

NEW YORK STATE  
DEPARTMENT OF HEALTH  
DIVISION OF FAMILY HEALTH  
BUREAU OF EARLY INTERVENTION

# Annual Performance Report for the NYS Early Intervention Program

2012 - 2013

*Revised April 30, 2014*



**New York State Department of Health**

**Division of Family Health**

**Bureau of Early Intervention**

**Part C**

**Annual Performance Report (APR) for**

**FFY 2012 – July 1, 2012 through June 30, 2013**

**Submitted April 30, 2014**

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

*Development of the Annual Performance Report:*

New York State's Early Intervention Program is administered by the Department of Health as the State lead agency for Part C of the Individuals with Disabilities Education Act (IDEA) and 58 municipal government agencies (57 counties and New York City) responsible for local program administration.

Data used in this Annual Performance Report (APR) and New York's revised State Performance Plan (SPP) were collected through the following process, which is described in greater detail in the SPP. Data necessary to meet the 618 reporting requirements are generated primarily from the New York Early Intervention System (NYEIS). NYEIS is a state-of-the-art, web-based data system that was initially launched in two municipalities in October 2010 and phased in statewide during a two-year period. The New York City Early Intervention Program, the State's largest local program, migrated all children from the legacy data system, the Kids Integrated Data System (KIDS) in September, 2011. Other municipalities maintained the legacy data system for children with records in KIDS and entered new referrals into NYEIS when launched in the municipality.

For FFY 2012, some children's records continue to be maintained in KIDS, which is used by municipalities locally to collect, maintain and update local data regarding the EIP. Required data are submitted by municipalities to the New York State Department of Health (Department) five times each year on or before specified timeframes required through the Department's contract with municipalities for funds to administer the EIP.

KIDS data submissions are monitored to ensure that they are submitted by municipalities with sufficient time for the Department to follow up late submissions, complete data analyses, and submit timely reports. The submissions are then reviewed for accuracy, completeness, potential problems with the data, and/or inconsistencies from one data transfer to the next. Problems with file transfers and data submissions are identified, investigated and corrected with municipalities, as appropriate.

Additional data used in the SPP and APR come from other Department software applications, including those used to process claims from municipalities for reimbursement of the State share of the costs for early intervention services (the Fiscal System – "EIFS"), a provider approval application which maintains data on provider information and status, and data obtained from the Department's monitoring contractor resulting from on-site monitoring reviews. Collectively, these data sets provide the Department with a

wealth of data on New York State's EIP. Data submitted in this report reflect Federal Fiscal Year (FFY) 2012, from July 1, 2012 through June 30, 2013.

In addition to submitting an APR, IDEA requires each State to annually report on the performance of local programs. In New York, local programs are defined as the 57 counties and New York City, which are responsible for the local administration of the EIP. Sampling or monitoring data are being used for Indicators #3, 4 and 8. For these sampled indicators, each municipality's performance will be examined and reported to the public at least once during the eight-year period covered by the SPP.

Data analysis, monitoring, technical assistance/training, and other quality improvement activities are being implemented on an ongoing basis with all local programs required to improve local performance. These improvement activities are further described in the SPP and APR.

The FFY 2012 APR was presented to the New York State Early Intervention Coordinating Council (EICC) at its quarterly meeting on December 10, 2013. Details regarding the APR development were explained, targets reviewed, and statewide rates for the indicators were discussed. The data for New York State's FFY 2012 APR were approved by the EICC, which has agreed to use the APR in lieu of its required annual report. The appropriate form, signed by the New York State EICC's chairperson, is included in New York State's submittal to the Office for Special Education (OSEP).

### SPP/APR Dissemination and Reporting on Municipal (Local Program) Performance:

The APR is the mechanism that New York will use to report on progress in meeting the measurable and rigorous targets established in its SPP.

The APR will be distributed by email to members of the EICC, provider representatives and municipalities for dissemination to EIP providers and parents. The SPP has been updated to reflect the use of an online survey only for the Family Outcomes indicator (pages 44-45) and to reflect the revised definitions for Indicator 8A, 8B, and 8C (pages 70 and 76). Public notice of the revised SPP and APR will also be promulgated by the Department. Printed and electronic copies of the revised SPP and APR will be available at no cost to any citizen of the State requesting the document. The revised SPP and APR will be posted on the Department's public web site at:

[http://www.nyhealth.gov/community/infants\\_children/early\\_intervention/index.htm](http://www.nyhealth.gov/community/infants_children/early_intervention/index.htm). The web page is easily located through a search of the website or by following content-specific links.

Local performance data for FFYs 2005, 2006, 2007, 2008, 2009, 2010, and 2011 are available on the Department's public web site at the following address:  
([http://www.nyhealth.gov/statistics/community/infants\\_children/early\\_intervention/](http://www.nyhealth.gov/statistics/community/infants_children/early_intervention/)).

Local programs were also issued determinations indicating their compliance with the requirements of IDEA for the FFY 2011 reporting period on January 31, 2014. Each municipality received one of the following determinations: "meets requirements," "needs assistance," "needs intervention," or "needs substantial intervention." The determinations were based upon each local program's performance with the required federal indicators. New York requires correction for every instance in which local programs are not fully compliant at the 100 percent level, and this correction is required to occur within one year.

### Technical Assistance Obtained by New York

At the direction of OSEP, as part of its determination that New York needs assistance for the fifth consecutive year in order to comply with the requirements of IDEA, New York is required to report on the technical assistance sources from which the State received assistance and the actions New York has taken as a result. New York has obtained technical assistance as part of its efforts to improve Indicators # 1, 7, 8 A-C, and 9. New York has obtained technical assistance from the following sources in the last two years:

# APR Template – Part C (4)

New York  
State

Data Accountability Center (DAC)  
 Northeast Regional Resource Center (NERRC)  
 U.S. Department of Education, Office of Special Education Programs (OSEP)  
 Numerous websites including <http://www.rfcnetwork.org/>

The following chart details focused occasions on which technical assistance was provided by one or more of these sources:

## 2012

Date	Sponsor	Description
01/10/2012	OSEP	Conference Call w/ Hillary Tabor - Clarification on APR
1/19/2012	OSEP	Conference Call w/ Hillary Tabor - Clarification on APR
1/20/2012	DAC/ NECTAC	Discussion of Child Count Comparison of Cumulative and Point in Time Counts
1/15/2012	OSEP	OSEP TA Call on Part C Application
3/2/2012	OSEP	OSEP Brief Conference Call
3/8/2012	OSEP	OSEP Monthly Conference Call
3/28/2012	NERRC	NERRC Part C TA- Application and Part C regulations re: Child Find
4/10/2012	SPP/APR	NY (Part C)- State's Opportunity for Clarification of SPP/APR Data
4/12/2012	OSEP	OSEP Clarification Call
4/25/2012	NERRC	NERRC Part C TA Support call Part C Regulations re Transition and- Move to Eval/ Assessment & IFSP
5/18/2012	NERRC	NERRC Conference Call- Results Driven Accountability Process
6/6/2012	OSEP	Conference Call w/ Hillary Tabor -Clarification on Part C Regulations
6/13/2012	ITCA	Lunch Meeting w/ Jamie Kilpatrick and Maureen Greer
6/14/2012	OSEP/MISP	Monthly Conference Call w/ OSEP/MISP
6/27/2012	ITCA	Conference Call w/ Maureen Greer Re: Information on State Fiscal Agents
7/11/2012	OSEP	Preparations for OSEP Call on 7/12
7/12/2012	OSEP	Conference Call w/ OSEP for review of AIM
7/12/2012	OSEP/MISP	OSEP/MISP Conference Call
7/26/2012	OSEP	Discussion of OSEP Presentation
7/30/2012	OSEP	OSEP Conferences Washington DC
7/31/2012- 8/2/2012	OSEP	OSEP Leadership Conference Washington DC
8/1/2012	CADRE	Provider Approval and Due Process unit staff access web based resources available through the National Center on Dispute Resolution in Special Education.
8/16/2012	OSEP	Call w/ Hillary Tabor to discuss the Fiscal CrEAG
8/28/2012	NERRC	NERRC State Visit
9/13/2012	OSEP/MISIP	Monthly Conference Call
9/14/2012	OSEP	Conference Call w/Hillary- Clarification on Part C Regulations
10/11/2012	OSEP/MSIP	OSEP/MSIP Conference Call
10/18/2012	OSEP	Call w/ Hillary Tabor - Part C Regulations
11/8/2012	OSEP/MSIP	Monthly Conference Call

## APR Template – Part C (4)

New York  
State

12/3/2012	OSEP	Call w/ Hillary Tabor re: Clarification Part C re Third Party Billing and Consent
12/19/2012	OSEP	OSEP call on SPP/APR
12/21/2012	OSEP	Conference Call w/ Hillary Tabor Re: Clarification Part C Reg

### **2013**

The following chart details focused occasions on which technical assistance was provided by one or more of these sources:

<b>Date</b>	<b>Sponsor</b>	<b>Description</b>
1/10/2013	MSIP	MSIP Monthly Call
2/5/2013	DAC	Call with Sharon Walsh- Local Data Findings & APR
2/14/2013	MSIP	MSIP Monthly Call
2/22/2013	OSEP	OSEP Monthly TA Call (Hillary Tabor)
3/14/2013	MSIP	MSIP Monthly Call
4/11/2013	MSIP	MSIP Monthly Call
4/18/2013	OSEP	OSEP Monthly TA Call (Hillary Tabor)
5/7/2013	OSEP	OSEP Monthly TA Call (Hillary Tabor) APR
6/7/2013	OSEP	OSEP Call- SPP APR
6/13/2013	MSIP	MSIP Monthly TA Call
8/8/2013	MSIP	MSIP Monthly TA Call
8/30/2013	NERRC	NERRC Site Visit-
9/11/2013	NERRC	NERRC Part C SPP/APR Analysis
9/12/2013	MSIP	MSIP Monthly Call
11/14/2013	OSEP	OSEP Monthly TA Call (Hillary Tabor)
11/14/2013	MSIP	MSIP Monthly TA Call

New York State is an active member of the Infant Toddler Coordinators Association. Staff were represented as co-chairs on the Data and Professional Development committees, and participated on the Legislative Committee.

As a result of technical assistance, New York has made several modifications, many of which are further described within specific indicator sections of this APR, including:

- Modifying the tool used to collect data for indicators 8 A-C to address revised understanding of the requirements for transition under IDEA.
- Clarified requirements for timely transition conferences under indicator 8C.
- Implemented a survey on provider capacity issues that was completed by local programs.
- Continued to work directly with selected local programs who were identified as needing assistance or intervention on compliance indicators (1, 7, 8A-C).

Part C State Annual Performance Report (APR) for FFY 2012

Overview of the Annual Performance Report Development:

**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, including reasons for delay.

FFY	Measurable and Rigorous Target
FFY 2012	100%

**Actual Target Data for Infants and Toddlers with IFSPs who receive Early Intervention Services in a Timely Manner for IFSPs from January 1, 2013 to March 31, 2013:**

a. Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	7,240
b. Total number of infants and toddlers with IFSPs	8,181
Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner (Percent = [(a) divided by (b)] times 100)	88.5%

These data include all infants and toddlers with new services authorized on an initial or subsequent Individualized Family Service Plan (IFSP) from January 1, 2013 to March 31, 2013, based on services entered in the Kids Integrated Data System (KIDS) and New York Early Intervention System (NYEIS). The percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSP in a timely manner was consistent for each quarter, so the first quarter of 2013 was selected to capture reasons for delays of service.

In order to capture data on the reasons for delays in services, each municipality was provided data on all children during that period with new or amended IFSPs and for whom new services were not delivered within required timeframes. Municipalities were instructed to review and provide the reasons why each service was not timely, using the following categories: discountable delays due to family circumstances (family problem scheduling appointment, family missed or canceled an appointment, family delayed response or consent for an appointment, weather or other emergency declared) and non-discountable

delays (difficulty identifying or assigning a service provider, and other local program administrative reasons).

Municipalities were also asked to identify and correct data entry errors and omissions (such as missing claims data) identified through the record review process.

Services delayed due to family circumstances were included in the numerator and the denominator for the analysis as is permitted by OSEP.

The percent of timely services for all infants and toddlers with a new or amended IFSP in the quarter analyzed was 88.5%, when accounting for family delay reasons and data corrections supplied by municipalities. There were 8,181 infants and toddlers with IFSPs. Of those, 6,297 had timely services and 943 were delayed but were due to exceptional family circumstances (included in the numerator and denominator as allowed by OSEP).

All infants and toddlers with new services authorized on their IFSPs who initially experienced a delay in receipt of those services received those new services within one year of the date of authorization of the service, representing full timely correction of the instances of noncompliance.

