

**Part C State Annual Performance Report (APR) for FFY 2007**

**Overview of the Annual Performance Report Development:**

The Virginia Interagency Coordinating Council (VICC) served as the primary stakeholder group providing advice and assistance to the State Lead Agency in the development of the Annual Performance Report (APR). During a VICC meeting on December 17, 2008 VICC members:

- o Reviewed FFY 2007 data on the status of local systems and the State as a whole related to the targets set in the State Performance Plan (SPP);
- o Discussed revisions to targets for Indicators 2 and 6; and
- o Discussed improvement activities to address indicators that are below target.

In addition, drafts of the APR and Indicator 3 of the SPP were widely disseminated in December 2008 to stakeholders who had the opportunity to submit written input.

Following submission to the Office of Special Education Programs (OSEP), the APR and revised SPP will be posted to the “Supervision and Monitoring” section of the Infant & Toddler Connection of Virginia website ([www.infantva.org](http://www.infantva.org)) and disseminated to and through local systems and participating State agencies no later than February 28, 2009. Public reporting on the performance of each local system will occur no later than March 31, 2009, with the required data posted on the “Supervision and Monitoring” section of the Infant & Toddler Connection of Virginia website and disseminated to and through local systems and participating State agencies. Public reporting of state and local results also includes dissemination through the Family Involvement Project newsletter and website, sharing results with various advocacy and stakeholder groups, and a dissemination of a press release from the State Lead Agency to newspapers statewide.

**Virginia’s Status At-A-Glance**

The following table provides an overview with Virginia’s baseline data, FFY 2007 target, and actual FFY 2007 data related to each of the State Performance Plan Indicators addressed in the Annual Performance Report. Detailed information about each indicator follows the table.

	<b>Indicator</b>	<b>Baseline Data</b>	<b>FFY 2007 Target</b>	<b>FFY 2007 Actual</b>
1	Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	72%	100%	89%
2	Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community setting.	99%	98.425%	99%
3	Percent of infants and toddlers with IFSPs who demonstrate improved: <ul style="list-style-type: none"> <li>a. Positive social-emotional skills (including social relationships);</li> <li>b. Acquisition and use of knowledge and skills (including early language/communication); and</li> <li>c. Use of appropriate behaviors to meet their needs</li> </ul>	Baseline due 2010	N/A	N/A
4	Percent of families participating in Part C who report that early intervention services have helped their family: <ul style="list-style-type: none"> <li>a. Know their rights;</li> </ul>	a. 65.8% b. 61.9%	a. 66.2% b. 62.2%	a. 66.1% b. 62.3%

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	Indicator	Baseline Data	FFY 2007 Target	FFY 2007 Actual
	<ul style="list-style-type: none"> <li>b. Effectively communicate their children’s needs; and</li> <li>c. Help their children develop and learn.</li> </ul>	c. 77.6%	c. 78.0%	c. 77.5%
5	Percent of infants and toddlers birth to 1 with IFSPs	.58%	.70%	.70%
6	Percent of infants and toddlers birth to 3 with IFSPs	1.79%	2.2%	1.92%
7	Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and initial IFSP meeting were conducted within Part C’s 45-day timeline.	93%	100%	98%
8	Percent of all children exiting Part C who received timely transition planning to support the child’s transition to preschool and other appropriate community services by their third birthday including: <ul style="list-style-type: none"> <li>a. IFSPs with transition steps and services;</li> <li>b. Notification to the LEA, if child potentially eligible for Part B; and</li> <li>c. Transition conference, if child potentially eligible for Part B.</li> </ul>	<ul style="list-style-type: none"> <li>a. 84%</li> <li>b. 81%</li> <li>c. 51%</li> </ul>	<ul style="list-style-type: none"> <li>a. 100%</li> <li>b. 100%</li> <li>c. 100%</li> </ul>	<ul style="list-style-type: none"> <li>a. 99%</li> <li>b. 100%</li> <li>c. 96%</li> </ul>
9	General supervision and monitoring system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than 1 year from identification	100%	100%	70%
10	Percent of signed written complaints resolved within 60-day timeline, including a timeline extended for exceptional circumstances with respect to a particular complaint.	100%	100%	100%
11	Percent of due process hearing requests fully adjudicated within the applicable timeline	No hearings	100%	No hearings
12	Percent of hearing requests resolved through resolution session settlement agreements (applicable if Part B due process procedures are adopted)	N/A	N/A	N/A
13	Percent of mediations resulting in mediation agreements	100%	N/A	No mediation
14	State reported data (618 and SPP and APR) are timely and accurate	83%	100%	100%

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**Monitoring Priority: Early Intervention Services In Natural Environments**

**Indicator 1:** Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.

(20 U.S.C. 1416(a)(3)(A) and 1442)

**Measurement:**

Percent = [(# of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner) divided by the (total # of infants and toddlers with IFSPs)] times 100.

Account for untimely receipt of services.

FFY	Measurable and Rigorous Target
2007	100%

**Actual Target Data for FFY 2007:**

**89%** of infants and toddlers with IFSPs began receiving all early intervention supports and services on their IFSPs in a timely manner (using Virginia’s 21-day definition of timely).

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2007:**

Target Data

Since FFY 2005, Virginia has defined “timely start of services” as within 21 calendar days of the date the parent signs the IFSP. Early intervention supports and services may begin more than 21 calendar days following the parent signing the IFSP if the IFSP team decides on and documents the reasons for a later start date in order to meet the individual needs of the child and family. Effective July 1, 2008, Virginia revised its definition of “timely start of services” to be within 30 calendar days of the date the parent signs the IFSP. However, since the 21-day definition was in effect in FFY 2007, the data reported as target data is based on the 21-day definition. Rationale for the change in definition and data based on the new definition (30 days) are provided in the *Explanation for Progress* section below.

Target data for FFY 2007 is based on monitoring data from all 39 local Part C systems in Virginia. The records of children who had an initial or annual IFSP developed on or after April 1, 2008 but no later than June 30, 2008 were reviewed to determine compliance with the requirement for timely start of services. The State Lead Agency randomly selected the children whose records were to be reviewed by the local system as follows:

- The number of records to be reviewed was based on the local system’s annualized child count for the period 12/2/06 – 12/1/07:

Number of children in annualized child count	Number of records to be reviewed
0 - 200	14
201 - 800	22
Over 800	30

- Once the number of records was determined, the exact records to be reviewed were selected using the following criteria in order to ensure a representative sample:
  - For local systems that must review **14** records:

# Of Records	Criteria
2	Child age 0-1 year
1	Child age 1-2 years
2	Children ages 2-3 years
1	Child from each Race/Ethnicity category that is representative of the “pool” of children used for the record selection
2	Males
2	Females
2	Children found eligible for Part C services because of developmental delay and/or atypical development, with no diagnosed condition
2	Children found eligible for Part C services based on a diagnosed condition; there also may be a developmental delay and/or atypical development

- For local systems that must review **22** records:

# Of Records	Criteria
2	Children age 0-1 year
2	Children age 1-2 years
2	Children age 2-3 years
2	Children from each Race/Ethnicity category that is representative of the “pool” of children used for the record selection
4	Males
2	Females
4	Children found eligible for Part C services because of developmental delay and/or atypical development, with no diagnosed condition
4	Children found eligible for Part C services based on a diagnosed condition, there also may be a developmental delay or atypical development

- For local systems that must review **30** records:

# Of Records	Criteria
3	Children age 0-1 year
3	Children age 1-2 years
3	Children age 2-3 years

3	Children from each Race/Ethnicity category that is representative of the “pool” of children used for the record selection
3	Males
3	Females
6	Children found eligible for Part C services because of developmental delay and/or atypical development, with no diagnosed condition
6	Children found eligible for Part C services based on a diagnosed condition; there also may be a developmental delay or atypical development

Using this process, the statewide data showed that 639 of 722 children with IFSPs developed between April 1, 2008 and June 30, 2008 began receiving all of their IFSP supports and services in a timely manner (639 / 722 = 89%). Both the numerator and denominator include 151 children for whom supports and services began more than 21 days after the parent signed the IFSP because of family scheduling preference, an IFSP team decision to delay the start of supports and services to meet individual child and/or family needs, or exceptional circumstances outside of the local Part C system’s control (such as child or family illness).

Based on the FFY 2007 data, the status of local systems on this indicator is as follows: (Please note that in FFY 2007 one local lead agency declined to continue in that role. The local lead agency from a neighboring part of the State assumed responsibility for the area of the State previously covered by the existing local lead agency. As a result, there are now 39 local systems in Virginia.)

**FFY 2007 Status of Local Systems on Indicator 1**

	<b>100% Compliance</b>	<b>Substantial Compliance (95% - 99%)</b>	<b>Non-Compliance</b>
<b># of local systems</b>	19	2	18

The 18 local systems in the non-compliance column above had compliance percentages that ranged from 45% - 93%.

- Forty-five percent (45%) of the children statewide who did not begin receiving their IFSP services in a timely manner are accounted for by 3 local systems, all located in one region of the State.
- Sixty-five percent (65%) of the children statewide who did not begin receiving their IFSP services in a timely manner are accounted for by 6 local systems.

The FFY 2007 status of local systems is based on data from the last quarter for FFY 2007. The data was collected and reported to the State Lead Agency in early FFY 2008 and then verified. Therefore, non-compliance findings from this review of data were identified in FFY 2008. Local systems that were not at 100% compliance with this indicator based on FFY 2007 data then received written notification of their non-compliance. The 15 local systems with compliance below 93% are required to develop a Corrective Action Plan related to timely initiation of supports and services. The 6 other systems that were below 100% compliance received written notification of their status and the need to reach full compliance (100%) within one year.

All local systems were required to submit a signed verification statement confirming the accuracy of the data submitted via the local record review. Data verification of local data for this indicator was conducted using a desk audit by State Part C staff with 8 local systems. These 8 local systems were selected for data verification because each had 3 or more records in the local record review with services initiated beyond 60 calendar days from the date the family signed the IFSP. The selected local systems were required to submit documentation related to these records. State Part C staff verified the data submitted by the local system on the annual local record review forms by comparing the data submitted with documentation (i.e., the IFSP and contact notes) submitted from the child’s record. Please see Indicator 14 for further discussion of data verification.

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## Further Data Analysis

In order to better understand Virginia’s status with regard to beginning supports and services in a timely manner, data was also analyzed by service rather than by child. There were a total of 1,324 supports and services listed on the IFSPs reviewed as part of the monitoring data for the 39 local Part C systems. Of those supports and services, 93% began in a timely manner. This is an increase over the 90% of services that began on time in FFY 2006.

### Timely Initiation of Supports and Services: By Service

# of Supports and Services	# Services meeting Timely Requirement	# Delayed due to Family Reasons (included in the 1,237 and 1,324)	# Delayed due to System Reasons	% of Services Meeting Timely Requirement
1,324	1,237	172	89	93%

Further analysis of the system reasons for delays in the start of supports and services indicated the following reasons for delay:

### Number of Services Delayed Due to System Reasons

Foster Parent/Surrogate Parent Issues	Provider Unavailability	No reason documented
1	78	10

### Number of Services Delayed Due to Provider Unavailability

Occupational Therapy	Physical Therapy	Speech Language Therapy	Special Instruction	Other
13	22	35	8	0

Provider unavailability is clearly the primary barrier to timely start of services, and three (3) local systems accounted for 45% of the services that were delayed due to provider unavailability. All three of these local systems are located in the same region of the state.

## Correction of Non-Compliance

**Four Remaining FFY 2005 Findings:** In its FFY 2006 SPP/APR Response Table, OSEP stated that Virginia must report in the FFY 2007 APR on the correction on the remaining four FFY 2005 findings of non-compliance. All four of these remaining FFY 2005 findings of non-compliance were corrected by November 5, 2007.

**FFY 2006 Findings:** There were 34 findings of non-compliance in FFY 2006 related to timely start of services. All were identified on February 1, 2007. Twenty-two (22) of these findings were corrected within 1 year (2/1/08). Ten (10) have been corrected since that time. The status of the remaining 2 findings is as follows:

- Finding A – As of August 30, 2008, this local system had improved to 95% compliance with the requirement for timely start of services. Their compliance at the time of the finding in FFY 2006 (2/1/07) was 56%. This local system has a Corrective Action Plan in place to support continued improvement and achievement of 100% compliance. Since the local system has reached substantial compliance with this indicator, no enforcement actions have been imposed beyond continued implementation, and State monitoring, of the Corrective Action Plan.

- **Finding B** – This local system was at 52% compliance with the requirement for timely start of services at the time of the FFY 2006 finding (2/1/07). As of June 18, 2008, they had improved to 97% compliance. This local system has a Corrective Action Plan in place to support continued improvement and achievement of 100% compliance. Since the local system has reached substantial compliance with this indicator, no enforcement actions have been imposed beyond continued implementation, and State monitoring, of the Corrective Action Plan.

**FFY 2007 findings** - Even though correction of FFY 2007 findings is not within the timeline for this APR, data on these findings further illustrates Virginia's ability to correct non-compliance in a timely manner. There were 24 findings of non-compliance in FFY 2007 related to timely start of services. All were identified on January 11, 2008. As of December 15, 2008, the State Lead Agency has already been able to verify correction of 21 of the 24 findings of non-compliance. Two of the remaining three findings have been corrected to substantial compliance, at least 95%.

Explanation For Progress:

While still short of the target, Virginia is able to report significant progress on this indicator again this year. Virginia was at 72% in FFY 2005, 81% in FFY 2006 and is now at 89% in FFY 2007. Although Virginia's revised 30-day definition for timely start of services (please see page 11) was not in effect until July 1, 2008, a review of the FFY 2007 data using the new definition indicated that 92% of children received all services on their IFSP within 30 days of parent signature on the IFSP. In addition to improvement in the state percentage, Virginia has demonstrated success in correction of local non-compliance with this indicator.

Virginia continued to invest significant resources in FFY 2007 toward improving the timely start of services. In addition to the substantial time spent by the State monitoring consultants and technical assistance consultants to support local systems in identifying and implementing local improvement activities, the following State-level improvement activities related to timely initiation of supports and services were completed in FFY 2007 and early in FFY 2008:

- **State-level Technical Assistance - The State Lead Agency accessed the following technical assistance related to the timely start of services, as advised by the Office of Special Education Programs (OSEP) in its determination of needs assistance based on Virginia's FFY 2006 APR:**
  - State Part C staff members reviewed all materials referenced in the Technical Assistance for Part C - Indicator 1 on the Regional Resource Center Program's website. Since Virginia's primary barrier to compliance with Indicator 1 is provider shortages, the focus of review was on the resources associated with recruiting and retaining adequate personnel to meet timelines and resources for improving the efficiency of service models.
  - The ASHA data referenced in the Sharon Ringwalt presentation was used to confirm that our Medicaid – EI Initiative is addressing many of the challenges in recruiting therapists to work in early intervention. The Medicaid – EI Initiative will positively impact salaries/reimbursement rates, reimbursement for teaming, and the need to streamline paperwork.
  - The university-level strategies to address provider shortages were shared with the Integrated Training Collaborative, which coordinates Virginia's Part C Comprehensive System of Personnel Development (CSPD). The Integrated Training Collaborative is comprised of early intervention providers, families, university faculty, and State Part C staff.
  - The State Lead Agency sought technical assistance related to the primary coach approach through a teleconference call with Dathan Rush and M'Lisa Shelden in August 2008. Although Virginia does not implement a "pure" primary coach approach, information from the call was used to refine Virginia's practices associated with teaming for eligibility determination, assessment for service planning, IFSP development and service delivery to ensure effective and efficient use of available

- personnel while addressing child and family needs and priorities. Information from the call was also used in supporting local improvement planning and providing technical assistance to local systems.
- The Investigative Questions related to timely start of services were used to develop a guidance package that will be used by Part C Technical Assistance Consultants, Monitoring Consultants and local system managers to assist in the identification of effective local improvement strategies in Corrective Action Plans (CAPs). This guidance package is available to staff and local systems for developing CAPs in FFY 2008.
  - State Lead Agency staff members attended the solution sessions on timely start of services and personnel retention at the OSEP Accountability Conference. As a result of attending the “Part C Personnel Recruitment and Retention: Current Challenges and Emerging Strategies” session presented by Kim Wedel from Texas, the State Lead Agency took the following actions:
    - Reviewed Virginia’s improvement strategies to determine whether there were other suggested strategies that should be added to our array of efforts related to provider recruitment and retention.
    - Developed a revised set of Early Intervention Competencies with input from university faculty. These competencies will not only guide the EI certification process and revised Comprehensive System for Personnel Development (CSPD), but also will be used to help pre-service programs match coursework with the new EI Competencies and prepare students to work in Virginia’s Part C system.
    - Designed the EI certification process to support use of practitioners at the Assistant level in providing early intervention services and the ability for practitioners to enter the workforce at the Assistant level while completing requirements for a Specialist-level certification.
    - Added training on reflective supervision as a requirement for obtaining and maintaining EI certification for those practitioners who supervise other practitioners. Reflective supervision is a strategy that Texas cited as an effective tool in the retention of personnel.
  - Funding/Personnel Shortages –
    - The State Lead Agency and the State Medicaid Agency (Department of Medical Assistance Services) continued to collaborate on the Medicaid – EI Initiative, which will make changes in the way that Part C services are reimbursed under Medicaid. A State Plan Amendment is under development that will move reimbursement for Part C services under EPSDT rather than outpatient rehabilitation. The proposed change includes increased reimbursement rates for providers, with consistent and appropriate reimbursement for teaming activities and provision of supports and services in natural environments. It is expected that this will improve local systems’ ability to recruit and retain providers, resulting in improved compliance with the requirement for timely start of all IFSP services. Implementation of the Medicaid changes is targeted for July 1, 2009.
    - The State Lead Agency introduced Virginia’s Part C Service Pathway to local lead agencies and providers on November 2, 2008. The service pathway is a visual representation of the flow of steps that take place as children and families move through the early intervention system from referral to IFSP implementation. Primary objectives in implementing the pathway include ensuring that personnel and funding resources are used as effectively and efficiently as possible. These efforts are expected to positively impact provider shortage issues.
    - State Part C personnel regulations have been drafted to support the Medicaid changes. The State Lead Agency will begin certifying early intervention (EI) practitioners, including service coordinators, no later than July 1, 2009. This certification process will involve enhancements to Virginia’s Part C Comprehensive System of Personnel Development (CSPD), with more consistent training offered to all practitioners seeking to obtain and maintain EI certification. Web-based modules

required prior to certification and training required within 18-months of certification will address evidence based practices in screening, eligibility determination, assessment for service planning, IFSP development and service delivery.

