

SFY 2007 Local Part C Contract Public Comment

Section	Page	Comment	Response
General		<p>Thank you for the opportunity to respond to the draft of the Local Contract for Continuing Participation in Part C. It is very evident that much work went into the development of this document. Knowing that there was stakeholder input continues to demonstrate the collaborative willingness of the Part C Office.</p> <p>Thank you for the opportunity to participate on the Contract Committee again this year and also for the opportunity to comment on the draft contract.</p> <p>Thank you for the opportunity to comment on the Part C draft contract for FY 2007. I appreciate that you are willing to hear concerns and take them under advisement. I'm confident that you will help our statewide system to navigate the accountability waters while still keeping our eyes keenly focused on children and families.</p>	<p>The Part C Office appreciates the input and collaboration of local stakeholders in the contract development and review process.</p>
		<p>The Infant and Toddler services provided through Part C of IDEA are necessary for the growth and development of hundreds of children and their families in our community. Our desire continues to be to provide the highest quality of services to these children. (2)</p>	<p>The Part C Office shares your commitment to ensuring the highest quality individualized supports and services for eligible children and their families and recognizes the continued hard work and dedication of local Part C service providers and administrators toward meeting this goal.</p>
		<p>We applaud the commitment of the State to support the Infant & Toddler Connection of Virginia through a proposed increase in funding, and we understand the expectation of the General Assembly for increased accountability and documentation of financial data to support Early Intervention Services. (2)</p>	<p>The Part C Office is also pleased with the increased level of State funding available to support the Part C system, and we appreciate the efforts of advocates to secure the additional State General Fund dollars.</p>
		<p>Family Survey:</p> <ul style="list-style-type: none"> ▪ The family survey responsibility has been shifted from the local systems to the State Part C Office. (2) ▪ Pursuing a professionally administered family survey at this time is an excellent endeavor. ▪ Having the Family Survey being professionally done and funded by the GSEG is a good idea. However, this must be a value-added survey - not just a survey to meet OSEP requirements. Therefore, there should also be a requirement for providing timely and meaningful feedback to the Local Agencies based on 	<p>As indicated in the response to SPP comments related to Indicator 4 (sent to local systems on May 5, 2006), there is real interest in having not only a representative family survey sample statewide but also for each local system; however, the cost may be prohibitive. We are currently researching the federal requirement for reporting local status on the SPP family outcome indicator.</p> <p>The use of the professionally developed survey, which has been studied for reliability and validity, is expected to result in better data related to the impact of early intervention on families. The statewide</p>

	<p>the survey results. That feedback should also be able to be sorted so that each local agency can see the full State results as well as results for their locality.</p>	<p>professional administration of the survey is expected to increase the response percentage. Once the family survey has been piloted (current timelines call for the pilot to be completed by July 15, 2006), we will have additional information about cost and effectiveness, and we will use that data to inform decisions about how the survey will be administered in future years. Please note that the administration of the survey at the state level does not restrict the local system from doing local surveying of families if the local system chooses to do so.</p>
	<p>I commend the State Office for having the courage to dispose of the MIMS process. I believe that annual on-site reviews will serve the entire state much more efficiently. (2)</p>	<p>The Part Office is committed to monitoring and supervision procedures that reflect a shared responsibility between the state and local levels, that are data-driven and ongoing, and that focus on priority areas.</p>
	<p>The State Part C Office has made progress in reducing financial reports and aligning timelines with the State Performance Contract. The financial reports have decreased from five reports to two reports. This is a very good amendment. (2)</p>	<p>The Part C Office is committed to reducing reporting and paperwork where possible within the boundaries of federal and State reporting requirements.</p>
	<p>Data Collection</p> <ul style="list-style-type: none"> • We support the efforts underway to redesign the data collection system although we have concerns with ITOTS. • Although ITOTS is able to provide some reports that assist the locality in researching and documenting compliance questions it is still a very manual activity. Specifically completing the record review is very staff intensive and provides a very small slice of information Statewide. We concur that at this time it is the only way to provide the required information until a data system is developed that will provide the required information in an automated manner that will aggregate Statewide data and we can utilize locally for monitoring and oversight of our programs. We encourage the State to pursue the resolution on a data system as quickly as possible. (4) • The State Part C Office is requesting that the ITOTS data collection system become enhanced. ITOTS is cumbersome and doesn't currently provide enough query information. The local boards are also required to provide data via CCS. Multiple uncoordinated data systems are problematic. We would suggest exporting all consumer related data elements from the local systems (Community Services Boards only at this time) and enhancing the CCS system. (4) • Discontinuing the use of alternate data collection methods will 	<p>As acknowledged in the comments, the increased need for local data collection and reporting reflect new federal and State reporting requirements related to Part C. A professional analyst has reviewed the existing ITOTS system, all federal and State data requirements, and current local data collection and reporting procedures (from 8 local systems). The analyst's findings are currently being reviewed by the DMHMRSAS in order to develop recommendations about changes to the data system that will most effectively and efficiently allow Virginia to meet the increased federal and State reporting requirements and provide useful data and reports to local systems. A review of whether existing DMHMRSAS data systems, such as CCS, can be used to import data into the Part C data system or to provide needed data is currently underway. A DMHMRSAS representative provided an update on the data system review and next steps at the EI Conference in April.</p> <p>Until the data system enhancements are complete, record reviews will be needed in order to address some of the reporting requirements. The Part C Office has reviewed the list of OSEP-required data elements and determined what requirements are addressed through the existing ITOTS data system and what items must be addressed through the annual local record review. Therefore, the annual local record reviews that must be completed by</p>

	<p>be useful for all systems with electronic medical records as well.</p> <ul style="list-style-type: none"> • Record Reviews are burdensome and provide insufficient data. • Adding requirements to an already under funded and over taxed system is the crux of the issue. The family survey may have become a State responsibility, but there are other added administrative duties for the Local Lead Agency that outweigh the task of the family survey. These include manual chart reviews (for full enrollment) and data processing for all revenue and expenses related to Part C services. The System Managers have been asked to sign “verification” forms stating that to the <i>best of their knowledge</i> the items reviewed are correct. • Who is qualified to conduct all these record reviews? This level of data collection seems to need someone of management level and quality assurance background. • Record reviews will require additional reports from treating service providers who would need to be reimbursed for this cost. • The OSEP visit, the SPP and GSEG have converged on the system and the additional requirements will mean more chart reviews and more data collection on various levels. (3) • Added data collection, while potentially necessary, is burdensome. • It is not determined which record reviews are required on ALL children enrolled and those required on a sampling at the present time. A Quality Control staff member for the Part C system is needed to keep up with the data requirements. 	<p>August 2006 will address only the following OSEP reporting requirements: evaluation and assessment in all developmental domains and inclusion on the IFSP of the child’s level of functioning in each domain; timely initiation of entitled services; and transition. Please note the following additional information about annual local record reviews:</p> <ul style="list-style-type: none"> ▪ The responses documented on the local annual record review form on a <u>sample</u> of children in each local system will be sufficient for reporting to OSEP. ▪ In order to provide required local monitoring, supervision and oversight, local systems should already be conducting their own record reviews. These are typically being done by local system managers and/or staff with supervisory responsibility over Part C providers, but may also be done by service providers, including service coordinators, or may be done as a team. ▪ As a result of noncompliance identified during OSEP’s April 2005 visit, Virginia was required to submit to OSEP procedures for reviewing and requiring data accuracy from local lead agencies to ensure that the data the State collects and reports to OSEP is accurate. The requirement for local system managers to sign and submit data verification forms is one of those procedures. (Refer to July 5, 2005 letter to Commissioner Reinhardt for OSEP comments and August 24, 2005 letter to Troy Justesen for Virginia’s response) ▪ The revised annual local record review protocol will not require additional reports from treating service providers so there is no need for additional reimbursement. ▪ The Part C Office is available to provide training on the use and analysis of data collected through the annual local record review, at local request. <p><u>Change:</u> Clarify in 3.1.10 that sampling rates listed in (d) also apply to (b).</p>
	<p>Supervision and Monitoring</p> <ul style="list-style-type: none"> • Many items in the contract are not fully developed at this point. An example of these items include: outcome measures which have not yet been pilot tested and other items under the General Supervision and Monitoring which include on-site reviews and 	<p>As noted in the comments, the General Supervision and Monitoring System is being re-designed and is not yet fully developed. However, the local contract reflects the scope of work and deliverables related to monitoring and supervision that the local system will be responsible for completing in SFY-2007.</p>