### **Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2012:**

There was an increase for this indicator from FFY 2011 (63.0%) to FFY 2012 (88.5%). New York State did not achieve the 100% compliance target.

Because of a strong commitment to ensure early intervention services are delivered as early as possible, New York has set a high standard for timely delivery of services: 30 days from the date the parent signs the IFSP. The Department presented the FFY 2012 data to the Early Intervention Coordinating Council (EICC) at the EICC quarterly meeting on December 10, 2013. The EICC has prioritized the discussion of this compliance indicator.

The Department has analyzed State and local data and begun to work with municipalities to collect the reasons for delay for all children with IFSPs for which services were not delivered within thirty days. The Department has analyzed the reasons and begun working closely with local programs to reduce delayed services. Municipalities in need of significant improvement are receiving routine data to review and determine the root cause of the delays. Technical assistance is being provided to these programs to begin addressing the delays. Ongoing routine data reports at the individual record level are being and will continue to be provided to determine if changes are effecting improvement.

Local determinations based on FFY 2011 local data have been made and local programs have been notified of their status. The Department's method for issuing local determinations is weighted toward compliance indicators. Municipalities (local programs) that do not meet requirements are required to take corrective actions based on their determination status, as follows:

- All municipalities (local programs) that do not meet requirements must participate in three webinars on the topic of improving data quality for the compliance indicators 1, 7, and 8 as announced and conducted by Department staff during the program year.
- Municipalities (local programs) with a repeat determination of "Needs Assistance" are required to review quality assurance procedures for facilitating the quality and accuracy of data entry within the municipality to identify the root cause(s) of poor data collection and to improve data collection related to the compliance indicators 1, 7, and 8, and complete an internal self-assessment of child records based on data provided by the Department to assist in: a) identifying the root causes(s) of poor performance and b) revising procedures to address these root causes to improve performance.
- Municipalities (local programs) with a determination of "Needs Intervention" are required to participate in targeted technical assistance with Department staff to review the data provided by the Department,

## APR Template – Part C (4)

New York  
State

identify the root causes of poor performance, and seek input from the provider community on improving performance and data quality.

### Correction of FFY 2011 Findings of Noncompliance (if State reported less than 100% compliance):

1. Number of findings of noncompliance the State made during FFY 2011 (the period from July 1, 2011, through June 30, 2012)	53
2. Number of FFY 2011 findings the State verified as timely corrected (verified as corrected within one year from the date of notification to the local program of the finding)	40
3. Number of FFY 2011 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	13

### Correction of FFY 2011 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected:

4. Number of FFY 2011 findings not timely corrected (same as the number from (3) above)	13
5. Number of FFY 2011 findings the State has verified as corrected beyond the one-year timeline ("subsequent correction")	3
6. Number of FFY 2011 findings <u>not</u> verified as corrected [(4) minus (5)]	10

### Actions Taken if Noncompliance Not Corrected:

Local programs (municipalities) received formal notification of the findings of noncompliance in December 2011. Technical assistance staff was assigned to each local program. All local programs received targeted technical assistance calls. All local programs were required to discuss finding of noncompliance with their Local Early Intervention Coordinating Council (LEICC), solicit input from the LEICC, and submit LEICC minutes to the Department.

Counties were required to complete municipal worksheets and review these with assigned technical assistance staff. Data reports were created to track performance on this indicator. Findings of noncompliance that were not corrected impacted local determinations. Ongoing technical assistance has continued in FFY 2012 and FFY 2013 to address the findings of noncompliance that have not been corrected.

### Verification of Correction of FFY 2011 noncompliance (either timely or subsequent):

Systemic noncompliance was identified and correction was verified at the local program level by monitoring reviews, analysis of local data, and dispute resolution. There were 53 local data findings of noncompliance issued in FFY 2011. Of these findings, 40 were verified to have been corrected within one year, and 3 were verified as corrected but not within one year. Ten findings were not verified as corrected.

### Describe the specific actions that the State took to verify the correction of local data findings of noncompliance identified in FFY 2011:



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New York  
State

For the verification of systemic correction for local data findings, local programs that did not achieve 100% compliance in a given federal fiscal year were notified in writing of their noncompliance. Local data for subsequent years were checked, and local programs that were found to have a rate of 100% in a subsequent year for that compliance indicator were counted as having corrected the noncompliance. The finding was counted as timely corrected (within one year of notification) if the 100% rate was in the FFY subsequent to the date of notification. The finding was counted as subsequently corrected (i.e. corrected, but not timely) if the local program had a rate of 100% in a later FFY, but had not been timely corrected. If a finding was found to be corrected, but had a rate less than 100% in the FFY after the correction, the later noncompliance resulted in a finding in the FFY in which notification occurred, and will be addressed in the appropriate APR.

For each child with the original finding of noncompliance identified, it was also verified that services authorized on the IFSP were conducted, although beyond the 30-day timeline.

### **Describe the specific actions that the State took to verify the correction of monitoring findings of noncompliance identified in FFY 2011:**

New York State has fully implemented its rigorous verification of correction process which consists of the following:

- Identification of findings of noncompliance with IDEA requirements are determined during on-site monitoring reviews conducted by New York State's contractor;
- All findings of noncompliance are identified and formal reports of findings are issued within 90 days of the on-site review;
- While conducting the on-site review, the contractor determines that each individual case of noncompliance, unless the child is no longer within the jurisdiction of the local program, has been corrected within one year, for example, that the Committee on Preschool Special Education (CPSE) was notified within 120 days of the child's potential transition to preschool services; or the child is no longer within the jurisdiction of the EI program;
- Providers who have findings of noncompliance identified, are required to submit a CAP within 45 days of receipt of their monitoring report, which requires all information that is described earlier in this section, including root cause of noncompliance and activities they will implement to correct the noncompliance;
- All CAPs are reviewed and approved by New York State staff within 60 days of receipt, and providers are notified in writing, if their CAP is approved or not;
- Written technical assistance is provided by New York State staff which is included in CAP response letters, as needed;
- Targeted technical assistance is provided via phone call by New York State staff for providers or municipalities who demonstrate difficulty in providing sufficient activities to correct their noncompliance;
- New York State contract staff conducted on-site verification reviews within 60-90 days subsequent to approval of the CAP for those providers with significant findings of noncompliance, to determine if CAP activities have been fully implemented and correction of noncompliance at 100% can be verified. A subset of additional child records were reviewed to verify correction of noncompliance;
- New York State also requires submission of a subset of child records within 90-100 days of approval of the CAP, for those providers who have minimal findings of noncompliance, to determine if CAP activities have been fully implemented and correction of noncompliance can be verified at 100%.

### **Correction of FFY 2010 Findings of Noncompliance (if applicable):**

There are no outstanding findings of noncompliance from FFY 2010.

### **Correction of Any Remaining Findings of Noncompliance from FFY 2009 or Earlier (if applicable):**

There are no outstanding findings of noncompliance from FFY 2009.

There were 11 monitoring findings of noncompliance in FFY 2008 that were not reported as verified as corrected in the FFY 2011 APR. All infants and toddlers received new services on their IFSP within one year. The infants and toddlers from the FFY 2008 findings are no longer within the jurisdiction of the Part C Early Intervention Program. These 11 findings were verified as corrected, but were not reported as corrected. The Department has documentation that these findings were verified as corrected.

There were 11 monitoring findings of noncompliance in FFY 2007 that were not reported as verified as corrected in the FFY 2011 APR. These findings were for the same local programs as reported in FFY 2008. All infants and toddlers received services on their IFSP within one year. The infants and toddlers from the FFY 2007 findings are no longer within the jurisdiction of the Part C Early Intervention Program. These 11 findings were verified as corrected, but were not reported as corrected. The Department has documentation that these findings were verified as corrected.

**Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2009 or earlier:**

The Department verified correction of findings by first confirming that all of the infants and toddlers received the services authorized on the IFSP within one year. All of the infants and toddlers did receive services within one year. For findings from FFY 2008 and 2007, the infants and toddlers are no longer within the jurisdiction of the Part C Early Intervention Program.

For the verification of monitoring findings in FFY 2007 and 2008, the Department took the following actions to verify correction of findings of noncompliance:

- Identification of findings of noncompliance with IDEA requirements were determined during on-site monitoring reviews conducted by New York State's contractor;
- All findings of noncompliance were identified and formal reports of findings were issued within 90 days of the on-site review;
- While conducting the on-site review, the contractor determined that each individual case of noncompliance, unless the child was no longer within the jurisdiction of the local program, has been corrected within one year, for example, that the Committee on Preschool Special Education (CPSE) was notified within 120 days of the child's potential transition to preschool services; or the child was no longer within the jurisdiction of the EI program;
- Providers, who had findings of noncompliance identified, were required to submit a CAP within 45 days of receipt of their monitoring report, including root cause of noncompliance and activities they needed to implement to correct the noncompliance;
- All CAPs were reviewed and approved by New York State staff within 60 days of receipt, and providers were notified in writing, if their CAP was approved or not;
- Written technical assistance was provided by New York State staff which was included in CAP response letters, as needed;
- Targeted technical assistance was provided via phone call by New York State staff for providers or municipalities who demonstrated difficulty in providing sufficient activities to correct their noncompliance;
- New York State contract staff conducted on-site verification reviews within 60-90 days subsequent to approval of the CAP for those providers with significant findings of noncompliance, to determine if CAP activities had been fully implemented and correction of noncompliance at 100% was verified. A subset of additional child records were reviewed to verify correction of noncompliance;
- New York State also required submission of a subset of child records within 90-100 days of approval of the CAP, for those providers who had minimal findings of noncompliance, to determine if CAP activities were fully implemented and correction of noncompliance was verified at 100%.

For the verification of systemic correction for local data findings, local programs that did not achieve 100% compliance in a given federal fiscal year were notified in writing of their noncompliance. Local data for subsequent years were checked, and local programs that were found to have a rate of 100% in a subsequent year for that compliance indicator were counted as having corrected the noncompliance. The finding was counted as timely corrected (within one year of notification) if the 100% rate was in the FFY subsequent to the date of notification. The finding was counted as subsequently corrected (i.e. corrected, but not timely) if the local program had a rate of 100% in a later FFY, but had not been timely corrected. If a finding was found to be corrected, but had a rate less than 100% in the FFY after the correction, the later noncompliance resulted in a finding in the FFY in which notification occurred, and will be addressed in the appropriate APR.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2013 (if applicable):**

The State does not propose any revisions to proposed targets and timelines.

New York is dedicated to providing timely, high quality services to eligible infants and toddlers. As part of the State 2012-2013 budget, New York enacted significant reforms to the Early Intervention Program (EIP) which will improve the efficiency and effectiveness of the service delivery system while reducing administrative burdens for municipalities (local programs). As part of this reform, municipalities no longer contract with EIP providers approved by the Department. Instead, providers have entered into agreement with the Department to deliver EIP services, increasing the stability and availability of the EIP provider base.

The Department is continuing to work with municipalities (local programs) with findings of noncompliance from 2011 that have not been corrected. The system for service authorization, referral for services, and scheduling of services by providers was examined. Data for those municipalities were re-examined in the FFY 2012 and FFY 2103 to assure that they achieve 100% compliance in delivering timely new services on the IFSP. This level of compliance was not achieved, but progress was made.

The Department is also continuing to work with the municipalities to examine capacity of qualified professionals in each municipality. Given the cultural, linguistic, and geographic diversity of New York State, it is important to engage municipal local programs in assessing capacity to deliver EIP services. Municipalities were surveyed in 2009, 2011, and again in 2013 about capacity to deliver EIP services, including availability of qualified personnel. Staff has begun analyzing data from these surveys to assess capacity and identify shortages in personnel contributing to delays in timely delivery of services. The Department has presented analyses at multiple EICC meetings.

The Department continues to oversee and provide technical assistance and support to municipal local programs, service coordinators and EIP providers to address shortages and ensure timely delivery of services.

Part C State Annual Performance Report (APR) for FFY 2012

Overview of the Annual Performance Report Development:

**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 community-based settings.

(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 community-based settings) divided by the (total # of infants and toddlers with IFSPs)] times 100.

FFY	Measurable and Rigorous Target
FFY 2012	89.97%

**Actual Target Data for FFY 2012:**

Based on the October 1, 2012 child count of infants and toddlers with IFSPs, 93.7% (26,954/28,757) infants and toddlers received services primarily in natural environments (the home or programs for typically developing infants and toddlers). New York State’s performance for this indicator exceeded the target (89.97%).

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2012:**

There was an increase for this indicator from FFY 2011 (93.3%) to FFY 2012 (93.7%). New York is dedicated to providing services in a natural environment.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2013:**

*[If applicable]*

The State does not propose any revisions to proposed targets and timelines. The target of 89.97% was met.