- Free choice of provider practices were drafted and will require that families have the choice to receive their Part C supports and services from any EI Certified practitioner that is within their third-party payor network (if applicable) and works in the area where the family lives. A practitioner database is under development as part of ITOTS, the Part C online data system, to support families in choosing a provider. Local lead agencies will be required to contract with any EI certified provider interested in working in their area. These “free choice of provider” practices will be implemented statewide on July 1, 2009.
- A stakeholder group worked with the State Lead Agency and a national consultant to review and discuss revisions to the allocation formula by which Part C funds are distributed to the local lead agencies. Given dramatic increases in the amount of State general funds for Part C and changes in the Part C system over recent years, the allocation formula must be revised to continue to ensure equitable distribution of federal and State Part C funds to local systems and use of Part C funds as payor of last resort. Changes in the allocation formula are expected to provide local systems with equitable funding for supports and services and help to attract and retain qualified providers. In order to inform work on the allocation formula and provider rates, the national consultant updated the Virginia Part C Fiscal Study originally completed in 2004, and surveys on the following issues were completed with local systems to gather data for the fiscal study:
  - Revenue,
  - Rates and reimbursement,
  - Service delivery, and
  - Salaries.

A revised allocation formula/methodology will be used to disseminate funds to local systems for State Fiscal Year 2010 (July 1, 2009 – June 30, 2010).

- A stakeholder group worked with the State Lead Agency and national consultants to develop new Family Cost Share practices (formerly called Ability to Pay practices) and adopt a revised sliding fee scale. The new practices and fee scale will be implemented statewide on April 1, 2009 and are expected to improve the use of existing personnel by ensuring families are able to select a provider without concern about ability to pay.
- The VICC established a committee to focus on the Comprehensive System of Personnel Development. While the original plan called for a retreat to focus on personnel shortages, the VICC instead took a broader view in that retreat looking at Virginia’s Part C system overall and the role and priorities of the VICC within that system. Personnel shortages remain a priority for the VICC, and the CSPD committee is charged with providing information to the VICC on this issue in order for the VICC to develop recommendations and provide assistance to the State Lead Agency.
- State-level strategies for recruiting and retaining personnel continued and included, but were not limited to, the following:
  - Facilitating local Part C job postings on the State Lead Agency website,
  - Providing a bulletin board for job postings at the annual State early intervention conference,
  - Including information about university training degree programs in the [Infant & Toddler Connection of Virginia Update](#),
  - Providing information to university faculty on linking students to local Part C systems, and
  - Presenting a session at the Speech and Hearing Association of Virginia conference.

- Technical Assistance and Training:
  - Technical assistance was provided to local system managers during regional meetings and on an individual basis to address issues related to timely initiation of supports and services, particularly to develop strategies to prevent and/or address provider shortages. A process is in place for local system managers to notify their technical assistance consultant if they are unable to identify a service provider within 10 – 15 calendar days of the IFSP meeting.
  - With 45% of the non-compliance statewide accounted for by 3 systems in one region of the State where provider shortages are the primary issue, a portion of each monthly meeting of local system managers in that region focused on strategies for improving the timely start of services. Topics included the following:
    - The primary provider approach (how to explain it to families and physicians and ensure providers have resources and support to implement the approach when appropriate for the child and family);
    - New options for recruiting personnel;
    - Information on providing targeted case management;
    - System manager oversight to maximize use of provider slots that become available through cancellations;
    - Revisions to local procedures to ensure the local system manager is notified when there is difficulty scheduling services for a child; and
    - How to provide support to families when there is a delay in the start of services.
  - Eighty-four (84) service coordinators received training through *Kaleidoscope: New Perspectives in Service Coordination* in FFY 2007. This training emphasizes the service coordinator's role in ensuring the timely start of services, including documentation requirements on the IFSP and in contact notes when services are delayed.
  - The requirement for all Part C personnel to complete the on-line *Orientation to Part C* training module, passing the competency test with 80% accuracy, was implemented statewide beginning March 10, 2008. This training module includes information on the requirements associated with timely start of services.
  - A revised statewide IFSP form and instructions were piloted in October 2007 and implemented statewide in January 2008. The revised IFSP includes space and instructions for documenting the reasons for planning a later start date (more than 21 days from the date the family signs the IFSP).
  - A 2-day statewide training for local system managers was held in October 2007. Training topics included expanding the Part C provider base, expanding community resources, and implementing mechanisms for local system oversight and monitoring related to timely start of services. The training included information from the State Lead Agency and presentations of promising practices by local system managers. At the end of the training, each local system manager had a packet with sample forms, resource lists, a list of personnel recruitment strategies and contact information for local systems that have successfully used the strategy, and other similar practical and specific information. A table showing all planned local improvement activities across the Commonwealth related to timely start of services was included in the packet.
  - A list of approximately 40 community resources being used by local systems for service coordination, supports and services, family support and education, inclusive settings, and funding/equipment was generated at the local system manager training and was posted to the Infant & Toddler Connection of Virginia website as a resource.
  - The 2008 Virginia Early Intervention Conference included a session on planned changes in the funding structure for Virginia's Part C system and a session on Medicaid Waiver Options (including eligibility, services, and criteria for each) that may support Part C services for some children and families.
  - A Part C Practice Manual and new statewide forms have been drafted to support statewide implementation of the service pathway. In developing the Practice Manual,

all existing practice, procedure and technical assistance documents including those related to timely start of services were reviewed and incorporated within the manual, to the extent appropriate. Documentation requirements related to service delivery have been specified in the Practice Manual.

- System Planning:
  - State Part C staff participated on state level committees and work groups addressing services for specific populations of children, including the Autism Task Force, the Hearing Work Group, and the Children’s Mental Health Committee. Participation on these committees helps to ensure the Part C system is able to provide timely supports and services to address the needs of all eligible infants, toddlers and their families.
  - The State Part C Coordinator met with all participating State agencies to begin defining each agency’s specific responsibilities for timely service provision, which will be included in a revised State Interagency Agreement for Part C in FFY 2008.
- Virginia Definition of Timely:
  - The State Lead Agency collected data in the FFY 2007 annual local record review to determine how many days it actually took to begin services for children whose services were delayed due to personnel shortages and other system reasons and used this data in evaluating whether to revise the current 21-day definition of timely.
  - The definition of timely used in other states was also reviewed and considered in evaluating Virginia’s working definition of timely. Of the 54 states and jurisdictions reporting to OSEP in the FFY 2006-2007 Annual Performance Report, 31 defined timely as within 30 days of parent consent.
  - Based on the information available, the State Lead Agency revised Virginia’s working definition of “timely start of services” to be within 30 days of the parent signature on the IFSP. This new definition was effective July 1, 2008. The State Lead Agency determined that this short extension of the timeline balances the need to be realistic about how quickly services can begin for all children and the need for services to begin as quickly as possible for eligible infants, toddlers and their families. While IFSP services may now take up to 30 days to begin, families receive information, service coordination, support, referrals, and tips on working with their child from the very first contact with the local Infant & Toddler Connection system. Local systems have been strongly encouraged to continue aiming to begin IFSP services within 21 days.
  - In order to establish a baseline of data for comparison in the FFY 2008 APR, FFY 2007 local record review data indicated the following when using the 30-day definition of timely:
    - Ninety-two percent (92%) of children received all services listed on their IFSP within 30 days of the date the family signed the IFSP.
    - Ninety-five percent (95%) of all services started within 30 days of the parent signing the IFSP.
    - Using the 30-day definition of timely, 24 local systems were at 100% compliance with requirement.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2007:**

*[If applicable]*

The following revisions were made to existing improvement activities:

- The timeline for the activity to revise the State Interagency Agreement for Part C to include each participating State agency’s specific responsibilities for timely service provision has been delayed to ensure that the agreement is consistent with final federal Part C regulations and new State Part C regulations.

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- The timeline for including the definition of timely in State regulations has been delayed because State regulations will not be developed until final federal Part C regulations are issued.
- The activity related to the enhanced data system has been delayed because of a decision to acquire Alaska’s data system and customize for use in Virginia rather than revising ITOTS.
- The activity to develop a rate methodology template has been deleted since the rate study information was used to establish new Medicaid reimbursement rates rather than a rate template for use by local systems. The proposed Medicaid rates take into account associated costs beyond salary and benefits.
- Since the new Medicaid reimbursement structure has been identified, the activity related to collaboration with the Department of Medical Assistance Services has been revised to reflect submission of the State Plan Amendment and implementation of the new reimbursement structure.
- Revisions to the allocation methodology have been delayed to correspond with implementation of the Medicaid – EI Initiative.

The following improvement activities were added in order to address the issues identified during the analysis of FFY 2007 data related to the timely start of supports and services:

- Finalize the Part C Practice Manual, which addresses specific requirements associated with timely start of services
- Implement revised family cost share practices and a new sliding fee scale to improve the use of existing personnel by ensuring families are able to select a provider without concern about ability to pay
- Implement Virginia’s Part C Service Pathway statewide to promote effective and efficient use of available personnel
- Implement a Part C practitioner database to track and manage the process of early intervention certification and support family choice of providers and service coordinators
- Incorporate information and resources on evidence-based practice related to service delivery and supervision in the new training requirements associated with the EI certification process
- Collaborate with the State Corporation Commission to expand private insurance reimbursement for Part C services

With these revisions, planned improvement activities related to Indicator 1 are as follows:

Activity	Timelines	Resources
1. Continue to implement the process begun in 2005 for local system managers to notify their technical assistance consultant if unable to identify a service provider within 10 – 15 calendar days of the IFSP meeting	Ongoing	<u>Personnel</u> : State Part C staff  <u>Funding</u> : Already in the Part C budget

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Activity	Timelines	Resources
2. Provide technical assistance and follow-up to local systems in implementing corrective action plans	Ongoing	<u>Personnel</u> – State Part C Staff
3. Continue to explore and implement new strategies for recruiting and retaining personnel	Ongoing	<u>Personnel</u> : State Part C Staff, Integrated Training Collaborative, VICC, Universities serving as Local Lead Agencies
4. Implement revised family cost share practices and new sliding fee scale	April 1, 2009	<u>Personnel</u> : State Part C staff <u>Other</u> : Family Cost Participation Stakeholder group, VICC
5. In developing an enhanced State Part C data system (please see Indicator 14, Activity 1), include ongoing electronic collection of the data needed to monitor the timely start of services.	July 1, 2009	<u>Personnel</u> : State Part C and IT Staff <u>Funding</u> : Already in Part C budget <u>Other</u> : Stakeholder input
6. Collaborate with the Department of Medical Assistance Services in submission of a State Plan Amendment to move reimbursement for Part C under EPSDT with increased reimbursement rates.	July 1, 2009	<u>Personnel</u> – State Part C Staff, DMAS staff, National Consultants <u>Funding</u> – State match is available <u>Other</u> – VICC
7. Finalize the Part C Practice Manual, which addresses specific requirements associated with timely start of services	July 1, 2009	<u>Personnel</u> – State Part C staff, DMAS staff <u>Funding</u> – None <u>Other</u> – Stakeholder reviewers
8. Incorporate information and resources on evidence-based practice related to service delivery, including free choice of providers and supervision, in the new training requirements associated with the EI certification process.	July 1, 2009	<u>Personnel</u> – State Part C staff, DMAS staff, Integrated Training Collaborative <u>Funding</u> – Already in State Part C budget <u>Other</u> – VICC CSPD Committee, Personnel/Training Stakeholder Group
9. Implement Virginia’s Part C Service Pathway statewide to promote effective and efficient use of available personnel	July 1, 2009	<u>Personnel</u> – State Part C staff, DMAS staff <u>Funding</u> – New Medicaid reimbursement structure and rates

# APR Template – Part C

Virginia  
State

Activity	Timelines	Resources
		are designed to help support implementation of the pathway
10. Implement Part C practitioner database to track and manage the process of early intervention certification and support family choice of providers and service coordinators	July 1, 2009	<p><u>Personnel</u>: State Part C staff, DMAS staff, IT staff</p> <p><u>Funding</u>: Already in state Part C budget</p> <p><u>Other</u>: ITOTS stakeholder group, VICC</p>
11. Finalize and implement the revised allocation methodology for disseminating federal and State Part C funds to local systems	July 1, 2009	<p><u>Personnel</u> – State Part C Staff, National Consultants</p> <p><u>Other</u> – Stakeholder Group and VICC</p>
12. Include Virginia’s definition of “timely” as it relates to beginning services following IFSP development in State Part C regulations	February 2010	<p><u>Personnel</u>: State Part C staff</p>
13. Revise the State Interagency Agreement for Part C to include each participating State agency’s specific responsibilities for timely service provision	February 2010	<p><u>Personnel</u>: State Part C staff</p>
14. Collaborate with the State Corporation Commission to expand private insurance reimbursement for Part C services	2010	<p><u>Personnel</u>: State Part C Staff, State Corporation Commission (Bureau of Insurance)</p> <p><u>Other</u>: VICC</p>

**Part C State Annual Performance Report (APR) for FFY 2007**

**Monitoring Priority: Early Intervention Services In Natural Environments**

**Indicator 2:** Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children.

(20 U.S.C. 1416(a)(3)(A) and 1442)

**Measurement:** Percent = [(# of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children) divided by the (total # of infants and toddlers with IFSPs)] times 100.

FFY	Measurable and Rigorous Target
2007	98.425%

**Actual Target Data for FFY 2007:**

Based on the Section 618 data submitted by Virginia for December 1, 2006, **99%** of infants and toddlers with IFSPs received early intervention supports and services in the home or programs for typically developing children.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2007:**

Target Data

The FFY 2007 data reflects the primary service setting on the IFSP in effect for each child on December 1, 2007. Each local system was required to submit a signed data verification form confirming that the primary service setting was from the IFSP in effect on December 1, 2007 and that the data submitted was accurate.

For December 1, 2007, the total percent of infants and toddlers reported under Section 618 (this includes children under age 3 served under Part B with an IEP) who received supports and services primarily in the home or community settings is 83.4%. **Virginia’s baseline data, targets and target data are based on the Section 618 settings data for children enrolled in Virginia’s Part C program with IFSPs (5,048 / 5,021 = 99%).**

Based on the December 1, 2007 data, the status of local systems on this indicator is as follows: (Please note that in FFY 2007 one local lead agency declined to continue in that role. The local lead agency from a neighboring part of the State assumed responsibility for the area of the State previously covered by the exiting local lead agency. As a result, there are now 39 local systems in Virginia.)

**FFY 2007 Status of Local Systems on Indicator 2**

	<b>Met State Target</b>	<b>Substantially Met State Target (95% - 99% of target)</b>	<b>Did Not Meet State Target</b>
<b># of local systems</b>	37	1	1

The local system that did not meet the state target was at 88% of the target for FFY 2007. This local system then made improvements and met the state target before being notified of the requirement to develop a Service Enhancement Plan. The other local system that was below 100% of the state target received written notification of their status and the need to improve performance with this indicator.

Improving Local Performance

Six (6) local systems did not meet the State target for provision of supports and services in natural environments based on FFY 2006 data. As of December 1, 2008, all 6 local systems had reached the state target.

Explanation for Progress

Virginia continues to exceed the performance target set for this indicator. Virginia maintained a very high percentage (99%) of infants and toddlers with IFSPs who receive their IFSP supports and services primarily in the home and community-based settings. The following improvement and maintenance activities that were implemented at the State level in FFY 2007:

- Ongoing technical assistance was provided to local systems on an as needed basis to address specific local issues related to provision of supports and services in natural environments, including issues related to reimbursement, provider shortages, and meeting the needs of individual children and families.
- Eighty-four (84) service coordinators received training through *Kaleidoscope: New Perspectives in Service Coordination* in FFY 2007. This training includes information on planning for and delivering supports and services in everyday activities, routines and places.
- The requirement for all Part C personnel to complete the on-line *Orientation to Part C* training module, passing the competency test with 80% accuracy, was implemented statewide beginning March 10, 2008. This training module includes information on planning for and delivering supports and services in everyday activities, routines and places.
- The VICC established a committee to focus on the Comprehensive System of Personnel Development. While the original plan called for a retreat to focus on personnel shortages, the VICC instead took a broader view in that retreat, looking at Virginia’s Part C system overall and the role and priorities of the VICC within that system. Personnel shortages remain a priority for the VICC and the CSPD committee is charged with providing information to the VICC on this issue in order for the VICC to develop recommendations and provide assistance to the State Lead Agency.
- Links to evidence-based materials and strategies related to natural environments were provided through the Infant & Toddler Connection of Virginia Technical Assistance Update, which is disseminated by the State Lead Agency to local lead agencies and providers every other month.
- The State Lead Agency and the State Medicaid Agency (Department of Medical Assistance Services) continued to collaborate on changes in the way that Part C services are reimbursed under Medicaid. A State Plan Amendment is under development that will move reimbursement for Part C services under EPSDT rather than outpatient rehabilitation. The proposed change includes increased reimbursement rates for providers, which address the costs associated with providing supports and services in natural settings. It is expected that this will improve local systems’ ability to recruit and retain providers willing to provide supports and services in the home and community-based settings.