	<p>sanctions that will be forthcoming for non-compliance. (2)</p> <ul style="list-style-type: none"> Concerns with General Supervision and Monitoring are centered on the “unknowns.” Currently, there is a workgroup underway looking at incentives and sanctions. I’m confused as to how a workgroup can look at these items, when the focused monitoring tools have not yet been established. I do not believe that the intent of the OSEP letter was to gather a workgroup to design sanctions, but instead it appears their intent was to ensure the state office was ensuring compliance within one year. I believe the focus should be on how to conduct the reviews during the annual on-site visit and how to provide training and other support to help local systems come into compliance. We would prefer a supportive stance rather than a punitive one. It seems that in the past, your office has been of the supportive mind-set and this is appreciated. Design an on-site review tool that gets to the heart of the monitoring. Focus on support and training to the localities rather than sanctions. 	<p>We agree that the monitoring system needs to support local efforts. Sanctions are neither the primary focus of the monitoring and supervision system or re-design nor are they different in the SFY-2007 contract than in previous years. The draft revisions to Virginia’s monitoring and supervision system do include the provision of training, technical assistance and other support to local systems. The goal of the Part C Office is to continue to collaborate with local systems to identify barriers to meeting the targets for the monitoring indicators and to support local system efforts in meeting those requirements.</p> <p>Local stakeholders will continue to have input into the re-design of the monitoring and supervision system through mechanisms such as the Monitoring and Supervision Advisory Committee and public comment on revised Virginia Part C Policies and Procedures, which are expected to be disseminated in early 2007. In addition, the elements of the redesigned monitoring and supervision system not included in the SFY-2007 Local Contract will be piloted prior to full implementation. Plans, including timelines, are being developed for how the Part C Office will roll out the proposed revisions to the monitoring and supervision system to local stakeholders. The goal is to have an initial event for this purpose in late July or early August.</p>
	<p>GSEG/Child Outcome System</p> <ul style="list-style-type: none"> We understand that the General Supervision and Enhancement Grant (GSEG) Committee is developing the data elements to be reported to OSEP. These will require additional assessments to report progress in social and emotional, social relationships, appropriate behaviors and acquisition and use of knowledge and skills. We agree that this is important data to be collected; however our concern is to have enough funding to hire trained service providers to conduct and report these types of assessments. This requirement is particularly troublesome because of the amount of <u>unknown costs</u>. The pilot test on the outcomes was scheduled to begin February, 2006. No information has been sent to the potential pilot sites and there is no established start or end time for the pilot tests. We estimate the increase in evaluations will require an additional full time Educator. I understand that our hands are tied to the outcome measures 	<p>As indicated in the comments, the child outcome system is necessary to meet federal reporting requirements in the State Performance Plan/Annual Performance Report.</p> <p>Since assessments are presently administered at the time of initial evaluation/assessment, no additional assessments will be required for the first outcomes measurement, called Time 1. Existing service providers will use tools currently utilized throughout Virginia for assessment. The HELP or ELAP or the Carolina Curriculum are the tools that are being piloted and were chosen in part because they are widely used across the state. The existing team will use information from the assessment, parent report and any other available sources (such as reports from other professionals) to discuss and come to a consensus concerning the child’s level with each of the three functional outcomes. This will require some added time following the initial assessment, but some of this discussion regarding developmental status already occurs as part of the existing IFSP</p>