Part C State Annual Performance Report (APR) for FFY 2012

Overview of the Annual Performance Report Development:

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

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

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.

**Summary Statements for Each of the Three Outcomes:**

**Summary Statement 1:** Of those infants and toddlers who entered or exited early intervention below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.

**Measurement for Summary Statement 1:** Percent = # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in category (d) divided by [# of infants and toddlers reported in progress category (a) plus # of infants and toddlers reported in progress category (b) plus # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in progress category (d)] times 100.

**Summary Statement 2:** The percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they turned 3 years of age or exited the program.

**Measurement for Summary Statement 2:** Percent = # of infants and toddlers reported in progress category (d) plus [# of infants and toddlers reported in progress category (e) divided by the total # of infants and toddlers reported in progress categories (a) + (b) + (c) + (d) + (e)] times 100.

Measurable and Rigorous Targets and Actual Target Data for FFY 2012:

Summary Statements	Targets FFY 2012 (% of infants & toddlers)	Actual FFY 2012 (% of infants & toddlers )
<b>Outcome A: Positive social-emotional skills (including social relationships)</b>		
1. Of those infants and toddlers who entered or exited early intervention below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.	64.3%	64.1%
2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program.	54.5%	47.7%
<b>Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)</b>		
1. Of those infants and toddlers who entered or exited early intervention below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.	73.5%	71.2%
2. The percent of infants and toddlers who were functioning within age expectations Outcome B by the time they turned 3 years of age or exited the program.	51.8%	44.2%
<b>Outcome C: Use of appropriate behaviors to meet their needs</b>		
1. Of those infants and toddlers who entered or exited early intervention below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.	69.5%	70.7%
2. The percent of infants and toddlers who were functioning within age expectations in Outcome 3 by the time they turned 3 years of age or exited the program.	45.8%	42.2%

# APR Template – Part C (4)

New York  
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A. Positive social-emotional skills (including social relationships):	Number of infants & toddlers	% of infants & toddlers
a. Percent of infants and toddlers who did not improve functioning	11	2%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	164	26%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	152	24%
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	161	26%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	137	22%
<b>Total</b>	625	100%
<b>B. Acquisition and use of knowledge and skills (including early language/communication):</b>		
a. Percent of infants and toddlers who did not improve functioning	15	2%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	144	23%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	190	30%
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	203	32%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	73	12%
<b>Total</b>	625	100%
<b>C. Use of appropriate behaviors to meet their needs:</b>		
a. Percent of infants and toddlers who did not improve functioning	21	3%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	145	23%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	195	31%
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	205	33%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	59	9%
<b>Total</b>	625	100%



**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2012:**

The State was slightly below its target for FFY 2012 for outcome 1 (positive social-emotional skills, including social relationships), outcome 2 (acquisition and use of knowledge and skills, including early language/communication), and outcome 3 (use of appropriate behaviors to meet needs).

The collection of early childhood outcomes data is a collaborative effort among the New York State Department of Health Bureau of Early Intervention (BEI), municipal administrators of the EIP, service coordinators, evaluators, service providers, and families. New York uses a sampling methodology approved by OSEP to collect child outcomes data for children enrolled in child outcomes samples at their initial IFSP meetings and at exit from the EIP (exit data are collected only for children who receive early intervention services for at least six months). The National Early Childhood Outcomes Center's child outcome summary form (COSF) is used to collect these data. A detailed description of the procedures for collection of COSF data is described in New York's State Performance Plan, pages 34-36. Developmental assessment instruments used to conduct evaluation and assessment data used to complete the COSF are selected from a list of instruments issued by the Department, which includes instruments such as Assessment, Evaluation, and Programming System for Infants and Children (AEPS), Battell Developmental Inventory, Bayley Scales of Infant Development III, Brigance Inventory of Infant Development, and Communication and Symbolic Behavior Scales. The complete list of developmental assessment instruments is posted on the Department's website at [http://www.health.ny.gov/community/infants\\_children/early\\_intervention/memoranda/docs/interim\\_devel\\_assessment\\_instruments.pdf](http://www.health.ny.gov/community/infants_children/early_intervention/memoranda/docs/interim_devel_assessment_instruments.pdf)

Summary statement and progress data presented here are for the 625 children included in child outcomes samples who exited the EIP between July 1, 2012 and June 30, 2013.

The Department maintains a memorandum of understanding (MOU) with the University at Buffalo, School of Public Health and Health Professions (UB-SPH), to assist the BEI in management of child outcomes data, including data cleaning, entry, and analyses. The University at Buffalo subcontracts with the Institute for Child Development, University at Binghamton (ICD-UBN), to provide technical assistance to municipalities, providers, and families on child outcomes data collection.

The Department and University at Buffalo use a tracking and reporting system to help ensure that COSF exit forms are completed and submitted for all children in outcomes samples who receive early intervention services for at least six months. For those children for whom COSF exit forms have not been completed and returned, municipalities report reasons why no exit data are available for the child. This reporting system is assisting BEI and the university team in identifying municipalities who are in need of technical assistance to improve the completeness of child outcome data.

The UB-SPH maintains its partnership with the ICD-UBN, to continue to provide technical assistance and support to municipalities, EIP providers, and families related to the collection of entry and exit child outcome data in each of the three outcome areas, including: maintaining a website, 800 number support line, and email support for the "Guiding Progress... Shaping Futures" outcomes reporting initiative; refining COSF training materials based on feedback from municipalities, families, and providers; refining and expanding the developmental milestones checklists; and developing an in-service training package on the COSF for use by municipalities in training their staff and providers.

The State's eligibility criteria for the EIP are moderate in terms of the severity of delay and diagnosed conditions required for program participation. Children must be experiencing substantial delays in development or diagnosed conditions that significantly impact their development to receive early intervention services. As with all states, New York's experience data collection and analyses of child outcomes is relatively new and evolving. As discussed in New York's State Performance Plan, there was concern in setting performance targets about an upward bias due to (1) under-reporting by New York City combined with worse outcomes in New York City and (2) the increase in the length of time for children

exiting the program in years subsequent to baseline (children with more severe problems/diagnosed conditions that are less amenable to successful intervention enter the program at younger and exit at older ages compared with children with less significant delays). Although the calculations used to set targets for this outcome attempted to adjust for this upward bias, assumptions used may need to be revised based on current experience.

In 2010, the State's regulations were revised to implement a more rigorous definition of communication delay in an effort to ensure that only those children who require intervention (i.e. are not experiencing a normal variation in development) receive EIP services. The lower than expected performance in Outcome 2 may in part be attributable to an overall change in the population of children receiving EIP services in comparison to the population on which targets were set.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2013:**

The State does not propose any revisions to proposed targets and timelines.

The Department will work with its collaborators at the University at Buffalo to conduct additional analyses to examine the extent to which factors such the change in eligibility criteria for the EIP are impacting on New York's ability to achieve its performance targets in the area of child outcomes.

In addition to the COSF data, the NYS Impact on Child Scale, created as part of New York's General Supervision Enhancement Grant, has been incorporated into the annual family survey. The scale measures the extent to which early intervention services have helped infants and toddlers to achieve a range of developmental outcomes, based on parent report. Thus, New York now has two sources of data on child outcomes that can be used for program evaluation and quality improvement purposes.

The Department, in collaboration with UB-SPH, ICD-UBN, and Dr. Batya Elbaum, University of Miami, will analyze child outcome and service delivery parameters to determine whether specific factors can be identified as important to achieving improved outcomes for infants and toddlers in each of the three child outcome areas for use in quality improvement efforts.

The Department, in collaboration with the UB-SPH, ICD-UBN, and Dr. Batya Elbaum, University of Miami, will use data from the COSF and family survey to develop and issue child and family outcomes performance reports for local programs for use in quality improvement efforts.

The Department, in collaboration with UB-SPH, ICD-UBN, and Dr. Batya Elbaum, University of Miami, successfully competed for a R-40 Research Grant, funded by the federal Maternal Child Health Bureau, to evaluate the impact of early intervention services on children with autism spectrum disorders and their families. The overarching goal of the research project is to model an approach to evaluating the impact of participation in early intervention programs that can be used for program evaluation and quality improvement. The project was initiated in September, 2010 and is funded through August 31, 2014. Data collection has now been completed on a variety of child and family measures for nearly three hundred toddlers and families participating in the research project, and data analyses are underway.

It is anticipated that results from this study will significantly contribute to New York's efforts to identify parameters that influence the impact of early intervention services on child and family outcomes and to use this information to work with local programs to improve child and family outcomes.

<b>Monitoring Priority: Early Intervention Services In Natural Environments</b>
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**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)

<b>Measurement:</b>
---------------------

- |  |
|--|
| <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> </ul> |
|--|

As recommended by the National Center for Special Education Accountability Monitoring (NCSEAM), analyses were completed using the WINSTEPS Rasch Model statistical software package, which yields person measures for each family participating in the family survey. Person measures are aggregated across all families for reporting purposes. The NCSEAM standards, used to derive percentages, are as follows:

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

- A. Know their rights: NCSEAM standard is the percent of families with a person measure at or above 539 (95% likelihood of a response across the three categories of “agree”, “strongly agree”, and “very strongly agree” to the item “Know about my child’s and family’s rights concerning Early Intervention Services”)
- B. Effectively communicate their children’s need: NCSEAM standard is the percent of families with a person measure of 556 (95% likelihood of a response across the three categories of “agree”, “strongly agree”, and “very strongly agree” to the item “Communicate more effectively with the people who work with my child and family”)
- C. Help their children develop and learn: NCSEAM standard is the percent of families with a person measure of 516 (95% likelihood of a response across the three categories of “agree”, “strongly agree”, and “very strongly agree” to the item “Understand my child’s special needs”)

FFY	Measurable and Rigorous Target
FFY 2012	<p>4 A. The percent of respondent families participating in Part C who report that early intervention services have helped the family know their rights will increase by 1% to 78.2%.</p> <p>4 B. The percent of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children’s needs will increase by 1% to 72.69%.</p> <p>4 C. The percent of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn will increase by 1% to 89.41%.</p>

**Actual Target Data for FFY 2012:**

Indicator	Percent of Families At or Above NCSEAM standard [95% Confidence Intervals]
A. Percent of respondent families participating in Part C who report that early intervention services have helped their family know their rights.	70.04% (159/227) [95% CI: 64%, 76%]
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.	68.28% (155/227) [95% CI: 62%, 74%]
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.	78.85% (179/227) [95% CI: 72.96%, 83.98%]
NYS Person Mean on the NCSEAM Family Impact Scale	626.01 [603.7, 648.3]

In accordance with the sampling procedures described in the SPP, a random sample of 3,192 families whose children exited the EIP between July 1, 2012 – December 31, 2012, and those who were not closed but turned three years of age between January 1, 2013 and June 30, 2013 and would be exiting the program by August 31, 2013, were invited to participate in the New York State modified version of the (*NCSEAM Family Survey/Family Impact Scale*), developed under the Department’s General Supervision Enhancement Grant (GSEG) on enhancing Part C outcome indicators and methods for analyzing Part C outcome indicators. A total of 227 families responded to the survey. When comparing respondents to all children and families participating in and who exited the EIP in the relevant program year, no significant differences were found in sex, length of stay, age at exit, age at referral, and language.

A significant difference was found in the race of the participant, with a higher than expected response rate from Caucasian families. The response rate was lower than expected for African-American families and multi-racial families.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2012:**

New York did not meet its targets for the three family outcome indicators for FFY 2012.

Due to cost and resource constraints, the family survey was conducted this year via internet. In previous years, families received a Scantron form to complete and return and/or instructions to complete the survey via internet. Although the response rate was lower than in the past, the sample was found to be representative of the state with the exception of race and ethnicity, with a lower than expected response rate for African-American families and multi-racial families.

The Department will work with its collaborators at the Universities at Buffalo and Binghamton and the University of Miami to conduct further analyses of the family outcomes data to identify factors contributing to the lower than expected response rate from African-American and multi-racial families, as well as to factors contributing to slippage in this performance indicator, and will present these data to the Early Intervention Coordinating Council (EICC) to discuss opportunities for improvement.

The NYS Family Survey developed under the GSEG project completed in 2008, including New York's *Impact on the Child Scale*, modified NCSEAM Impact on the Family Scale, and NCSEAM family-centered services scale, continues to be used to collect family outcome data. This process involves families in a meaningful way in measuring family outcomes, the extent to which early intervention services have helped children participating in the program to attain developmental outcomes, and the extent to which early intervention services are family-centered. The combined data set gives New York State a powerful tool to examine the relationship between child and family outcomes; family-centered services and child and family outcomes; and, the impact of service delivery parameters (e.g., type of service, intensity of services, service provider) on family and child outcomes.

