PT. His grandmother REQUESTED that PT services be 2x/week as she had no idea how to position, handle, or help him. At that time, his brain was so irritated that he cried almost constantly. When he was able to be soothed and quieted, it required great skill and gentle touch to move him at all without the return to the crying. Now, he is beginning to exhibit head control in supported sitting. His crying has diminished and he is beginning to interact to a small degree. He tolerates movement and position changes without disintegrating into tears. With the proposal currently being discussed, Bryson would only be able to be seen two times per month. That would not be appropriate for him; in fact, it would be a great disservice to Bryson and his family. It would not be adequate to provide his family with the ongoing education that they so need. [There were several very specific plausible examples of children that could need 'more' services.]</p> <p>I have concerns about the limit of two services per month for the associated fees. We are supposed to be showing that services are individualized based on the outcomes and the needs of the child and family. (25) // seems to be paving the road for strict limitations on services (8)</p> <p>(2.1.b.(2)) Limiting associated costs to \$25 per visit per child not to exceed 2 per month will likely have the unintended consequence of having IFSPs drafted with two services per month per child. Clear language and guidance on this issue is imperative for it not to create a prescriptive IFSP. We don't want any IFSP teams saying to families "the state says we are only allowed to give you a service once every other week." Without enough training, this will happen. (2)</p>	<p>intention was to limit the number of visits for which <u>Part C funds</u> could be used to cover associated costs and the dollar amount that <u>Part C funds</u> would pay for each visit. As with all proposed changes in the draft local contract, the goal was to use our limited Part C funds as effectively and efficiently as possible. Because public input made it clear that the draft contract language on associated costs limits was widely misinterpreted the following changes will be made:</p> <ul style="list-style-type: none"> <li>• Associated costs for direct services may be paid with Part C funds for up to 24 visits per child per year and for IFSP and other team meetings and professional consultations (child/family not present). The per year limit more clearly allows for individualized frequency and intensity of supports and services and for fluctuations over time in the family's need for support.</li> <li>• There will be a local mechanism by which the IFSP team can request from the Local Lead Agency payment with Part C funds of associated costs for more than 24 visits per year for an individual child. Again, this change is intended to increase local flexibility and clarify the</li> </ul>	

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		<p>expectation that supports and services will be individualized.</p> <ul style="list-style-type: none"> <li>• There will be no dollar limit on the associated costs per visit that may be paid with Part C funds.</li> </ul>	
	<p>Please reconsider the proposed fee schedule so that more providers are not lost.(17) Most providers are already providing Part C services at a loss. In addition, many insurance companies see this amount of service to be a “red flag” when determining medical necessity and may deny all coverage.</p>	<p>We recognize the need to encourage continued participation of Part C providers. Changes will be made to eliminate the dollar cap per visit and to increase flexibility in the number of visits for which associated costs may be paid with Part C funds.</p>	Please see above
	<p>The changes regarding limiting the associated costs paid to providers would make it impossible for my son to receive services in his natural environment.</p>	<p>The changes discussed above will facilitate continued provision of services in natural environments.</p>	Please see above
	<p>I believe the associated cost limits should be changed as follows:</p> <ul style="list-style-type: none"> <li>• Based on cost study believe that administrative cost is between \$40 -\$45 and limiting total yearly visits to 24 would be more in keeping with the intent of the law. (4)</li> <li>• The administrative fee of \$25/visit should be increased in frequency to one visit/week/discipline. (3) This certainly does not suggest or require that each child must receive services at that intensity, but it does give us, the therapists, the option to see children as we are led professionally.</li> <li>• Consider a monthly cap to the associated costs per child using data that includes trends, costs and real services from councils that tract this. This may vary across the Commonwealth depending on what the definition of associated costs includes (2)</li> <li>• \$25 not sufficient for a rural community, present contracts are for \$45-\$50</li> <li>• Recommend that a family be allowed up to 8 visits per month by therapists per child</li> <li>• Consider maintaining the administration fee at \$40 per</li> </ul>	<p>Please see above for decisions made regarding specific changes</p>	Please see above

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	<p>visit, and authorization of 27 visits per year. Funding spent now on early intervention will be cost-effective by reducing the amount of therapeutic services needed in the future as the child grows and develops.</p> <ul style="list-style-type: none"> <li>• Limit associated costs to \$45 per visit</li> <li>• Increase associated costs to \$35 per visit, this will allow us to travel further</li> <li>• I recommend that paying associated fees for a visit once a week be allowed within the Part C budget this coming year and that dollars be allocated for training so that more providers can embrace the Services and Supports guidelines and then consider reducing the number allowable in the next contract year.</li> <li>• Suggest that you set service delivery fee based on travel distance and labor cost for a specific region</li> <li>• My recommendation is to provide a pot of money that each council can use for these costs and allow them to decide at the locality how to reimburse therapists and educators for those administrative costs.</li> <li>• Set a maximum percentage of direct service funds that may be used for associated costs – allows more flexibility</li> <li>• Provide cap on amount that may be spent on associated costs per year, per child</li> </ul>		
	<p>The new guideline for disbursing money for associated costs is not clear, both in what can be considered associated costs, and how the money is used by the agencies. Can the agency pool the amount for 2 visits per month for all children it serves and then determine frequency of service for each child individually (so that some children might be seen twice a month, while others are seen once a month or weekly)? Or must the agency either (a) limit all children to twice monthly or less? or (b) take a loss for services provided if the IFSP calls for a child to receive services more than twice a month? In a system that relies heavily on private providers, we cannot develop policies that would cause them to lose revenue.</p>	<p>The limit on the number of visits for which associated costs may be paid with Part C funds will be changed to 24 per child per year. In addition, the \$25 cap per visit will be eliminated. Each Local Lead Agency will be required to develop a local mechanism by which the IFSP team can request from the Local Lead Agency Part C payment for more than 24 visits per year for an individual child.</p>	<p>Please see above</p>
	<p>Have group therapy sessions where normally developing kids are going to be.</p>	<p>In accordance with federal Part C regulations and Virginia's Part C</p>	<p>No change</p>