	<p>that have been set forth by OSEP (via the ECO center). However, I would like to recommend the following items in relation to the implementation of the outcome measures:</p> <ol style="list-style-type: none"> 1. Utilize the option of sampling OSEP has given us to ensure proper implementation of the outcome measures by allowing a slower statewide phase in. 2. Conduct the pilot tests for at least 12 months, ideally 18 months, to see pre and post data and issues that arise with the implementation. 3. Ensure quality training is conducted statewide for all service providers. This will require funding to pay therapists' time to attend this critical training. 4. Allow the "judgment by consensus" assessment portion to be completed outside the presence of the family. The outcome measures are already subjective, adding parents' feelings after an already rigorous evaluation presents pitfalls. 5. If "judgment by consensus" must occur with the family present, provide funding to localities pay for the additional evaluation time that will be needed to explain a separate evaluation tool in a manner that is both supportive and meaningful to the family. 6. The evaluations are already very long and parents state their dissatisfaction with this often. 	<p>process.</p> <p>The reassessment, called Time 2, will require the use of an assessment tool at the time of the annual IFSP, which will be new for some local systems. The assessment does not require two disciplines, but rather is expected to be completed by the existing IFSP team. The child outcome system will also require the IFSP team to come to consensus regarding the child's status on the three functional outcomes at the time of reassessment. Some cost and time will be associated with this, but until we pilot the process we will not know the actual time factors in order to determine the additional cost. Identifying funding for the additional cost will have to be addressed when the estimates are determined. Decisions regarding sampling will also be made following the pilots.</p> <p>The kind of information and discussion required to come to consensus regarding the child's level on each of the three outcomes provides essential information about how the child functions in his or her everyday life. It is expected that this emphasis and additional information will assist the team in determining functional, meaningful outcomes for individual children that reflect increased participation in their everyday life. It is essential that the family be part of this discussion.</p> <p>The GSEG Core Group, with input from the Design Review Team, has determined that the child outcome system pilot will be conducted between June 1, 2006 and January 30, 2007. This pilot period allows Virginia to take advantage of the staff and funding resources of the General Supervision Enhancement Grant to support the pilot effort. The timeline for implementation of the outcome system is also being driven by reporting requirements for the Annual Performance Report. Baseline data must be reported to OSEP in February 2007 and progress data is required in 2008. Time two assessment will be done at annual reviews or prior to exit for children who have been in the system at least 6 months, but who leave prior to an annual evaluation of the IFSP. Therefore, in order to have the required data for OSEP, implementation must begin at least a year in advance of the reporting date for progress data.</p> <p>Pilot expectations and other written information were sent to potential pilot sites in April 2006, and pilot sites have now been</p>
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		<p>identified. Following implementation of the pilots and based on lessons learned through the pilot process, the Part C Office will work with GSEG staff and committees to revise procedures and to plan and implement training for statewide implementation of the child outcome system. Part C Office and GSEG staff agree that high quality training will be essential to the successful implementation of a meaningful child outcome measurement system. A highly respected national expert is providing the training to pilot sites, and local systems not participating in the pilot process were invited to attend these May pilot trainings as well.</p> <p>Answers to additional questions and comments related to the child outcome system were provided to local system managers on May 5, 2006 in response to comments on the State Performance Plan.</p>
	<p>Cost Concerns</p> <ul style="list-style-type: none"> • Implementation of the contract as proposed would cost additional expenses to most Infant and Toddler Connection programs. • Our main concern is that there will be significant financial burden on local systems and the Part C Office to carry out the activities identified. Increased funding will be needed to ensure that systems have the time and personnel to implement the additional assessments required and serve the additional children who have been identified. Increased funding will also be necessary to meet additional data collection and training needs. In summary, we estimate the additional cost of personnel to complete record reviews, data collection, data entry and additional assessments, to be a minimum of \$150,500...to implement the contract as proposed. (3) • Many items in the contract are not fully developed at this point. These items are referenced in the contract document in more general terms such as “compliance with the General Supervision and Monitoring requirements.” It is uncertain whether commitment with the drafted contract may require a larger staffing compliment or financial obligation in the future. 	<p>The State budget includes an additional \$4 million in transformation initiative funds for Part C. Most of these additional funds are being allocated to local systems using the allocation formula and are available to pay for additional supports and services, either for new children entering the system or for non-covered costs for supports and services for children already in the system. Local systems are encouraged to use their share of the <i>federal</i> Part C funds to support local system infrastructure, including system management, data collection and training. In addition, the percentage of the local system’s share of federal Part C funds that may be used for administration has been raised from 3% to 5% for SFY-2007.</p> <p>The local contract reflects the scope of work and deliverables related to monitoring and supervision that the local system will be responsible for completing in SFY-2007.</p>
	<p>State Performance Plan</p> <ul style="list-style-type: none"> • Requires each locality to increase the number of children served each year. Our service coordinators are at maximum capacity. Therefore, an additional staff will need to be added to ensure 	<p>Please see the response above to comments related to cost concerns.</p> <p>The comments here accurately reflect that the local contract is strongly influenced by the State Performance Plan and areas of</p>

	<p>quality services continue for families. (2)</p> <ul style="list-style-type: none"> • On April 14-15, 2005 OSEP conducted a review of our state. That review resulted in a letter which required an action plan within 60 days. The action plan was completed and submitted without stakeholder input. On the heels of the action plan, was the State Performance Plan (SPP), which had a very quick turnaround time. The VICC was used as the stakeholder group for the SPP. Both the action plan and the SPP set the stage with extremely high expectations. I emphatically recommend that the State Office review the SPP to see where some targets and implementation strategies may be loosened to allow greater opportunity for success. For instance, use random sampling everywhere that OSEP allows it in the SPP. • Commissioner Reinhard wrote two memos regarding system changes. The memos are dated respectively 2/17/06 and 3/15/06. The March memo accompanied the draft contract. The message in the letters is clear and succinct as far as compliance is concerned. Local systems must comply with the State Performance Plan (SPP) which includes 14 indicators that require data collection, verification, and new assessment components. The SPP was already implemented on December 2, 2005. The SPP had a public comment time and only four sets of comments were provided statewide. With the exception of typos, there were no significant changes made based on those public comments. Therefore, the SPP filters into the contract. (2) 	<p>noncompliance identified during the April 2005 OSEP visit to Virginia.</p> <p>OSEP required that targets identified in the SPP be measurable and rigorous. The targets in Virginia’s SPP were based on analysis of baseline and trend data (where available) and on guidance provided by OSEP for the identification of rigorous targets. States are able to adjust targets over time, when data justifies such a change. During development of each Annual Performance Report (due to OSEP in February of each year, beginning in 2007), there will be careful consideration of targets and improvement activities.</p> <p>Sampling is allowed in 5 of the SPP indicators. Two of those indicators are the child and family outcome indicators, and final decisions about sampling have not been made at this time (though the pilot phase for each will involve sampling). The other 3 indicators are #1 (timely start of services), #7 (45-day timeline), and #8 (transition). Data to address indicators #1 and 3 is collected through the annual local record review (at least until the data system is enhanced), and has been and will be based on a sample of records from each local system. Data for indicator #7 will now be collected and reported for each local system and for the state based on children who are referred to the Part C system in just the last quarter of each fiscal year.</p> <p>Although the VICC served as primary stakeholder group for the SPP, the draft SPP was available to all stakeholders for public comment from October 17 – November 4, 2005. Comments were received from 15 groups/individuals. A review of the Part C Office response to those comments reflects that, in addition to correcting typos, improvement activities were added, wording and timelines were changed, and the proposed verification signature process was changed based on stakeholder input.</p>
	<p>Throughout the document there is reference to policy and procedures and specifically the ATP. I understand the procedures for ATP are being revised. There is reference in the Draft Contract that once policy and procedures are revised at the state level localities will have 6 months to revise their policy and procedures. If we are expected to adhere to the policy and procedures referenced on page 8, is the expectancy that the reference to (6) statewide uniform</p>	<p>The Part C Office is working with a national consultant and a group of Virginia stakeholders to review and revise the ATP practices document and policies and procedures in order to ensure consistent and equitable practices statewide. The Part C Office will seek local systems willing to pilot the practices document in SFY-2007. The experience of the pilots will be used to help finalize revised policies and procedures for Component XIII, which will then be available for</p>

	<p>ability to pay policies and procedures in accordance with Component XIII and Appendix X of the Virginia Part C Policies and Procedures will be revised? If not, how will this be handled when the draft contract references the Policy and Procedures? Recommend that the policies and procedures related to the ATP be revised before the 2007 contract is finalized.</p>	<p>public comment and submitted to OSEP for approval along with all other components of Virginia's Part C Policies and Procedures in Spring, 2007. This process will allow time for any needed revisions to the practices document so that the full package of ATP information (including the practices document and policies and procedures) and regional training can be provided to all local systems prior to anticipated statewide implementation of the ATP practices in SFY-2008.</p> <p>The policies and procedures in Component XIII of the Virginia Part C Policies and Procedures will remain in effect until all Virginia policies and procedures are revised and approved by OSEP (targeted for spring 2007).</p> <p><u>Change:</u> Delete reference to Appendix X (Frequently Asked Questions) since this will become outdated when the new practices document associated with ATP is developed.</p>
	<p>As expected at this point in the draft, there is no mention in the contract about funding and how it will be distributed. Discussion around this topic has been ongoing for years, with no resolution. Recommendation that allocations should be based on three-year average child count data.</p>	<p>The existing federal and state Part C funds for local allocation are being allocated to local systems on a hold harmless basis, meaning that each local system will receive the same amount for SFY 2007 as they received for SFY 2006. The new State transformation initiative funds for Part C will be allocated to local systems based on the same formula used for last year's allocation (i.e., the local system's 3-year child count average). Finally, \$500,000 of the transformation funds will be disseminated to local systems that had an increase in child count from 2004 to 2005, and each local system's share will be based on the number of children by which the local count increased.</p> <p>A box on page 2 of the budget guidance package notes that DMHMRSAS will be convening a stakeholder workgroup in 2006 to advise and assist the Department in developing a new formula for allocation of federal and state Part C funds to be phased in over the course of 3 years, beginning in SFY 2008 (July 1, 2007 – June 30, 2008). The new formula will be designed to allocate funds in accordance with federal and state Part C priorities and would, therefore, take into account issues such as child count and the local system's opportunities for use of existing funding sources (such as Medicaid, private insurance, etc.). During the phase-in period the Part C Office will assist local systems in making changes needed to prepare for expected increases or decreases in Part C funding or for</p>

