

# POSM Survey for Part C EI Professionals in Virginia ☎

This survey has been designed to support Virginia's Part C of IDEA cyclical monitoring activities, known as POSM (Periodic Oversight of Systems and Methods). POSM guides the Virginia Department of Behavioral Health and Developmental Services (DBHDS) as it looks beyond annual compliance measures to better assess components of Virginia's statewide early intervention system. The goal is to ensure that the early intervention system is comprehensive, effective and in compliance with federal and state Part C regulations, thereby contributing to positive outcomes for eligible children and families.

**Thank you for taking the time to complete this survey.** As a valued member of the Infant & Toddler Connection of Virginia, your insights can help to ensure that Part C requirements are being met while also supporting best practices for infants and toddlers with developmental delays or disabilities and their families. We all play a role in strengthening Virginia's early intervention system, and your feedback will contribute to ongoing improvements in service coordination and delivery, family engagement and program oversight.

Your perspective matters, and we appreciate your time in helping us enhance early intervention services for Virginia's children and families.

## NOTES

A. **Individual survey responses will remain confidential.** Only aggregate data will be shared, and responses to open-ended questions will not be attributed to any individual.

B. **This is not a quiz.** Technically, yes—in some instances, there are correct answers. But strengthening and improving Virginia's Part C early intervention system can only occur when people are honest and truthful about what they do or do not do, what they know or do not know.

C. **Engaging with the survey is optional.** That said—DBHDS does need to hear from service coordinators and service providers in each locality when the locality has been selected for POSM. The number of surveys disseminated and completed will be incorporated into each locality's final POSM report.

D. ~~All multiple choice questions must be completed to submit the survey. All open-ended items are optional.~~

## Survey Track

Joint Track

Please select the statement that best describes your role(s) within Virginia's Part C early intervention system. Your answer will determine which items are included in your survey. \*

- ☐ I am a Part C service coordinator.
- ☐ I am a Part C direct service provider.
- ☐ I am both a Part C service coordinator *and* a direct service provider. *I will answer as a service coordinator.*
- ☐ I am both a Part C service coordinator *and* a direct service provider. *I will answer as a direct service provider.*

## Individualized Supports and Services (POSM R1-01)

Service Coordinator Track

How confident are you that IFSPs capture and reflect each family's unique priorities and concerns for their child's development? \*

- ☐ Extremely confident
- ☐ Somewhat confident
- ☐ Neutral
- ☐ Somewhat not confident
- ☐ Extremely not confident

Optional: Explain or add context to the answer you selected.

How confident are you that IFSP outcomes are functional, measurable and achievable? \*

- ☐ Extremely confident
- ☐ Somewhat confident
- ☐ Neutral
- ☐ Somewhat not confident
- ☐ Extremely not confident

Optional: Explain or add context to the answer you selected.

How often do you use the Decision Tree with families when participating in assessment for service planning (ASP)? *Participation includes conducting ASPs as well as attending and/or observing ASPs.* \*

- ☐ The Decision Tree is always used.
- ☐ The Decision Tree is often used.
- ☐ The Decision Tree is sometimes used.
- ☐ The Decision Tree is seldom or rarely used.
- ☐ I don't know. I don't participate in ASPs.

Thinking of the families on your caseload and their IFSPs, what percentage of those IFSPs contain written service coordination goals that are *specific* to the family—i.e., beyond those that print on every IFSP template? \*

- ☐ 100% - Every IFSP contains 1 or more service coordination goals specific to the needs of the family.
- ☐ 50%-99% - More than half of IFSPs contain 1 or more service coordination goals specific to the needs of the family.
- ☐ 10%-49% - Fewer than half of IFSPs contain 1 or more service coordination goals specific to the needs of the family.
- ☐ < 10% - Very few (if any) IFSPs contain 1 or more service coordination goals specific to the needs of the family.

## Service Delivery (POSM R1-02)

Service Coordinator Track

Imagine that a family has cancelled a number of visits in a row with one or more service providers. How might you first learn about this? *Select the statement that most closely aligns with your experience.* \*

- ☐ I would most likely discover this on my own through ongoing case reviews (e.g., noting documentation of cancelled sessions in TRAC-IT).
- ☐ I would most likely discover this on my own through regular/scheduled contacts with service provider(s).
- ☐ I would most likely discover this through a regular/scheduled contact with the family.
- ☐ I would most likely discover this if/when contacted directly by the service provider(s) and/or family.

Optional: Explain or add context to the answer you selected.

Thinking of the family that has cancelled a number of visits in a row with one or more service providers, how likely are you to initiate a conversation with the family about revisiting and potentially revising the IFSP? \*

- ☐ Very likely
- ☐ Somewhat likely
- ☐ Neither likely nor unlikely
- ☐ Somewhat unlikely
- ☐ Very unlikely

Optional: Explain or add context to the answer you selected.

## Family Rights and Safeguards (POSM R1-05)

Service Coordinator Track

How confident are you in **your understanding of** Part C of IDEA procedural safeguards, including your knowledge of which documents are required under which circumstances? \*

- ☐ Extremely confident
- ☐ Somewhat confident
- ☐ Neutral
- ☐ Somewhat not confident
- ☐ Extremely not confident

How confident are you in **your ability to communicate with families about** Part C of IDEA procedural safeguards, including their ability to decline or dispute services? \*

- ☐ Extremely confident
- ☐ Somewhat confident
- ☐ Neutral
- ☐ Somewhat not confident
- ☐ Extremely not confident

How confident are you that **families fully understand** their rights, including their ability to decline or dispute services? \*

- ☐ Extremely confident
- ☐ Somewhat confident
- ☐ Neutral
- ☐ Somewhat not confident
- ☐ Extremely not confident

Optional: Explain or add context to any of the answers you selected in this section.