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		Policies and Procedures, Part C services must be individualized and provided in natural environments (unless justification is documented for why outcomes cannot be met in a natural setting) .	
	Wording of the associated costs for direct services applies to a fee for service model of contracting and our current contracts which are valid through December 31st 2004 are based on a monthly capitated rate per child served .	Part C Technical Assistance Consultants will be happy to work with individual local Part C systems to determine how to budget for associated costs based upon existing arrangements with providers.	No change
<b>Supports and Services Philosophy</b>	Speech language pathologists are not licensed outside of our scope of practice. Similarly, physical and occupational therapists are not licensed to practice outside of their scope of practice. A mandate by the Commonwealth of Virginia contradicts our professional and legal responsibilities to children and families and risks censure or removal of our professional licenses. (2)	While the philosophy and considerations for service delivery presented in <i>Individualized Part C Early Intervention Supports and Services in Everyday Routines, Activities and Places</i> represent a significant change for some Part C professionals, nothing recommended within this document suggests, advocates or mandates that any professional work outside the scope of their practice/license. Even when the primary service provider model is used, the primary service provider is (1) selected based on who is most appropriate to support the family in implementing IFSP strategies and (2) supported, as needed, by the other professionals on the team who suggest strategies and techniques based on their expertise; participate on joint visits with the family and	No change

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		primary service provider; and consult with the primary service provider. Part C TA consultants (among whom there is a PT and SLP) are available to provide further clarification and support to any Part C provider who has questions or concerns about implementation of Virginia's supports and services philosophy.	
<b>Natural Environments</b>	Providers face enormous challenges to fulfill the mandated natural environments component (3) NE costs too much money.	The requirement to provide Part C early intervention services in natural environments is a <u>federal</u> Part C requirement. While we understand the added costs and other challenges associated with provision of services in natural environments, this is not a requirement that can be changed if Virginia wants to continue receiving federal Part C dollars. We are committed to continuing to work with Part C providers and administrators, third party payors, and other appropriate individuals to improve reimbursement and address other challenges.	No change
	Due to funding deficit, we recommend that children receive 1-2 visits per month in the home with any additional services needed provided in a center based program	The requirement to provide Part C early intervention services in natural environments is a <u>federal</u> Part C requirement. Virginia can make no recommendation to provide services in a manner not consistent with the federal natural environment requirement.	No change
	The concept of the "Natural Environment" has made the biggest (negative) impact on services for the children. Why would I support Part C money going into gas and paying	Among parents and service providers in Virginia's Part C system, there are a variety of	No change

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	<p>therapist for travel time (in rural areas this can be a significant amount of money)? I want that money going directly into time that a therapist spends with my or any child. ... When you have a child with special needs your "Natural Environment" is spending time in Doctors' offices ... and her siblings have been in offices of all types and witnessed and played with children across all kinds of spectrums. My daughter is a walking and talking example that the "Natural Environment" model is not the only way to make a positive impact in a child's life.</p>	<p>opinions about natural environments – too expensive, doesn't work, is the best way to provide all services, etc. We believe that research clearly demonstrates the benefits for children and families of services provided in everyday routines, activities and settings (Appendix A of <i>Individualized Part C Early Intervention Supports and Services in Everyday Routines, Activities and Places</i> provides a discussion of that research). The bottom line is that it is a federal Part C requirement to provide Part C services in natural environments -- this is not a requirement that can be changed if Virginia wants to continue receiving federal Part C dollars. However, families may choose to supplement the frequency or kind of services they receive under Part C with other services and/or providers. Although these "other" services are not entitled under Part C, your service coordinator can assist you in accessing these "other" services and in identifying possible payment sources.</p>	
	<p>My son receives services at his daycare- I believe that serving him in his natural environment is crucial. He is comfortable in that environment and is able to benefit the most from the services provided. Requiring my son to receive services in a clinic or hospital setting would present a hardship for my family and I believe for him as well.</p>	<p>We are pleased to know that the Part C early intervention supports and services your son has received in natural environments have been so beneficial.</p>	<p>No change</p>
<b>Oversight and</b>	<p>The emphasis on quality assurance by the provision of</p>	<p>We believe that systematic</p>	<p>Delete all references to</p>

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<b>Budget Management Tool</b>	DMHMRSAS oversight of the individual IFSPs supports and services will allow for some consistency across the Part C system. ... we look forward to being provided the tool ... recommend that a peer review model commonly used by accrediting agencies be the method utilized to determine compliance, comprised of review team members representative of individuals involved in IFSP development including families.	collection and use of this kind of data is essential for good local management and oversight of Part C funds. As indicated by the following comments, there was overwhelming concern that this kind of data is too difficult, too time-consuming and/or too costly to collect and report. Therefore the requirement to complete and submit the tool will be eliminated from the contract. Local Part C systems that feel this kind of tool would be useful to them are encouraged to use it. TA Consultants will be happy to assist as needed.	Service Delivery Oversight and Budget Management Tool from the contract
	The purpose of the "Oversight" tool seems to be three-fold: to monitor the frequency and intensity of services that each child receives; to compare services planned for each child vs. the services actually delivered; and to identify the budgeted vs. actual expenditures for some specific contracted direct services. This information is beyond what is needed to provide oversight and would be a financial burden on localities such as ours. If the most important purpose of the oversight is to monitor compliance with <i>Individualized Part C Early Intervention Supports and Services</i> , that could be accomplished with a much less costly and burdensome tool or method.	The purposes of the tool were to (1) provide local Part C systems with a mechanism by which to manage their service delivery system and Part C funds up front – to facilitate encumbrance of funds and longer-range planning; and (2) to assist Part C staff in targeting TA and other resources to those localities where supports and services are not yet individualized in accordance with the supports and services document. Due to overwhelming concerns that this kind of data is too difficult, too time-consuming and/or too costly to collect and report, the requirement to complete and submit the tool will be eliminated from the contract.	Delete all references to Service Delivery Oversight and Budget Management Tool from the contract
	The <b><i>Service Delivery Oversight and Budget Management</i></b>	Please see above	Delete all references to