			other necessary changes in the local system.
1.0		Data requirements that are referenced in the draft contract document were sent under separate memorandum from James S. Reinhard, M.D. He referenced that technical assistance would be provided. It would be helpful as Technical Assistance is referenced that it be included in the definition of terms.	<u>Change:</u> The following definition of <i>technical assistance</i> will be added to Section 1.0 – Advice and guidance provided to local systems and Part C personnel to enable the local system to attain and maintain compliance with federal and State Part C requirements and strengthen the local system of supports and services for eligible infants, toddlers and their families.
1.0	2	Definition of Entitled Services: This should include the services as listed under the amended IDEA, which also requires a revision to the ITOTS forms and instructions. (3)	The comment correctly notes that the 2004 IDEA statute adds to the list of entitled Part C services. The two services added that are not currently reflected in the definition of entitled services provided in the local contract are sign language and cued language services. The proposed federal data collection forms for 2006 list these two services together. They will be added to the local contract definition. Until ITOTS can be changed, local systems are asked to report these services under “Other services” on the Part C local budget form and under “Other entitled Part C services” in ITOTS. <u>Change:</u> Add sign language and cued language services in the definition of entitled services on page 2.
1.0	4	Local Lead Agency: "Local lead agencies shall facilitate implementationstatewide..." Comment: change "statewide" to "at the local level".	The Part C Office agrees that the proposed wording more clearly communicates the intended message. <u>Change:</u> Change wording in the definition of Local Lead Agency on page 4 as proposed in the comment.
1.0	5	Definition of Local Plan of Improvement: Should be entitled Local Compliance Plan. (2)	In re-designing the monitoring and supervision system, the Part C Office has changed the term <i>local plan of improvement</i> to <i>corrective action plan</i> . <u>Change:</u> Change <i>local plan of improvement</i> to <i>corrective action plan</i> in the definition section, put in appropriate alphabetical position in the list of terms, and ensure the term <i>corrective action plan</i> is used consistently throughout the local contract.
1.0	6	Timely: We are pleased to see a clear measurable definition for timely start of services for eligible families that will be the standard Statewide and that OSEP accepts. We understand and support the importance of providing information that OSEP requires to demonstrate compliance with Part C regulations. (3)	
2.1.1 b (1)	7	Delete reference to signatures on expenditure reports. There is no space on the form for a signature. (3)	<u>Change:</u> Delete reference to signatures on expenditure reports.
2.1.1 b (2)	7	The increase of administrative percentage increased to 5% is greatly	

(a)		appreciated and recognizes the increased administrative responsibilities that are inherent in meeting the contract. (5)	
2.1.1.c	7	<p>Data mandated by the Virginia General Assembly, including Total Revenues and expenses for all Part C services and the services provided to infants and toddlers: At present, there is no mechanism to capture this information at the local level. The intent of the General Assembly was to gather this data for the state, so it is not warranted at this time to try and collect that data from each locality. Our locality uses a network of providers, who also serve other localities, making it impossible for the provider to gather this information for each local system. We cannot agree to provide the data as it is worded currently.</p> <p>The Local Lead will be able to submit revenue and expenses for EI services provided by the local CSB but cannot guarantee that we will be able to submit revenue and expenses from our private providers.</p>	<p>Local systems are required to report only the revenue and expense data for the local lead agency, not for private providers. This reporting will be done in the same way as it was done in SFY-2006.</p> <p>Change: Add to 2.1.1.c (1) and (2) and 3.1.9(a) and (b), "...Part C services <u>provided by the local lead agency.</u>"</p>
2.1.1 c (3)	7	<p>Expenditure reporting requirement: Clarify that DMHMRSAS will gather this data from iTOTS.</p>	<p>The commenter is correct that the total number of infants and toddlers served will be taken from ITOTS.</p> <p><u>Change:</u> Delete 2.1.1 c(3) and 3.1.9(c) from the local contract</p>
2.1.1.c (4)	7	<p>The Revenue/Expenditure form does not include data fields to report services provided. The instructions here need to be modified.</p> <p>Clarify that DMHMRSAS will gather this data based on the line-item expenditures on the expenditure report and will not require additional data reporting. (2)</p>	<p>Data related to services provided will be reported to the General Assembly based on ITOTS data.</p> <p><u>Change:</u> Delete 2.1.1 c(4) and 3.1.9(d) from the local contract</p>
2.1.2 c (4)	8	<p>Timely manner is defined as 21 calendar days. While it is always our intent to provide services as expediently as possible, at times and due to circumstances beyond our scope of control, it may not be possible to initiate services within 21 calendar days. I would strongly recommend redefining "timely" as 30 calendar days. (3)</p>	<p>Based on discussions and input provided through the regional meetings in August 2005, Virginia began using a working definition for "timely" that stated entitled services listed on the IFSP begin within 21 calendar days of the IFSP meeting. On April 4, 2006 local systems were notified that, based on OSEP feedback, Virginia's working definition of "timely" would be changed to clarify that entitled services listed on the IFSP begin within 21 calendar days of the date the parent signs the IFSP.</p> <p>This definition will be included in revised Virginia policies and procedures that are expected to be developed in 2006. This means that stakeholders will have an additional opportunity to comment on this working definition of timely during the 60-day public comment period that will be required before the revised Virginia policies and</p>