- A Part C Practice Manual and new statewide forms have been drafted to support planning for and delivery of supports and services in everyday activities, routines and places.
- State Part C personnel regulations have been drafted to support the Medicaid changes. The State Lead Agency will begin certifying early intervention (EI) practitioners, including service coordinators no later than July 1, 2009. This certification process will involve enhancements to Virginia's Part C Comprehensive System of Personnel Development (CSPD), with consistent training offered to all practitioners seeking to obtain and maintain EI certification. Web-based modules required prior to certification and training required within 18-months of certification will address evidence-based practices associated with planning for and providing supports and services in everyday activities, routines, and places.
- Several break-out sessions at the 2008 Virginia Early Intervention Conference addressed provision of individualized early intervention supports and services in everyday activities, routines and places.
- Communities of Practice in Autism (CoPA), an advanced-level training focused on strategies to support families with young children with autism spectrum disorders in natural environments, was provided to about 300 people in September 2007 and to 180 participants in September 2008. The training was sponsored by the State Lead Agency for Part C, the Integrated Training Collaborative, and the Virginia Department of Education's Special Education Instructional Services. During FFY 2007, ten regional CoPA leaders and CoPA members engaged in a variety of activities and discussions through a total of 58 meetings throughout the state. The leaders and members met regularly, shared information about evidence-based practices, developed resource materials, problem-solved strategies, and discussed experiences with supporting children with autism spectrum disorders and their families in natural environments. As measured by a pre- and post-test, knowledge, skills, and abilities increased for members in 13 of the 15 topic areas, particularly in "Evidence-based intervention for young children diagnosed with ASD," where there was a 31 percent knowledge gain.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2007:**

*[If applicable]*

Targets: Virginia is proposing to revise its targets for this indicator for FFY 2008 – FFY 2010 from 98.45% to 98%. In the FFY 2006 SPP/APR Response Table, OSEP indicated that it is not necessary to increase the target. For ease in tracking and reporting in ITOTS (the Part C data system), the target percentage will be rounded to 98%.

Improvement Activities:

The improvement activities and timelines were revised from those reported in last year's APR as follows:

- The activity related to ongoing service coordination training through Kaleidoscope has been deleted since training for all service providers, including service coordinators, will now be addressed through the EI certification process.
- Since the new Medicaid reimbursement structure has been identified, the activity related to collaboration with the Department of Medical Assistance Services has been revised to reflect submission of the State Plan Amendment and implementation of the new reimbursement structure.
- The activity to develop a rate methodology template has been deleted since the rate study information was used to establish new Medicaid reimbursement rates rather than a rate template for use by local systems. The proposed Medicaid rates take into account costs associated with the provision of supports and services in natural settings.

# APR Template – Part C

- The timeline for revising the allocation methodology for disseminating funds to local systems has been changed to July 1, 2009 to coincide with implementation of the Medicaid-EI Initiative.
- The training activity was revised to specify inclusion of principles and practices associated with provision of early intervention services in natural environments in the training requirements for the new EI certification.
- The following improvement activity has been added:
  - Finalize the Part C Practice Manual, which addresses requirements and evidence-based practices associated with planning for and providing supports and services in everyday activities, routines and places.
  - Collaborate with the State Corporation Commission to expand private insurance reimbursement for Part C services

With these revisions, planned improvement activities related to Indicator 2 are as follows:

Activity	Timelines	Resources
1. Continue provision of targeted technical assistance related to natural environments based on needs identified by local Part C systems and through monitoring and supervision.	Ongoing	<u>Personnel</u> : State Part C staff <u>Funding</u> : Already in Part C budget
2. Continue to provide links to evidence-based materials and strategies related to natural environments through the <u>Infant &amp; Toddler Connection of Virginia Update</u>	Ongoing	<u>Personnel</u> – State Part C Staff
3. Collaborate with the Department of Medical Assistance Services in submission of a State Plan Amendment to move reimbursement for Part C under EPSDT with increased reimbursement rates that include costs associated with provision of services in natural environments.	July 1, 2009	<u>Personnel</u> – State Part C Staff, DMAS staff, National Consultants <u>Funding</u> – State match is available <u>Other</u> – VICC
4. Finalize and implement the revised allocation methodology for disseminating federal and State Part C funds to local systems	July 1, 2009	<u>Personnel</u> – State Part C Staff, <u>Other</u> – Stakeholder Group and VICC
5. Finalize the Part C Practice Manual, which addresses requirements and evidence-based practices associated with planning for and providing supports and services in	July 1, 2009	<u>Personnel</u> – State Part C staff, DMAS staff <u>Funding</u> – None

# APR Template – Part C

Virginia  
State

Activity	Timelines	Resources
everyday activities, routines and places		<u>Other</u> – Stakeholder reviewers
6. Include the principles and practices of individualizing Part C supports and services in everyday activities, routines and places in the expanded training associated with the EI certification process.	July 1, 2009	<u>Personnel</u> : State Part C staff, Integrated Training Collaborative  <u>Funding</u> : Funding to develop and implement expanded training system is in the Part C budget
7. Collaborate with the State Corporation Commission to expand private insurance reimbursement for Part C services	2010	<u>Personnel</u> : State Part C Staff, State Corporation Commission (Bureau of Insurance)  <u>Other</u> : VICC

**Part C State Annual Performance Report (APR) for FFY 2007**

**Monitoring Priority: Early Intervention Services In Natural Environments**

**Indicator 3:** Percent of infants and toddlers with IFSPs who demonstrate improved:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/ communication); and
- C. Use of appropriate behaviors to meet their needs.

(20 U.S.C. 1416(a)(3)(A) and 1442)

**Measurement:**

A. Positive social-emotional skills (including social relationships):

- a. Percent of infants and toddlers who did not improve functioning = [(# of infants and toddlers who did not improve functioning) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = [(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

If a + b + c + d + e does not sum to 100%, explain the difference.

B. Acquisition and use of knowledge and skills (including early language/communication and early literacy)

- a. Percent of infants and toddlers who did not improve functioning = [(# of infants and toddlers who did not improve functioning) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- d. Percent of infants and toddlers who improved functioning to reach a level comparable to

same-aged peers = [(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

If a + b + c + d + e does not sum to 100%, explain the difference.

C. Use of appropriate behaviors to meet their needs:

a. Percent of infants and toddlers who did not improve functioning = [(# of infants and toddlers who did not improve functioning) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by the (# of infants and toddlers with IFSPs assessed)] times 100.

c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it divided by the (# of infants and toddlers with IFSPs assessed)] times 100.

d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = [(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) divided by the (# of infants and toddlers with IFSPs assessed)] times 100.

e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by the (# of infants and toddlers with IFSPs assessed)] times 100.

If a + b + c + d + e does not sum to 100%, explain the difference.

FFY	Measurable and Rigorous Target
2007	Targets will be set in the FFY 2008 APR due February 1, 2010

**Actual Target Data for FFY 2007:**

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2007:**

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2007:**

**Part C State Annual Performance Report (APR) for FFY 2007**

**Monitoring Priority: Early Intervention Services In Natural Environments**

**Indicator 4:** Percent of families participating in Part C who report that early intervention services have helped the family:

- A. Know their rights;
- B. Effectively communicate their children's needs; and
- C. Help their children develop and learn.

(20 U.S.C. 1416(a)(3)(A) and 1442)

**Measurement:**

- A. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family know their rights) divided by the (# of respondent families participating in Part C)] times 100.
- B. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs) divided by the (# of respondent families participating in Part C)] times 100.
- C. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn) divided by the (# of respondent families participating in Part C)] times 100.

FFY	Measurable and Rigorous Target
2007	<ul style="list-style-type: none"> <li>a. 66.2%</li> <li>b. 62.2%</li> <li>c. 78.0%</li> </ul>

**Actual Target Data for FFY 2007:**

Based on the results of the 2008 family survey in Virginia, the following percentages of families participating in Part C in Virginia reported that early intervention services have helped their family:

- a. Know their rights = **66.1%**
- b. Effectively communicate their children's needs = **62.3%**
- c. Help their children develop and learn = **77.5%**

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2007:**

Target Data

Virginia administered the same family survey instrument used in Virginia since FFY 2005, using a similar process in FFY 2007. The survey instrument and cover letter are available in English and Spanish. Local systems provided the names, addresses and phone numbers of families receiving early intervention supports and services in May 2008 to the contractor hired by the State Lead Agency to conduct the survey. In August and September 2008, the contractor mailed the one-page, two-sided survey form with self-addressed stamped return envelope to all families identified by the local systems. A second mailing was sent 2-1/2 weeks later to those families who did not respond to the first mailing. In FFY 2007 a phone follow-up step was added in an attempt to reduce the number of local systems that had fewer than 15 survey responses and, therefore, could not receive results due to concerns about confidentiality and reliability of the data. In October, the contractor attempted to contact by phone families who had not yet responded to the survey and who resided in localities that had fewer than 15 completed surveys after the second-wave mailing. In order to encourage family response to the survey, the contractor mailed a pre-survey notification card (in English and Spanish) to all families about the survey. Families who participated in the survey were entered into a drawing for one of three \$100 gift cards of their choice.

For FFY 2007, surveys were returned by 1,883 families receiving early intervention services. This represents a 32.0% return rate. This is an increase from the response rate of 29.2% in FFY 2006 and is primarily attributable to the addition of the targeted phone follow-up step used in FFY 2007.

From the 1,883 responses to the FFY 2007 family survey, a random sample of 1,280 families reflecting the distribution of race/ethnicity in the population of families served under Part C in Virginia was selected for data analysis. The sample of 1,280 families exceeds the minimum number required for an adequate confidence level based on established survey sample guidelines, providing a high degree of confidence that the results of the survey accurately reflect the degree to which families have achieved the outcomes in Indicator #4.

<b>Distribution of Child’s Race/Ethnicity in the Representative Sample</b>		
<b>Race/Ethnicity</b>	<b>N</b>	<b>Percentage</b>
White	750	58.6%
Black or African-American	245	19.1%
Hispanic or Latino	140	10.9%
Asian or Pacific Islander	55	4.3%
American Indian or Alaskan Native	2	0.2%
Multi-Racial	88	6.9%
Total	1280	100.0%
Note. The distribution of race/ethnicity for the children receiving early intervention services in Virginia under Part C are: White = 58.5%, Black/African American = 19.9%, Hispanic = 10.7%, Asian/Pacific Islander = 4.2%, American Indian or Alaskan Native = .1%, Other/Multi-Racial = 6.5%		

The data gathered by the contractor were analyzed by Dr. Randall Penfield of the University of Miami according to specifications identified by the National Center for Special Education Accountability Monitoring (NCSEAM) in order to determine the actual target data. Of the 1,280 respondents included in the representative sample, 1,264 had valid responses to the Impact on Families Scale (IFS) of the survey. In order to report the *percent* of families who indicate that early intervention services helped them achieve the specific outcomes (a, b, c) in Indicator #4, it is necessary to establish a standard for each of the outcomes. The standard is set at a score that provides a high degree of confidence that if a family's score is at or above that standard for a given outcome, then the family has achieved the outcome. Virginia chose to apply the Part C standards recommended by a nationally representative stakeholder group convened by NCSEAM. These standards generally require that the family strongly or very strongly agree with survey items. The actual target data for Indicator 4 represent the percentage of respondents with measures that met or exceeded the state standard set for each part of the three outcomes:

- a. Know their rights: 846 /1280 = 66.1%
- b. Effectively communicate their children's needs: 797 /1280 = 62.3%
- c. Help their children develop and learn: 992 /1280 = 77.5%

The following table displays the percentage of families in the sample who agreed with the specific items on the IFS.

Item <b><i>Stem:</i> Over the past year, Early Intervention services have helped me and/or my family:</b>	% Strongly/ Very strongly agree	% Agree in any category
Participate in typical activities for children and families in my community.	32%	59%
Know about services in the community.	38%	72%
Know where to go for support to meet my family's needs.	42%	76%
Keep up friendships for my child and family.	45%	77%
Know where to go for support to meet my child's needs.	48%	84%
Be more effective in managing my child's behavior.	52%	88%
Find information I need.	51%	88%
Improve my family's quality of life.	50%	87%
Feel that I can get the services and supports that my child and family need.	56%	90%
Feel that my family will be accepted and welcomed in the community	55%	89%
Feel more confident in my skills as a parent.	56%	91%

Item <i>Stem: Over the past year, Early Intervention services have helped me and/or my family:</i>	% Strongly/ Very strongly agree	% Agree in any category
Feel that my child will be accepted and welcomed in the community	56%	90%
Communicate more effectively with the people who work with my child and family.	58%	91%
Understand how the Early Intervention system works.	57%	93%
Understand the roles of the people who work with my child and family.	57%	93%
Figure out solutions to problems as they come up.	54%	90%
Feel that I can handle the challenges of parenting a child with special needs.	57%	91%
Know about my child's and family's rights concerning Early Intervention services.	60%	93%
Be able to evaluate how much progress my child is making.	60%	93%
Understand my child's special needs.	64%	94%
Feel that my efforts are helping my child.	66%	95%
Do things with and for my child that are good for my child's development.	66%	95%

The survey analysis indicates that, with a very high level of confidence, one can conclude for each of the three outcomes in Indicator #4, the majority of the responses was positive and above the stringent standards set by the State. Further, the results indicate that the Virginia early intervention system is helping families to achieve many positive outcomes in addition to those specified in Indicator #4.

Local system data for FFY 2007 on the three outcomes in Indicator 4 indicates the following: (Please note that in FFY 2007 one local lead agency declined to continue in that role. The local lead agency from a neighboring part of the State assumed responsibility for the area of the State previously covered by the exiting local lead agency. As a result, there are now 39 local systems in Virginia.)

**FFY 2007 Status of Local Systems on Indicator 4a**

	Met State Target	Substantially Met State Target (95% - 99% of target)	Did Not Meet State Target	Cannot Report due to Small Sample
<b># of local systems</b>	22	3	12	2

The 12 local systems that did not meet the state target for this indicator were at 65% to 93% of the target. The 11 local systems that were below 93% of the state target are required to develop a Service Enhancement Plan in order to improve performance on this indicator. The 4 other systems that were below 100% of the state target received written notification of their status and the need to improve performance with this indicator.

**FFY 2007 Status of Local Systems on Indicator 4b**

	<b>Met State Target</b>	<b>Substantially Met State Target (95% - 99% of target)</b>	<b>Did Not Meet State Target</b>	<b>Cannot Report due to Small Sample</b>
<b># of local systems</b>	19	5	13	2

The 13 local systems that did not meet the state target for this indicator were at 64% to 94% of the target. The 10 local systems that were below 93% of the state target are required to develop a Service Enhancement Plan in order to improve performance on this indicator. The 8 other systems that were below 100% of the state target received written notification of their status and the need to improve performance on this indicator.

**FFY 2007 Status of Local Systems on Indicator 4c**

	<b>Met State Target</b>	<b>Substantially Met State Target (95% - 99% of target)</b>	<b>Did Not Meet State Target</b>	<b>Cannot Report due to Small Sample</b>
<b># of local systems</b>	17	7	13	2

The 13 local systems that did not meet the state target for this indicator were at 73% to 94% of the target. The 12 local systems that were below 93% of the state target are required to develop a Service Enhancement Plan in order to improve performance on this indicator. The 8 other systems that were below 100% of the state target received written notification of their status and the need to improve performance on this indicator.

Improving Local Performance

Based on the FFY 2006 local monitoring data, local systems that did not meet the state target (those that were below 93% of the state target) were required to develop Service Enhancement Plans to improve performance on the family outcome(s). State monitoring and technical assistance staff are monitoring and supporting implementation of these plans. Local improvement strategies related specifically to the family outcome indicators include the following:

- Reviewing procedures with service coordinators related to explaining rights to families
- Developing a script to use in explaining family rights
- Monitoring knowledge and implementation of procedural safeguards through direct observation of staff and use of role play and videotaping
- Developing protocols for Part C providers to use, including checklists; suggestions for communicating with families; procedures for ensuring family centered services; tips for effective communication and listening; and areas to review and discuss at team meetings, IFSP reviews, and annuals
- Utilizing a parent binder to support communication with families and between providers
- Ensuring families know how to effectively communicate their children’s needs by teaching them to prepare for meetings and appointments; developing a packet of information for families about community resources; and talking with families about any concerns or needed resources

- Developing a community resource guide for families
- Reviewing service coordinator progress notes for documentation that rights are provided and reviewed as well information about services provided, roles of the people working with the family, and sharing of information with the family about community resources
- Using the language that is used in the survey during service planning and delivery to help families become familiar with the concepts/phrases used in the survey
- Reviewing child's progress with families at least quarterly and soliciting family feedback on service delivery and satisfaction
- Holding an annual family forum, in which structured questions are asked to elicit information about families' perspectives on the local early intervention system and suggestions for improvement
- Holding monthly family events to provide information to families, provide opportunity for families to meet, and gather family input on the local system
- Conducting phone follow-up with families to assess understanding of rights, effectiveness of communication between service providers and family, and understanding of Part C services and community resources

Based on FFY 2007 data, the status of local systems that did not meet the state target in FFY 2006 is as follows:

- Indicator 4a (Know their rights) – 7 of 16 reached the state target; 5 showed progress; and 4 showed slippage.
- Indicator 4b (Effectively communicate their children's needs) – 5 of 15 reached the state target; 6 showed progress; and 4 showed slippage.
- Indicator 4c (Help their children develop and learn) – 4 of the 17 reached the state target; 2 maintained at 99% of the state target; 6 showed progress; and 5 showed slippage.

#### Explanation for Slippage

In FFY 2007, Virginia demonstrated mixed results on this indicator. There was slippage on 4a (67.2% to 66.1%) and 4b (64.7% to 62.3%), and the percentage for 4c remained the same from FFY 2006 to FFY 2007. Virginia exceeded the State target for 4b (early intervention services helped families effectively communicate their children's needs), fell 0.1% short of the target for 4a (early intervention services helped families know their rights) and failed to meet the target for 4c (early intervention services helped families help their children develop and learn).

Although the percentages fell from last year on Indicators 4a and 4b, in both cases the difference is not outside of what one would expect by random fluctuation alone. The standard error of the percentage is about 1.25%, which means two random samples from the same population would be expected to differ by about 2.5% by random fluctuation alone. The two years' percentages for 4a and 4b are not statistically different. The small difference that occurred is explained, in terms of survey responses, by the fact that, although there was an increase in the number of families with very high scores (responding in the strongly and very strongly agree categories), there was also an increase in the number of families falling just below the standards set for 4a and 4b.