In addition, the NYS Family Survey has enabled the Department to supplement ongoing data collection efforts to meet OSEP reporting requirements to include family and child outcomes of special interest to NYS stakeholders.

Department staff, in collaboration with staff from the University at Buffalo, will continue to work on additional analyses of the data from the NYS Family Survey to guide State and local program improvement efforts. When completed, these analyses will examine the extent to which child, family and service delivery characteristics influence family outcomes, and identify specific areas where program improvements can be made to assist NYS and its localities in meeting family outcome targets for next year.

The Department received support from the Maternal Child Health Block Grant for a graduate assistant to work on the development of local performance reports using family outcome data from the New York State Family Survey. These reports include performance on the Impact on Family scale by local programs and EIP providers. The reports are being finalized and will be widely disseminated, including through the Department's website. Local programs and EIP providers will be encouraged to use these data to identify and implement quality improvement activities that will increase positive family outcomes.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2013:**

There are no proposed revisions to targets and timelines.

As mentioned under Indicator # 3, the Department, in collaboration with UB-SPH, ICD-UBN, and Dr. Batya Elbaum, University of Miami, successfully competed for an R-40 Research Grant funded by the federal Maternal Child Health Bureau to evaluate the impact of early intervention services on children with autism spectrum disorders and their families. The overarching goal of the research project is to model an approach to evaluating the impact of participation in early intervention programs that can be used for program evaluation and quality improvement. The project was initiated in September, 2010 and is funded through August 31, 2014, and will examine the impact of early intervention services on both child and family outcomes. In the first year of this project, concept mapping was used with State and national stakeholders to identify child and family outcomes expected to result from early intervention services for children with ASDs and their families. Data generated from the concept mapping project are being used to develop a modified version of the New York Family Survey which will incorporate child and family outcomes specific to ASD.

Data collection has now been completed on a variety of child and family measures for nearly three hundred toddlers and families participating in the research project, and data analyses are underway. It is anticipated that results from this study will significantly contribute to New York's efforts to identify parameters that influence the impact of early intervention services on child and family outcomes and to use this information to work with local programs to improve child and family outcomes.

**Part C State Annual Performance Report (APR) for FFY 2012**

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

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

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

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

**Measurement:**

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
FFY 2012	1.22%

**Actual Target Data for FFY 2012:**

Using the October 1, 2012 child count, 2,597 infants under the age of one had IFSPs in the New York State EIP. The number of infants under the age of one in the entire New York State population for that time period was 237,068. The percentage of infants under age one with IFSPs in the State was 1.1%.

The State is above the percent of infants under the age of one with an IFSP (1.06%) for the U.S. and outlying areas.

The percent of 1.10% for this indicator is below the FFY 2011 target of 1.22%.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2012:**

The percent of infants and toddlers birth to 1 with IFSPs was the same in FFY 2011 and FFY 2012. New York State is committed to Child Find efforts for infants.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2013:**

The State does not propose any revisions to proposed targets and timelines. The State has reviewed its improvement activities and is not proposing any changes or revisions.

**Part C State Annual Performance Report (APR) for FFY 2012**

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

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

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

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

**Measurement:**

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
FFY 2012	4.095%

**Actual Target Data for FFY 2012:**

Using the October 1, 2012 child count, 28,757 infants and toddlers birth to three had IFSPs. The number of infants and toddlers aged birth to three in the general population for that time period was 710,562. The percentage of infants and toddlers from birth to three with IFSPs in FFY 2011 was 4.05%.

The State exceeds the percent of the birth to three year old population with an IFSP for the U.S. and outlying areas (2.77%). The State is only slightly below the target for this indicator.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2012:**

There was a slight decrease from FFY 2011 (4.09%) to FFY 2012 (4.05%).

In 2010, the State’s regulations were revised to implement a more rigorous definition of communication delay in an effort to ensure that only those children who require intervention (i.e. are not experiencing a normal variation in development) receive EIP services. New York expected, and experienced, a decline in the number of children receiving EIP services as a result of this change in eligibility criteria.

During FFY 2012, there were a total of 61,244 infants and toddlers from birth to three with an IFSP compared to the point in time count of 28,757 on October 1<sup>st</sup>.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2013:**

The State does not propose any revisions to proposed targets and timelines. The State has reviewed its improvement activities and is not proposing any changes or revisions.



**Part C State Annual Performance Report (APR) for FFY 2012**

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

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

**Indicator 7:** Percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial 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 initial evaluation and initial 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 for whom an initial IFSP meeting was required to be conducted)]times 100.

Account for untimely initial evaluations, initial assessments, and initial IFSP meetings, including the reason for delay.

<b>FFY</b>	<b>Measurable and Rigorous Target</b>
<b>FFY 2012</b>	<b>100%</b>

**Actual Target Data for FFY 2012 for Infants Evaluated and Assessed and provided an Initial IFSP meeting Within Part C’s 45-day timeline:**

a. Number of infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting was conducted within Part C’s 45-day timeline	<b>23,541</b>
b. Number of infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	<b>28,524</b>
Percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C’s 45-day timeline (Percent = [(a) divided by (b)] times 100)	<b>82.5%</b>

These data include infants and toddlers who were newly referred to the EIP within the reporting period of July 1, 2012 to June 30, 2013, based on data entered in the Kids Integrated Data System (KIDS) and New York Early Intervention System (NYEIS).

KIDS and NYEIS capture reasons for delayed IFSP meetings. There were 7,592 infants and toddlers with a documented delay due to exceptional family circumstances. These infants and toddlers are included in the numerator and denominator, as allowed by OSEP.

Of the 4,983 infants and toddlers with a late IFSP that were delayed due to non-discountable reasons: 1,412 were late due to a full municipal representative schedule; 1,905 were due to an evaluator backlog or delayed receipt of an evaluation; 152 were delayed by foster care; 26 had translation difficulties; 1,488 were late due to other local program administrative reasons.

All of the 4,983 infants and toddlers, who did not have an initial IFSP meeting within 45 days, had an initial IFSP meeting within one year of referral to the EIP, representing full timely correction of the instances of noncompliance.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred in FFY 2012:**

There was a slight decrease from FFY 2011 (82.9%) to FFY 2012 (82.5%). New York State did not achieve the 100% compliance target.

The State is dedicated to conducting timely IFSP meetings for infants and toddlers who have been evaluated and determined to be eligible for Part C services. The Department presented the FFY 2012 data to the Early Intervention Coordinating Council (EICC) at the EICC quarterly meeting on December 10, 2013.

The Department has begun working with the local programs to understand and analyze capacity shortages among evaluators and other members of the IFSP team. A survey of municipality officials was completed in December 2013. The information from that survey is being analyzed in relation to the local program performance on timeliness of IFSP meetings for eligible infants and toddlers.

Local determinations based on FFY 2011 local data have been made and local programs have been notified of their status. The Department’s method for issuing local determinations is weighted toward compliance indicators. Local programs that do not meet requirements are required to take corrective actions based on their determination status, as follows:

- All municipalities (local programs) that do not meet requirements must participate in three webinars on the topic of improving data quality for the compliance indicators 1, 7, and 8 as announced and conducted by Department staff during the program year.
- Municipalities (local programs) with a repeat determination of “Needs Assistance” are required to review quality assurance procedures for facilitating the quality and accuracy of data entry within the municipality to identify the root cause(s) of poor data collection and to improve data collection related to the compliance indicators 1, 7, and 8, and complete an internal self-assessment of child records based on data provided by the Department to assist in: a) identifying the root causes(s) of poor performance and b) revising procedures to address these root causes to improve performance.
- Municipalities (local programs) with a determination of “Needs Intervention” are required to participate in targeted technical assistance with Department staff to review the data provided by the Department, identify the root causes of poor performance, and seek input from the provider community on improving performance and data quality.

**Correction of FFY 2011 Findings of Noncompliance (if State reported less than 100% compliance):**

1. Number of findings of noncompliance the State made during FFY 2011 (the period from July 1, 2011 through June 30, 2012)	<b>46</b>
2. Number of FFY 2011 findings the State verified as timely corrected (corrected	<b>42</b>

## APR Template – Part C (4)

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within one year from the date of notification to the local program of the finding)	
3. Number of FFY 2011 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	4

### Correction of FFY 2011 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected:

4. Number of FFY 2011 findings not timely corrected (same as the number from (3) above)	4
5. Number of FFY 2011 findings the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	0
6. Number of FFY 2011 findings <u>not</u> verified as corrected [(4) minus (5)]	4

### Actions Taken if Noncompliance Not Corrected:

Local programs (municipalities) received formal notification of the findings of noncompliance in December 2011. Technical assistance staff was assigned to each local program. All local programs received targeted technical assistance calls. All local programs were required to discuss the finding of noncompliance with their Local Early Intervention Coordinating Council (LEICC), solicit input from the LEICC, and submit LEICC minutes to the Department.

Counties were required to complete municipal worksheets and review these with assigned technical assistance staff. Data reports were created to track performance on this indicator. Findings of noncompliance that were not corrected impacted local determinations. Ongoing technical assistance has continued in FFY 2012 and FFY 2013 to address the findings of noncompliance that have not been corrected.

### Verification of Correction of FFY 2011 noncompliance (either timely or subsequent):

Systemic noncompliance was identified and correction was verified at the local program level by monitoring reviews, analysis of local data, and dispute resolution. There were 46 findings of noncompliance issued in FFY 2011. Of these findings, 42 were verified to have been corrected within one year. Four local data findings were not verified as corrected.

### Describe the specific actions that the State took to verify the correction of local data findings of noncompliance identified in FFY 2011:

For the verification of systemic correction for local data findings, local programs that did not achieve 100% compliance in a given federal fiscal year were notified in writing of their noncompliance. Local data for subsequent years were checked, and local programs that were found to have a rate of 100% in a subsequent year for that compliance indicator were counted as having corrected the noncompliance. The finding was counted as timely corrected (within one year of notification) if the 100% rate was in the FFY subsequent to the date of notification. The finding was counted as subsequently corrected (i.e. corrected, but not timely) if the local program had a rate of 100% in a later FFY, but had not been timely corrected. If a finding was found to be corrected, but had a rate less than 100% in the FFY after the correction, the later noncompliance resulted in a finding in the FFY in which notification occurred, and will be addressed in the appropriate APR.

For each child with the original finding of noncompliance identified, it was also verified that an IFSP was conducted, although beyond the 45-day timeline.

### **Describe the specific actions that the State took to verify the correction of monitoring findings of noncompliance identified in FFY 2011:**

New York State has fully implemented its rigorous verification of correction process which consists of the following:

- Identification of findings of noncompliance with IDEA requirements are determined during on-site monitoring reviews conducted by New York State's contractor;
- All findings of noncompliance are identified and formal reports of findings are issued within 90 days of the on-site review;
- While conducting the on-site review, the contractor determines that each individual case of noncompliance, unless the child is no longer within the jurisdiction of the local program, has been corrected within one year, for example, that the CPSE was notified within 120 days of the child's potential transition to preschool services; or the child is no longer within the jurisdiction of the EI program;
- Providers who have findings of noncompliance identified, are required to submit a CAP within 45 days of receipt of their monitoring report, which requires all information that is described earlier in this section, including root cause of noncompliance and activities they will implement to correct the noncompliance;
- All CAPs are reviewed and approved by New York State staff within 60 days of receipt, and providers are notified in writing, if their CAP is approved or not;
- Written technical assistance is provided by New York State staff which is included in CAP response letters, as needed;
- Targeted technical assistance is provided via phone call by New York State staff for providers or municipalities who demonstrate difficulty in providing sufficient activities to correct their noncompliance;
- New York State contract staff conducted on-site verification reviews within 60-90 days subsequent to approval of the CAP for those providers with significant findings of noncompliance, to determine if CAP activities have been fully implemented and correction of noncompliance at 100% can be verified. A subset of additional child records were reviewed to verify correction of noncompliance;
- New York State also requires submission of a subset of child records within 90-100 days of approval of the CAP, for those providers who have minimal findings of noncompliance, to determine if CAP activities have been fully implemented and correction of noncompliance can be verified at 100%.

### **Correction of FFY 2010 Findings of Noncompliance (if applicable):**

There are no outstanding findings of noncompliance from FFY 2010.

### **Correction of Any Remaining Findings of Noncompliance from FFY 2009 or Earlier (if applicable):**

There are no outstanding findings of noncompliance from FFY 2009.