			<p>procedures are submitted to OSEP for approval. Until we are able to revise Virginia's policies and procedures and receive OSEP approval sometime in 2007, the working definition provided above will be used to gauge where we are as a State in beginning services in a timely manner.</p> <p>In the annual local record review, local systems will be able to document reasons why services began more than 21 days after the IFSP was signed. Virginia's working definition of "timely" states that early intervention services may begin more than 21 days after the parent signs the IFSP if the IFSP team decides on and documents the reasons for a later start in order to meet the individual needs of the child and family. As with the 45-day timeline, delays in the start of services due to family preference or child illness are also considered acceptable. It is important to document in the child's record the reasons for any delay in the start of services.</p>
2.1.2 c (5)	8	The completion of an individualized transition plan for all children exiting from the Part C system which adheres to the transition requirements under Part C of IDEA, as amended: The LICC and LLA need guidance from the state Part C office on the exact nature of the transition plan. Data is currently being collected by the state; until that data is complete and specific guidance is offered to localities, compliance with this section cannot be guaranteed.	The Part C Office has recently been gathering information from local system managers and service coordinators about how transition planning is currently done in local systems in order to identify what training, technical assistance and other support are needed to ensure more consistent implementation of Part C transition requirements statewide. However, the requirement to ensure individualized transition planning for every eligible child and family (including notification to the LEA of children who are potentially eligible for Part B and the 90-day transition conference) has not and will not change. Local systems are required to continue documenting transition steps on each child's IFSP as required under Part C of IDEA and to meet all other Part C transition requirements in accordance with current Virginia policies and procedures, IFSP form and IFSP instructions.
2.1.2 c (6)	8	Pilot the revised (ATP) policies and procedures in FY 07 with full implementation in FY 08. (2)	The Part C Office is working with a national consultant and a group of Virginia stakeholders to review and revise the ATP practices document and policies and procedures in order to ensure consistent and equitable practices statewide. The Part C Office will seek local systems willing to pilot the practices document in SFY-2007. The experience of the pilots will be used to help finalize revised policies and procedures for Component XIII, which will then be available for public comment and submitted to OSEP for approval along with all other components of Virginia's Part C Policies and Procedures in Spring, 2007. This process will allow time for any needed revisions

			<p>to the practices document so that the full package of ATP information (including the practices document and policies and procedures) and regional training can be provided to all local systems prior to anticipated statewide implementation of the ATP practices in SFY-2008.</p> <p>The policies and procedures in Component XIII of the Virginia Policies and Procedures will remain in effect until all Virginia Policies and Procedures are revised and approved by OSEP (targeted for spring 2007).</p>
2.1.2 h	10	<p>This year has been overwhelmingly full of chart review requests with minimal turn around time and lacking in instructions. Understanding the multiple projects occurring, we see the following as additional data requests:</p> <ul style="list-style-type: none"> ▪ annual chart reviews (which it has not yet been explained if these are 100% of the children or a random sampling), include the following components: timely implementation of services, transition (new policies have not yet been developed, discussed with stakeholders, pilot tested or training developed), evaluation of all developmental domains, primary service settings ▪ quarterly ITOTS report reviews and verification, ▪ data from outcome measures, ▪ any additional chart reviews as indicated in the contract that <u>may</u> occur, and ▪ data on all services provided to infants and toddlers (per General Assembly – was in last contract, however it has never been implemented). 	<p>The annual local record review requirement is not new. Local systems were notified in a February 17, 2006 memo from Commissioner Reinhard that there would be an annual record review to collect federally-required data. A random sampling will be allowed for the local record review using the percentages given in 3.1.10(d). As indicated in the response to a previous comment, these percentages will be added under 3.1.10(b) to clarify that they also apply to the annual local record review. – make consistent with previous one</p> <p>The requirement to review 45-day timeline data on a quarterly basis has been eliminated for SFY-2007. This data will now be reviewed once a year unless a need for more frequent review is identified in a local corrective action plan.</p> <p>The next comment and response address the multiple recent data requests needed to meet federal and State requirements.</p> <p>As indicated in the response to a previous comment, data on services provided (per General Assembly) will be collected by the State, and this requirement will be deleted from the contract.</p>
2.1.2 h (1)	10	<ul style="list-style-type: none"> • It is difficult to say with certainty that we can comply with the data requests and will meet all timelines when the specifics regarding what data will be needed is not provided. • Respond to data requests...meet the established timelines for responding to required data elements/reports: There has been a pattern over the last year of data being requested with short timeline and requiring much manual collection of data from charts. This burden has fallen heavily on the LLA. The contract 	<p>The Part C Office makes every effort to identify in the local contract all data that will be required during the fiscal year. In the past year, the Part C Office also disseminated information to Local Lead Agencies about requirements and due dates through “Local Contract Submission Requirements SFY-06” and a chart called “Federal and State Reporting Requirements,” which was included with the February 17, 2006 letter from Commissioner Reinhardt. There have been a number of changes in federal reporting requirements over the</p>

		<p>should specify a reasonable time frame (e.g. one month) for data requests that require manual collection of information from multiple provider records. (2)</p>	<p>last couple of years, and the OSEP visit in April 2005 resulted in required changes in the way Virginia reports some data. When there are changes in reporting requirements that require additional data from local systems, the Part C Office has and will continue to work with local stakeholders to facilitate the most efficient data collection possible within the given timeframes and to provide as much advance notice as possible.</p> <p>Since the State Performance Plan is a six-year plan and Section 618 data tables have been finalized, federal reporting requirements are not expected to change this year.</p> <p><u>Change:</u> 2.1.2h (1) will be re-worded to more specifically identify the requirements.</p>
2.1.2 h (1)(b)	10	<ul style="list-style-type: none"> • There is reference to the annual local record review. Since this has not yet been shared with the field, it is difficult to comment on how this review might impact services to infants and children. I certainly hope that stakeholders will have an opportunity to comment on this record review, and maybe there will be a pilot phase to work out the challenges of the record review prior to the implementation. The “Due Date” for this review is August 2006. Once again I do not know if this is reasonable without having seen the form; I do not know how much time this will take to complete for the number of charts that will be sampled, as referenced on pages 16 and 17. Is the data referenced “a day in time”? Pilot in FY 07 and implement in FY 08. (5) • This is a new provision which was not agreed upon by the Contract workgroup. 	<p>As mentioned in the response to a previous comment, the annual local record review is not a new requirement, though this is the first year it has been specifically listed in the local contract. The record review is necessary in order to collect federally-required data related to evaluation and assessment, inclusion of developmental levels on the IFSP, timely initiation of entitled services, and transition. The revision process will provide for stakeholder review and input on the revised protocol. The responses documented on the record review form on a sample of children in each local system will provide sufficient data for reporting to OSEP.</p>
2.1.2 h (2)	10	<ul style="list-style-type: none"> • I suggest you refer to the Plans of Improvement consistently. Here you call them “local compliance plans.” Or are these different from the Plans of Improvement? Consistent terminology is important in the contract. (3) • Language is different from what committee reviewed. 	<p>In re-designing the monitoring and supervision system, the Part C Office has changed the term <i>local plan of improvement</i> to <i>corrective action plan</i>.</p> <p>The language and timelines in 2.1.2 h(2) are required by OSEP.</p> <p><u>Change:</u> Change <i>local plan of improvement</i> to <i>corrective action plan</i> in the definition section, put in appropriate alphabetical position in the list of terms, and ensure the term <i>corrective action plan</i> is used consistently throughout the local contract.</p>