FFY 2007 was the first year in which improvement activities were planned and implemented specifically to address the 3 OSEP family outcomes. Because of the timing of Virginia's survey, results were not available until December 2007 and local improvement planning occurred in January and February 2008. For these reasons, it is not surprising that the positive impact of the improvement strategies implemented at the State and local levels were not realized in FFY 2007. In addition to supporting implementation of improvement strategies at the local level (as discussed in the *Improving Local Performance* section, above), the following activities were implemented at the State level in FFY 2007:

- The complete analysis of statewide FFY 2006 family survey data and a summary version of that analysis were posted to the Infant & Toddler Connection of Virginia website and discussed during regional meetings of local system managers. Local system managers

received technical assistance on interpreting and using the data from the FFY 2006 family survey.

- Local systems were provided with the local response data for each item on the FFY 2006 family survey. Technical assistance was provided to local system managers in understanding the local data and how to use it for local improvement planning.
- Multiple sessions at the 2008 Virginia Early Intervention Conference addressed family-centered service provision.
- Eighty-four (84) service coordinators were trained through *Kaleidoscope: New Perspectives in Service Coordination* (Levels I and II), which includes training on family rights and supporting families to understand and communicate their children's needs.
- The pre-survey notification card was translated into Spanish to support improved response rates to the survey from Spanish speaking families. Funding was not available to translate the card or other survey materials into languages other than Spanish.
- The State Lead Agency introduced Virginia's Part C Service Pathway to local lead agencies and providers on November 2, 2008. The service pathway is a visual representation of the flow of steps that take place as children and families move through the early intervention system from referral to IFSP implementation. One of the primary focuses of the pathway is to provide a consistent framework to ensure families truly understand their rights and responsibilities at each step in the screening, eligibility determination, assessment for service planning and IFSP development process.
- A Part C Practice Manual and new statewide forms have been drafted to support statewide implementation of the service pathway beginning July 1, 2009. There is strong emphasis within the manual on ensuring families truly understand their rights and responsibilities at each step in the Part C process.
- The State Lead Agency has developed a process to begin certifying early intervention (EI) practitioners, including service coordinators, no later than July 1, 2009. This certification process will involve enhancements to Virginia's Part C Comprehensive System of Personnel Development (CSPD), with consistent training offered to all practitioners seeking to obtain and maintain EI certification. Web-based modules required prior to certification and training required within 18-months of certification will address evidence-based, family-centered practices at every step in the Part C process. One of the modules required for initial certification is entitled Family-Centered Practices, and all practitioners must complete the online competency test for this module with at least 80% accuracy in order to obtain EI certification.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2007:**

*[If applicable]*

The following improvement activities have been added to support improvement in outcomes for families participating in the Infant & Toddler Connection of Virginia:

- Finalize the Part C Practice Manual, which addresses specific requirements associated with family-centered practices and family rights and safeguards
- Incorporate information and resources on evidence-based and family-centered practice related to intake, screening, eligibility determination, assessment for service planning and IFSP development in the new training requirements associated with the EI certification process

# APR Template – Part C

- Implement Virginia’s Part C Service Pathway statewide to provide a consistent framework for ensuring families truly understand their rights and responsibilities at each step in the screening, eligibility determination, assessment for service planning and IFSP development process

Planned improvement activities related to family outcomes are as follows:

Activity	Timelines	Resources
1. Provide technical assistance to local systems in implementing service enhancement plans to improve performance related to family outcomes	Ongoing	<u>Personnel</u> : State Part C staff
2. Finalize the Part C Practice Manual, which addresses specific requirements associated with family-centered practices and family rights and safeguards	July 1, 2009	<u>Personnel</u> – State Part C staff <u>Funding</u> – None <u>Other</u> – Stakeholder reviewers
3. Incorporate information and resources on evidence-based and family-centered practice related to intake, screening, eligibility determination, assessment for service planning and IFSP development in the new training requirements associated with the EI certification process.	July 1, 2009	<u>Personnel</u> – State Part C staff, DMAS staff, Integrated Training Collaborative <u>Funding</u> – Already in State Part C budget <u>Other</u> – VICC CSPD Committee, Personnel/Training Stakeholder Group
4. Implement Virginia’s Part C Service Pathway statewide to provide a consistent framework for ensuring families truly understand their rights and responsibilities at each step in the screening, eligibility determination, assessment for service planning and IFSP development process	July 1, 2009	<u>Personnel</u> – State Part C staff, DMAS staff <u>Funding</u> – New Medicaid reimbursement structure and rates are designed to help support implementation of the pathway

Part C State Annual Performance Report (APR) for FFY 2006

**Monitoring Priority: Effective General Supervision Part C / Child Find**

**Indicator 5:** Percent of infants and toddlers birth to 1 with IFSPs compared to:

- A. Other States with similar eligibility definitions; and
- B. National data.

(20 U.S.C. 1416(a)(3)(B) and 1442)

**Measurement:**

- A. Percent = [(# of infants and toddlers birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100 compared to the same percent calculated for other States with similar (narrow, moderate or broad) eligibility definitions.
- B. Percent = [(# of infants and toddlers birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100 compared to National data.

FFY	Measurable and Rigorous Target
2007	.70%

**Actual Target Data for FFY 2007:**

Based on the December 1, 2007 child count, **.70%** of infants and toddlers birth to 1 were served in Virginia’s Part C early intervention system in FFY 2007.

As a group, states with broad eligibility definitions similar to Virginia’s were serving 1.11% of the birth – 1 population in 2007. National data for December 1, 2007 indicated 1.05% of the birth – 1 population was receiving Part C services nationally.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2007:**

Target Data:

Local system data for the percentage of the local birth to one population served in Part C indicates the following: (Please note that in FFY 2007 one local lead agency declined to continue in that role. The local lead agency from a neighboring part of the State assumed responsibility for the area of the State previously covered by the exiting local lead agency. As a result, there are now 39 local systems in Virginia.)

**FFY 2007 Status of Local Systems on Indicator 5**

	<b>Met State Target</b>	<b>Substantially Met State Target (95% - 99% of target)</b>	<b>Did Not Meet State Target</b>
<b># of local systems</b>	20	3	16

The 16 local systems that did not meet the state target for this indicator were at 44% to 94% of the target. The 14 local systems that were below 93% of the state target are required to develop a Service Enhancement Plan related to identifying and serving all eligible infants, birth - one. The 5 other systems that were below 100% of the state target received written notification of their status and the need to improve performance on this indicator.

Improving Local Performance:

Based on the FFY 2006 local monitoring data, local systems that did not meet the state target (those that were below 93% of the state target) were required to develop Service Enhancement Plans to improve performance on this indicator. State monitoring and technical assistance staff are monitoring and supporting implementation of these plans. Local improvement strategies related specifically to increasing the percentage of the local birth – one population served in Part C include the following:

- Developing multimedia materials and utilizing State generated materials for community awareness and outreach
- Strengthening connections by meeting with individuals at local hospitals, the local health district and/or the CHIP partnership program
- Expanding public awareness to a bordering state where many residents get medical care and work
- Reviewing sources of current and potential referrals, targeting those sources that may refer infants (0-1), and providing information through mailing, staff in-service, etc
- Meeting with Health Department personnel to review referral patterns
- Analyzing demographic data to determine where to target public awareness
- Working with hospitals to ensure information is given to families of newborns
- Developing a calendar of community events in which Part C will participate
- Coordinating developmental screenings with Early Head Start, Baby Care, and Early Start programs
- Serving on the newly formed Prenatal Substance Abuse Task Force
- Expanding use of assessment tools to assist with determining delays in sensory, emotional/social development in infants and toddlers
- Providing information and training to discharge nurse at local birthing centers
- Determining protocols to follow-up with families who decline
- Contacting the discharge planner at the university hospital to discuss referrals of premature infants and the possibility of visiting families before discharge to establish eligibility and an IFSP
- Following up with an area pediatric practice participating in the ABCD screening project

Local improvement activities related to more general public awareness and child find for infants and toddlers birth to three are identified in Indicator 6.

Based on FFY 2007 data, the status of the 24 local systems that did not meet the state target in FFY 2006 is as follows:

- 10 reached the state target;
- 10 showed progress toward reaching the state target even though the target increased;

- 3 increased the percent of their local birth – 1 population served in Part C but did not move closer to the state target since the target increased; and
- 1 showed slippage in the percent of their local birth – 1 population served in Part C.

Explanation of Progress:

Virginia demonstrated progress from FFY 2006 (.53% to .70%) and met the target for this Indicator for FFY 2007.

Child find was identified as one of the two areas of statewide focus for monitoring and improvement in FFY 2006. As indicated in the FFY 2006 APR, Virginia anticipated that the statewide focus on improved performance on this indicator would be more likely to begin resulting in demonstrable improvements in FFY 2007. . In addition to supporting implementation of improvement strategies at the local level (as discussed in the *Improving Local Performance* section, above), the following state-level improvement activities specifically related to the birth – 1 population were completed in FFY 2007 (additional activities related to the birth – 3 population, as a whole, are discussed in the next indicator):

- At regional meetings of local system managers, Part C technical assistance consultants discussed strategies for increasing referrals of potentially eligible infants, birth – 1. Emphasis was placed on establishing relationships with hospital contacts and maintaining that connection through ongoing communication.
- The Guide By Your Side program continued, matching the trained parent of a child with hearing loss with families of children who are newly diagnosed with hearing loss. The trained guide provides unbiased information on communication options and community resources, supports and services. A flow chart used by the parent guide prompts him/her to check that the family has been referred to the local Part C system and to provide information about the supports and services available through Part C.
- State Part C staff participated on the Legislative Subcommittee studying follow-up with children who are born prematurely. In response to subcommittee requests, the State Lead Agency collaborated with the Virginia Department of Health to:
  - Report to the Joint Commission on Health Care in 2008 the status of an automated referral system between the Virginia Infant Screening and Infant Tracking System (VISITS) and the Part C data system (ITOTS). This report included the steps necessary to implement the automated referral system, and these steps are reflected in new improvement activities below.
  - Explore the feasibility of the Department of Health studying outcome data on low birth weight and preterm infants that receive Part C services and report to the Joint Commission on Health Care in 2008. Data elements and reports necessary to study outcome data on this population of infants have been identified and will be addressed in planned enhancements to ITOTS, the Part C data system.
- Approximately 120,000 copies of Virginia’s Part C developmental checklist brochure (110,000 in English and 15,000 in Spanish) were included in New Parent Kits, which were distributed through local departments of social services and other local public agencies. This is an increase of about 10,000 copies over the previous year.
- To assist local systems with child find planning and monitoring of progress, the State Lead Agency provided each local system with the minimum number of children they should be identifying to meet the target.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2007:**

*[If applicable]*

Improvement activities and timelines in the FFY 2006 APR have been revised as follows:

- The activity to research effective practices (public awareness, child find, how premature birth is included in the State’s eligibility definition, evaluation, etc.) by contacting states with high percentages of the birth – 1 population served in Part C was postponed since Virginia’s percentage of the birth- one population served in Part C increased this year and met the target. The need to implement this activity will be re-assessed following the December 1, 2008 child count.
- The following new improvement activities have been added to address the recommendations of the Joint Commission on Health Care:
  - Add data elements and reports to ITOTS to allow for reporting on selected developmental outcomes up to age 2 for children with prematurity as a risk factor or documented low birth weight or very low birth weight
  - Continue to collaborate with Department of Health to develop the unique child identifier and linkage capacity necessary for the Department of Health’s VISITS data base to automatically refer to ITOTS all children who are reported with hearing loss or congenital anomalies

With these revisions, planned improvement activities specifically related to increasing the percentage of the birth – 1 population served in Part C are as follows. Improvement activities related to the birth – 3 population, as a whole, are discussed in the next indicator.

Activity	Timelines	Resources
1. Based on 12/1/08 child count, determine the need to contact states with broad eligibility definitions that are serving a high percentage of the birth – 1 population to determine effective practices in public awareness, child find, how premature birth is included in the State’s eligibility definition, evaluation, etc.	February 2009	<u>Personnel:</u> State Part C staff
2. Add data elements and reports to ITOTS to allow for reporting on selected developmental outcomes up to age 2 for children with prematurity as a risk factor or documented low birth weight or very low birth weight.	Data elements – July 2009  Reporting capabilities - 2010	<u>Personnel:</u> State Part C Staff, Virginia Department of Health staff  <u>Funding:</u> In the State Part C budget for ITOTS enhancements  <u>Other:</u> VICC, ITOTS Stakeholder group
3. Explore the possibility of developing interagency agreements between the DMHMRSAS and regional children’s hospitals to ensure	February 2010	<u>Personnel:</u> State Part C Staff

# APR Template – Part C

Virginia  
State

Activity	Timelines	Resources
timely referral of children to Part C early intervention.		
4. Continue to collaborate with Department of Health to develop the unique child identifier and linkage capacity necessary for the Department of Health's VISITS data base to automatically refer to ITOTS all children who are reported with hearing loss or congenital anomalies.	2010	<p><u>Personnel</u>: State Part C staff, Department of Health staff, Department of Education staff</p> <p><u>Funding</u>: Through Department of Health</p>

Part C State Annual Performance Report (APR) for FFY 2007

**Monitoring Priority: Effective General Supervision Part C / Child Find**

**Indicator 6:** Percent of infants and toddlers birth to 3 with IFSPs compared to:

- A. Other States with similar eligibility definitions; and
- B. National data.

(20 U.S.C. 1416(a)(3)(B) and 1442)

**Measurement:**

- A. Percent = [(# of infants and toddlers birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100 compared to the same percent calculated for other States with similar (narrow, moderate or broad) eligibility definitions.
- B. Percent = [(# of infants and toddlers birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100 compared to National data.

FFY	Measurable and Rigorous Target
2007	2.2%

**Actual Target Data for FFY 2007:**

Based on the December 1, 2007 child count, **1.92%** of infants and toddlers birth to 3 were served in Virginia’s Part C early intervention system in FFY 2007.

As a group, states with broad eligibility definitions similar to Virginia’s were serving 2.56% of the birth to 3 population in 2007. National data for December 1, 2007 indicated 2.53% of the birth to 3 population was receiving Part C services nationally.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2007:**

Target Data

In analyzing Virginia’s status on this indicator, the following additional data was considered:

- Almost 46% of infants and toddlers referred to the Part C system in FFY 2007 did not enter services (over 5,200 children). The number was 45% in FFY 2006. Of those who were referred in FFY 2007 but did not receive services:
  - 45% were either evaluated and found ineligible or screened and determined not to need an evaluation. This is the same percentage as in FFY 2006;
  - 27% declined either the screening or evaluation. This is close to the same percentage as in FFY 2006 (26%);
  - The local system was never able to contact 23% of the families, and this is down slightly from 24% in FFY 2006;

- As in FFY 2005 and FFY 2006, 5% were evaluated eligible but the family either refused Part C services or was lost to contact.

Local system data for percentage of the local birth to three population served in Part C indicates the following: (Please note that in FFY 2007 one local lead agency declined to continue in that role. The local lead agency from a neighboring part of the State assumed responsibility for the area of the State previously covered by the exiting local lead agency. As a result, there are now 39 local systems in Virginia.)

**FFY 2007 Status of Local Systems on Indicator 6**

	<b>Met State Target</b>	<b>Substantially Met State Target (95% - 99% of target)</b>	<b>Did Not Meet State Target</b>
<b># of local systems</b>	12	4	23

The 23 local systems that did not meet the state target for this indicator were at 41% to 93% of the state target. The 21 local systems that were below 93% of the state target are required to develop a Service Enhancement Plan related to identifying and serving all eligible infants and toddlers, birth - three. The 6 other systems that were below 100% of the state target received written notification of their status and the need to improve performance on this indicator.

Improving Local Performance

Based on the FFY 2006 local monitoring data, local systems that were below 93% of the state target were required to develop Service Enhancement Plans to improve performance on this indicator. State monitoring and technical assistance staff are monitoring and supporting implementation of these plans. Local improvement strategies related to increasing the percentage of the local birth – three population served in Part C include the following:

- Establishing and using a schedule to distribute posters, brochures, and other materials to potential referral sources
- Increasing public awareness through TV, radio, brochures, collaboration with other agencies, participation in community events
- Reviewing data to determine referral outcome by referral source and identify patterns of referrals to better focus outreach efforts
- Training referral sources in appropriate referrals for atypical development
- Using an area university’s public relations firm to provide targeted media exposure
- Reviewing instruments used and composition of evaluation team to determine if they are being used appropriately to identify atypical development
- Highlighting to referral sources development delays that might typically be picked up in children ages 2-3 years old
- Continuing to work regionally with systems who share hospitals and physicians to provide standard information about early intervention and set up a standard referral process
- Exploring use of MCHAT as an additional screening measure
- Meeting with a “natural leader” of the Hispanic community to provide more information on warning signs of developmental delay and information about early intervention services to that population
- Modifying Interagency Agreements with local departments of social services to include provision of family needs assessment information as part of DSS referrals to Part C
- Placing an Early Intervention Banner at designated elementary schools periodically, especially during kindergarten/head start registration and PTA meetings
- Exploring a revised interagency agreement with the local Health Department to include using a screening instrument to assess for autism at 18 and 24 month visits with referral to early intervention if concerns are noted
- Increasing service coordinator skills in maintaining relationships and community connections

Based on FFY 2007 data, the status of the 25 local systems that did not meet the state target in FFY 2006 is as follows:

- 3 reached the state target;
- 11 showed progress toward reaching the state target even though the target increased;
- 6 increased the percent of their local birth – 3 population served in Part C but did not move closer to the state target since the target increased; and
- 5 showed slippage in the percent of their local birth – 3 population served in Part C.

#### Explanation for Progress

Although the target was not met, the percentage of the birth – 3 population served in Virginia's Part C early intervention system increased from 1.78% in FFY 2006 to 1.92% in FFY 2007. The amount of this increase in percent of population served is equivalent to the amount of increase projected between the FFY 2006 and FFY 2007 targets. After slippage in FFY 2005 and a small increase in FFY 2006, Virginia appears to now be showing the level of year-to-year improvement expected when the targets were set.