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	<b>Tool</b> form has been created to uniformly control Part C direct services funds statewide. Diversity of local LICCs dictates that the uniformity will be near impossible to achieve because of the operating philosophies of the various Community Services Boards in Virginia.		Service Delivery Oversight and Budget Management Tool from the contract
	The Service Delivery Oversight and Management Tool has already been addressed as being (a) unnecessary, since local entities can monitor their own spending, (b) unmanageable in terms of the type, amount and time frames for data collection and submission, and (c) failing to help localities address the true issues of utilization review and funding shortages.	Please see above	Delete all references to Service Delivery Oversight and Budget Management Tool from the contract
	Will you be looking at the individual needs of families or just the number of services provided for justification?	Please see above	Delete all references to Service Delivery Oversight and Budget Management Tool from the contract
	It is unreasonable, irrelevant, and therefore unethical for the state or local Part C Agency to determine there is a concern based on the frequency and intensity of services across a sample of children. – In the area of speech and language therapy, frequency and intensity can be and often are similar	Truly individualized service planning would result in any group of IFSPs showing diversity in terms of the type and frequency of supports and services needed. Even though two children may have similar developmental evaluation results, no two children and families have the same constellation of interests, needs, skills, challenges, resources, priorities, desired outcomes, etc. Due to overwhelming concerns that this kind of data is too difficult, too time-consuming and/or too costly to collect and report, the requirement to complete and submit the tool will be eliminated from the contract.	Delete all references to Service Delivery Oversight and Budget Management Tool from the contract
	This approach seems very punitive. (5) The DMHMRSAS Partnership Agreement proposes, “a collaboration through partnerships as the foundation of the Virginia public system	The intention of the tool was to support local ability to manage Part C funds “up front” and to	Delete all references to Service Delivery Oversight and Budget Management

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	of mental health, mental retardation, and substance abuse services” Could this or a similar philosophy replace this section? As written, it would seem that this punitive approach would only serve to erode the current partnerships between DMHMRSAS and the local councils. To institute micro management from the Part C office will not be effective. The investment of some private providers is very fragile and nothing we institute should appear to be punitive in nature or impose much greater data demands at a time of lowered funding.	more effectively target TA and other resources. Stakeholders involved in the Infrastructure Task Force and the Plan B Workgroup have asked for increased oversight and authority by the State Lead Agency and for clearly-stated expectations and consequences for non-compliance. Due to overwhelming concerns that this kind of data is too difficult, too time-consuming and/or too costly to collect and report, the requirement to complete and submit the tool will be eliminated from the contract.	Tool from the contract
	Monthly reporting will be nearly impossible, because we can't get the information from our providers in that timeframe. (23) Collecting monthly data on insurance co-pays, estimated insurance reimbursement, and actual reimbursement would be a significant administrative burden and cost. Because of delays in insurance reimbursement, actual reimbursement from insurance or other sources will be received in a different month than the planned was reported. We are not clear about the process or format for reporting this data to the State. (2)	Due to overwhelming concerns that this kind of data is too difficult, too time-consuming and/or too costly to collect and report, the requirement to complete and submit the tool has been eliminated from the contract.	Delete all references to Service Delivery Oversight and Budget Management Tool from the contract
	We are certain to lose providers who are not able to absorb the administrative costs of providing this data. The providers who would incur the highest cost of providing this data are those that participate with the most insurance networks or are willing to bill a number of different insurance providers. This would limit already scarce resources for Part C services. (2)	Please see above	Delete all references to Service Delivery Oversight and Budget Management Tool from the contract
	This would require a manual record review for 165-175 children with IFSPs that are served each month. Completing this tool would redirect valuable personnel resources from direct services to administrative functions.	Please see above	Delete all references to Service Delivery Oversight and Budget Management Tool from the contract

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	Requires that the Oversight form be used to review all planned services versus services actually delivered for the time period 12/1/03-12/1/04. ...we have not been using the Oversight Tool to date, so we would have to go back and calculate an additional seven months worth of data.	Please see above	Delete all references to Service Delivery Oversight and Budget Management Tool from the contract
	<p>Suggested alternatives to the proposed form and process:</p> <ul style="list-style-type: none"> <li>• Much of what is requested in Attachment H is available in the ITOTS database. Given the current funding limitations, couldn't DMHMRSAS utilize this database and site visits to assess the system? (2) Wouldn't it behoove us to search for and identify what we already collect and determine how to use it to our best advantage? If what we currently collect cannot meet the system outcome needs, then we should not continue allocating resources for them. Wouldn't we need to choose whether we want to buy reports or services?</li> <li>• We would strongly recommend examining other potential methods to monitor financial resources and expenditures. For example, submitting monthly expenditure reports rather than quarterly (2), would allow Part C office to monitor local expenditures more closely, assuming that is the purpose of the monthly data reports. Year to date expenditures with caseload trends can be used to estimate total expenditures for the fiscal year.</li> <li>• I suggest an aggregate reporting mechanism be developed to include the data requested by the legislature and those who do not comply would not receive a portion of these funds. The data could be reported to DMHMRSAS on a quarterly basis with the expenditure reports.</li> <li>• Quarterly reporting vs. monthly reporting would be more feasible. (2)</li> <li>• Submit every other month instead of monthly</li> <li>• It is recommended that another methodology, such as a sampling, be used to gather this information in a less costly way. (8)</li> <li>• The new tracking form should perhaps be piloted before implemented in order to ensure it is workable and</li> </ul>	Please see above	Delete all references to Service Delivery Oversight and Budget Management Tool from the contract

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	<p>captures information that is essential to the system. (2)</p> <ul style="list-style-type: none"> <li>• Use MIMS to determine which localities have a problem with compliance issues</li> <li>• Energy should be spent on providers that are outliers rather than requiring excessive data from all.</li> <li>• Eliminate the requirement to complete and submit monthly a form that tracks service delivery, reimbursement sources, and amounts, and projects quarterly encumbrance of Part C fund.</li> <li>• It is our recommendation that the state try less restrictive measures such as technical assistance that is timely, related to specific instances and geared to continuous improvement, rather than to have a system that runs the risk of driving providers away from the early intervention system.</li> <li>• Have the report due on the 15<sup>th</sup> or after 10 business days instead of on the 10<sup>th</sup>.</li> </ul>		
	<p>Comments/suggestions on review of IFSPs:</p> <ul style="list-style-type: none"> <li>• Is 5 days a long enough time period to get IFSP to DMHMRSAS and can you ensure confidentiality of those plans?</li> <li>• What if the IFSPs that are pulled .... are similar ... This process bypasses council coordinators, lead agency staff, providers, etc., who should be part of this, informing Part C of justifications, actions, etc., and collaborating with Part C in these matters.</li> <li>• "IFSPs reviewed to determine whether ... supports and services are based on selection of most appropriate provider ..." – add "or providers" to reflect research that shows co-occurring diagnoses should be treated simultaneously// family needs support of therapist(s) (2)</li> <li>• Concerned with the subjective nature of the review process ... Different interpretations of the guidelines might create disparities in how IFSPs are reviewed. If a review process is included in the contract deliverables, we recommend that it be operationalized using paid professionals with clinical expertise to review the IFSPs and that responsibility be shared among providers</li> </ul>	Please see above	Delete all references to Service Delivery Oversight and Budget Management Tool from the contract