There were 3 monitoring findings of noncompliance in FFY 2008 that were not reported as corrected in the FFY 2011 APR. All eligible infants and toddlers had an IFSP meeting within one year of referral. The infants and toddlers from the FFY 2008 findings are no longer within the jurisdiction of the Part C Early Intervention Program. These findings were verified as corrected, but were not reported as corrected. The Department has documentation that these findings were verified as corrected.

There were 3 monitoring findings of noncompliance in FFY 2007 that were not reported as corrected in the FFY 2011 APR. These findings were for the same local programs as reported in FFY 2008. All eligible infants and toddlers had an IFSP meeting within one year of referral. The infants and toddlers from the FFY 2007 findings are no longer within the jurisdiction of the Part C Early Intervention Program. These findings were verified as corrected, but were not reported as corrected. The Department has documentation that these findings were verified as corrected.

**Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2009 or earlier:**

The Department verified correction of findings by first confirming that the IFSP occurred within one year of referral. All of the infants and toddlers did have an IFSP within one year. For findings from FFY 2008 and 2007, the infants and toddlers are no longer within the jurisdiction of the Part C Early Intervention Program.

For the verification of monitoring findings in FFY 2007 and 2008, the Department took the following actions to verify correction of findings of noncompliance:

- Identification of findings of noncompliance with IDEA requirements were determined during on-site monitoring reviews conducted by New York State's contractor;
- All findings of noncompliance were identified and formal reports of findings were issued within 90 days of the on-site review;
- While conducting the on-site review, the contractor determined that each individual case of noncompliance, unless the child was no longer within the jurisdiction of the local program, has been corrected within one year, for example, that the Committee on Preschool Special Education (CPSE) was notified within 120 days of the child's potential transition to preschool services; or the child was no longer within the jurisdiction of the EI program;
- Providers, who had findings of noncompliance identified, were required to submit a CAP within 45 days of receipt of their monitoring report, including root cause of noncompliance and activities they needed to implement to correct the noncompliance;
- All CAPs were reviewed and approved by New York State staff within 60 days of receipt, and providers were notified in writing, if their CAP was approved or not;
- Written technical assistance was provided by New York State staff which was included in CAP response letters, as needed;
- Targeted technical assistance was provided via phone call by New York State staff for providers or municipalities who demonstrated difficulty in providing sufficient activities to correct their noncompliance;
- New York State contract staff conducted on-site verification reviews within 60-90 days subsequent to approval of the CAP for those providers with significant findings of noncompliance, to determine if CAP activities had been fully implemented and correction of noncompliance at 100% was verified. A subset of additional child records were reviewed to verify correction of noncompliance;
- New York State also required submission of a subset of child records within 90-100 days of approval of the CAP, for those providers who had minimal findings of noncompliance, to determine if CAP activities were fully implemented and correction of noncompliance was verified at 100%.

For the verification of systemic correction for local data findings, local programs that did not achieve 100% compliance in a given federal fiscal year were notified in writing of their noncompliance. Local data for subsequent years were checked, and local programs that were found to have a rate of 100% in a subsequent year for that compliance indicator were counted as having corrected the noncompliance. The finding was counted as timely corrected (within one year of notification) if the 100% rate was in any FFY up to one year after the date of notification. The finding was counted as subsequently corrected (i.e. corrected, but not timely) if the local program has a rate of 100% in a later FFY, but had not been timely corrected. If a finding was found to be corrected at one point, but later had a rate less than 100% in the

FFY after the correction, the later noncompliance resulted in a finding in the FFY in which notification occurred, and will be addressed in the appropriate APR.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2013 (if applicable):**

The State does not propose any revisions to proposed targets and timelines.

The Department is continuing to work with municipalities (local programs) with findings of noncompliance from FFY 2011 that have not been corrected. The system for referral, evaluation, and IFSP has been examined. Any corrections to the system that need to be made are being instituted and data for those municipalities have been reexamined in the FFY 2012 APR to assure that they achieve 100% compliance for timely IFSP. This level of compliance was not achieved, but progress was made.

One identified reason for the delay in IFSP is lack of capacity of qualified personnel to provide the evaluations necessary to determine a child's eligibility. There were a high percentage of delays due to evaluator backlog or a late report from an evaluator. The Department will continue to work with the municipalities to examine capacity of evaluators in each municipality. If shortages are identified, the BEI will work to engage professionals in neighboring areas. The Department will assess whether NYEIS functionality to improve the flow of information between the local program and evaluators has helped to reduce the delays, or if there are training needs on how to best use the new online system to improve timeliness of the evaluations and IFSP meetings.

There still is a high percentage (25.9%) of missing or invalid reasons for IFSP delay entered in the data systems. The Department has provides training and targeted resources to local programs to assist users in entering these reasons completely and correctly. New efforts are being developed to better understand issues with assigning delay reasons and to collect missing reasons retroactively.

The Department continues to provide technical assistance to municipalities, services coordinators, and evaluators to address delays in those local programs with the greatest delays.

**Part C State Annual Performance Report (APR) for FFY 2012**

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

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

**Indicator 8A:** Percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday;

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

**Measurement:**

Percent = [(# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C)] times 100.

FFY	Measurable and Rigorous Target
FFY 2012	100%

**Data Collection for Indicators 8A, 8B, and 8C**

New York State collected data for Indicators # 8 A-C by using a stratified sample of 887 toddlers who exited the Part C program between July 1, 2012 and June 30, 2013. These children were selected from the 19,293 toddlers who exited the program during this reporting period and had an IFSP.

Sample cases were selected at different rates in different municipalities using stratified sampling. The purpose of using stratified sampling was to have sufficiently large samples for local programs, which results in statistically valid rates for selected local programs as well as for the state as a whole. Each local program was scheduled to be oversampled according to the plan outlined in the SPP for FFY 2005-2012. Analysis was conducted to ensure the sample was representative of the population. The sample was representative of the population exiting the Part C program based on gender, race/ethnicity and age.

Local programs either completed a self-assessment tool developed by the Department for the toddlers who exited with their information entered in KIDS, or transition information was analyzed directly from NYEIS for toddlers who exited with their information entered in NYEIS. The questions asked on the self-assessment tool to calculate Indicators #8 A-C have been incorporated into NYEIS, and are collected for toddlers as they exit the Part C Early Intervention Program.

**Actual Target Data for FFY 2012:**

Of the 887 toddlers in the sample, 854 had an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for a final rate of 96.3% (854/887). New York State did not achieve the 100% compliance target.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred in FFY 2012:**

There was an increase in the rate in this indicator from FFY 2011 (90.8%) to FFY 2012 (96.3%).

The Department engaged local programs to understand the process and the barriers that exist in working with families to transition to Part B Preschool Special Education. The Department provided training and targeted resources to the local programs, including the service coordinators, on how to enter information about transition steps discussed during the IFSP in the online data system, NYEIS.

Local determinations based on FFY 2011 local data have been made and local programs have been notified of their status. The Department’s method for issuing local determinations is weighted toward compliance indicators. Local programs that do not meet requirements are required to take corrective actions based on their determination status, as follows:

- All municipalities (local programs) that do not meet requirements must participate in three webinars on the topic of improving data quality for the compliance indicators 1, 7, and 8 as announced and conducted by Department staff during the program year.
- Municipalities (local programs) with a repeat determination of “Needs Assistance” are required to review quality assurance procedures for facilitating the quality and accuracy of data entry within the municipality to identify the root cause(s) of poor data collection and to improve data collection related to the compliance indicators 1, 7, and 8, and complete an internal self-assessment of child records based on data provided by the Department to assist in: a) identifying the root causes(s) of poor performance and b) revising procedures to address these root causes to improve performance.
- Municipalities (local programs) with a determination of “Needs Intervention” are required to participate in targeted technical assistance with Department staff to review the data provided by the Department, identify the root causes of poor performance, and seek input from the provider community on improving performance and data quality.

**Correction of FFY 2011 Findings of Noncompliance (if State reported less than 100% compliance):**

1. Number of findings of noncompliance the State made during FFY 2011 (the period from July 1, 2011, through June 30, 2012)	<b>13</b>
2. Number of FFY 2011 findings the State verified as timely corrected (corrected within one year from the date of notification to the local program of the finding)	<b>13</b>
3. Number of FFY 2011 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	<b>0</b>

**Correction of FFY 2011 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected:**

4. Number of FFY 2011 findings not timely corrected (same as the number from (3) above)	<b>0</b>
5. Number of FFY 2011 findings the State has verified as corrected beyond the one-	<b>0</b>



year timeline (“subsequent correction”)	
6. Number of FFY 2011 findings <u>not</u> verified as corrected [(4) minus (5)]	<b>0</b>

**Actions Taken if Noncompliance Not Corrected:**

N/A

**Verification of Correction of FFY 2011 noncompliance (either timely or subsequent):**

Systemic noncompliance was identified and correction was verified at the local program level by monitoring reviews, analysis of local data, and dispute resolution. There were 13 findings of noncompliance issued in FFY 2011. These findings were verified to have been corrected within one year.

**Describe the specific actions that the State took to verify the correction of local data findings of noncompliance identified in FFY 2011:**

For the verification of systemic correction for local data findings, local programs that did not achieve 100% compliance in a given federal fiscal year were notified in writing of their noncompliance. Local data for subsequent years were checked, and local programs that were found to have a rate of 100% in a subsequent year for that compliance indicator were counted as having corrected the noncompliance. The finding was counted as timely corrected (within one year of notification) if the 100% rate was in the FFY subsequent to the date of notification. The finding was counted as subsequently corrected (i.e. corrected, but not timely) if the local program had a rate of 100% in a later FFY, but had not been timely corrected. If a finding was found to be corrected, but had a rate less than 100% in the FFY after the correction, the later noncompliance resulted in a finding in the FFY in which notification occurred, and will be addressed in the appropriate APR.

For each child for whom the original finding of noncompliance was made, it was verified that the children were no longer in the jurisdiction of the Part C Early Intervention Program.

**Describe the specific actions that the State took to verify the correction of monitoring findings of noncompliance identified in FFY 2011:**

New York State has fully implemented its rigorous verification of correction process which consists of the following:

- Identification of findings of noncompliance with IDEA requirements are determined during on-site monitoring reviews conducted by New York State’s contractor;
- All findings of noncompliance are identified and formal reports of findings are issued within 90 days of the on-site review;
- While conducting the on-site review, the contractor determines that each individual case of noncompliance, unless the child is no longer within the jurisdiction of the local program, has been corrected within one year, for example, that the CPSE was notified within 120 days of the child’s potential transition to preschool services; or the child is no longer within the jurisdiction of the EI program;
- Providers who have findings of noncompliance identified, are required to submit a CAP within 45 days of receipt of their monitoring report, which requires all information that is described earlier in this section, including root cause of noncompliance and activities they will implement to correct the noncompliance;
- All CAPs are reviewed and approved by New York State staff within 60 days of receipt, and providers are notified in writing, if their CAP is approved or not;
- Written technical assistance is provided by New York State staff which is included in CAP response letters, as needed;

- Targeted technical assistance is provided via phone call by New York State staff for providers or municipalities who demonstrate difficulty in providing sufficient activities to correct their noncompliance;
- New York State contract staff conducted on-site verification reviews within 60-90 days subsequent to approval of the CAP for those providers with significant findings of noncompliance, to determine if CAP activities have been fully implemented and correction of noncompliance at 100% can be verified. A subset of additional child records were reviewed to verify correction of noncompliance;
- New York State also requires submission of a subset of child records within 90-100 days of approval of the CAP, for those providers who have minimal findings of noncompliance, to determine if CAP activities have been fully implemented and correction of noncompliance can be verified at 100%.

**Correction of FFY 2010 Findings of Noncompliance (if applicable):**

There are no outstanding findings of noncompliance from FFY 2010.

**Correction of Any Remaining Findings of Noncompliance from FFY 2009 or Earlier (if applicable):**

There are no outstanding findings of noncompliance from FFY 2009 or earlier.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2013:**

The State does not propose any revisions to proposed targets and timelines.

The State is dedicated to providing a timely transition to Part B without interruption of services for all potentially eligible toddlers. The Department continues to provide technical assistance to municipalities and service coordinators to address performance in assuring effective transitions for all infants and toddlers who exit the Part C Early Intervention Program.

**Part C State Annual Performance Report (APR) for FFY 2012**

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

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

**Indicator 8B:** Percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services;

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

**Measurement:**

Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

FFY	Measurable and Rigorous Target
FFY 2012	100%

**Actual Target Data for FFY 2012:**

Of the sample of 887 toddlers, there were 839 families who were potentially eligible for Preschool Special Education. Of the 839 families who were potentially eligible, there were 148 families who opted out of having their child’s information shared with the Local Education Agency (LEA) and the State Education Agency (SEA); these families will be included in the numerator and denominator as allowed by OSEP. Of the 691 toddlers who were potentially eligible and whose families did not opt out of notification, 631 had documentation of notification to the LEA 90 days prior to their third birthday. The final rate for Indicator 8b was 779/839 (92.8%). New York State did not achieve the 100% compliance target.