Child find was identified as area of focus for monitoring and improvement in FFY 2006. As indicated in the FFY 2006 APR, Virginia anticipated that the statewide focus on improved performance on this indicator would be more likely to begin resulting in demonstrable improvements in FFY 2007. In addition to supporting implementation of local Service Enhancement Plans, the following state-level improvement activities related to increasing the percentage of the birth – 3 population served in Virginia's early intervention system were implemented in FFY 2007 and early FFY 2008 (these activities are in addition to those identified in Indicator 5):

- Public Awareness –
  - Virginia continued the statewide public awareness campaign that includes radio spots, media kits, posters and collateral materials, media lists, and packets of materials with tactics for reaching traditionally underserved populations. New public awareness activities in FFY 2007 included the following:
    - Children's cups advertising the Infant & Toddler Connection of Virginia were ordered and disseminated to local systems for use at local health fairs and other community events.
    - Bus placards advertising the Infant & Toddler Connection of Virginia were developed and used in five regions of the Commonwealth.
  - New public service announcements for radio and television were produced and mailed to the major TV networks throughout the Commonwealth. One PSA is also posted on the Infant & Toddler Connection of Virginia website and on YouTube. This PSA is the third most viewed video on the "viriniagovernment" YouTube channel.
- Referral Sources –
  - A revised Virginia Part C Developmental Checklist Brochure, with additional social-emotional milestones, was printed and disseminated to local systems.
  - Virginia's Part C Physician Referral Guide was revised, printed, laminated and disseminated to local systems for use with physicians.
  - Referral information for referral sources, which was previously available as a link from the Infant & Toddler Connection of Virginia website, was updated and moved to be available directly on the website.
  - The State Lead Agency participated in the public-private partnership that implemented an Assuring Better Child Health and Development Initiative (ABCD) project. This grant project was designed to support Virginia physicians in conducting routine developmental screening using a screening tool and making referrals to appropriate services, including Part C early intervention, based on screening results. During the 15-month ABCD project, teams received technical assistance in order to integrate valid and standardized tools of children's development into preventative health care practice. As part of the ABCD project:

- The Department of Medical Assistance Services issued a revised *EPSDT Supplement* to the Medicaid provider manual that includes the use of standardized developmental screening tools.
    - A Medicaid Memo was issued by the Department of Medical Assistance Services to all EPSDT providers and Medicaid Managed Care Organizations describing Medicaid coverage and billing procedures for EPSDT services, including developmental screening, provided through fee-for-service and managed care organizations. The AAP Virginia Chapter forwarded the memo to all of its members.
    - The Virginia Department of Health provided the Ages and Stages Questionnaire (ASQ) tool and training to all public health districts. A DVD highlighting use of the ASQ was produced and distributed to nurse managers of all health districts for their continued use with staff.
    - A list of recommended standardized developmental screening tools for use in EPSDT was developed.
  - A FERPA and HIPAA compliant referral and consent form for use by physicians was implemented statewide to provide consistent referral information to local systems and facilitate parent consent for communication between the physician and the local Part C system.
  - The State Lead Agency continued to collaborate with the Department of Social Services to ensure referral to Part C of all infants and toddlers involved in a substantiated case of abuse or neglect. The number of such referrals increased from 408 in FFY 2006 to 462 in FFY 2007.
- Technical Assistance and Training –
  - The Infant & Toddler Connection of Virginia Update, which is disseminated to all local systems, provided linkages with evidence-based materials and information related to identification, evaluation and services for children with infant mental health concerns, children with hearing loss, and those affected by autism.
  - Part C technical assistance consultants discussed public awareness and child find with local system managers at regional meetings, with an emphasis on establishing and maintaining communication with primary referral sources and strategies for working with families who are difficult to contact.
  - The 2008 Virginia Early Intervention Conference included a session on the new autism screening guidelines from the American Academy of Pediatrics and another on early identification of autism spectrum disorders.
  - The requirement for all Part C personnel to complete the on-line *Orientation to Part C* training module, passing the competency test with 80% accuracy, was implemented statewide beginning March 10, 2008. This training module includes information on the requirements associated with screening, evaluation, assessment and IFSP development.
  - A 2-day statewide training for local system managers was held in October 2007. The training included information from the State Lead Agency and presentations of promising public awareness and child find practices by local system managers. At the end of the training, each local system manager had a packet with sample forms, resource lists and contact information, and other similar practical and specific information. A table showing all planned local improvement activities across the Commonwealth related to identification of all eligible children was included in the packet.
  - Personnel from the State Part C Office and the Virginia Department of Social Services (DSS) conducted a joint teleconference call on March 19, 2008 with local Part C system and local DSS representatives to review CAPTA referral procedures, data on referrals to date, and strategies to address any barriers to collaboration and referral.
  - The State Lead Agency piloted a modified process for focused monitoring, using the principles of focused monitoring for a desk audit at the State Lead Agency of one local system's data related to identification of all eligible children, birth to three. As a

result of this pilot, drill-down questions were identified that can be used with all local systems that are working to identify root causes and improve performance on this indicator and/or on Indicator 5.

- System Planning –
  - State Part C staff participated on state level committees and work groups addressing identification, referral and services for specific populations of children, including the Autism Task Force, the Hearing Work Group, the Children’s Mental Health Committee, and the legislative subcommittee studying follow-up with children who are born prematurely. Participation on these committees helps to ensure the Part C system is able to effectively and appropriately identify, screen, evaluate, and assess all eligible infants and toddlers and their families.
  - A stakeholder group worked with the State Lead Agency and a national consultant to review and revise Virginia’s ability to pay policies and procedures and to establish Family Cost Share practices and a fee scale that better ensure that a family’s inability to pay is not a barrier to seeking or accepting supports and services through Virginia’s Part C system. The revised Family Cost Share practices and fee scale are targeted for implementation on April 1 2009 and are expected to help minimize the number of families of eligible children declining early intervention services and the number of families declining screening and/or evaluation.
  - The State Lead Agency introduced Virginia’s Part C Service Pathway to local lead agencies and providers on November 2, 2008. The service pathway is a visual representation of the flow of steps that take place as children and families move through the early intervention system from referral to IFSP implementation. The intent of the pathway is to provide a consistent framework within which family-centered, individualized planning occurs for each child and family and to ensure that, among other things:
    - Families truly understand their rights and responsibilities at each step in the screening, eligibility determination, assessment for service planning and IFSP development process; and
    - Eligibility determination procedures quickly and accurately determine the child’s eligibility.

Implementation of the Service Pathway is expected to maximize referrals by improving communication with referral sources following referral, support accurate determination of eligibility since all children referred will proceed to multidisciplinary eligibility determination with parent consent, and minimize the number of families who decline to proceed by ensuring initial contacts with families consistently and effectively communicate the information families need in order to make informed decisions about their child and family’s participation in the Virginia Part C system.
  - A Part C Practice Manual and new statewide forms have been drafted to support statewide implementation of the service pathway beginning July 1, 2009. In developing the Practice Manual, all existing practice, procedure and technical assistance documents were reviewed and incorporated within the manual, to the extent appropriate.
  - The State Lead Agency has developed a process to begin certifying early intervention (EI) practitioners, including service coordinators, no later than July 1, 2009. This certification process will involve enhancements to Virginia’s Part C Comprehensive System of Personnel Development (CSPD), with consistent training offered to all practitioners seeking to obtain and maintain EI certification. Web-based modules required prior to certification and training required within 18-months of certification will address evidence based practices in intake, screening, eligibility determination, assessment for service planning and IFSP development.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2007:**

*[If applicable]*

**Targets:** Virginia is proposing to revise its targets for FFY 2008 – FFY 2010 for this indicator. In FFY 2005, Virginia experienced slippage on this indicator from the baseline data reported in the State Performance Plan (SPP) and, in FFY 2006, was just shy of getting back to the baseline. The amount of progress from FFY 2006 to FFY 2007 was in proportion to that projected in the original state targets but did not result in reaching the target since the rate of progress was less than expected in the first 2 years of the SPP cycle. Now that solid progress has been established, the State Lead Agency is proposing to revise the targets for the final years of the SPP cycle using the FFY 2007 data (1.92%) as the starting point and using an amount of progress that is proportionate to what was projected when the state targets were originally set. That method results in the following targets for the percent of the birth – three population served in Virginia’s Part C system:

Fiscal Year	Targets Identified in SPP	Proposed New Targets
FFY 2008	2.45%	2.1%
FFY 2009	2.7%	2.3%
FFY 2010	3.0%	2.6%

Improvement Activities:

Improvement activities and timelines in the FFY 2006 APR have been revised as follows:

- The timeline for revising the State Interagency Agreement for Part C to clarify responsibilities associated with child find and referral to the Part C system has been delayed to ensure that the agreement is consistent with final federal Part C regulations and new State Part C regulations.
- The timeline for statewide implementation of the revised Family Cost Share practices and fee scale has been changed to April 1, 2009 to ensure these practices align with the Virginia Part C Service Pathway, Practice Manual, and the Medicaid-EI Initiative.
- The activities related to guidance to local system managers and providers on considerations in evaluation and assessment and technical assistance on the appropriate use of developmental screening have been deleted since these issues are being addressed through the Part C Practice Manual and expanded training associated with EI certification.
- The timeline for exploring the possibility of including Part C information in the newsletter of the Virginia chapter of the American Academy of Pediatrics has been postponed due to other priority projects in FFY 2007.
- The following new improvement activities have been added:

# APR Template – Part C

- Finalize the Part C Practice Manual, which addresses specific requirements associated with intake, screening, eligibility determination, assessment for service planning and IFSP development
- Incorporate information and resources on evidence-based practice related to intake, screening, eligibility determination, assessment for service planning and IFSP development in the new training requirements associated with the EI certification process
- Implement Virginia’s Part C Service Pathway statewide to ensure a consistent framework for intake, screening, eligibility determination, assessment for service planning and IFSP development

With these revisions, planned improvement activities related to increasing the percentage of the birth – 3 population served in Part C are as follows:

Activity	Timelines	Resources
1. Provide technical assistance and follow-up to local systems in implementing service enhancement plans	Ongoing	<u>Personnel</u> : State Part C Staff
2. Review and revise, as needed, statewide public awareness materials and practices to ensure appropriateness with traditionally under-served populations (e.g., minorities; low income, rural, homeless, wards of the State)	Ongoing	<u>Personnel</u> – State Part C Staff, possibly consultant <u>Funding</u> – To be determined <u>Other</u> – Stakeholder input
3. Identify existing evidence-based materials for use with primary referral sources in improving the appropriateness of referrals	Ongoing	<u>Personnel</u> – State Part C Staff
4. Implement new Family Cost Share practices and a fee scale that better ensure that a family’s inability to pay is not a barrier to seeking or accepting supports and services	April 1, 2009	<u>Personnel</u> : State Part C Staff; national consultants <u>Funding</u> : Already in Part C budget <u>Other</u> : Stakeholder workgroup
5. Finalize the Part C Practice Manual, which addresses specific requirements associated with intake, screening, eligibility determination, assessment for service planning and IFSP development	July 1, 2009	<u>Personnel</u> – State Part C staff, DMAS staff <u>Funding</u> – None <u>Other</u> – Stakeholder reviewers
6. Incorporate information and resources on evidence-based practice related to intake, screening, eligibility determination, assessment for service planning and IFSP	July 1, 2009	<u>Personnel</u> – State Part C staff, DMAS staff, Integrated Training Collaborative <u>Funding</u> – Already in State Part C

# APR Template – Part C

Virginia  
State

Activity	Timelines	Resources
development in the new training requirements associated with the EI certification process.		budget  <u>Other</u> – VICC CSPD Committee, Personnel/Training Stakeholder Group
7. Implement Virginia’s Part C Service Pathway statewide to provide a consistent framework for intake, screening, eligibility determination, assessment for service planning and IFSP development	July 1, 2009	<u>Personnel</u> – State Part C staff, DMAS staff  <u>Funding</u> – New Medicaid reimbursement structure and rates are designed to help support implementation of the pathway
8. Develop and implement a mechanism through ITOTS to enter the specific referral source (e.g., name of physician, name of hospital), to include this level of detail in reports, and to use this information to generate letters to referral sources acknowledging receipt of the referral	2009	<u>Personnel</u> : State Part C staff, ITOTS staff  <u>Funding</u> : Already in State Part C budget
9. Provide training to managed care organizations regarding the supports and services available through the Part C system, the process for making referrals and the key role the managed care case managers play in facilitating access to these supports and services for eligible children and families	2009	<u>Personnel</u> – State Part C Staff, DMAS staff
10. Revise the State Interagency Agreement for Part C to clarify responsibilities associated with child find and referral to the Part C system.  <ul style="list-style-type: none"> <li>• Collaborate with Early Head Start and Migrant Head Start to identify procedures and strategies to ensure that children served through Head Start programs who are potentially eligible for Part C are referred to the local Part C system and include in the State interagency agreement</li> </ul>	February 2010	<u>Personnel</u> : State Part C staff; Other Participating State Agencies’ staff, Head Start
11. Explore the possibility of	2010	<u>Personnel</u> – State Part C Staff

# APR Template – Part C

Virginia  
State

Activity	Timelines	Resources
including Part C information in the newsletter of the Virginia chapter of the American Academy of Pediatrics		

**Part C State Annual Performance Report (APR) for FFY 2007**

**Monitoring Priority: Effective General Supervision Part C / Child Find**

**Indicator 7:** Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C’s 45-day timeline.

(20 U.S.C. 1416(a)(3)(B) and 1442)

**Measurement:**

Percent = [(# of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting was conducted within Part C’s 45-day timeline) divided by the (# of eligible infants and toddlers evaluated and assessed)] times 100.

Account for untimely evaluations.

FFY	Measurable and Rigorous Target
2007	100%

**Actual Target Data for FFY 2007:**

98% of eligible infants and toddlers with IFSPs had an evaluation and assessment and an initial IFSP meeting within Part C’s 45-day timeline.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2007:**

Target Data

Virginia continues to demonstrate a high level of compliance with the requirement to complete an evaluation and assessment and an initial IFSP meeting within Part C’s 45-day timeline. The data for FFY 2007 was reported through ITOTS, Virginia’s Part C data system, and includes all eligible infants and toddlers referred to Part C statewide between April 1, 2008 and June 30, 2008. The 45-day timeline was met for 1,560 of the 1,592 eligible children referred (1,560 /1,592 = 98%). Both the numerator and denominator include 208 children for whom the timeline was exceeded due to family reasons or other exceptional circumstances beyond the local system’s control.

Further analysis of the system reasons for exceeding the 45-day timeline indicated the following reasons for delay:

**Delays Due to System Reasons**

Foster Parent/Surrogate Parent Issues	Provider Unavailability	Other
12	16	4

**Delays Due to Provider Unavailability**

Occupational Therapy	Physical Therapy	Speech Language Therapy	Special Instruction	Service Coordination	Other
4	1	5	4	1	1

The primary issues impacting compliance were provider unavailability and delays associated with foster care situations. Anecdotal data indicates that delays associated with foster care situations usually involve difficulty in getting parental consent for evaluation and assessment when a parent’s rights have not been terminated but that parent is incarcerated or difficult to contact. If the proposed federal changes in the start of the 45-day timeline (to start when the parent gives consent) are adopted, then these situations would no longer result in non-compliance with the 45-day timeline.

Based on the FFY 2007 data, the status of local systems on this indicator is as follows: (Please note that in FFY 2007 one local lead agency declined to continue in that role. The local lead agency from a neighboring part of the State assumed responsibility for the area of the State previously covered by the exiting local lead agency. As a result, there are now 39 local systems in Virginia.)

**FFY 2007 Status of Local Systems on Indicator 7**

	100% Compliance	Substantial Compliance (95% - 99%)	Non-Compliance
<b># of local systems</b>	23	11	5

The 5 local systems that demonstrated non-compliance with this indicator were at 83%, 92%, 93%, 94% and 94%.

The FFY 2007 status of local systems is based on data from the last quarter for FFY 2007. The data was collected and reported to the State Lead Agency in early FFY 2008 and then verified. Therefore, non-compliance findings from this review of data were identified in FFY 2008. Local systems that were not at 100% compliance with this indicator based on FFY 2007 data then received written notification of their non-compliance. The 2 local systems that are below 93% compliance are required to develop a Corrective Action Plan related to the 45-day timeline. The other 14 local systems with 93% - 99% compliance received written notification of their status and the need to reach full compliance (100%) within one year.

Correction of Non-Compliance:

**FFY 2006 Findings:** There were 9 findings of non-compliance in FFY 2006 related to the 45-day timeline. All were identified on February 1, 2007. Six (6) of these findings were corrected within 1 year (2/1/08). The other 3 findings have been corrected since that time. One was corrected by 3/31/08 and the other two, by 10/30/08. There are no remaining FFY 2006 findings related to this indicator.

**FFY 2007 findings** – Even though correction of FFY 2007 findings is not within the timeline for this APR, data on these findings further illustrates Virginia’s ability to correct non-compliance in a timely manner. There were 14 findings of non-compliance in FFY 2007 related to the 45-day timeline. All were identified on January 11, 2008. As of December 15, 2008, the State Lead Agency has already been able to verify correction of 13 of the 14 findings of non-compliance.