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	<p>(private and public) across the state.</p> <ul style="list-style-type: none"> <li>To manage utilization without benchmarks or standards will create significant backlash from providers. It is critical in a voluntary and fragile system that providers have an advance idea about what standards of utilization they will be judged against and feel they have had some hand in determining what is good practice. We recommend that DMHMRSAS, with stakeholders, develop benchmarks for service, (2) even if these are somewhat arbitrary [i.e. without a lot of data to back them up] and develop review processes for providers who are consistently outside these benchmarks.</li> </ul>		
	<p>Comments/suggestions on Plan of Action:</p> <ul style="list-style-type: none"> <li>If a plan of action is written, change is expected within three months. This also seems a bit unrealistic. Not all children will have a review within three months. This could possibly lead to unnecessary reviews just to “fit” the plan of action. (7)</li> <li>I suggest that each Action Plan provide a timeline for expected improvement but that these timelines be negotiated with the Council Coordinator and be reasonable based on the circumstances.</li> <li>Who will complete the action plan with the council coordinator gone? (12)</li> </ul>	Please see above	Delete all references to Service Delivery Oversight and Budget Management Tool from the contract
	<p>Wouldn't it be more productive to determine why the service delivery patterns do not support the new philosophy? Wouldn't this be an opportune time to work with the local service providers to strengthen their ability to implement this philosophy? Isn't there a fine line between ensuring entitled services and implementing VA's philosophy of supports and services in everyday routines? Wasn't there an expectation that the system would make a gradual move to this model? That's how it was presented.</p>	<p>While we agree that it is important to understand and address the reasons <u>why</u> a local Part C system is not providing Part C supports and services in accordance with the September 2003 guidance, we first need data to demonstrate <u>which localities</u> are or are not appropriately individualizing supports and services. Unfortunately, the existing ITOTS system does not provide adequate data for this purpose. With limited Part C funds</p>	Delete all references to Service Delivery Oversight and Budget Management Tool from the contract

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		available, we feel increased urgency to ensure that Part C supports and services are being provided in the way research indicates is most effective. Part C staff are committed to providing intensive and individualized support to local Part C systems to facilitate changes needed in order to ensure individualized supports and services in everyday routines, activities and places.	
	We seek clarification about the legal status of the IFSP with regard to changes that might be made as the results of a DMHMRSAS review ... IFSP is a legal document ... clarifications about HIPPA regulations	Due to overwhelming concerns that this kind of data is too difficult, too time-consuming and/or too costly to collect and report, the requirement to complete and submit the tool has been eliminated from the contract.	Delete all references to Service Delivery Oversight and Budget Management Tool from the contract
	Section 2.1.1.b (3) requires preparation and submission of the Service Delivery Oversight and Budget Management Tool form monthly using the form and instruction provided in Attachment H. Attachment H is an <i>annual</i> Status Report. (2) /// Is this monthly tool a subsection of the Annual Report?	There was an error in lettering of attachments.	Delete all references to Service Delivery Oversight and Budget Management Tool from the contract
<b>Adherence to DMHMRSAS requirements for contracting, etc.</b>	2.1.1.a (1) states that the Local Lead Agency shall ensure adherence to its own requirements, as well as those of the DMHMRSAS, including Part C of the Individuals with Disabilities Education Act (IDEA), for managing funds-including audits, hiring personnel, and complying with the Virginia Public Procurement Act when contracting for services, other Part C functions and/or purchasing supplies/equipment. Would this mean that all providers are required to comply with DMHMRSAS requirements (licensure, human rights, criminal background checks, Performance Contract etc.)? If so, shouldn't these be attached as part of this contract?	2.1.1.a (1) refers to the requirements the Local Lead Agency must follow in managing the Part C funds for the local Part C system. Beyond including a requirement for compliance with all state and local Part C policies and procedures, the language and requirements used in contracts between the Local Lead Agency and local Part C service providers is between those 2 parties.	No change
	Also, shouldn't the Federal Part C regulations/updates and the Virginia policies and procedures be included? The	As indicated in 2.2.5 and 2.2.6, the DMHMRSAS agrees to make	No change

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	updates listed on the website still refer to Part H. Are there any current federal interpretations?	these documents available on the website. Please see comments and responses under Local P&P in this table for an explanation about why Policies and Procedures are from 2000.	
	The DMHMRSAS reimbursement manual states that all consumers are to be charged fees for services provided and that if it is determined that they have an ability to pay, they can be denied services. It also states that a minimum charge will be assessed regardless of income and the cost incurred to collect that minimum fee. The Part C Ability to Pay Scale has no minimum charge and allows families to refuse insurance charges and not pay at all. This obviously means that a local lead agency cannot comply with both Part C and DMHMRSAS policies.	The Part C ability to pay policies and procedures were developed in collaboration with the DMHMRSAS. For Part C eligible children, the Part C ability to pay practices must be followed. Part C ability to pay policies and procedures include a caveat about unwillingness to pay (as opposed to inability to pay). Also, please note that, although a family may refuse to have their private insurance billed, they are then billed directly in accordance with their ability to pay.	No change
	The Department of Social Services determines eligibility for Medicaid and FAMIS. Given that we are looking for efficiencies in the system, could DMHMRSAS revise the reimbursement manual to, 1) incorporate Part C requirements and 2) allow the acceptance of Medicaid and FAMIS cards with proper identification, in lieu of a fee assessment, recognizing the cost burden for completing duplicate fee assessments.	In conjunction with recommendations from the Infrastructure Task Force, we will explore these suggested changes.	No change
<b>MIMS/Family Survey</b>	Who will coordinate the MIMS process at the local level?	This is a decision that will be made at the local level based upon local resources and personnel. The Local Part C System Manager may be the individual responsible for coordinating the MIMS process locally, though there is no requirement that this be the case.	No change