2.1.2 h (4)	10	<ul style="list-style-type: none"> Requires participation in the implementation of the child and family outcomes measurement system: This grant has not been fully developed, so it is not clear what would be entailed in agreeing to this section. Not all localities will pilot the outcome measures, so this does not need to be in the general contract. This requirement should be implement in the FY08 contract after the outcomes and outcome measures have been developed and have been piloted. Delay implementation until the FY 08 contract as recommended by the contract committee, following pilots in the FY 07 contract period. (5) The contract workgroup recommended a pilot for a few sites in 07 FY2007 in select locations and full implementation in 08. 	<p>The child outcome system pilots will run from June 1, 2006 through January 30, 2007, and pilot sites have been identified. Following implementation of the pilots and based on lessons learned through the pilot process, the Part C Office will work with GSEG staff and committees to revise procedures and to plan and implement training for statewide implementation of the child outcome system. This training is expected to occur in SFY-2007 and the date for beginning statewide implementation has not yet been determined. Since at least some statewide activities related to the child outcome system are expected to occur in SFY-2007 and this is a required activity related to the State Performance Plan, the Part C Office feels it is important to keep this listed in the local contract.</p> <p>Additional information about the child outcome system is provided in the response to comments in the General section of this document. Also, answers to additional questions and comments related to the child outcome system were provided to local system managers on May 5, 2006 in response to comments on the State Performance Plan.</p> <p><u>Change:</u> Add wording to clarify that not all local systems will participate in the pilot – "...continued development, pilot project (if selected) and implementation..."</p>
2.1.2 i	11	<ul style="list-style-type: none"> Is the "hosting of an annual on-site data confirmation visit" meaning that all the charts will be located at one site? With HIPPA regulations and the use of several providers that might not be physically located at the site of the local lead agency, having on site information might prove challenging. Exactly what data might need to be viewed for confirmation was not noted. This procedure needs to be spelled out in more detail. (2) The language of the contract assumes that the Local Lead Agencies are CSBs and "house" the records. That is not our case in the New River Valley. Radford University is the Local Lead Agency but New River Valley Community Services have the records. For our area, it would be better for NRVCS to host the annual on site data confirmation visit to conduct the required record reviews and not Radford University (Local Lead Agency). 	<p>The annual on-site record review process will be piloted this summer prior to finalizing the specific procedures. The purpose of the on-site record review will be for State Part C staff to verify, using a sample of records, selected data submitted by the local system through ITOTS and local record review forms.</p> <p>Since not all local lead agencies house records, the wording in this section will be changed to clarify that the Local Lead Agency's role is to facilitate the visit rather than host it.</p> <p><u>Change:</u> Change 2.2.2.i to read, "Facilitate an annual on-site data confirmation visit by DMHMRSAS staff. The Local Lead Agency, through the local system manager, is required to facilitate identification of (1) a confidential working space for the DMHMRSAS staff to conduct required record reviews for data accuracy and (2) an individual in the local system to assist in pulling records identified by the DMHMRSAS."</p>

2.1.2 k	11	<p>Noncompliance issues (g) Failure to participate and comply with the General Supervision and Enhancement and Monitoring requirements: Since those requirements have yet to be developed, the contract cannot specify what non-compliance would be. Delete this section until the requirements have been developed and adopted. We cannot reasonably contract to meet unstated requirements. (2)</p>	<p>Section 2.1.2k means that if a local participating agency/provider fails to comply with the contract requirements related to the annual local record review, other data collection requirements, or the development and implementation of a corrective action plan (when needed), then the local lead agency will work with that provider to resolve the issue. If local efforts to resolve the problem are not successful then the local lead agency will notify DMHMRSAS of the problem.</p>
2.1.3 b	12	<ul style="list-style-type: none"> • As a member of the Integrated Training Collaborative, I suggest that the wording here be changed to make clear the intent and hope of the Collaborative to have the Orientation phased in over time. • I further suggest that local systems be allowed up to 18 months to complete the Orientation since the Orientation is being required but no additional funding is being provided to pay for staff time to complete the training. (2) • This module has never been field-tested and therefore there is no evidence to prove that the module does what it is designed to do. We recommend piloting the orientation module in 2007 prior to statewide implementation. <ul style="list-style-type: none"> ○ How will this be tracked so that providers do not have to take this module for every early intervention program they serve? Some therapists serve 4-5 programs in a week. ○ How was “80%” accuracy chosen as the cut off score? ○ What are the consequences of not passing the module? (2) • It is not yet developed and therefore we are unclear as to the extent of extra training necessary for staff. (3) • Our contracted therapy providers have asked to be compensated for their time to take this test (minimum of one hour). (2) • Is the state planning to offer training that private provider staff can access? • What are the implications for this to worsen our already serious provider shortage? • Could a child go without services pending the staff person completing the module? • Until these questions are resolved and the field accepts this module, this should not be in the contract. 	<p>The Orientation Module has been developed, piloted, and revised based on the pilot. However, since these requirements associated with the Orientation Module have not yet been incorporated into Virginia’s Part C Policies and Procedures for public comment and OSEP approval, 2.1.3b will be deleted from the local contract for SFY-2007.</p> <p><u>Change:</u> Delete 2.1.3b</p>

		<ul style="list-style-type: none"> • We recommend removing the requirements for the therapy providers to complete the orientation to Part C Module. (2) • I have concerns about the orientation training module/ competency testing... <ul style="list-style-type: none"> ○ Perhaps with all the other administrative duties and costs we could eliminate this one piece in favor of quality training. 	
2.1.4 b	13	<p>Help families in accessing formal and informal supports and community resources...: This is too vaguely worded. It is not clear what the LLA and LICC should be doing or how to determine if they have or have not done this.</p>	<p>The Part C Office agrees that this wording is vague as to the role of the Local Lead Agency. The intention here is that supports and services be provided in accordance with <i>Individualized Part C Early Intervention Supports and Services in Everyday Routines, Activities and Places</i>.</p> <p><u>Change:</u> Delete 2.1.4 b since the requirement to include terms in all local contracts requiring local participating agencies to provide family-centered supports and services to Part C eligible children in accordance with <i>Individualized Part C Early Intervention Supports and Services in Everyday Routines, Activities and Places</i> is already in the local contract at 2.1.1.a(3). The local contract also requires that the Local Lead Agency monitor participating agencies/providers for compliance with terms of their contract - 2.1.1.a(4).</p>
2.2.2	14	<p>Suggest adding here that a copy will be provided to the System Manager. In most localities, it is the System Manager who will be responsible for carrying out data gathering or who will be directly affected by a change in timelines. In some local systems, there could be a lag between the time the advance notice was received by the Local Lead Rep who signs the contract and the date the System Manger gets the information.</p> <p>Provide advance notice in requesting additional information: The state should adhere to a minimum requirement of one month for data requests, with more time allowed for those requiring manual data collection.</p>	<p>The Part C Office agrees with the suggestion to add that a copy is provided to the local system manager when the Local Lead Agency is notified of a request for additional information or data or of changes in timelines.</p> <p>The Part C Office makes every effort to provide sufficient advance notice of requests for additional information or data from the local system. Because we cannot ensure that there will always be one month available for data collection on unanticipated data requests, we cannot specify a time period in the contract.</p> <p><u>Change:</u> Add the following language in the last sentence of 2.2.2 – "...in writing to the Local Lead Agency representative who signed the local contract, with a copy to the Local System Manager."</p>
2.2.4	14	<p>Make available [Part C forms] including translated forms as feasible to do so: The state should commit to translation of forms into at least Vietnamese and Cambodian.</p>	<p>The procedural safeguards forms have already been translated into Vietnamese and are available on our website, www.infantva.org, (click on Information for Providers, then Reference Documents, then Prior Notice and Consent forms). During the years in which we</p>