Explanation of Progress

Virginia demonstrated progress from 96% to 98% compliance with this indicator. The State has also been successful in ensuring correction of local non-compliance. In addition to supporting local systems in identifying and implementing local improvement activities, the following improvement

activities were implemented at the State level during FFY 2007 and early FFY 2008 in order to improve compliance with the 45-day timeline requirements:

- State Part C technical assistance consultants addressed issues related to the 45-day timeline at regional meetings of local system managers throughout the year.
- A statewide technical assistance call was held on August 15, 2007 to share information about the proposed federal Part C definition of “parent” and to review procedures related to use of surrogate parents.
- Eighty-four (84) service coordinators received training through *Kaleidoscope: New Perspectives in Service Coordination* in FFY 2007. This training emphasizes the service coordinator’s role in scheduling and helping the family to prepare for and understand their rights and responsibilities in the eligibility determination, assessment for service planning and IFSP development process.
- The requirement for all Part C personnel to complete the on-line *Orientation to Part C* training module, passing the competency test with 80% accuracy, was implemented statewide beginning March 10, 2008. This training module includes information on the requirements associated with evaluation, assessment and IFSP development, including the 45-day timeline requirement.
- The VICC established a committee to focus on the Comprehensive System of Personnel Development. While the original plan called for a retreat to focus on personnel shortages, the VICC instead took a broader view in that retreat looking at Virginia’s Part C system overall and the role and priorities of the VICC within that system. Personnel shortages remain a priority for the VICC, and the CSPD committee is charged with providing information to the VICC on this issue in order for the VICC to develop recommendations and provide assistance to the State Lead Agency.
- The State Lead Agency continued to facilitate local Part C job postings on the State Lead Agency website and through a bulletin board for job postings at the annual State early intervention conference.
- The Infant & Toddler Connection of Virginia Technical Assistance Update, which is published every other month and widely disseminated, included information about university training degree programs and other resources for addressing personnel shortages that may impact compliance with the 45-day timeline.
- A State Part C staff member and local provider presented "Speech and Language Services in Early Intervention: Applying Evidence-Based Practice" at the Annual Innovations in Clinical Communication Sciences, at James Madison University in October 2007. The audience included practicing speech-language pathologists, undergraduate and graduate speech-language and audiology students and faculty. The presenters also participated in a lunch roundtable, which offered a more personal level of communication with 40 participants and resulted in an inquiry from one speech-language pathologist about working in early intervention.
- The State Lead Agency and the State Medicaid Agency (Department of Medical Assistance Services) continued to collaborate on changes in the way that Part C services are reimbursed under Medicaid. A State Plan Amendment is under development that will move reimbursement for Part C services under EPSDT rather than outpatient rehabilitation. The proposed change includes increased reimbursement rates for providers. It is expected that this will improve local systems’ ability to recruit and retain providers, resulting in improved compliance with the 45-day timeline and the ability to maintain that compliance. Implementation of the Medicaid changes is targeted for July 1, 2009.
- The State Lead Agency introduced Virginia’s Part C Service Pathway to local lead agencies and providers on November 2, 2008. The service pathway is a visual representation of the flow of steps that take place as children and families move through the early intervention system from referral to IFSP implementation. The intent of the pathway is to provide a consistent framework within which family-centered, individualized planning occurs for each child and family and to ensure the following:

- Families truly understand their rights and responsibilities at each step in the screening, eligibility determination, assessment for service planning and IFSP development process;
  - Eligibility determination procedures quickly and accurately determine the child's eligibility;
  - Only those children who are eligible for Part C services receive an assessment for service planning; and
  - Personnel and funding resources are used as effectively and efficiently as possible.
- These efforts are expected to positively impact provider shortage issues and local eligibility determination practices resulting in improved compliance with the 45-day timeline and the ability to maintain that compliance.
- A Part C Practice Manual and new statewide forms have been drafted to support statewide implementation of the service pathway beginning July 1, 2009. In developing the Practice Manual, all existing practice, procedure and technical assistance documents were reviewed and incorporated within the manual, to the extent appropriate.
  - State Part C personnel regulations have been drafted to support the Medicaid changes. The State Lead Agency will begin certifying early intervention (EI) practitioners, including service coordinators, no later than July 1, 2009. This certification process will involve enhancements to Virginia's Part C Comprehensive System of Personnel Development (CSPD), with consistent training offered to all practitioners seeking to obtain and maintain EI certification. Web-based modules required prior to certification and training required within 18-months of certification will address evidence based practices in screening, eligibility determination, assessment for service planning and IFSP development.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2007:**

*[If applicable]*

Improvement activities and timelines in the FFY 2006 APR have been revised as follows:

- The activity related to ongoing service coordination training through Kaleidoscope has been deleted since training for all service providers, including service coordinators, will now be addressed through the EI certification process.
- The activity to develop a rate methodology template has been deleted since the rate study information was used to establish new Medicaid reimbursement rates rather than a rate template for use by local systems. The proposed Medicaid rates take into account associated costs beyond salary and benefits.
- Since the new Medicaid reimbursement structure has been identified, the activity related to collaboration with the Department of Medical Assistance Services has been revised to reflect submission of the State Plan Amendment and implementation of the new reimbursement structure.

New improvement activities have been added to address the following issues associated with personnel shortages and effective use of existing personnel:

- Implementation of changes in Medicaid reimbursement for Part C services;
- Development of training associated with EI certification;
- Completion of the Part C Practice Manual; and
- Implementation of Virginia's Part C service pathway

# APR Template – Part C

- Expanding private insurance reimbursement for Part C services

Planned improvement activities related to the 45-day timeline are as follows:

Activity	Timelines	Resources
1. Continue to provide technical assistance to local systems based on local corrective action plans developed to address noncompliance with the 45-day timeline.	Ongoing	<u>Personnel</u> : State Part C staff  <u>Funding</u> : Already in Part C budget
2. Collaborate with the Department of Medical Assistance Services in submission of a State Plan Amendment to move reimbursement for Part C under EPSDT with increased reimbursement rates.	July 1, 2009	<u>Personnel</u> – State Part C Staff, DMAS staff, National Consultants  <u>Funding</u> – State match is available  <u>Other</u> – VICC
3. Finalize the Part C Practice Manual, which addresses specific requirements associated with intake, screening, eligibility determination, assessment for service planning and IFSP development	July 1, 2009	<u>Personnel</u> – State Part C staff, DMAS staff  <u>Funding</u> – None  <u>Other</u> – Stakeholder reviewers
4. Incorporate information and resources on evidence-based practice related to intake, screening, eligibility determination, assessment for service planning and IFSP development in the new training requirements associated with the EI certification process.	July 1, 2009	<u>Personnel</u> – State Part C staff, DMAS staff, Integrated Training Collaborative  <u>Funding</u> – Already in State Part C budget  <u>Other</u> – VICC CSPD Committee, Personnel/Training Stakeholder Group
5. Implement Virginia’s Part C Service Pathway statewide to provide a consistent framework for intake, screening, eligibility determination, assessment for service planning and IFSP development	July 1, 2009	<u>Personnel</u> – State Part C staff, DMAS staff  <u>Funding</u> – New Medicaid reimbursement structure and rates are designed to help support implementation of the pathway
6. Collaborate with the State Corporation Commission to expand private insurance reimbursement for Part C services	2010	<u>Personnel</u> : State Part C Staff, State Corporation Commission (Bureau of Insurance)  <u>Other</u> : VICC

**Part C State Annual Performance Report (APR) for FFY 2007**

**Monitoring Priority: Effective General Supervision Part C / Effective Transition**

**Indicator 8:** Percent of all children exiting Part C who received timely transition planning to support the child’s transition to preschool and other appropriate community services by their third birthday including:

- A. IFSPs with transition steps and services;
- B. Notification to LEA, if child potentially eligible for Part B; and
- C. Transition conference, if child potentially eligible for Part B.

(20 U.S.C. 1416(a)(3)(B) and 1442)

**Measurement:**

- A. Percent = [(# of children exiting Part C who have an IFSP with transition steps and services) divided by the (# of children exiting Part C)] times 100.
- B. Percent = [(# of children exiting Part C and potentially eligible for Part B where notification to the LEA occurred) divided by the (# of children exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(# of children exiting Part C and potentially eligible for Part B where the transition conference occurred) divided by the (# of children exiting Part C who were potentially eligible for Part B)] times 100.

FFY	Measurable and Rigorous Target
2007	100%

**Actual Target Data for FFY 2007:**

- A. **99%** of IFSPs include transition steps and services
- B. Notification was sent to the local school division for **100%** of children potentially eligible for Part B
- C. A transition conference was held for **96%** of children potentially eligible for Part B

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2007:**

Target Data

Target data for FFY 2007 is based on monitoring data from all 39 local Part C systems in Virginia. The records of children who exited or would be exiting the Part C system between April 1, 2008 and September 30, 2008 were reviewed to determine compliance with the three transition requirements included in Indicator 8. The State Lead Agency randomly selected the children whose records were to be reviewed by the local system as follows:

- The number of records to be reviewed was based on the number of children who transitioned from the local Part C system in the given time period:

Number of children who transitioned between 4/1/08 – 9/30/08	Number of records to be reviewed
0 - 20	10
21 - 100	15
101 - 300	20

- Once the number of records was determined, the exact records to be reviewed were selected using the following criteria in order to ensure a representative sample:

- For local systems that must review **10** records:

# Of Records	Criteria
2	Children of each Gender
1	Child of each race/ethnicity represented in the “pool” of children

- For local systems that must review **15** records:

# Of Records	Criteria
3	Children of each Gender
2	Children of each race/ethnicity represented in the “pool” of children

- For local systems that must review **20** records:

# Of Records	Criteria
4	Children of each Gender
2	Children of each race/ethnicity represented in the “pool” of children

- The remaining records needed to reach the total number the local system was required to review were selected randomly using numbers generated by [www.random.org](http://www.random.org).

- A. *Transition Steps and Services* – Of the 660 records reviewed, the most recent IFSP included transition steps and services for 653 of the children. (653 /660 = 99%)

**FFY 2007 Status of Local Systems on Indicator 8a**

	100% Compliance	Substantial Compliance (95% - 99%)	Non-Compliance
<b># of local systems</b>	36	1	2

The 2 local systems that demonstrated non-compliance were at 80% and 90% compliance.

The FFY 2007 status of local systems is based on data from the last quarter for FFY 2007. The data was collected and reported to the State Lead Agency in early FFY 2008 and then verified. Therefore, non-compliance findings from this review of data were identified in FFY 2008. Local systems that were not at 100% compliance with this indicator based on FFY 2007 data then received written notification of their non-compliance. The 2 local systems that are below 93% compliance are required to develop Corrective Action Plans related to transition steps and services. The other local system that is below 100% received written notification of their status and the need to reach full compliance (100%) within one year.

- B. *Notification to the LEA* – Records were reviewed for a total of 632 children considered potentially eligible for Part B. Of the 632 records, there were 109 in which the family did not allow the notification to the school division. Of the 523 families who allowed notification, the information was sent to the school division for all 523 of the children. (523 / 523 = 100%)

**FFY 2007 Status of Local Systems on Indicator 8b**

	<b>100% Compliance</b>	<b>Substantial Compliance (95% - 99%)</b>	<b>Non-Compliance</b>
<b># of local systems</b>	39	0	0

All local systems are in full compliance with the requirements for notification to the LEA.

- C. *Transition Conference* – Records were reviewed for a total of 632 children considered potentially eligible for Part B. The parent gave approval for a transition conference to be held for 396 of these children. The transition conference was delayed due to system reasons for 16 of the 396 children whose parents gave approval for the conference. Therefore, the transition conference was held in compliance with Part C requirements for 380 of the 396 families who gave approval for a conference.

(380 / 396 = 96%)

The numerator and denominator include 87 children for whom the conference did not occur within the required time frames due to family preference or exceptional circumstances.

For the 16 records where there was a delay in the transition conference due to system reasons, 5 were due to Part C scheduling difficulties, 7 were due to school system scheduling difficulties and 4 were listed as “no reason documented.”

To help ensure the accuracy of data submitted, the local record review instructions gave examples of exceptional circumstances, and training on the record review form was provided to local system managers via a statewide technical assistance call with follow-up technical assistance through regional meetings of local system managers. Local system managers were required to submit a signed verification form confirming the accuracy of the local record review data.

**FFY 2007 Status of Local Systems on Indicator 8c**

	<b>100% Compliance</b>	<b>Substantial Compliance (95% - 99%)</b>	<b>Non-Compliance</b>
<b># of local systems</b>	30	0	9

The 9 local systems that demonstrated non-compliance had percentages that ranged from 69% to 92%.

The FFY 2007 status of local systems is based on data from the last quarter for FFY 2007. The data was collected and reported to the State Lead Agency in early FFY 2008 and then verified. Therefore, non-compliance findings from this review of data were identified in FFY 2008. Local systems that were not at 100% compliance with this indicator based on FFY 2007 data then received written notification of their non-compliance. The 9 local systems that are below 93% compliance are required to develop a Corrective Action Plan related to the transition conference.

Correction of Non-Compliance**FFY 2006 Findings:**

- **Indicator 8a** - There were 22 findings of non-compliance in FFY 2006 related to transition steps and services. All were identified on February 1, 2007. Eighteen (18) of these findings were corrected within 1 year (2/1/08). The other 4 findings have been corrected since that time. One was corrected by 5/23/08; two, by 6/30/08; and one, by 12/1/08. There are no remaining FFY 2006 findings related to this indicator.  
**Clarification:** In its FFY 2006 SPP/APR Response Table, OSEP indicated that Virginia must confirm in the FFY 2007 APR whether it identified any findings in FFY 2005 with the IFSP transition content requirements. The findings described in the FFY 2005 APR were based on FFY 2005 data but actually identified in FFY 2006 (on 2/1/07). Therefore, there were no FFY 2005 findings related to Indicator 8a. There were 22 findings of non-compliance in FFY 2006.
- **Indicator 8b** – There were 12 findings of non-compliance in FFY 2006 related to notification to the LEA. All were identified on February 1, 2007. Eight (8) of these findings were corrected within 1 year (2/1/08). The other 4 findings have been corrected since that time. One was corrected by 3/31/08; one, by 6/2/08; and two, by 6/30/08. There are no remaining FFY 2006 findings related to this indicator.
- **Indicator 8c** - There were 13 findings of non-compliance in FFY 2006 related to the transition planning conference. All were identified on February 1, 2007. Ten (10) of these findings were corrected within 1 year (2/1/08). The other 3 findings have been corrected since that time. One was corrected by 6/30/08; one, by 10/14/08; and one, by 12/1/08. There are no remaining FFY 2006 findings related to this indicator.  
**Please note:** In the FFY 2005 and FFY 2006 APRs, Virginia stated that there were 21 findings of non-compliance related to Indicator 8c. The State Lead Agency has determined that there were only 13 findings actually identified to local systems.

**FFY 2007 findings** - Even though correction of FFY 2007 findings is not within the timeline for this APR, data on these findings further illustrates Virginia's ability to correct non-compliance in a timely manner.

- **Indicator 8a** - There were 8 findings of non-compliance in FFY 2007 related to transition steps and services. All were identified on January 11, 2008. As of December 15, 2008, the State Lead Agency has already been able to verify correction of all 8 of the findings of non-compliance.
- **Indicator 8b** – There were 8 findings of non-compliance in FFY 2007 related to notification to the LEA. All were identified on January 11, 2008. As of December 15, 2008, the State Lead Agency has already been able to verify correction of all 8 of the findings of non-compliance.
- **Indicator 8c** - There were 13 findings of non-compliance in FFY 2007 related to the transition planning conference. All were identified on January 11, 2008. As of December 15, 2008, the State Lead Agency has already been able to verify correction of 9 of the 13 findings of non-compliance.

Explanation of Progress

Virginia made progress on all 3 of the requirements for this indicator, improving from 96% to 99% on 8a; 93% to 100% on 8b; and 95% to 96% on 8c. The State has also been successful in ensuring correction of local non-compliance. In addition to supporting local systems in identifying and implementing local improvement activities, a number of state-level improvement activities were completed in FFY 2007 and early FFY 2008 and contributed to this progress:

- Technical assistance was provided routinely at regional meetings of local system managers on a variety of issues related to transition.
- Significant revisions to the transition page of the statewide IFSP form and corresponding instructions were finalized and implemented beginning January 1, 2008. The revised transition page includes more detail, prompting service coordinators and families to discuss,

- complete (as appropriate), and document the transition steps and services, including notification to the school division and the transition planning conference.
- A 2-day statewide training for local system managers was held in October 2007. The training included information from the State Part C Office and presentations by local system managers of promising transition practices. At the end of the training, each local system manager had a packet with sample forms, resource lists and contact information, and other similar practical and specific information. A table showing all planned local improvement activities across the Commonwealth related to transition was included in the packet.
  - Eighty-four (84) service coordinators participated in, *Kaleidoscope: New Perspectives on Service Coordination* (Level I) training, which addresses issues of compliance with transition requirements.
  - This year's transition training was offered through the State Early Intervention Conference as a concurrent session. The session was presented by Part B and Part C representatives and a parent. Topics covered included a review of Part C and Part B regulations and requirements related to transition, parent tips, activities to help make transition smoother, and links to websites and other resources on transition.
  - The requirement for all Part C personnel to complete the on-line *Orientation to Part C* training module, passing the competency test with 80% accuracy, was implemented statewide beginning March 10, 2008. This training module includes information on the requirements associated with transition.
  - The [Infant & Toddler Connection of Virginia Update](#), which is published every other month and disseminated to local systems, provided links to evidence-based strategies related to transition.
  - State Part C staff attended sessions related to transition at the OSEP Data Managers and Accountability Conferences.
  - State Part C staff participated in the Mid-South RRC Regional Forum for Part B and Part C General Supervision in March 2008. The focus of the forum was transition. Materials provided at and following the forum are being incorporated into training and web modules as part of the enhanced Comprehensive System of Personnel Development (CSPD) for Part C in Virginia.
  - **The State Lead Agency accessed the following technical assistance related to the transition requirements, as advised by the Office of Special Education Programs (OSEP) in its determination of needs assistance based on Virginia's FFY 2006 APR:**
    - State Part C staff members reviewed all materials referenced in the Technical Assistance for Part C - Indicator 8 on the Regional Resource Center Program's website.
    - The Investigative Questions related to transition were used to develop a guidance package that will be used by Part C Technical Assistance Consultants and local system managers to assist in the identification of effective local improvement strategies in Corrective Action Plans (CAPs). This guidance package will be available to staff and local systems when developing the new CAPs in FFY 2008.
    - Three of the documents cited as resources for developing an infrastructure to support transition have been used with local systems in planning Corrective Action Plan strategies and in supporting implementation of those strategies. These documents are *Designing and Implementing Effective Early Childhood Transition Processes* (March 2008), *Early Childhood Transition Worksheet*, and *Transition Initiative and Transition Processes PowerPoint presentation*. Some local systems have found these resources to be useful in identifying infrastructure changes necessary to achieve compliance with the Part C transition requirements.
    - State staff members frequently access the National Early Childhood Transition Center (NECTC) website to find information and resources to support local systems in making improvements related to transition. One resource listed on the NECTC website, *Tools for Transition in Early Childhood: A Step-By-Step Guide for Agencies, Teachers, and Families* has been distributed to all local systems. A link to the NECTC website was one of the resources provided to participants in the Transition session at the 2008 Virginia Early Intervention Conference.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2007:**

*[If applicable]*

The following revisions to the FFY 2007 APR improvement activities have been made to ensure continued progress toward reaching the target of 100% compliance:

- Timelines associated with establishing State Part C regulations and revising the State interagency agreement were delayed to allow for review of final regulatory language related to Part C of the 2004 Individuals with Disabilities Education Improvement Act.
- The following new improvement activities were added to ensure transition requirements are addressed in the training and materials that will be implemented by July 1, 2009 in conjunction with EI certification and the Part C Service Pathway:
  - Incorporate information and resources for evidence-based practice related to transition in the new training requirements associated with the EI certification process
  - Finalize the Part C Practice Manual, which addresses specific requirements associated with transition

Planned improvement activities related to transition are as follows:

Activity	Timelines	Resources
1. Incorporate information and resources for evidence-based practice related to transition in the new training requirements associated with the EI certification process	July 1, 2009	<p><u>Personnel</u>: State Part C staff, Part B staff, Integrated Training Collaborative</p> <p><u>Funding</u>: Already in State Part C budget</p> <p><u>Other</u> – VICC CSPD Committee, Personnel/Training Stakeholder Group</p>
2. Finalize the Part C Practice Manual, which addresses specific requirements associated with transition	July 1, 2009	<p><u>Personnel</u> – State Part C staff, DMAS staff</p> <p><u>Funding</u> – None</p> <p><u>Other</u> – Stakeholder reviewers</p>
3. In promulgating State Part C regulations, ensure regulations related to transition address new language in IDEA 2004 and facilitate compliance with Part C transition requirements	February 2010	<p><u>Personnel</u> – State Part C Staff</p>
4. Revise the State Interagency Agreement for Part C to establish specific procedures to be used at the local level to meet Part C transition requirements	February 2010	<p><u>Personnel</u>: State Part C staff; Other Participating State Agencies' staff</p>

Part C State Annual Performance Report (APR) for FFY 2007

**Monitoring Priority: Effective General Supervision Part C / General Supervision**

**Indicator 9:** General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification.

(20 U.S.C. 1416(a)(3)(B) and 1442)

**Measurement:**

Percent of noncompliance corrected within one year of identification:

- a. # of findings of noncompliance
- b. # of corrections completed as soon as possible but in no case later than one year from identification.