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	Family Survey data is currently not available to localities in a report format. Until Councils can use this data to make informed decisions about their system, it should not be required. (3)	From the Family Survey website, localities are able to run a report that compiles local answers to all family survey questions (except their comments – see below). If you have feedback about how this report can be more useful to you, please contact David Mills at the Part C Office.	No change
	...to really know how families feel about our services, ... the comments they write on the Family Survey form ...extremely helpful and often more enlightening than whatever number the family assigned for a given item. The new reports from ITOTS do not allow comments to be entered. ... I hope that the comments can soon be included on the ITOTS reports so that we can better understand how families feel about our services. (2)	We agree that the comments parents provide on the family survey are very valuable. These comments will be available on the family survey report or as a supplement to that report within the 2004-05 contract year.	No change
	Wouldn't it potentially increase the integrity of the family survey data and increase survey responses by having them sent directly to DMHMRSAS? This would ensure confidentiality of responses.	The intent of local entry of family survey data was to give localities immediate access to their data (i.e., information is entered by the locality and they can then run a report immediately). Within the next 2-3 months, an upgrade to the data system will allow parents with web access to enter their family survey responses directly into the web-based data system.	No change
	(2.1.2.g.(2)) ... indicates that the Family Survey data is to be submitted, however the Family Survey is part of the web-based data system which does not require "submission" beyond data entry.	We will make wording changes to clarify that this family survey requirement refers to data entry rather than paper submission.	Make the following wording changes: <ul style="list-style-type: none"> <li>• In 2.1.2.g(2), delete "and submit data"</li> <li>• In 3.1.2.a, change to read " ..in accordance with submission/<u>data entry timelines</u> ..."</li> </ul>
<b>Local Status Report</b>	Use MIMS to extrapolate and reevaluate the questions asked on the status report. I suggest that somehow the MIMS	We are committed to continuous quality improvement in Virginia's	Delete all references to the local status report from the

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	<p>process/paperwork be combined with this report process in order to eliminate anyone having to do the same kind of work twice in a year</p>	<p>Part C system. Monitoring and improvement can't just happen every three years. The local status report is intended to provide local Part C systems with the kind of data they need for <u>continuous</u> quality improvement and to meet federal reporting requirements that the state must address annually. While the local status report will be eliminated from the SFY-05 local contract, it will be required as part of the SFY-06 local contract. In the interim, stakeholder input will be sought to determine how data related to federally-required indicators can be most easily measured and reported in the local status report while ensuring that the resulting information is useful and meaningful for ongoing local system improvement and for required State reporting to OSEP.</p>	<p>contract.</p>
	<p>The Annual Status Report, which is in fact quarterly reports, requires an inordinate amount of data collection. Much of this data is available to the state office through ITOTS, so why collect this data again? Some of the data, which supposedly can be collected through ITOTS, cannot be obtained from that system, as it is captured in check boxes or narrative form that do not allow aggregate reporting of the data. Some data is not clearly specified; for example beginning services after the IFSP is only stated as "timely" with no specifics given. Several other questions also occur: Who is analyzing the data and for what purpose? Who will pay for staff to collect this data and record it? If localities participate in the MIMS process, why do they also need to provide this data quarterly each year? (4)</p>	<p>The instructions for the local status report state that localities are encouraged to use data already gathered during quarterly reviews in responding to the indicators. However, the instructions go on to say that if quarterly reviews have not been done, the locality may review records for 10% of their child count and record that data in the 4<sup>th</sup> quarter column. Some of the required data is available through ITOTS. However, the purpose of the local status report is not just for the</p>	<p>Delete all references to the local status report from the contract.</p>

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		<p>state to have the data for reporting to OSEP but also for the local Part C system to analyze and use available data for ongoing systems improvement.</p> <p>While the local status report will be eliminated from the SFY-05 local contract, it will be required as part of the SFY-06 local contract. In the interim, stakeholder input will be sought to determine how data related to federally-required indicators can be most easily measured and reported in the local status report while ensuring that the resulting information is useful and meaningful for ongoing local system improvement and for required State reporting to OSEP.</p>	
<b>Materials list</b>	(2.1.4.a) The Strengthening Partnerships document was omitted from the list of statewide materials. Was this intentional?	Thank you for noting this unintended omission.	Add Strengthening Partnerships document to list in 2.1.4.a
<b>Public Awareness</b>	(2.1.4.d) "This includes adopting and utilizing the consistent statewide identity and logo in the early intervention system." Does this require local program name changes and program logo changes?	This requirement is the same as in last year's contract. All local systems have already submitted names in accordance with this requirement (Infant and Toddler Connection of _____) and should already be using the logo. An individual program within the local Part C system is not required to change its name or logo.	No change
	Since public awareness and child find are now state-level functions, we would expect under DMHMRSAS deliverables to receive a monthly summary of all PA events held, number of materials disseminated, etc.	We will continue to provide information regarding public awareness materials and events through the Infant & Toddler Connection of Virginia Update and the website.	No change

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<b>Expenditure Reports</b>	There is mention of a fifth quarter but there is no date for submission of the fifth quarter report. Does this mean there isn't one? (2)	The "fifth quarter" is really a spend-down period for Part C funds unexpended, but obligated, as of June 30, 2005. In order to account for those funds spent between July 1, 2005 and September 30, 2005, a final expenditure report will be due October 31, 2005.	Add to 2.1.1.b(1), to 3.1.9, and to Attachment G the need to submit a final expenditure report on October 31, 2005 reflecting the spend-down of obligated SFY-05 funds between July 1 and September 30, 2005..
	Many localities have not completed their final audit prior to August 2 <sup>nd</sup> . Do you want an un-audited report submitted for the final expenditure report knowing it may change?	Please submit the un-audited report on August 2 <sup>nd</sup> . If any funds are spent during the spend-down period between July 1, 2005 and September 30, 2005, then any updates based on the audit can be reflected on the final expenditure report now due on October 31, 2005 (please see comment and response above).	No change
	Who will sign the form now that the council operations budget item effectively does away with funding a coordinator? (13)	The Local Part C System Manager and the LLA will sign the expenditure report.	Change reference in 2.1.1.b(1) to require signature of Local Part C System Manager rather than LICC Coordinator.
	These report dates do not coincide with the Performance Contract report dates. (2) /// Can we justify the need for both sets of reports? Part C funds should be worked into the Performance Contract similar to Federal Block Grant Funds supporting MH or SA	One of the difficulties with this proposal is that not all Local Lead Agencies are CSBs. However, the DMHMRSAS will be considering this option as part of discussions and decisions based on final infrastructure recommendations, once those are submitted to the Commissioner.	No change
	The Performance Contract requires a second and fourth quarter report. Funding and expenditures for this report are as much as 10 times greater than the Part C expenditure report. Why is the Part C requirement so much more stringent?	Please see above	No change