For notification to the State Education Agency, notification was made for all potentially eligible toddlers and their families who did not opt out of the notification process. A routine transmission of the required information has been established between the Part C and Part B programs.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred in FFY 2012:**

There was an increase from FFY 2011 (90.0%) to FFY 2012 (92.8%).

## APR Template – Part C (4)

New York  
State

The State is dedicated to assuring notification to the LEA in a timely manner. The Department has worked with municipalities on all county conference calls to try to understand the barriers to notification. The Department has worked with the State Education Department to determine how to facilitate the notification process at the local level as well as to establish the transmission of children who are transitioning between the State agencies. The Department has presented the FFY 2012 data to the State Early Intervention Coordinating Council (EICC) for advice and assistance in improving the timeliness of transition notices to LEAs.

Local determinations based on FFY 2011 local data have been made and local programs have been notified of their status. The Department’s method for issuing local determinations is weighted toward compliance indicators. Local programs that do not meet requirements are required to take corrective actions based on their determination status, as follows:

- All municipalities (local programs) that do not meet requirements must participate in three webinars on the topic of improving data quality for the compliance indicators 1, 7, and 8 as announced and conducted by Department staff during the program year.
- Municipalities (local programs) with a repeat determination of “Needs Assistance” are required to review quality assurance procedures for facilitating the quality and accuracy of data entry within the municipality to identify the root cause(s) of poor data collection and to improve data collection related to the compliance indicators 1, 7, and 8, and complete an internal self-assessment of child records based on data provided by the Department to assist in: a) identifying the root causes(s) of poor performance and b) revising procedures to address these root causes to improve performance.
- Municipalities (local programs) with a determination of “Needs Intervention” are required to participate in targeted technical assistance with Department staff to review the data provided by the Department, identify the root causes of poor performance, and seek input from the provider community on improving performance and data quality.

### Correction of FFY 2011 Findings of Noncompliance (if State reported less than 100% compliance):

1. Number of findings of noncompliance the State made during FFY 2011 (the period from July 1, 2011, through June 30, 2012)	<b>47</b>
2. Number of FFY 2011 findings the State verified as timely corrected (corrected within one year from the date of notification to the local program of the finding)	<b>30</b>
3. Number of FFY 2011 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	<b>17</b>

### Correction of FFY 2011 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected:

4. Number of FFY 2011 findings not timely corrected (same as the number from (3) above)	<b>17</b>
5. Number of FFY 2011 findings the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	<b>13</b>
6. Number of FFY 2011 findings <u>not</u> verified as corrected [(4) minus (5)]	<b>4</b>

### Actions Taken if Noncompliance Not Corrected:

Local programs (municipalities) received formal notification of the findings of noncompliance in December 2011. Technical assistance staff was assigned to each local program. All local programs received targeted technical assistance calls. All local programs were required to discuss the finding of noncompliance with their Local Early Intervention Coordinating Council (LEICC), solicit input from the LEICC, and submit LEICC minutes to the Department.

Counties were required to complete municipal worksheets and review these with assigned technical assistance staff. Data reports were created to track performance on this indicator. Findings of noncompliance that were not corrected impacted local determinations. Ongoing technical assistance has continued in FFY 2012 and FFY 2013 to address the findings of noncompliance that have not been corrected.

**Verification of Correction of FFY 2011 noncompliance (either timely or subsequent):**

Systemic noncompliance was identified and correction was verified at the local program level by monitoring reviews, analysis of local data, and dispute resolution. There were 47 findings of noncompliance issued in FFY 2011. Of these findings, 30 were verified to have been corrected within one year, and 13 were verified as corrected but not within one year. Four local data findings were not verified as corrected.

**Describe the specific actions that the State took to verify the correction of local data findings of noncompliance identified in FFY 2011:**

For the verification of systemic correction for local data findings, local programs that did not achieve 100% compliance in a given federal fiscal year were notified in writing of their noncompliance. Local data for subsequent years were checked, and local programs that were found to have a rate of 100% in a subsequent year for that compliance indicator were counted as having corrected the noncompliance. The finding was counted as timely corrected (within one year of notification) if the 100% rate was in the FFY subsequent to the date of notification. The finding was counted as subsequently corrected (i.e. corrected, but not timely) if the local program had a rate of 100% in a later FFY, but had not been timely corrected. If a finding was found to be corrected, but had a rate less than 100% in the FFY after the correction, the later noncompliance resulted in a finding in the FFY in which notification occurred, and will be addressed in the appropriate APR.

For each child for whom the original finding of noncompliance was made, it was verified that the children were no longer in the jurisdiction of the Part C Early Intervention Program.

**Describe the specific actions that the State took to verify the correction of monitoring findings of noncompliance identified in FFY 2011:**

New York State has fully implemented its rigorous verification of correction process which consists of the following:

- Identification of findings of noncompliance with IDEA requirements are determined during on-site monitoring reviews conducted by New York State's contractor;
- All findings of noncompliance are identified and formal reports of findings are issued within 90 days of the on-site review;
- While conducting the on-site review, the contractor determines that each individual case of noncompliance, unless the child is no longer within the jurisdiction of the local program, has been corrected within one year, for example, that the CPSE was notified within 120 days of the child's potential transition to preschool services; or the child is no longer within the jurisdiction of the EI program;
- Providers who have findings of noncompliance identified, are required to submit a CAP within 45 days of receipt of their monitoring report, which requires all information that is described earlier in this section, including root cause of noncompliance and activities they will implement to correct the noncompliance;

- All CAPs are reviewed and approved by New York State staff within 60 days of receipt, and providers are notified in writing, if their CAP is approved or not;
- Written technical assistance is provided by New York State staff which is included in CAP response letters, as needed;
- Targeted technical assistance is provided via phone call by New York State staff for providers or municipalities who demonstrate difficulty in providing sufficient activities to correct their noncompliance;
- New York State contract staff conducted on-site verification reviews within 60-90 days subsequent to approval of the CAP for those providers with significant findings of noncompliance, to determine if CAP activities have been fully implemented and correction of noncompliance at 100% can be verified. A subset of additional child records were reviewed to verify correction of noncompliance;
- New York State also requires submission of a subset of child records within 90-100 days of approval of the CAP, for those providers who have minimal findings of noncompliance, to determine if CAP activities have been fully implemented and correction of noncompliance can be verified at 100%.

**Correction of FFY 2010 Findings of Noncompliance (if applicable):**

There are no outstanding findings of noncompliance from FFY 2010.

**Correction of Any Remaining Findings of Noncompliance from FFY 2009 or Earlier (if applicable):**

There are no outstanding findings of noncompliance from FFY 2009 or 2008.

There was 1 finding of noncompliance in FFY 2007 that was not reported as verified as corrected in the FFY 2011 APR. This finding was verified as corrected, but was not reported as corrected. The Department has documentation that this finding was verified as corrected.

**Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2009 or earlier:**

For each child for whom the original finding of noncompliance was made, the Department verified that the children were no longer in the jurisdiction of the Part C Early Intervention Program.

For the verification of monitoring findings in FFY 2007 and 2008, the Department took the following actions to verify correction of findings of noncompliance:

- Identification of findings of noncompliance with IDEA requirements were determined during on-site monitoring reviews conducted by New York State's contractor;
- All findings of noncompliance were identified and formal reports of findings were issued within 90 days of the on-site review;
- While conducting the on-site review, the contractor determined that each individual case of noncompliance, unless the child was no longer within the jurisdiction of the local program, has been corrected within one year, for example, that the Committee on Preschool Special Education (CPSE) was notified within 120 days of the child's potential transition to preschool services; or the child was no longer within the jurisdiction of the EI program;
- Providers, who had findings of noncompliance identified, were required to submit a CAP within 45 days of receipt of their monitoring report, including root cause of noncompliance and activities they needed to implement to correct the noncompliance;
- All CAPs were reviewed and approved by New York State staff within 60 days of receipt, and providers were notified in writing, if their CAP was approved or not;
- Written technical assistance was provided by New York State staff which was included in CAP response letters, as needed;

- Targeted technical assistance was provided via phone call by New York State staff for providers or municipalities who demonstrated difficulty in providing sufficient activities to correct their noncompliance;
- New York State contract staff conducted on-site verification reviews within 60-90 days subsequent to approval of the CAP for those providers with significant findings of noncompliance, to determine if CAP activities had been fully implemented and correction of noncompliance at 100% was verified. A subset of additional child records were reviewed to verify correction of noncompliance;
- New York State also required submission of a subset of child records within 90-100 days of approval of the CAP, for those providers who had minimal findings of noncompliance, to determine if CAP activities were fully implemented and correction of noncompliance was verified at 100%.

For the verification of systemic correction for local data findings, local programs that did not achieve 100% compliance in a given federal fiscal year were notified in writing of their noncompliance. Local data for subsequent years were checked, and local programs that were found to have a rate of 100% in a subsequent year for that compliance indicator were counted as having corrected the noncompliance. The finding was counted as timely corrected (within one year of notification) if the 100% rate was in any FFY up to one year after the date of notification. The finding was counted as subsequently corrected (i.e. corrected, but not timely) if the local program had a rate of 100% in a later FFY, but had not been timely corrected. If a finding was found to be corrected at one point, but later had a rate less than 100% in the FFY after the correction, the later noncompliance resulted in a finding in the FFY in which notification occurred, and will be addressed in the appropriate APR.

### **Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2013 (if applicable):**

The State does not propose any revisions to proposed targets and timelines.

The State is dedicated to providing a timely transition to Part B without interruption of services for all potentially eligible toddlers. The Department is continuing to work with municipalities (local programs) with findings of noncompliance from FFY 2011 that have not been corrected. Data were re-examined in the FFY 2012 to assure that they achieve 100% compliance in providing timely transition. This level of compliance was not achieved, but progress was made.

**Part C State Annual Performance Report (APR) for FFY 2012**

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

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

**Indicator 8C:** Percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

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

**Measurement:**

Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

**Data Collection:**

FFY	Measurable and Rigorous Target
FFY 2012	100%

**Actual Target Data for FFY 2012:**

Of the sample of 887 toddlers sampled, there were 291 toddlers who were potentially eligible for Part B and their parents did not decline the transition conference. Of these toddlers, 239 have documentation of a transition conference. An additional 28 toddlers who did not have a transition conference had exceptional family circumstances; these toddlers were included in the numerator and denominator. The final rate was 91.8% (267/291).

New York State did not achieve the 100% compliance target.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred in FFY 2012:**

There was an increase from FFY 2011 (80.0%) to FFY 2012 (91.8%).

The Department has worked with municipalities on all county conference calls to try to understand the barriers to conducting transition conferences. The Department has presented the FFY 2012 data to the



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State Early Intervention Coordinating Council (EICC) for advice and assistance in improving the scheduling and conducting of transition conferences.

Local determinations based on FFY 2011 local data have been made and local programs have been notified of their status. The Department’s method for issuing local determinations is weighted toward compliance indicators. Local programs that do not meet requirements are required to take corrective actions based on their determination status, as follows:

- All municipalities (local programs) that do not meet requirements must participate in three webinars on the topic of improving data quality for the compliance indicators 1, 7, and 8 as announced and conducted by Department staff during the program year.
- Municipalities (local programs) with a repeat determination of “Needs Assistance” are required to review quality assurance procedures for facilitating the quality and accuracy of data entry within the municipality to identify the root cause(s) of poor data collection and to improve data collection related to the compliance indicators 1, 7, and 8, and complete an internal self-assessment of child records based on data provided by the Department to assist in: a) identifying the root causes(s) of poor performance and b) revising procedures to address these root causes to improve performance.
- Municipalities (local programs) with a determination of “Needs Intervention” are required to participate in targeted technical assistance with Department staff to review the data provided by the Department, identify the root causes of poor performance, and seek input from the provider community on improving performance and data quality.

### Correction of FFY 2011 Findings of Noncompliance (if State reported less than 100% compliance):

1. Number of findings of noncompliance the State made during FFY 2011 (the period from July 1, 2011, through June 30, 2012)	<b>41</b>
2. Number of FFY 2011 findings the State verified as timely corrected (corrected within one year from the date of notification to the local program of the finding)	<b>21</b>
3. Number of FFY 2011 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	<b>20</b>

### FFY 2011 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected:

4. Number of FFY 2011 findings not timely corrected (same as the number from (3) above)	<b>20</b>
5. Number of FFY 2010 findings the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	<b>16</b>
6. Number of FFY 2010 findings <u>not</u> verified as corrected [(4) minus (5)]	<b>4</b>

### Actions Taken if Noncompliance Not Corrected:

Local programs (municipalities) received formal notification of the findings of noncompliance in December 2011. Technical assistance staff was assigned to each local program. All local programs received targeted technical assistance calls. All local programs were required to discuss the finding of

noncompliance with their Local Early Intervention Coordinating Council (LEICC), solicit input from the LEICC, and submit LEICC minutes to the Department.