## System of Payments (SOP) and Payor of Last Resort (POLR) (POSM R1-06)

Service Coordinator Track

How confident are you in your ability to answer questions a parent or caregiver may have about family cost-share practices? \*

- ☐ Extremely confident
- ☐ Somewhat confident
- ☐ Neutral
- ☐ Somewhat not confident
- ☐ Extremely not confident

Optional: Explain or add context to the answer you selected.

Imagine that a child's insurance coverage has changed or been cancelled. How might you first learn about this? *Select the statement that most closely aligns with your experience.* \*

- ☐ I would most likely discover this on my own via regular/scheduled contacts with the service provider(s) and/or the family.
- ☐ I would most likely discover this if/when contacted directly by the service provider(s) and/or family.

Optional: Explain or add context to the answer you selected.

## Individualized Supports and Services (POSM R1-01)

Direct Service Provider Track

How confident are you that IFSPs capture and reflect each family's unique priorities and concerns for their child's development? \*

- ☐ Extremely confident
- ☐ Somewhat confident
- ☐ Neutral
- ☐ Somewhat not confident
- ☐ Extremely not confident

Optional: Explain or add context to the answer you selected.

How confident are you that IFSP outcomes are functional, measurable and achievable? \*

- ☐ Extremely confident
- ☐ Somewhat confident
- ☐ Neutral
- ☐ Somewhat not confident
- ☐ Extremely not confident

Optional: Explain or add context to the answer you selected.

How often do you use the Decision Tree with families when participating in assessment for service planning (ASP)? *Participation includes conducting ASPs as well as attending and/or observing ASPs.* \*

- ☐ The Decision Tree is always used.
- ☐ The Decision Tree is often used.
- ☐ The Decision Tree is sometimes used.
- ☐ The Decision Tree is seldom or rarely used.
- ☐ I don't know. I don't participate in ASPs.



## Service Delivery (POSM R1-02)

Direct Service Provider Track

Imagine that a family has repeatedly cancelled visits with you. How might you communicate with the service coordinator about this? *Select the statement that most closely aligns with your practice.*

\*

- ☐ I would most likely document the cancelled sessions in TRAC-IT and trust that the service coordinator is monitoring the case.
- ☐ I would most likely inform the service coordinator during our next regular/scheduled contact/check-in.
- ☐ I would most likely initiate a call/email/text to the service coordinator.

Optional: Explain or add context to the answer you selected.

Thinking of the family that has cancelled a number of visits with you, how likely might you initiate a conversation with the service coordinator about revisiting and potentially revising the IFSP? \*

- ☐ Very likely
- ☐ Somewhat likely
- ☐ Neither likely nor unlikely
- ☐ Somewhat unlikely
- ☐ Very unlikely

Optional: Explain or add context to the answer you selected.

## Family Rights and Safeguards (POSM R1-05)

Direct Service Provider Track

How confident are you in **your understanding of** Part C of IDEA procedural safeguards, including your knowledge of which documents are required under which circumstances? \*

- ☐ Extremely confident
- ☐ Somewhat confident
- ☐ Neutral
- ☐ Somewhat not confident
- ☐ Extremely not confident

How confident are you that **families fully understand** their rights, including their ability to decline or dispute services? \*

- ☐ Extremely confident
- ☐ Somewhat confident
- ☐ Neutral
- ☐ Somewhat not confident
- ☐ Extremely not confident

Optional: Explain or add context to any of the answers you selected in this section.

## System of Payments (SOP) and Payor of Last Resort (POLR) (POSM R1-06)

Direct Service Provider Track

Providers are required to verify payor sources prior to providing services. For your cases, how is this requirement met? \*

- ☐ I complete these verifications before providing each service.
- ☐ Someone in my agency handles these verifications.
- ☐ I rely on the service coordinator to inform me of any updates or changes.
- ☐ Other

## Local Self-Monitoring (POSM R1-10)

Joint Track

How often do you and your coworkers review records together to verify that Part C requirements (e.g., proper use of procedural safeguards, proper documentation, etc.) are being met? \*

- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Never
- ☐ Other

### Three Open-Ended Questions (All optional...but *please* consider replying!)

Joint Track

What additional support or training would help you to be more effective in your role as a Part C early intervention professional in Virginia?

What changes or improvements would you recommend to enhance service coordination and/or service provision in Virginia?

Is there anything else you would like to share about your experience as a Part C early intervention professional in Virginia?

## Experience and Job Satisfaction

Joint Track

For how many years have you worked as an early intervention service coordinator in Virginia? \*

- ☐ < 1 year
- ☐ 1-3 years
- ☐ 4-7 years
- ☐ 8-10 years
- ☐ > 10 years

How satisfied are you with your current workload and caseload size? \*

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied

## Permission to Contact

Joint Track

May we contact you to discuss any of your answers? \*

☐ Yes

☐ No

## Contact Information

Joint Track

Your Name: \*

Your Email Address: \*

Please enter an email

Your Best Contact Number: (Area Code + Number) \*

If we are unable to reach you, may we leave a voicemail message with our contact information and a request for you to return our call? \*

☐ Yes

☐ No

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