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<b>Local P&amp;P</b>	(3.1.4) When will the revised policies and procedures be issued from DMHMRSAS in order to adequately meet the timeline of local completion by May 1, 2005? (2) // This states that the LICC will re-evaluate local policies and procedures annually. The last date I have for the state policies is 2000. Have they been updated since then? If so, can we access them online?	Virginia must submit a "full" application, including a full set of policies and procedures, to OSEP in 2005. A "full" application was last submitted in 2000. In the interim, some changes have been made to the policies and procedures, such as the changes to Component XIII: Policies and Procedures Related to Financial Matters and some clarifying language required by OSEP related to screening and transition. The most recent Virginia Part C Policies and Procedures are available on the ITCV website. Local policies and procedures are required to be reviewed annually and revised to reflect any changes in state policies and procedures (e.g. ability to pay), in the way Part C requirements are implemented locally, and/or in response to policy clarification provided by the state. Some years, there may be very little revision necessary; other years, changes may be significant. Changes to Virginia's Part C Policies and Procedures are due to OSEP in April 2005, following a 60-day public comment period. Local changes reflecting these 2005 state changes will be required once OSEP approves Virginia's application. Since OSEP approval will come too late to require local submission in SFY-05, we will delete the requirement to submit local	Re-word 2.1.2.a to delete reference to revising  Delete 3.1.4  Delete local policies and procedures from Attachment G

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		policies and procedures this year. Instead, local policies and procedures reflecting revised state policies and procedures will be required in SFY-06 (probably in the first half of that fiscal year).	
<b>Central EI Record</b>	In order to gather all needed data for reports required by this contract, we would need a central record. However, the requirements of a central record are not specified in the contract, TA is needed	The reporting requirements to which this comment refers have been deleted from the SFY-05 contract. However, we recognize the need for guidance on the issue of a central EI record. The Part C Office is in the process of developing a policy page specifying requirements related to the central EI record.	No change
<b>Medicaid</b>	2.1.2 a.5(a) states that eligible children must receive early intervention services from Medicaid providers. What if there aren't any willing to accept Medicaid?	This is an important part of meeting the payor of last resort requirement. If there is no Part C Medicaid provider in your area, your TA Consultant can assist you in your efforts to access a Medicaid provider for provision of reimbursable Part C services for those children who are Medicaid eligible.	No change
	2.1.2.a.5(a) lists a number of Medicaid services but does not list EPSDT. FAMIS is also not listed. Shouldn't these be added? It also lists the Elderly and Disabled Waiver, which requires that the child be eligible for nursing home placement. Is there any child below the age of three on the Elderly and Disabled Waiver? If not, is it reasonable to list it?	We had previously deleted EPSDT since there was strong local feedback that there was inadequate State guidance available to support local access to this Medicaid funding source. Localities did not want to be penalized for not accessing a funding source they didn't know enough about. However, we agree that this list should be inclusive if we are to really talk	Add EPSDT and FAMIS to the list in 2.1.2.a.5(a)

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		about payor of last resort. For that reason, we will include EPSDT, FAMIS (excluded by our oversight) and the Elderly and Disabled Waiver (since it is available). We recognize that we need to partner with localities and DMAS about accessing EPSDT for Part C and will not be "penalizing" anyone not accessing this funding source.	
<b>Personnel</b>	Personnel- There is no mention of criminal background checks. I am not sure if this is a requirement for private therapy providers. If not, would this be a requirement for all participating providers?	There is no Part C requirement for criminal background checks. The decision to include this requirement in contracts with private providers is between the Local Lead Agency and that provider.	No change
<b>Interagency Agreements</b>	Could DMHMRSAS draft interagency agreements and contracts that incorporate all required elements for the documents and share these with Local Lead Agencies? (2) /// This would prevent 40 localities from duplicating efforts and ensure that all localities interagency agreements and contracts include all required elements. Agreements with DSS, DOE, and DPH would incorporate agreements made on the state level. Localities could then customize these agreements. These are efficiencies that could reduce system costs.	We have developed and disseminated a TA document, <i>Guidance on Contents of Local Interagency Agreements and Contracts</i> (August 2003). You are welcome to work with your TA Consultant or directly with other local Part C systems to develop consistent language for such documents. The Infrastructure Task Force will also consider this issue as they finalize recommendations to the Commissioner.	No change
<b>Data Requests</b>	It is too vague to state that the amount of advance notice for data requests may vary. This basically says you can change data requirements on 10 minutes notice. A good contract protects both parties. If any additional data is necessary at any point in the contract it needs to be requested of the LLA through the Executive Directors	We understand the need for as much advanced notice as possible when data is being requested from the Local Lead Agency, and we have made every effort to identify within the local contract all	Add language at the end of 2.2.2 as follows: "Any requests for additional data or notification of changes in established timelines will be provided in writing to

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		required data and submission timelines. There are times, however, when additional, unanticipated data needs arise, such as when data is requested by the legislature. The fact is that the amount of advance notice we can give in these situations varies. The language in 2.2.2 is the same as in this year's local contract and is intended to convey that we are committed to providing as much notice as possible. Since there is no statement in the Local Lead Agency's deliverables requiring that they submit data for all "other" requests, we feel Local Lead Agencies can feel adequately protected. We will add a statement at the end of 2.2.2 indicating that additional data requests or changes in established timelines will be submitted in writing to the Local Lead Agency representative who signed the local contract.	the Local Lead Agency representative who signed the local contract."
<b>Forms on web</b>	2.1.4.a references forms on the Web Site. This site does not consistently include the most up to date forms used by Part C. (2)	We make every effort to keep the forms on the website up to date. If you find that we have overlooked a form that needs to be replaced, please contact David Mills.	No change
<b>iTOTS</b>	The iTOTS web-based system is a useful, and thus far well thought out, system of data entry. It should behoove DMHMRSAS to move forward with enhancing this system to capture relevant "real-time" data and eliminate duplication of effort through the creation of new data capturing methods. We recommend the state build a web based, secure, integrated data management system immediately (13)	We appreciate your support for expanding iTOTS. We agree that this is a vital step in ensuring continued improvement and accountability in Virginia's Part C System. We are attempting to access grant money to enable us	No change