Counties were required to complete municipal worksheets and review these with assigned technical assistance staff. Data reports were created to track performance on this indicator. Findings of noncompliance that were not corrected impacted local determinations. Ongoing technical assistance has continued in FFY 2012 and FFY 2013 to address the findings of noncompliance that have not been corrected.

### **Verification of Correction of FFY 2011 noncompliance (either timely or subsequent):**

Systemic noncompliance was identified and correction was verified at the local program level by monitoring reviews, analysis of local data, and dispute resolution. There were 41 findings of noncompliance issued in FFY 2011. Of these findings, 21 were verified to have been corrected within one year, and 16 were verified as corrected but not within one year. Four findings were not verified as corrected.

### **Describe the specific actions that the State took to verify the correction of local data findings of noncompliance identified in FFY 2011:**

For the verification of systemic correction for local data findings, local programs that did not achieve 100% compliance in a given federal fiscal year were notified in writing of their noncompliance. Local data for subsequent years were checked, and local programs that were found to have a rate of 100% in a subsequent year for that compliance indicator were counted as having corrected the noncompliance. The finding was counted as timely corrected (within one year of notification) if the 100% rate was in the FFY subsequent to the date of notification. The finding was counted as subsequently corrected (i.e. corrected, but not timely) if the local program had a rate of 100% in a later FFY, but had not been timely corrected. If a finding was found to be corrected, but had a rate less than 100% in the FFY after the correction, the later noncompliance resulted in a finding in the FFY in which notification occurred, and will be addressed in the appropriate APR.

For each child for whom the original finding of noncompliance was made, it was verified that the children were no longer in the jurisdiction of the Part C Early Intervention Program.

### **Describe the specific actions that the State took to verify the correction of monitoring findings of noncompliance identified in FFY 2011:**

New York State has fully implemented its rigorous verification of correction process which consists of the following:

- Identification of findings of noncompliance with IDEA requirements are determined during on-site monitoring reviews conducted by New York State's contractor;
- All findings of noncompliance are identified and formal reports of findings are issued within 90 days of the on-site review;
- While conducting the on-site review, the contractor determines that each individual case of noncompliance, unless the child is no longer within the jurisdiction of the local program, has been corrected within one year, for example, that the CPSE was notified within 120 days of the child's potential transition to preschool services; or the child is no longer within the jurisdiction of the EI program;
- Providers who have findings of noncompliance identified, are required to submit a CAP within 45 days of receipt of their monitoring report, which requires all information that is described earlier in this section, including root cause of noncompliance and activities they will implement to correct the noncompliance;
- All CAPs are reviewed and approved by New York State staff within 60 days of receipt, and providers are notified in writing, if their CAP is approved or not;

- Written technical assistance is provided by New York State staff which is included in CAP response letters, as needed;
- Targeted technical assistance is provided via phone call by New York State staff for providers or municipalities who demonstrate difficulty in providing sufficient activities to correct their noncompliance;
- New York State contract staff conducted on-site verification reviews within 60-90 days subsequent to approval of the CAP for those providers with significant findings of noncompliance, to determine if CAP activities have been fully implemented and correction of noncompliance at 100% can be verified. A subset of additional child records were reviewed to verify correction of noncompliance;
- New York State also requires submission of a subset of child records within 90-100 days of approval of the CAP, for those providers who have minimal findings of noncompliance, to determine if CAP activities have been fully implemented and correction of noncompliance can be verified at 100%.

### **Correction of FFY 2010 Findings of Noncompliance (if applicable):**

There are no outstanding findings of noncompliance from FFY 2010.

### **Correction of Any Remaining Findings of Noncompliance from FFY 2009 or Earlier (if applicable):**

There are no outstanding findings of noncompliance from FFY 2009.

There were 2 monitoring findings of noncompliance in FFY 2008 that were not reported as verified as corrected in the FFY 2011 APR. These findings were verified as corrected, but were not reported as corrected. The Department has documentation that these findings were verified as corrected.

There were 3 monitoring findings of noncompliance in FFY 2007 that were not reported as corrected in the FFY 2011 APR. These findings were verified as corrected, but were not reported as corrected. The Department has documentation that these findings were corrected.

### **Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2009 or earlier:**

For each child for whom the original finding of noncompliance was made, the Department verified that the children were no longer in the jurisdiction of the Part C Early Intervention Program.

For the verification of monitoring findings in FFY 2007 and 2008, the Department took the following actions to verify correction of findings of noncompliance:

- Identification of findings of noncompliance with IDEA requirements were determined during on-site monitoring reviews conducted by New York State's contractor;
- All findings of noncompliance were identified and formal reports of findings were issued within 90 days of the on-site review;
- While conducting the on-site review, the contractor determined that each individual case of noncompliance, unless the child was no longer within the jurisdiction of the local program, has been corrected within one year, for example, that the Committee on Preschool Special Education (CPSE) was notified within 120 days of the child's potential transition to preschool services; or the child was no longer within the jurisdiction of the EI program;
- Providers, who had findings of noncompliance identified, were required to submit a CAP within 45 days of receipt of their monitoring report, including root cause of noncompliance and activities they needed to implement to correct the noncompliance;
- All CAPs were reviewed and approved by New York State staff within 60 days of receipt, and providers were notified in writing, if their CAP was approved or not;

- Written technical assistance was provided by New York State staff which was included in CAP response letters, as needed;
- Targeted technical assistance was provided via phone call by New York State staff for providers or municipalities who demonstrated difficulty in providing sufficient activities to correct their noncompliance;
- New York State contract staff conducted on-site verification reviews within 60-90 days subsequent to approval of the CAP for those providers with significant findings of noncompliance, to determine if CAP activities had been fully implemented and correction of noncompliance at 100% was verified. A subset of additional child records were reviewed to verify correction of noncompliance;
- New York State also required submission of a subset of child records within 90-100 days of approval of the CAP, for those providers who had minimal findings of noncompliance, to determine if CAP activities were fully implemented and correction of noncompliance was verified at 100%.

For the verification of systemic correction for local data findings, local programs that did not achieve 100% compliance in a given federal fiscal year were notified in writing of their noncompliance. Local data for subsequent years were checked, and local programs that were found to have a rate of 100% in a subsequent year for that compliance indicator were counted as having corrected the noncompliance. The finding was counted as timely corrected (within one year of notification) if the 100% rate was in any FFY up to one year after the date of notification. The finding was counted as subsequently corrected (i.e. corrected, but not timely) if the local program had a rate of 100% in a later FFY, but had not been timely corrected. If a finding was found to be corrected at one point, but later had a rate less than 100% in the FFY after the correction, the later noncompliance resulted in a finding in the FFY in which notification occurred, and will be addressed in the appropriate APR.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2013 (if applicable):**

The State does not propose any revisions to proposed targets and timelines.

The State is dedicated to providing a timely transition to Part B without interruption of services for all potentially eligible toddlers. The Department is continuing to provide technical assistance to municipalities (local programs) with findings of noncompliance from FFY 2011 that have not been corrected. Data were examined in FFY 2012 to assure they achieve 100% compliance in providing timely transition planning. This level of compliance was not achieved, but progress was made. The Department is also providing technical assistance to service coordinators to address performance in assuring effective transitions for all infants and toddlers who exit the Part C Early Intervention Program.

**Part C State Annual Performance Report (APR) for FFY 2012**

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

**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.

FFY	Measurable and Rigorous Target
2012	100%

**Actual Target Data for FFY 2012:**

FFY	Actual Target Data
2012	<b>89.7%</b> <b>(547/610)</b>

For this reporting period, information used for Indicator 9 to demonstrate the rate of correction of noncompliance as soon as possible, but in no case later than one year after identification, was compiled from the Department’s comprehensive on-site monitoring data, local data findings, and due process activities, specifically, investigations of written complaints.

There were 610 findings of noncompliance, as noted in the Indicator 9 Worksheet. Of the 610 findings, 547 findings had correction that was verified no later than one year of identification, at the systemic level and for each individual child, unless the child was no longer within the jurisdiction of the EI program. For 41 of these findings, correction was verified later than one year after identification.

### **Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2012:**

There was a decrease from FFY 2011 (98.3%) to FFY 2012 (89.7%).

The Department has continued its rigorous verification of correction of noncompliance process for findings determined through the State's on-site monitoring process, local data findings, and due process investigations. The decrease in this indicator was a result of the enhanced effort to issue findings of noncompliance using the statewide data system. Progress has been made on many of the indicators, but not all local programs were able to achieved 100% compliance for indicators 1, 7 and 8.

New York State staff has participated in conference calls with OSEP technical assistance resources, including Northeast Regional Resource Center (NERRC) and participated in periodic State to Local Monitoring Workgroup conference calls to obtain technical assistance in this area. State staff worked diligently with its contractor to implement protocols to conduct on-site visits to review additional child records and systems in place, to ensure correction of noncompliance was verified for each individual child's finding of noncompliance, unless the child is no longer within the jurisdiction of the EIS program, and that every program is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on review of child records and other documents. Corrective Action Plans (CAPs) were required to be submitted from providers where determinations of violations of State regulations and violations of IDEA requirements were made. The CAPs were reviewed and CAP response letters were prepared which contained written technical assistance to assist each provider with strategies for improvement of the noncompliance. If the CAP submitted by the provider was significantly lacking appropriate steps to implement correction, a phone conference was held with the provider to assist them with developing appropriate steps and strategies to correct a finding. Subsequent to the verbal and written TA provided by State staff, providers were required to submit a subset of child records that were identified by the Department's data system to review to ensure correction of noncompliance was achieved. This rigorous process maintained a diligent effort of technical assistance and working closely with providers on their findings of noncompliance. This effort has been successful in the continued progress made by the State's general supervision system.

### **Describe the process for selecting EIS programs for Monitoring:**

New York State uses several different methods to detect noncompliance by local programs:

- On-site monitoring reviews by the Department's contractor;
- Local data on performance of local programs;
- Dispute resolution of a system complaint that indicates that a local program violated IDEA.

For each of these different types of findings, the local program is notified of the finding in writing and of the need to correct the finding within one year of notification, and the Early Intervention Program takes steps, indicated in the next section, to verify that the noncompliance is corrected in accordance with OSEP memo 09-02. Although the specific methods used to verify correction for different types of findings may vary, these methods always ensure that both child-specific and systemic findings of noncompliance are corrected.

### On-site Monitoring:

For this reporting period, select approved providers in the State had a comprehensive on-site monitoring review conducted. A total of 583 providers were monitored. Of the 583 providers, 337 providers had a total of 397 findings issued that were violations of IDEA requirements. The providers were selected for this reporting period, based on past monitoring performance (greater than or equal to 20% regulatory violations in previous monitoring), last date of on-site monitoring, or were selected because they were never monitored. The State approves over 20,000 providers who only subcontract with larger provider agencies, therefore, many of these subcontracted providers may be newly approved by the State and/or

have never been monitored. Providers were also monitored if concerns regarding the provision of early intervention services were brought to the attention of the Department by stakeholders, such as parents or municipalities.