Percent = [(b) divided by (a)] times 100.

For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.

FFY	Measurable and Rigorous Target
2007	100%

**Actual Target Data for FFY 2007:**

In FFY 2007, **70%** of local noncompliance was corrected within one year of identification

# APR Template – Part C

Virginia  
State

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2007:**  
Target Data

## FFY 2007 Data on Correction on Noncompliance

Indicator	General Supervision System Components	# of Programs Monitored in FFY 2006	a. # of Findings of noncompliance identified in FFY 2005 (7/1/06-6/30/07)	b. # Findings from a. for which correction was verified no later than one year from identification
1. Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.	<b>Monitoring:</b> (Self-Assessment/ Local APR, Data Review/Desk Audit/ On-Site Visit, etc.)	39	34 (Identified 2/1/07)	22
	<b>Dispute Resolution</b> (Complaints, due process hearings)	0	0	0
2. Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	<b>Monitoring:</b> (Self-Assessment/ Local APR, Data Review/Desk Audit/ On-Site Visit, etc.)	39	0	0
	<b>Dispute Resolution</b> (Complaints, due process hearings)	0	0	0
3. Percent of infants and toddlers with IFSPs who demonstrate improved outcomes	<b>Monitoring:</b> (Self-Assessment/ Local APR, Data Review/Desk Audit/ On-Site Visit, etc.)	0	0	0
	<b>Dispute Resolution</b> (Complaints, due process hearings)	0	0	0

**APR Template – Part C**

Virginia  
State

Indicator	General Supervision System Components	# of Programs Monitored in FFY 2006	a. # of Findings of noncompliance identified in FFY 2005 (7/1/06-6/30/07)	b. # Findings from a. for which correction was verified no later than one year from identification
4. Percent of families participating in Part C who report that early intervention services have helped the family	<b>Monitoring:</b> (Self-Assessment/ Local APR, Data Review/Desk Audit/ On-Site Visit, etc.)	39	0	0
	<b>Dispute Resolution</b> (Complaints, hearings)	0	0	0
5. Percent of infants and toddlers birth to 1 with IFSPs  6. Percent of infants and toddlers birth to 3 with IFSPs	<b>Monitoring:</b> (Self-Assessment/ Local APR, Data Review/Desk Audit/ On-Site Visit, etc.)	39	0	0
	<b>Dispute Resolution</b> (Complaints, hearings)	0	0	0
7. Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.	<b>Monitoring:</b> (Self-Assessment/ Local APR, Data Review/Desk Audit/ On-Site Visit, etc.)	39	9 (Identified 2/1/07)	6
	<b>Dispute Resolution</b> (Complaints, hearings)	0	0	0
8. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: A. IFSPs with transition steps	<b>Monitoring:</b> (Self-Assessment/ Local APR, Data Review/Desk Audit/ On-Site Visit, etc.)	39	22 (Identified 2/1/07)	18

# APR Template – Part C

Virginia  
State

Indicator	General Supervision System Components	# of Programs Monitored in FFY 2006	a. # of Findings of noncompliance identified in FFY 2005 (7/1/06-6/30/07)	b. # Findings from a. for which correction was verified no later than one year from identification
and services;	<b>Dispute Resolution</b> (Complaints, hearings)	0	0	0
8. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: B. Notification to LEA, if child potentially eligible for Part B	<b>Monitoring:</b> (Self-Assessment/ Local APR, Data Review/Desk Audit/ On-Site Visit, etc.)	39	12 (Identified 2/1/07)	7
	<b>Dispute Resolution</b> (Complaints, hearings)	0	0	0
8. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: C. Transition conference, if child potentially eligible for Part B.	<b>Monitoring:</b> (Self-Assessment/ Local APR, Data Review/Desk Audit/ On-Site Visit, etc.)	39	13 (Identified 2/1/07)	10
	<b>Dispute Resolution</b> (Complaints, hearings)	0	0	0
<b>Sum the numbers down Column a and Column b</b>			90	63

Percent of noncompliance corrected within one year of identification = (column b sum divided by column a sum) times 100:  $63 / 90 = 70\%$

Correction of the findings of non-compliance not corrected within one year is described below. When the number of findings corrected beyond the one-year mark is included, 98% of the FFY 2006 findings of non-compliance have been corrected. There are only 2 remaining findings of non-compliance from FFY 2006, and both have improved to the level of substantial compliance (at or above 95%).

Status of FFY 2006 findings of non-compliance extending beyond one year:

**Indicator 1:** Of the 12 findings of non-compliance not corrected within 1 year, 10 have been corrected since. The remaining 2 findings have been corrected to a level of substantial compliance. Specifically, the status of these remaining 2 findings is as follows:

- o Finding A – As of August 30, 2008, this local system has improved to 95% compliance with the requirement for timely start of services. Their compliance at the time of the

finding in FFY 2006 (2/1/07) was 56%. This local system has a Corrective Action Plan in place to support continued improvement and achievement of 100% compliance. Since the local system has reached substantial compliance with this indicator, no enforcement actions have been imposed beyond continued implementation and State monitoring of the Corrective Action Plan.

- **Finding B** - This local system was at 52% compliance with the requirement for timely start of services at the time of the FFY 2006 finding (2/1/07). As of June 18, 2008, they had improved to 97% compliance. This local system has a Corrective Action Plan in place to support continued improvement and achievement of 100% compliance. Since the local system has reached substantial compliance with this indicator, no enforcement actions have been imposed beyond continued implementation and State monitoring of the Corrective Action Plan.
- **Indicator 7:** All 3 findings of non-compliance not corrected within 1 year have been corrected since. One was corrected by 3/31/08 and the other two, by 10/30/08. There are no remaining FFY 2006 findings related to this indicator.
- **Indicator 8a:** All 4 remaining findings of non-compliance not corrected within 1 year have been corrected since. One was corrected by 5/23/08; two, by 6/30/08; and one, by 12/1/08. There are no remaining FFY 2006 findings related to this indicator.
- **Indicator 8b:** All 4 remaining findings of non-compliance not corrected within 1 year have been corrected since. One was corrected by 3/31/08 and the other three, by 6/30/08. There are no remaining FFY 2006 findings related to this indicator.
- **Indicator 8c:** All 3 remaining findings of non-compliance not corrected within 1 year have been corrected since. One was corrected by 6/30/08; one, by 10/14/08; and one, by 12/1/08. There are no remaining FFY 2006 findings related to this indicator.
  - **Please note:** In the FFY 2005 and FFY 2006 APRs, Virginia stated that there were 21 findings of non-compliance related to Indicator 8c. The State Lead Agency has determined that there were only 13 findings actually identified to local systems. The number has been corrected in the target data table, above, and within the reporting on Indicator 8.
- **Remaining non-compliance from FFY 2005** - In its FFY 2006 SPP/APR Response Table, OSEP indicated that Virginia must demonstrate in the FFY 2007 APR that the State has corrected the remaining non-compliance identified in FFY 2005. There were 4 remaining findings of non-compliance from FFY 2005. All four findings were related to timely initiation of services, and all four were corrected by November 5, 2007.

#### Correction of FFY 2007 Findings

Even though correction of FFY 2007 findings is not within the timeline for this APR, data on these findings further illustrates Virginia's ability to correct non-compliance in a timely manner. There were 67 findings of non-compliance in FFY 2007. All were identified on January 11, 2008. As of December 15, 2008, the State Lead Agency has already been able to verify correction of 59 of the 67 findings of non-compliance.

#### Process for verifying correction of non-compliance

The State Lead Agency uses a variety of mechanisms to determine whether a local system has corrected noncompliance within one year of identification. Those mechanisms include, but are not limited to, off-site review of documentation, review of ITOTS data, interviews, and on-site record review.

#### Virginia's General Supervision System:

Virginia's system of supervision and monitoring includes the following:

1. Local Contract for Continuing Participation in Part C Early Intervention for Infants and Toddlers with Disabilities and Their Families – Local lead agencies enter into annual contracts with the State Lead Agency for continuing participation in Part C. The contract includes a scope of work, specified deliverables, a local Part C budget, fiscal and programmatic assurances, and terms and conditions. Local lead agency responsibilities for ongoing self-analysis and monitoring and for participation in State monitoring activities are specified in the contract.
2. Expenditure Reporting – Local lead agency expenditures of Part C funds are monitored

through Part C expenditure reports which are be submitted by each local lead agency to the State Lead Agency in accordance with the terms of the Local Contract for Continuing Participation in Part C.

3. Technical Assistance - Technical assistance is provided to the local system through the following mechanisms.
  - a. State Lead Agency personnel:
    - (1) Assist local systems with implementation of Part C requirements and specific early intervention issues; and
    - (2) Support local systems in resolving issues of compliance or performance as indicated by their monitoring data.
  - b. Other participating State agencies provide technical assistance to local Part C personnel on Part C issues and requirements.

Each local system has an assigned State Part C technical assistance consultant.

4. Monitoring Mechanisms – The State Lead Agency monitors local systems using a variety of data sources, including, but not limited to, the following:
  - a. Infant & Toddler Online Tracking System (ITOTS) data;
  - b. Local record review data;
  - c. Family Survey data;
  - d. On-site monitoring;
  - e. Desk audits;
  - f. Dispute resolution findings; and
  - g. Tracking of timely submission of local data.

Each local system has an assigned State Part C monitoring consultant. All local systems are monitored on each State Performance Plan indicator annually. Additional monitoring or more extensive monitoring (drill-down) may be triggered through the dispute resolution process, local system performance on an indicator, or the local system's determination status.

5. Data Verification - All data submitted to OSEP is verified for accuracy using one or more of the following mechanisms:
  - a. ITOTS quarterly verification reports; and/or
  - b. Signed verification statements submitted by the local lead agency and confirming the accuracy of data submitted through ITOTS and local record reviews; and/or
  - c. On-site data verification by State Part C staff; and/or
  - d. Submission of documentation by the local lead agency to the State Lead Agency for verification.

In FFY 2005 the State Lead Agency conducted on-site data verification with all local systems. In FFY 2006 follow-up on-site data verification visits were conducted with those local systems that had data accuracy issues identified in the first year of data verification visits or since. Beginning in FFY 2007, the State Lead Agency is selecting local systems for data verification measures based on an analysis of data and identified triggers. The methods used for data verification with the selected systems may include on-site data verification or required submission of documentation to the State Lead Agency for desk review and verification. This targeted data verification is in addition to the other data accuracy strategies in place statewide, including signed verification statements, built-in error checks in the ITOTS data system, CAP-SEP status check-ins, phone verification, and review of any questionable data.

6. Public Reporting - The State Lead Agency makes statewide data and the annual profile for each local system available to the public annually through a variety of mechanisms, which may include, but are not limited to, the following:
  - a. Publishing this information on the State Part C website,
  - b. Distributing it through public agencies, and
  - c. Releasing the information through media outlets.
7. Determinations
  - a. The State Lead Agency annually determines if the local system:
    - (1) Meets requirements;
    - (2) Needs assistance;
    - (3) Needs intervention; or
    - (4) Needs substantial intervention.

- b. The State Lead Agency considers the following in making that determination:
- (1) Performance on compliance and performance indicators on the State Performance Plan;
  - (2) Whether data submitted by the local lead agency is valid, reliable and timely;
  - (3) Whether there is uncorrected noncompliance from other monitoring sources;
  - (4) Any audit findings; and
  - (5) Other information, as appropriate.

The Local Contract for Continuing Participation in Part C provides the framework for the General Supervision system, specifying the responsibilities of local lead agencies. Technical assistance consultants support local systems in meeting the requirements of the Local Contract. A variety of monitoring mechanisms are used by the monitoring consultants to ensure local lead agencies are meeting the requirements of Part C as required in the Local Contract. Data gathered through monitoring is used to determine the need for further technical assistance and other enforcement actions; is reported publicly (for the federal indicators); and impacts the local system's determination status. The Monitoring and Supervision Advisory Committee, comprised of State and local stakeholders, and the Virginia Interagency Coordinating Council provide input and recommendations to the State Lead Agency on the general supervision system.

#### Correction of Non-Compliance/Enforcement:

In general, Virginia takes the steps described below to ensure timely correction of noncompliance.

- Corrective Action Plan (CAP)
  - A CAP is required for any Part C requirement for which a letter from the State Part C Coordinator requires such a plan to ensure non-compliance is corrected as soon as possible but not later than one year from the date of identification of the non-compliance (date of memo from the State Lead Agency). For State Performance Plan indicators 1, 7 and 8, a CAP/SEP is required for any indicator on which the local system is below 93% compliance. A CAP is an action plan with explicit strategies, activities and evidence of change for correcting the area(s) of noncompliance as soon as possible but no later than one year from the date of the identification of the noncompliance.
  - The local lead agency is required to submit the corrective action plan to the State Lead Agency for approval by the date given in the letter from the State Part C Coordinator.
  - The State Lead Agency monitors and verifies correction of non-compliance through a variety of mechanisms, including but not limited to, site visits, record reviews, off-site review of documentation, review of ITOTS data, interviews, and progress reports.
  - Once a local system reaches compliance, the local system is informed in writing, within 15 calendar days of receipt of approved documentation that demonstrates compliance has been achieved, that they are released from the corrective action plan for that indicator.
- Determinations
  - The local system's determination status is based on the local system's compliance with federal monitoring indicators; correction of ongoing non-compliance; ITOTS reports; valid and reliable data; timely submission of data (beginning in FFY 2007); and dispute resolutions. Additional categories may be added in the future, as appropriate.
  - A point system is used to make the determination status for each local early intervention system. Each element considered in making the determination receives a score of 0, 1, or 2 points depending on the performance of the local early intervention system in achieving the state targets. Each point has a defined criteria status the local system must achieve in order to attain that score. The point system is designed so that 0 points reflects a substantial degree of compliance, and 2 points reflects a lack of compliance.
  - Based on FFY 2006 data, local determination results in FFY 2007 were as follows:
    - Meets Requirements – 7 local systems
    - Needs Assistance – 27 local systems

- Needs Intervention – 6 local systems
- Needs Substantial Intervention – 0 local systems

There were 23 local systems in Needs Assistance for the second consecutive year and 2 local systems in Needs Intervention for the second consecutive year.

- **Enforcements:**

Enforcements are imposed when non-compliance extends beyond one year or when the local system falls into the determination category of Needs Assistance for two consecutive years or Needs Intervention. Enforcement options available to the State Lead Agency include, but are not limited to, the following:

- Conduct on-site activities (training, TA, record reviews, meetings with staff and/or providers etc) with the Local System Manager as needed and appropriate;
- Conduct on-site activities that include the Local System Manager's Supervisor;
- Conduct on-site activities that include the Local Lead Agency's administration;
- Complete focused monitoring site visit(s) on area(s) of noncompliance;
- Increase frequency of Corrective Action Plan Status Check-ins;
- Require targeted Technical Assistance (TA) and/or Training;
- Require development/revision of the local system's annual staff development plan to include professional development related to the area(s) of noncompliance;
- Require the Local System Manager collect and analyze data and review it with their Technical Assistance and/or Monitoring Consultant at a frequency determined with the State Lead Agency;
- Require the local system to complete additional record reviews at a frequency determined with the State Lead Agency and with verification by the State Lead Agency;
- Link to another local system that demonstrates promising practices in the identified area(s) of noncompliance;
- Require a meeting with the local lead agency administration and the State Part C Coordinator, Technical Assistance & Monitoring Consultants to discuss barriers to compliance, Corrective Action Plan or Service Enhancement Plan (SEP) strategies, how the State Lead Agency can further assist the local system;
- Report noncompliance to the administration of the local lead agency explaining that it may be necessary to redirect or withhold funds if timely improvement is not shown;
- Conditionally approve the local contract;
- Require the local lead agency to direct the use of Part C funds to areas that will assure correction of noncompliance;
- Withhold a percentage of the local system's funds;
- Recover funds;
- Withhold any further payments to the local lead agency;
- Terminate the contract with the local lead agency.

The State Lead Agency has designated required enforcements associated with each of the following categories: non-compliance that extends beyond one year, determination of needs assistance for two consecutive years, determination of needs intervention, determination of needs intervention for three consecutive years, and determination of needs substantial intervention.