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		to move forward with phase II of ITOTS.	
	The report dates listed for child-specific data in 3.1.3 include July 10, 2004. Shouldn't this report be part of the current contract?	While the information may relate to children entering or leaving the system in the 2003-04 contract year, the deliverable of reviewing and updating the child-specific data by July 10 is in the 2004-05 contract year (which begins July 1, 2004).	No change
	To report in both CCS & ITOTS ... would seem to be duplicative	There are ongoing efforts within DMHMRSAS to make these two data systems compatible.	No change
<b>Personnel Table</b>	(3.1.7) What date should the data reflect when completing the Personnel Table?	The information listed on the Personnel Table may reflect the personnel employed and additional personnel needed on any one day. In other words, you get to pick the date!	No change
<b>4.0 ASSURANCES</b>			
<b>4.2.b Supplanting/ MOE</b>	The explanation of how to meet the requirement of non-supplanting state and local funds is impractical in times of budgetary constraints. If a local government determines that it will lower its allocation to a local CSB who in turn lowers the allocation to the early intervention system, the LLA will be out of compliance. How can this be avoided? The LLA should be allowed the same caveat as the Department as explained in "Availability of funds".	While we recognize that this language presents challenges in Virginia, it is federal language and must be included in the contract. We have confirmed this with the Office of the Attorney General.	No change
	Requirements for maintenance of effort for local funds need to be eliminated. It is not reasonable that Part C funds can be cut but discretionary local funds cannot. (2)	Please see above	No change
	The first full paragraph on Page 18 presents a significant problem due to the Part C allocation being significantly less than actual expenditures this year. We cannot agree to this since we know it to be untrue (2)	Please see above	No change
	The issue of non-supplanting funds needs to be revised. Since the federal requirement for non-supplanting applies	Please see above	No change

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	only to state funds, this section should not include reference to local funds.		
<b>Culturally Competent Services</b>	4.2.f states that the locality will “ensure” that underserved groups have access to culturally competent services. There is no definition of what such services look like. In addition, the language might state that the contractor will promote or facilitate such services, but cannot use the term “ensure” for such a vague description. As we say in our IFSP outcomes, you must be able to state when the outcome has been met.	The wording in 4.2.f reflects federal language. We agree that for purposes of local implementation, this assurance can be re-phrased.	Change language in 4.2.f to read as follows: “Local policies and practices will be implemented that provide access to culturally-competent services within the local Part C system for traditionally-underserved groups, including minority, low income and rural families.”
<b>5.0 GENERAL CONDITIONS</b>			
<b>Applicable Laws and Courts</b>	Add the words “applicable to Part C participation” to the end of section 5.1. The statement as written is way too broad.	We agree that the requested language will help to clarify the statement.	Add the words “applicable to Part C participation” to the end of section 5.1.
<b>Performing to the satisfaction of DMHMRSAS</b>	The language in 5.7 is too vague. What does performing services “to the satisfaction of DMHMRSAS” mean? The statement that the locality will not receive payment for work found to be unsatisfactory is also vague. (3) Does this mean that the department can require retroactive re-payments by the locality? The reference to the Lead Agency withholding funds for providers whose services are “unsatisfactory” is also too vague. In the absence of clear and consistent guidance from the state and an effective utilization review process, localities cannot decide which services will be paid for with Part C funds. The locality would clearly be in violation if they arbitrarily decide that services an IFSP team has recommended must be withdrawn from the IFSP.	We agree that this phrase is vague. We will eliminate any reference to “satisfactory.”	Change language in 5.7 to eliminate the word “satisfactory/unsatisfactory” and instead refer to performing in accordance with the terms of the contract.
<b>Audits</b>	Section 5.11 discusses retaining all books, records, and other documents. I could not find information related to HIPAA regulations or requirements for the retention and destruction of medical records. I know that there are other DMHMRSAS requirements, but these requirements were not clearly specified. Again, the other DMHMRSAS requirements	Records under Part C are subject to FERPA regulations rather than HIPAA. Your TA Consultant can assist you in understanding those requirements.	No change

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	should be identified and/or attached.		
<b>Availability of Funds</b>	Section 5.12 should be made reciprocal: "It is understood and agreed between the parties that the DMHMRSAS and the Local Lead Agency shall be bound hereunder only to the extent of the funds available or which may hereafter become available for the purpose of this contract." (3)	We agree that the recommended change will clarify local responsibility.	Change 5.12 to use language recommended in comment.
	A troubling issue of responsibility is the lack of clarity about the implication of failure to meet Part C requirements due to insufficient funds. Fiscal and administrative responsibility in this likely case must clearly not rest with the lead agency but with DMHMRSAS. The issue of who would be responsible if an admin law judge ruled a service must be provided needs to be explicitly addressed?	Please see above	Please see above
<b>Assignment of Contract (5.13)</b>	Would contracting with private providers for service delivery be considered assignment in-part of the contract? If so, what type of written consent would DMHMRSAS provide?	This contract with the Local Lead Agency is for management of the local Part C system. Therefore, contracting with a private provider for Part c services would not be considered assignment in part of the contract.	No change
<b>Changes to Funds (5.18)</b>	Under what conditions can/will the lead agency reduce funds and what amount of notice is given?	Under the terms of this contract, DMHMRSAS can reduce the amount of funds originally awarded to the Local Lead Agency if the Local Lead Agency so requests. Funds may be withheld under certain circumstances, as described in 5.7 (performance) and in 3.1.9 (expenditure report submission).	No change
	Indicates that if local systems request additional funds, the department can reduce their funding. There is no specification of the basis the department would use to decide on a reduction of funds, (2) nor what recourse the Lead Agency would have to appeal this decision. This clause is unacceptable. Local systems are struggling to provide services with drastically reduced funding. It is difficult to contemplate that existing funds can be capriciously	It was not our intention in 5.18 to suggest that a request for additional funds could result in DMHMRSAS deciding on a reduction of funds. The intention was to state that if the Local Lead Agency requested a change in their funding (either an addition or	Change 5.18 to read: "Upon request by the Local Lead Agency for changes in their original funding amounts, DMHMRSAS reserves the right to grant additional funds to the Local Lead Agency <u>if</u>