			experienced a budget deficit in Part C, the translation of forms had to be prioritized and limited. The Part C Office will evaluate available Part C funding to determine whether translation to Cambodian (or any other languages) is now possible.
2.2.8	14	<p>There is a need for more specificity regarding 2.2.8 (page 14): “DMHMRSAS will assist Local Lead Agencies in addressing issues such as insurance coverage, shortage of providers, etc.: These tasks relate directly to meeting the 45-day timeline and the 21-day implementation of service compliance outcomes as listed in the State Performance Plan. Outlining the type of assistance or support that DMHMRSAS will provide is paramount to changing the system in general. (4)</p> <p>These are the big picture items that create the most problems in terms of meeting standards throughout the state. A strategic plan to work on these global issues would lend itself to incredible future gains for children and families served under Part C.</p>	<p>Assistance to a local lead agency related to issues such as provider shortages, insurance coverage, etc. really falls under 2.2.7 – Technical Assistance.</p> <p>When an issue goes beyond one local lead agency (e.g., the broader insurance issues), then the State level activities to address that issue belong in the State work plan rather than in the local contract.</p> <p><u>Change:</u> Delete 2.2.8</p>
2.2.10	14	<p>It reads “DMHMRSAS shall conduct annual on-site record reviews for data confirmation.” However, elsewhere throughout the contract it seems to imply that the Local Lead Agency will complete the annual local record reviews (pages 10, 15, 16, 17 and 41). Is it the intent that both the locality and DMHMRSAS will complete separate annual record reviews or will the localities complete the reviews and then DMHMRSAS will conduct a subsequent check of the same records? I would suggest clarifying this.</p>	<p>The local system will conduct an annual local record review. DMHMRSAS will then conduct an annual on-site data verification visit to confirm, through a sample of records, the accuracy of selected data submitted by the local system through ITOTS and the annual local record review.</p> <p><u>Change:</u> In 2.1.2.i add the following language to the end of the first sentence – “...to confirm, through a sample of records, the accuracy of selected data submitted by the local system through ITOTS and the annual local record review.” In 2.2.10 and 3.2.5, change language to read the same as the first sentence of 2.1.2.i will now read.</p>
2.2.14-2.1.18	15	<p>Timelines for response by state to LLA: We appreciate the state adding language specifying response times back to localities when appropriate.</p>	
2.2.15	15	<p>Acknowledge receipt of plan of improvement within 5 days: shorter than committee recommendation of 7 days.</p>	<p>The timeline for the State to acknowledge receipt of the local plan of improvement was shortened from the committee recommendation to ensure that the process for developing a local plan of improvement (now called corrective action plan) will be completed in a timely manner. This facilitates prompt implementation of the plan and timely correction of noncompliance.</p>
2.2.16	15	<p>Acknowledge status of approval of plan of improvement within 15</p>	<p>The timeline for the State to acknowledge the status of approval for</p>

		days: shorter than committee recommendation of 21 days.	the local plan of improvement was shortened from the committee recommendation to ensure that the process for developing a local plan of improvement (now called corrective action plan) will be completed in a timely manner. This facilitates prompt implementation of the plan and timely correction of noncompliance.
3.1.2	15	<ul style="list-style-type: none"> • Generate quarterly data reports and confirm accuracy: This is a new requirement, we are doing these reports this year, but the timelines do not take into account the time needed to enter data for the quarter before the report is run and verified. The LLA should be given one month to collect and enter data forms before verifying the data. (2) • It would be very helpful to have at least 10 days from the end of the report period to get data entered and another 5-7 days to verify the data. This would reduce frustration and unavoidable noncompliance with the deadline. • On data entry requirements - instead of stating the data must be entered by the last day of the period - recommend that it state the data must be entered within 7 days of the end of the period. This will allow for the local agencies to review and verify the data entered and also allow for entry of data for activities (entry into program, transition out of program, etc.) that may have occurred in the last couple days of the period. 	<p>The local contract requires that child data be entered into ITOTS as children enter the local system or at least by the last day of each month. Therefore, the dates for generating the required quarterly ITOTS reports and confirming the data already give local systems 10 days from the end of the quarter to complete these activities. However, since these reports and the confirmation process are new, the Part C Office will allow a grace period of 10 business days after the due date for each quarter except for the confirmation and written verification due to the Part C Office on January 10th (this must be completed on time to allow Virginia to meet the deadline for reporting child count data to OSEP).</p> <p><u>Change:</u> Add a sentence to the end of 3.1.2 that states, “A grace period of 10 days following the due date is allowed for all except the January 10, 2007 deadline.” Add the same language to Attachment F.</p>
3.1.3	15	Verification of data: This is new, the contract needs to define what data is to be required and set reasonable time frames for verifying it. (2)	<p>As required by OSEP and indicated in Attachment F, the ITOTS annual verification form is due January 10, 2007. The verification form for primary service setting data is due on February 1, 2007. The data verification form for the annual local record review will be disseminated with the record review protocol and will be due at the same time as the annual record review data, August 2006.</p> <p><u>Change:</u> Add dates to 3.1.3.</p>
3.1.9	16	<ul style="list-style-type: none"> • The Local Lead will be able to submit revenue and expenses for EI services provided by Community Services but cannot guarantee that we will be able to submit revenue and expenses from our private providers. • The comments noted under Page 7 above apply here. This data does not need to be and probably cannot be accurately collected at the local level. • Spell out that the data for determining the number of children comes from a one-day count. 	<p>Local systems will be expected to report the revenue and expense data for the EI services provided by the local lead agency, just as they did this year.</p> <p>As indicated in responses to previous comments, the local system will not be required to provide data on services and numbers of children and these requirements will be deleted from the local contract.</p>