- If a local system does not meet the timelines for contract deliverables or CAP/SEP activities/deadlines, any of the following additional enforcement options will be considered by the State Lead Agency:

- Withhold funds until the item is complete
- Inform the Local System Manager's Supervisor or the State Part C Coordinator and request assistance. If sufficient action is not noted, then a request for assistance will be elevated through management levels at the State and/or local lead agency until the issue is resolved.

Explanation of Slippage:

Although Virginia experienced slippage over the previous year on the percentage of non-compliance corrected within 1 year of identification, the State Lead Agency continued to demonstrate a strong

overall ability to correct non-compliance. There continues to be a statewide focus on the timely correction of non-compliance, including consistent and effective improvement planning and State Lead Agency follow-up with local systems that are out of compliance. The following improvement activities were completed in FFY 2007 and early FFY 2008 in order to support correction of noncompliance within one year of identification:

- Virginia's system of enforcements was formalized, with input from the Monitoring and Supervision Advisory Committee; approved by the administration of the State Lead Agency; and implemented.
- Topics related to areas of noncompliance (e.g., 45-day timelines, evaluation and assessment, transition) were discussed routinely by Part C technical assistance consultants at regional meetings of local system managers.
- The SFY 2007 Local Contract for Continuing Participation in Part C included more specific language related to monitoring procedures.
- Statewide technical assistance calls were held in July 2007 and June 2008 to support accurate completion of local record reviews for data related to timely start of services and transition.
- The State Lead Agency conducted a teleconference call with all local systems selected for verification of FFY 2006 data to ensure local systems had consistent information about the data verification process and were prepared for the on-site visit, if applicable.
- The Corrective Action Plan/Service Enhancement Plan (CAP/SEP) format was revised to ensure a monitoring mechanism is included for each indicator addressed on the CAP/SEP and to include a place to designate required technical assistance for local systems with a determination status of needs assistance for 2 consecutive years, needs intervention for 3 consecutive years or needs substantial intervention.
- Technical assistance and follow-up were provided to local systems to support implementation of CAP-SEPs to ensure timely correction of noncompliance. This included 41 on-site visits with 18 local systems, as well as phone calls with all local system managers.
- The process for making an annual determination about the status of each local system was revised for FFY 2007 to include consideration of timely data submission and local performance on Indicator 4 (family outcomes).
- Local system manager training was conducted in October 2007 and included a compliance strand that addressed the federal indicators, strategies for oversight and monitoring (including specific tools and processes), and use of data. In addition, a strand of the training for new local system managers reviewed their responsibilities for oversight and monitoring, use of chart reviews for ongoing monitoring and determination of training needs, fiscal accountability and use of ITOTS.
- The State Lead Agency piloted a modified process for focused monitoring by using the principles of focused monitoring in a desk audit of one local system's data related to identification of all eligible children, birth to three. As a result of this pilot, the State Lead Agency identified drill-down questions to be used with other local systems that are working to identify root causes and increase the percentage of the birth-one and/or birth-three populations served.
- The process and timelines for reviewing local data and notifying local systems of non-compliance was examined and revised to ensure that written notification is sent more quickly after data indicates non-compliance. In FFY 2007 this resulted in notification of non-compliance approximately one month sooner than in FFY 2006. To continue progress in this area in FFY 2008, a calendar has been developed, specifying when data will be reviewed for each indicator and when notification of non-compliance will be sent to local systems.
- The Investigative Questions (from the Regional Resource Center Program's website) related to timely start of services and transition were used to develop a guidance package that will be used by Part C Technical Assistance Consultants and local system managers to assist in the identification of effective local improvement strategies in Corrective Action Plans/Service Enhancement Plans (CAP/SEPs).

# APR Template – Part C

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2007:**

*[If applicable]*

The following revisions have been made to the improvement activities in the FFY 2006 APR:

- The activity to explore options to secure additional Part C monitoring staff at the State Lead Agency has been deleted due to hiring freezes in place as a result of significant State General Fund budget deficits in the Commonwealth.
- The activity related to statewide technical assistance and monitoring calls was revised to indicate such calls will be held as needed rather than monthly.
- The following activities have been added:
  - Acquire and customize the Alaska data system for use in Virginia in order to implement the data collection and reporting functions required for the APR and other federal reporting and for general supervision and oversight;
  - Disseminate the Investigative Questions guidance package to all local systems to assist in the identification of effective local improvement strategies in FFY 2008 Corrective Action Plans/Service Enhancement Plans (CAP/SEPs).
  - Implement the revised monitoring calendar to ensure that written notification is sent more quickly after data indicates non-compliance

With these revisions, planned improvement activities related to correction of non-compliance are as follows:

Activity	Timelines	Resources
1. Provide technical assistance and follow-up to local systems on the implementation of corrective action plans	Ongoing	<u>Personnel</u> : State Part C Staff
2. Provide statewide monitoring and technical assistance teleconference calls, as needed, to deliver consistent information to all local system managers	Ongoing	<u>Personnel</u> : State Part C Staff <u>Funding</u> : Already in Part C budget
3. Implement the format and process for annual public reporting on each local system	Annually in March	<u>Personnel</u> : State Part C Staff
4. Implement the process for making an annual determination about the status of each local system	Annually in April	<u>Personnel</u> : State Part C Staff
5. Review, revise (as needed), and disseminate annual record review forms and instructions	Annually by July 1	<u>Personnel</u> : State Part C Staff

# APR Template – Part C

Virginia  
State

Activity	Timelines	Resources
annually		
6. Review and revise (as needed) data verification tools and processes annually	Annually in July	<u>Personnel</u> : State Part C Staff
7. Disseminate the Investigative Questions guidance package to all local systems to assist in the identification of effective local improvement strategies in FFY 2008 Corrective Action Plans	January 2009	<u>Personnel</u> : State Lead Agency Staff
8. Acquire and customize the Alaska data system for use in Virginia	Acquire system – <b>February 2009</b>  Implement with all basic data elements and reports – <b>July 1, 2009</b>  Implement additional data elements and reports for monitoring and supervision – <b>2010</b>	<u>Personnel</u> : State Part C Staff, IT Staff  <u>Funding</u> : Already in Part C budget  <u>Other</u> : Stakeholder group
9. Implement the revised monitoring calendar to ensure that written notification is sent more quickly after data indicates non-compliance	January 2009	<u>Personnel</u> : State Part C Staff

**Part C State Annual Performance Report (APR) for FFY 2007**

**Monitoring Priority: Effective General Supervision Part C / General Supervision**

**Indicator 10:** Percent of signed written complaints with reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

(20 U.S.C. 1416(a)(3)(B) and 1442)

**Measurement:** Percent = [(1.1(b) + 1.1(c)) divided by 1.1] times 100.

FFY	Measurable and Rigorous Target
2007	100%

**Actual Target Data for FFY 2007:**

**100%** of signed written complaints with reports issued were resolved within the 60-day timeline. The State Lead Agency received 1 signed written complaint in FFY 2007 and issued a report with findings within the 60-day timeline.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2007:**

The data for FFY 2007 represent progress over FFY 2005 (the most recent year in which there was a written complaint with a report issued). For the FFY 2005 complaint the report with findings was issued beyond the 60-day timeline due to delays in receiving approval of the report from the Office of the Attorney General (OAG). Since then, procedures and timelines associated with findings reports have been adjusted within the State Lead Agency to ensure additional time for OAG review and approval within the 60-day timeline.

The FFY 2007 complaint alleged that an IFSP review was not held in accordance with Part C requirements to determine the need for additional services. Following investigation by the State Lead Agency, the complaint was founded. The local system was required to reimburse the family for out-of-pocket expenses, ensure participation by all service coordinators in a procedural safeguards training provided by the State Lead Agency, and conduct record reviews on all enrolled children to ensure that procedural safeguards had been provided to the family in an appropriate manner. All required actions were completed by the local system.

The following activities related to dispute resolution were completed in FFY 2007:

- Virginia continued to implement a number of procedures that support informal resolution of disputes. When disputes arise, local systems are encouraged to resolve those disputes locally using informal mechanisms. Virginia’s Part C Family Involvement Program (FIP) is also available and used by families to assist in resolving disputes informally. When disputes cannot be successfully resolved at the local level and a signed written complaint is submitted to the State Lead Agency, state staff members work closely with local systems and families

# APR Template – Part C

within the first 10 days after receipt of a complaint to determine whether an informal resolution can be reached.

- To ensure that service coordinators are able to fully and accurately inform families of their options for dispute resolution, *Kaleidoscope: New Perspectives in Service Coordination* training, addresses both formal and informal options for dispute resolution. Eighty-four (84) service coordinators were trained through Kaleidoscope in FFY 2007.
- A Part C Practice Manual was drafted and includes a chapter describing dispute resolution options and procedures.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2007:**

Planned improvement activities related to dispute resolution are as follows:

Activity	Timelines	Resources
In collaboration with the Family Involvement Project, develop a dispute resolution handbook with information about the three formal ways of resolving disputes in Virginia (administrative complaint, mediation, due process hearing), for use by service providers and families	2009	<u>Personnel</u> : State Part C staff, Family Involvement Project
Develop and implement a mechanism to collect data on the number of potential complaints that are resolved informally through the efforts of the Part C Office or the Family Involvement Project.	2009	<u>Personnel</u> : State Part C staff, Family Involvement Project

Part C State Annual Performance Report (APR) for FFY 2007

**Monitoring Priority: Effective General Supervision Part C / General Supervision**

**Indicator 11:** Percent of fully adjudicated due process hearing requests that were fully adjudicated within the applicable timeline.

(20 U.S.C. 1416(a)(3)(B) and 1442)

**Measurement:** Percent = [(3.2(a) + 3.2(b)) divided by 3.2] times 100.

FFY	Measurable and Rigorous Target
2007	100%

**Actual Target Data for FFY 2007:**

There were no due process hearing requests in FFY 2007.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2007:**

N/A

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2007:**

*[If applicable]*

N/A

Part C State Annual Performance Report (APR) for FFY 2007

**Monitoring Priority: Effective General Supervision Part C / General Supervision**

**Indicator 12:** Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures are adopted).

(20 U.S.C. 1416(a)(3)(B) and 1442)

**Measurement:** Percent = (3.1(a) divided by 3.1) times 100.

FFY	Measurable and Rigorous Target
2007	N/A

**Actual Target Data for FFY 2007:**

N/A

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2007:**

Virginia has not adopted Part B due process procedures.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2007:**

*[If applicable]*

N/A

Part C State Annual Performance Report (APR) for FFY 2007

**Monitoring Priority: Effective General Supervision Part C / General Supervision**

**Indicator 13:** Percent of mediations held that resulted in mediation agreements.

(20 U.S.C. 1416(a)(3)(B) and 1442)

**Measurement:** Percent = [(2.1(a)(i) + 2.1(b)(i)) divided by 2.1] times 100.

FFY	Measurable and Rigorous Target
2007	N/A

**Actual Target Data for FFY 2007:**

There were no requests for mediation in FFY 2007

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2007:**

N/A

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2007:**

*[If applicable]*

N/A

Part C State Annual Performance Report (APR) for FFY 2007

**Monitoring Priority: Effective General Supervision Part C / General Supervision**

**Indicator 14:** State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate.

(20 U.S.C. 1416(a)(3)(B) and 1442)

- Measurement:** State reported data, including 618 data, State performance plan, and annual performance reports, are:
- a. Submitted on or before due dates (February 1 for child count, including race and ethnicity, settings and November 1 for exiting, personnel, dispute resolution); and
  - b. Accurate (describe mechanisms for ensuring error free, consistent, valid and reliable data and evidence that these standards are met).

FFY	Measurable and Rigorous Target
2007	100%

**Actual Target Data for FFY 2007:**

For FYY 2007, **100%** of required data was submitted in a timely and accurate manner.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2007:**

Target Data

The Indicator 14 Scoring Rubric provided by OSEP was used to calculate the actual target data for FFY 2007.

SPP/APR Data			
APR Indicator	Valid and Reliable Data	Correct Calculation	Total
1	1	1	2
2	1	1	2
3	1	1	2
4	1	1	2
5	1	1	2
6	1	1	2
7	1	1	2
8A	1	1	2

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8B	1	1	2
8C	1	1	2
9	1	1	2
10	1	1	2
11	1	1	2
12	N/A	N/A	--
13	1	1	2
		<b>Subtotal</b>	28
<b>APR Score Calculation</b>	<b>Timely Submission Points</b> (5 pts for submission of APR/SPP by February 2, 2009)		5
	<b>Grand Total</b>		33

618 State-Reported Data					
Table	Timely	Complete Data	Passed Edit Check	Responded to Data Note Requests	Total
Table 1– Child Count Due Date: 2/1/08	1	1	1	1	4
Table 2- Program Settings Due Date: 2/1/08	1	1	1	1	4
Table 3– Exiting Due Date: 11/1/08	1	1	1	N/A	3
Table 4– Dispute Resolution Due Date: 11/1/08	1	1	1	N/A	3
<b>Subtotal</b>					14
<b>618 Score Calculation</b>			<b>Weighted Total</b> (Subtotal x 2.5; round $\leq .49$ down and $\geq .50$ up to whole number)		35

Indicator #14 Calculation	
A. APR Grand Total	33
B. 618 Grand Total	35
C. APR Grand Total (A) + 618 Grand Total (B)	68
D. Percent of timely and accurate data = (C divided by 68 times 100)*	68/68 = 100%

\* **Note:** Any cells marked with N/A decrease the denominator by 1 for APR/SPP Data.

*Data Verification:* All data submitted to OSEP in FFY 2007 was verified for accuracy using one or more of the following mechanisms:

- ITOTS quarterly verification reports; and/or
- Signed verification statements submitted by the local system and confirming the accuracy of data submitted through ITOTS and local record reviews; and/or
- On-site data verification by State Part C staff; and/or
- Submission of documentation by the local system to the State Lead Agency for verification.

In FFY 2005 the State Lead Agency conducted on-site data verification with all local systems. In FFY 2006 follow-up on-site data verification visits were conducted with those local systems that had data accuracy issues identified in the first year of data verification visits or during FFY 2006. Beginning in FFY 2007, the State Lead Agency is selecting local systems for data verification measures based on an analysis of data and identified triggers. The methods used for data verification with the selected systems may include on-site data verification or required submission of documentation to the State Lead Agency for desk review and verification. This targeted data verification is in addition to the other data accuracy strategies in place statewide, including signed verification statements, built-in error checks in the ITOTS data system, Corrective Action Plan/Service Enhancement Plan (CAP/SEP) status check-ins, phone verification, and review of any questionable data.

Specifically, in FFY 2007, the targeted data verification process included the following:

- Eighteen (18) local systems were required to submit their ITOTS data verification form for the third quarter along with all information used to verify the ITOTS data.
- Eight (8) local systems, those with 3 or more records reviewed in the local record review with services initiated beyond 60 calendar days from the date the family signed the IFSP, were required to submit documentation related to these records. State Part C staff verified the data submitted by the local system on the annual local record review forms by comparing the data submitted with documentation (i.e., the IFSP and contact notes) submitted from the child's record.

Explanation of Progress:

Virginia made progress and met the target for this indicator. In FFY 2006, Virginia failed to respond to a WESTAT request for data notes on the child count report. New procedures were implemented in FFY 2007 to ensure prompt responses to any request for data notes. In FFY 2007 and early FFY 2008, Virginia implemented the following improvement activities to ensure continued submission of timely and accurate data:

- Statewide technical assistance calls were held in July 2007 and June 2008 for ensure local system managers received a consistent explanation of instructions for the local record review form and the opportunity to ask questions and receive clarification.
- The State Lead Agency conducted a teleconference call with all local systems selected for verification of FFY 2006 data to ensure local systems had consistent information about the data verification process and were prepared for the on-site visit, if applicable.

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- A national consultant completed a functionality analysis of ITOTS (Virginia’s Part C data system) and facilitated State Lead Agency and stakeholder review of Part C data systems in 6 other states in order to identify the most effective and cost-efficient way to accomplish needed enhancements to ITOTS. Goals for the enhanced data system include expanding data elements to allow for reporting on all SPP/APR indicators through ITOTS, improving report capabilities, increasing the functional capabilities of the data system to facilitate day-to-day management at both the State and local levels, and adding collection of financial information related to service delivery.
- Based on the functional analysis of ITOTS and other available data systems, the State Lead Agency determined that Alaska’s data system closely aligns with Virginia’s needs. An agreement to acquire the Alaska system has been drafted and is under review by both States.
- State Lead Agency staff teams, with input from the ITOTS Stakeholder Group, have identified the data elements and report functions necessary for reporting on all SPP/APR Indicators and have been reviewing process flow to ensure the data system will collect all data required for federal and State reporting and day-to-day oversight and management at the State and local levels.
- The State Lead Agency designed and began development of a Part C practitioner database, as part of ITOTS, to track and manage the process of early intervention certification and to support family choice of providers and service coordinators.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2007:**

*[If applicable]*

The following improvement activities have been added to ensure continued submission of timely and accurate data:

- Acquire and customize the Alaska data system for use in Virginia
- Implement a Part C practitioner database to track and manage the process of early intervention certification and support family choice of providers and service coordinators

With these revisions, planned improvement activities related to timely and accurate data are as follows:

Activity	Timelines	Resources
1. Acquire and customize the Alaska data system for use in Virginia	Acquire system – <b>February 2009</b>  Implement with all basic data elements and reports – <b>July 1, 2009</b>  Implement additional data elements and reports for monitoring and supervision – <b>2010</b>	<u>Personnel</u> : State Part C Staff, IT Staff  <u>Funding</u> : Already in Part C budget  <u>Other</u> : Stakeholder group
2. Implement Part C practitioner database to track and manage the process of early intervention certification and support family choice of providers and service coordinators	July 1, 2009	<u>Personnel</u> : State Part C Staff, IT Staff  <u>Funding</u> : Already in Part C budget  <u>Other</u> : Stakeholder group

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Activity	Timelines	Resources
3. Develop and implement reports that flag large changes or unusual findings in local data that are then discussed with local systems to determine if errors occurred	2009	<u>Personnel</u> – State Part C and IT Staff