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	withdrawn by the state. If mention of reduction of funds is to be included here, the criteria for this should also be stated.	reduction), then DMHMRSAS has the right to grant their request and change their funding accordingly. Language in 5.18 will be changed to clarify the intent.	<u>additional funds were requested by the Local Lead Agency</u> ) or to reduce the amount of funds previously allocated to the Local Lead Agency <u>(if a reduction was requested by the Local Lead Agency)...."</u>
<b>7.0 PERIOD OF CONTRACT</b>			
	The contract period is for July 1, 2004- June 30, 2005. However, the contract speaks to a fifth quarter. Should this be mentioned and/or incorporated?	The "fifth quarter" is really a spend-down period during which funds unexpended, but obligated, as of June 30, 2005 may be spent. This does not change the period of the contract.	No change
<b>9.0 SUBMISSION STATEMENT</b>			
	The Submission Statement should be revised to state that the Lead Agency will carry out the provisions of the contract, subject to the availability of adequate state and federal Part C funds; include wording making this certification "subject to the DMHMRSAS making sufficient funds available.(throughout the contract). (4)	We agree that the recommended language will help clarify that the State retains ultimate responsibility for the Part C system.	Change 9.0 by adding recommended language from the comment at the end of the submission statement.
<b>ATTACHMENTS</b>			
	The attachments and titles do not all match to the actual pages (as listed in Table of Contents). Please revise.	Thank you for noting the discrepancies	Change Table of Contents and List of Attachments to match Attachment Titles and page numbers.
<b>Attachments B&amp;C: Expenditure Reporting Form, Budget &amp; Narrative</b>	On Attachment C the narrative still references System Operations and it should say council operations. (2)	Based on public comment on the draft local contract, the budget categories will be changed. Attachment C will be revised to reflect the 2 budget categories: Systems Operation and Direct Services.	Revise Attachments B & C to reflect the new budget categories and line items under each.

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	The Systems Components category has been eliminated. Please provide guidance within the instructions on how the locality should handle expenses previously associated with this category. Should training expenses for an OT be listed on the OT direct service line? Where will data collection expenses be listed? How do we handle Family Support?	Please see discussion in this table under Budget- Systems Components. The Budget Justification Form will also be revised to reflect changes in budget categories and line items and to assist the local Part C system in determining where to budget funds for specific activities.	Revise Budget Justification Form to reflect new budget categories and line items under each
	Are the traditional Systems Components (training, public awareness, etc) disallowed under the terms of this new contract or could they be included in the new "Systems Operations" category if a council could afford it?	Please see above	No change
	On the Budget/Expenditure Report Form: Why is there a column at the top that says "additional state"? Isn't it additional <i>federal</i> dollars? If that is correct, could consideration be given to combining the federal allocation columns to reduce the amount of work we have to do when we complete this form? // Is it necessary to separate "additional state" and "state" funds in the allocation section?	The expenditure/budget report form included in the draft local contract was developed based on speculation about what funding sources would be available. The form that is included with the final local contract will reflect the actual funding sources. We want the process for reporting expenditures to be as painless as possible.	Update funding sources on the Expenditure/Budget Form/
	Attachment C Instructions for 2004-2005 Local Budgets – this appears to be instructions for completing Attachment B and not instructions for developing a local budget. Please provide clarification..	The title for Attachment C that is given in the list of Attachments on page25 is incorrect and will be changed.	Change title of Attachment C to State Fiscal Year (SFY) 2005 Local Part C Budget Justification Narrative in list of Attachments
	Attachment D Budget Justification Narrative – On the narrative page it says "Attachment C". In the section of the narrative for the allocation, there is still a reference to DSS funds	Thank you for noting these errors.	Correct Attachment lettering and titles to ensure consistency between Table of Contents, List of Attachments, and the attachments themselves. Delete reference to DSS

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			funds from Budget Justification.
<b>Local Status Report</b>	The Annual Status Report requires information about child outcomes for which technical assistance has been consistently requested but has not been able to be provided to date (specific samples of outcomes that would be acceptable).(5)	While the local status report will be eliminated from the SFY-05 local contract, it will be required as part of the SFY-06 local contract. In the interim, stakeholder input will be sought to determine how data related to federally-required indicators can be most easily measured and reported in the local status report while ensuring that the resulting information is useful and meaningful for ongoing local system improvement and for required State reporting to OSEP.	Eliminate all references to the local status report from the contract
	We greatly need examples of what your office is looking for when you ask questions like “are the outcomes and short term goals discipline-free?” and “are the outcomes and short term goals contextualized?” and clarification is needed so we understand how this second question is different from the question that says “do the outcomes and short term goals relate to actual daily functional activities of the child?”	Please see above	Please see above
	Difficult to answer without proper training and T.A. (6)	Please see above	Please see above
	On the Annual Status Report in reference to the bold, underlined letters about transition that say if “ANY” child does not receive a 90 day conference we have to write a Plan of Improvement: This needs to allow the exception of those kids who were referred less than 90 days before they turn 3. ... “any” doesn’t allow for these kids who are referred within 90 days of their third birthday. (3)	Please see above	Please see above
	Also on the Annual Status Report: How does the family “give approval” for the 90-day transition conference? Would this be documented by a signed Prior Notice form?	Please see above	Please see above
	Make the number of records to be analyzed consistent with MIMS. We recommend 10% of active children’s records as an adequate sampling.	Please see above	Please see above
	How many children reach their short-term goals (to give	Please see above	Please see above

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	<p>percentages). ..., we write IFSPs for a year ... . Writing outcomes that span over the course of a year ... helps with Medicaid ... HMOs ... insurance...will often then approve the plan for the year. (6) So, at the six-month review, it is not unusual for the child to have not met the majority of the short-term goals. What is the percentage here that is going to be considered acceptable? ... this may only end up showing you who is able to write the most goals that are attainable in the shortest period of time (that is easy to do) rather than the real issue ... are the children truly making progress and what is the ability of the local system to help families help their children? I suggest that this part of the report be deleted and other avenues be investigated that can reflect whether or not the local systems are supporting families.</p>		
	<p>Individualized Part C Early Intervention Supports and Services in Everyday Routines, Activities and Places is guidance not regulatory, how can compliance indicators be linked to this document?</p>	<p>Please see above</p>	<p>Please see above</p>

**NOTE 1:** Numbers given in parentheses in the *Comment* column of the table represent the number of commenters who submitted the given (or a very similar) statement.

**NOTE 2:** All comments related to infrastructure will be reflected in the infrastructure public comment summary.