3.1.10	16	Reads “Data necessary to meet...reporting requirements including, but not limited to, the following data...”. The “but not limited to” wording here implies that the deliverables will be more than what is listed under this section. It is difficult to know what we are contracting to provide with this open-ended wording. I would suggest providing a more definitive list of deliverables/expectations.	The “including, but not limited to” language is necessary because DMHMRSAS cannot guarantee that OSEP will not change or issue additional data reporting requirements during the period of the contract. However, the list in 3.1.10 represents all data that would be required from local systems to meet current OSEP reporting requirements.
3.1.10 (d)	16	The sampling methodology indicates the percentage of charts to be reviewed. Spell out that the data for determining the number of children comes from a one-day count. (2)	The number of children on which the sampling rate will be applied will depend on what Part C requirement the review is addressing. For instance, if the record review is focused on transition, then the number of children may be based on the number of children who transitioned from the local system between two dates. <u>Change:</u> Add the following language after the sampling rates– The total number of children upon which the sampling rate is based will be defined on the record review protocol and will depend on the Part C requirement the review is addressing.
3.1.11	17	Is missing.	<u>Change:</u> Fix numbering
3.1.14	17	Local Plans of Improvement required: This is new and raises concerns about how this is to be implemented. Over the past year, the requirements have seemed exorbitant relative to the area of non-compliance.	Local plans of improvement (now called “corrective action plans”) have been in place since the MIMS process was first implemented. The re-designed system of monitoring and supervision uses a focused monitoring approach that will limit the number of monitoring indicators, limit the number of local systems that will require an onsite review and reduce the number of corrective action plans that will be required. Focused monitoring will address both compliance and performance indicators, as identified in the State Performance Plan. Compliance indicators are those which must be met for 100% of children and include timely initiation of services, transition, evaluation/assessment, 45-day timeline, and submission of timely and accurate data. On performance indicators the target is not required to be 100%, and such indicators include the child and family outcomes, the percent of birth -1 and birth – 3 populations served in Part C, and percent of children who receive services in natural environments. For compliance indicators, local systems will be required to develop a corrective action plan if their compliance percentage is below 93%. Local systems whose compliance is at least 93%, but not yet at 100%, will still be required to correct noncompliance within one year, but will <u>not</u> be required to submit a corrective action plan. The Part C Office began implementing this procedure with the most

			<p>recent quarter of 45-day timeline reviews. Language will be added to the local contract specifying this procedure.</p> <p>In finalizing the procedures for the monitoring and supervision system, specific targets will be established that local systems are expected to meet for the performance indicators. This will include the criteria under which a corrective action plan will be required in order to address local status on performance indicators. The targets and criteria for development of corrective action plans associated with performance indicators will be included in next year's (SFY-08) Local Contract.</p> <p><u>Change:</u> Revise 3.1.14 to read, "Corrective action plans, as required by DMHMRSAS to address areas in which local compliance is identified as below 93%."</p>
4.2.b	18	<ul style="list-style-type: none"> ▪ Our Local Lead Agency cannot adhere to this assurance any longer since the State MR General Funds were taken from us by the Department. The assumption that we would generate enough revenue from Targeted Case Management within our early intervention program to cover the loss has not proven to be true in our locality. ▪ OSEP has indicated an anticipated 1.5% decrease in funding. In FY 2005 there were considerable MR State General Fund losses. Continued maintenance of effort will be difficult, if not impossible, for some localities to maintain. 	<p>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. Local systems are reminded that it is the local system's maintenance of effort not that of a single agency.</p>
Attachment B	31	<p>Another source of concern in the contract has to do with reporting on budget reconciliation. We applaud the reduction of quarterly to biannual reporting, but are concerned about a possible missing date. Either we are asked to report on the entire year's use of Part C dollars on the day after the end of the federal fiscal year (so expenditures through 9/30 reported on October 1st) or there is no provision for a final reconciliation. If it is the former, we will not be able to provide reconciliation in that short a time frame, and if the latter, then how will the Part C office learn whether all the federal dollars were expended?</p>	<p>The final reconciliation occurs at the beginning of the next fiscal year, and is the reason for the federal and State carry-over columns on the Part C Revenue/Expense form.</p>
Attachment B	32	<p>Instructions for Box A include inaccurate date references. The reference to reporting carryover funds on the final report of the previous fiscal year should be deleted. (2) The dates of July 1 and September 30, 2005 are not correct for the</p>	<p>These errors have been corrected.</p>

		upcoming contract year. (2)	
Attachment B	32	Adding flexibility in building the budget to pay for providers to attend training would help to ensure we are on the same page. Ideally, we would have state trainers, knowledgeable in all Part C areas, able to provide one to two day intensive trainings in each region of the state to address: outcome measures / assessments; goal writing; new ATP process and any other new items that need this level of training.	As indicated in the budget guidance package disseminated to local systems in April 2006, local systems are encouraged to use their share of the <i>federal</i> Part C funds to support local system infrastructure, including training. The Part C Office will be developing and implementing statewide training on new ATP procedures and statewide implementation of the child outcome system. The State Part C budget includes funding for information and support, which may include training, to local systems and providers related to provision of individualized supports and services in everyday activities, routines and places.
Attachment E	36	It would be helpful to have the due date for the Dec. 1, 2006 count Data Accuracy Confirmation Form on the form itself. Or is this form not submitted and instead, kept in the System Manager's office?	<u>Change:</u> Add due date of January 10, 2007 to the form.
Attachment E		References Data Verification Forms, but is blank.	The forms were provided following the blank page. <u>Change:</u> Correct formatting (or add language) to clarify that the forms follow this "blank" page so it does not appear that something is missing.
Attachment F	39	General Supervision and Monitoring Indicator Data has been added as a new Data/Information Requirement. The specifics listed here for this requirement are written in broad terms and do not clearly indicate exactly what the specific data/information requirements are or will be. Also, on page 3, a definition of General Supervision and Monitoring System is provided. However, this appears to be referring to something different than what is listed under General Supervision and Monitoring Indicator Data on Attachment E. Additionally, General Supervision and Monitoring requirements are also outlined on page 10 of the contract. What is outlined here appears to be similar yet different than the other references to the General Supervision and Monitoring System. Overall and throughout the contract it is not clear what the General Supervision and Monitoring requirements are, making it difficult to ascertain what the expectations for localities will be. I would recommend clarifying the expectations and ensuring consistency throughout the contract. The General Supervision and Monitoring Indicator Data is listed as a	<u>Change:</u> Delete General Supervision and Monitoring Indicator Data from Attachment F since the data required for General Supervision and Monitoring in SFY-2007 is already covered within this table.

		separate requirement. Is this a unique element or an overriding umbrella for all the other data requirements that are in this table? If it were unique, I would recommend more information about the “Due Date”, if it were an overriding umbrella I would recommend it being presented in another format. (3)	
	41	Local Mechanism for Providing Oversight of Local Service Delivery Trends: There are inconsistencies between what is indicated here and what is indicated in the body of the contract (pages 13 and 17). For example, the contract indicates that this mechanism is to be “reviewed and revised as needed”. However, the attachment provides a specific due date for revision. Does this mean that we are to review and revise as need but only provide a copy to DMHMRSAS on 9/20/06? In addition, what if the mechanism does not need to be revised? Do we still provide a copy to DMHMRSAS on 9/20/06?	<p><u>Change:</u> In the chart (Attachment F), change the following wording to be consistent with the scope of work and deliverables-</p> <ul style="list-style-type: none"> • Column 1 will read “Any revisions to the local mechanism ...” • Column 2 will read “Any time substantive changes are made to the mechanism and prior to implementation of those changes.” • Column 3 will read “To ensure that revised local mechanisms provide reasonable oversight of local service delivery trends and foster provision of supports and services in accordance with <i>Individualized Part C Early Intervention Supports and Services in Everyday Routines, Activities and Places.</i>”
	41	Lists the Annual Chart Review with a due date of August 2006. This due date should be amended to include pilots in FY 07 and implementation in FY 08. (2)	The annual local record review is not a new process. The record review protocol is being revised based on feedback from last year’s record review and local input and will be implemented by all local systems for a random sample of records in SFY-2007.