On site comprehensive monitoring is conducted using monitoring tools that include multiple methods of evaluation of an early intervention program. The monitoring protocol includes the following:

- Review of child records;
- Evaluation and approval of written policies and procedures regarding confidentiality requirements, describing how the provider will implement program requirements to correct confidentiality practices (See Indicator C-9 Worksheet under “Other areas of noncompliance” for specific programs that were issued findings regarding confidentiality practices and correction of noncompliance verified);
- Review of other documents related to the early intervention program administration, including, personnel records, billing and fiscal records, forms and reports;
- Review of child records to ensure that any finding of noncompliance for an individual child is corrected as soon as possible, or the child is no longer in the jurisdiction of the Early Intervention System;
- Requires a rigorous immediate remediation process to be followed when serious noncompliance relating to use of unqualified personnel or other health and safety issues are identified;
- For every finding of noncompliance regarding a violation of IDEA requirements or NY State requirements, each provider and municipality must submit a Corrective Action Plan (CAP) which includes the following items;
  - Identification of the root cause which produced the noncompliance
  - Identification of Action Steps and Strategies to make improvements
  - Revision of written policies and procedures
  - Discussion of organizational changes that are required to correct the noncompliance
  - Describe a plan to provide updated training
  - Describe supervision and oversight to assure staff will carry out changes in policy correctly
  - Describe documentation which will be maintained to provide evidence of corrected practices
  - Describe quality assurance method that will be used to ensure corrections are being implemented
  - Caps are reviewed and approved by New York State Department of Health staff no later than 60 days of receipt. A written CAP response letter which includes suggestions for revision of the CAP and technical assistance is sent to each entity monitored, subsequent to review of their CAP.
- Conducting follow-up verification of correction reviews when a finding of noncompliance is made to ensure that correction is achieved at the individual child level and the systemic level;
- Requiring attendance at Department-sponsored EI training, if numerous or repeat findings of noncompliance are determined during subsequent monitoring reviews;
- Participation in targeted technical assistance calls with Department staff to discuss recurrent findings of noncompliance and to brainstorm for root cause of noncompliance and strategies to improve compliance;
- Implementation of a two-pronged verification of correction process to verify correction of all findings of noncompliance related to a violation of IDEA requirements at the child-specific level and at the systemic level, through multiple methods, as follows:
  - Having our monitoring contractor conduct subsequent follow-up on-site visits to review the child-specific record and a subsequent subset of child records (including IFSPs, session notes, transition plans, etc.) identified through the Department’s data system;
  - Conducting interviews with providers to determine understanding of implementation of policies and procedures;
  - Review of revised policies and procedures;

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- Self-assessment reviews based on a subset of child records identified through the Department's data system;
- After acceptance of a corrective action plan (CAP); submission of a subset of child records identified through the Department's data system to review for correction of noncompliance at the systemic level and to ensure that ongoing compliance is maintained for each individual child.

### Local Data:

The State reviews its local data, which are reported in KIDS or NYEIS or by the local programs in the self-assessment tool, to detect noncompliance. For indicators 1 and 7, the State reviews all records for all children. For indicators 8a, 8b, and 8c, a sample of records are reviewed. Details about the sampling plan are outlined in the State Performance Plan (SPP). Any local program that performs at less than 100% for any of Indicators # 1, 7, and 8A-C is notified of this noncompliance. This process is performed annually. Local data findings were sent to the local programs in December 2011. Local data for all municipalities (local programs) are published annually on the Department's website.

### Dispute Resolution:

When a system complaint indicates that a local program is in violation of IDEA, the local program is issued a finding of noncompliance

Note: For this indicator, report data on the correction of findings of noncompliance the State made during FFY 2011 (July 1, 2011 through June 30, 2012) and verified as corrected as soon as possible and in no case later than one year from identification.

### **Timely Correction of FFY 2011 Findings of Noncompliance (corrected within one year from identification of the noncompliance):**

1. Number of findings of noncompliance the State identified in FFY 2011 (the period from July 1, 2011, through June 30, 2012) (Sum of Column a on the Indicator C9 Worksheet)	<b>610</b>
2. Number of findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS programs of the finding) (Sum of Column b on the Indicator C9 Worksheet)	<b>547</b>
3. Number of findings <u>not</u> verified as corrected within one year [(1) minus (2)]	<b>63</b>

### **Correction of FFY 2011 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected:**

4. Number of FFY 2011 findings not timely corrected (same as the number from (3) above)	<b>63</b>
5. Number of FFY 2011 findings the State has verified as corrected beyond the one-year timeline ("subsequent correction")	<b>41</b>
6. Number of FFY 2011 findings <u>not</u> yet verified as corrected [(4) minus (5)]	<b>22</b>



**Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2011 (including any revisions to general supervision procedures, technical assistance provided and/or any enforcement actions that were taken):**

### On-site Monitoring:

The State was successful in verification of correction of findings of noncompliance as determined through the State's on-site monitoring process, that were corrected one year from identification of the noncompliance with the exception of 9 findings, which were corrected subsequent to one year of identification. All of the findings have been corrected at the individual child level, or the child is no longer in the jurisdiction of the EI program.

The State has fully implemented its rigorous verification of correction process for findings determined through on-site monitoring, which consists of the following:

- Identification of findings of noncompliance with IDEA requirements are determined during on-site monitoring reviews conducted by New York State's contractor;
- Findings of noncompliance are identified and formal reports of findings are issued within 90 days of the on-site review;
- While conducting the on-site review, the contractor determines that each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program, has been corrected within one year, for example, that the CPSE was notified within 120 days of the child's potential transition to preschool services; or the child is no longer within the jurisdiction of the EI program;
- Providers who have findings of noncompliance identified, are required to submit a corrective action plan (CAP) within 45 days of receipt of their monitoring report, which requires all information that is described earlier in this section, including root cause of noncompliance and activities they will implement to correct the noncompliance;
- All CAPs are reviewed and approved by New York State staff within 60 days of receipt, and providers are notified in writing, if their CAP is approved or not;
- Written technical assistance is provided by New York State staff which is included in CAP response letters, as needed;
- Targeted technical assistance is provided via phone call by New York State staff for providers or municipalities who demonstrate difficulty in providing sufficient activities to correct their noncompliance;
- New York State contract staff conducted on-site verification reviews within 60-90 days subsequent to approval of the CAP for those providers with significant findings of noncompliance, to determine if corrective action plan activities have been fully implemented and correction of noncompliance at 100% can be verified. A subset of additional child records were reviewed to verify correction of noncompliance;
- New York State also requires submission of a subset of child records within 90-100 days of approval of the CAP, for those providers who have minimal findings of noncompliance, to determine if corrective action plan activities have been fully implemented and correction of noncompliance can be verified at 100%.

### Local Data:

Child-specific noncompliance was verified primarily through the State data systems. When a service or IFSP was not provided within the appropriate timeframe (30-day and 45-day, respectively), staff verified that the child did receive the service or IFSP within 365 days, using data collected in KIDS or NYEIS. In extremely rare cases, direct contact with local program staff was required in order to access information not available through the data system. For verification of appropriate transition to Part B programs, staff analyzed data from NYEIS and from a self-assessment tool completed by the municipality (local program).

For the verification of systemic correction for local data findings, local programs that did not achieve 100% compliance in a given federal fiscal year were notified in writing of their noncompliance. Local data for subsequent years were checked, and local programs that were found to have a rate of 100% in a subsequent year for that compliance indicator were counted as having corrected the noncompliance. The finding was counted as timely corrected (within one year of notification) if the 100% rate was in any FFY up to one year after the date of notification. The finding was counted as subsequently corrected (i.e. corrected, but not timely) if the local program had a rate of 100% in a later FFY, but had not been timely corrected. If a finding was found to be corrected at one point, but later had a rate less than 100% in the FFY after the correction, the later noncompliance resulted in a finding in the FFY in which notification occurred, and will be addressed in the appropriate APR.

**Dispute Resolution:**

Correction of dispute resolution findings of noncompliance was verified at the child-specific and systemic level. All findings of noncompliance were verified to be corrected within one year.

A specific due process unit staff person is assigned to investigate the complaint and is often speaking to the complainant throughout the investigation. Specific child related issues are resolved immediately, occurring at the beginning of a complaint investigation. Parents are also informed of the right to request mediation and/or an impartial hearing to resolve issues which are in dispute. When noncompliance is identified through a system complaint investigation, a final response letter, issued to the complainant and all identified parties, identifies specific actions which must be taken to correct items of noncompliance and steps to ensure continued compliance. A staff person is responsible for ensuring that municipalities and providers submit a CAP within 30 days of the letter of findings. Requests and responses are tracked in a system complaint CAP tracking system. A reminder system is in place to signal the approach of the 30 day timeline. A staff person assists the submitter of the CAP during the development of the CAP. If the CAP is received, but is deficient in some aspects, staff notifies the provider or municipality of the specific areas that the CAP is deficient, requests that a supplemental CAP be submitted and provides technical assistance until the plan is acceptable. The plans are designed to correct an immediate situation and prevent future reoccurrence. Requirements in a CAP are designed to include changes in policy and procedure, attendance at training offered by BEI, immediate and on-going staff training, and documentation through data runs that change has occurred. Depending on the nature of the noncompliance, there may be a requirement for the additional submission of data or records documenting implementation over a six month period of time until BEI is satisfied change has occurred.

Additionally, outcomes of a system complaint investigation are shared with Quality Assurance staff and with municipalities who contract with providers for the provision of EI services. Based on the on-site monitoring schedule, New York State's contractor is provided with a summary of a system complaint, if that provider has an upcoming monitoring review scheduled. New York State's monitoring contractor ensures that compliance has been achieved and reports this data back to New York State staff. If a systems complaint involves multiple significant issues or if a provider or municipality is the subject of multiple complaints, a request may be made to select and prioritize the subject for a monitoring visit. If the subject has been monitored prior to the instances leading to the complaint, a follow-up monitoring visit may be requested. If no monitoring visit is scheduled, other verification of correction methods are utilized, including review of a subset of additional child records that are requested and/or other relevant documentation and/or through interviews with providers, municipalities and parents.

**Actions Taken if Noncompliance Not Corrected:****On-site Monitoring:**

All on-site monitoring findings of noncompliance have been verified as corrected.

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**Local Data:**

The Department issued 194 findings of noncompliance to local programs in FFY 2011. Local programs (municipalities) received formal notification of the findings of noncompliance in December 2011. Technical assistance staff was assigned to each local program. All local programs received targeted technical assistance calls. All local programs were required to discuss the finding of noncompliance with their Local Early Intervention Coordinating Council (LEICC), solicit input from the LEICC, and submit LEICC minutes to the Department.

Counties were required to complete municipal worksheets and review these with assigned technical assistance staff. Data reports were created to track performance on this indicator. There are 22 findings of noncompliance that remain uncorrected. For those programs where compliance could not be verified, the Department continues to provide technical assistance and ongoing data reports to address issues. The findings will be incorporated into the FFY 2012 local determination process. Data will be reviewed in FFY 2013 to determine if the local program has corrected the noncompliance.

**Correction of Remaining FFY 2010 Findings of Noncompliance**

There were no findings that remained uncorrected at both the child and the systemic level of correction for FFY 2010.

**Correction of Remaining FFY 2009 Findings of Noncompliance**

There were no findings that remained uncorrected at both the child and the systemic level of correction for FFY 2009.

**Correction of Remaining FFY 2008 Findings of Noncompliance**

For Indicators # 1, 7, 8 A-C, all of the FFY 2008 noncompliance monitoring findings that were not reported as verified as corrected in the FFY 2011 APR have been verified as corrected. The Department has documentation that these findings were verified as corrected.

The Department verified correction of findings by first confirming that either the services were delivered, the IFSP meeting was conducted within one year, or the toddler was no longer under the jurisdiction of the Part C Early Intervention Program.

New York State has fully implemented its rigorous verification of correction process which consists of the following:

- Identification of findings of noncompliance with IDEA requirements are determined during on-site monitoring reviews conducted by New York State's contractor;
- All findings of noncompliance are identified and formal reports of findings are issued within 90 days of the on-site review;
- While conducting the on-site review, the contractor determines that each individual case of noncompliance, unless the child is no longer within the jurisdiction of the local program, has been corrected within one year, for example, that the CPSE was notified within 120 days of the child's potential transition to preschool services; or the child is no longer within the jurisdiction of the EI program;
- Providers who have findings of noncompliance identified, are required to submit a CAP within 45 days of receipt of their monitoring report, which requires all information that is described earlier in this section, including root cause of noncompliance and activities they will implement to correct the noncompliance;
- All CAPs are reviewed and approved by New York State staff within 60 days of receipt, and providers are notified in writing, if their CAP is approved or not;
- Written technical assistance is provided by New York State staff which is included in CAP response letters, as needed;

- Targeted technical assistance is provided via phone call by New York State staff for providers or municipalities who demonstrate difficulty in providing sufficient activities to correct their noncompliance;
- New York State contract staff conducted on-site verification reviews within 60-90 days subsequent to approval of the CAP for those providers with significant findings of noncompliance, to determine if CAP activities have been fully implemented and correction of noncompliance at 100% can be verified. A subset of additional child records were reviewed to verify correction of noncompliance;
- New York State also requires submission of a subset of child records within 90-100 days of approval of the CAP, for those providers who have minimal findings of noncompliance, to determine if CAP activities have been fully implemented and correction of noncompliance can be verified at 100%.

For the verification of systemic correction for local data findings, local programs that did not achieve 100% compliance in a given federal fiscal year were notified in writing of their noncompliance. Local data for subsequent years were checked, and local programs that were found to have a rate of 100% in a subsequent year for that compliance indicator were counted as having corrected the noncompliance. The finding was counted as timely corrected (within one year of notification) if the 100% rate was in any FFY up to one year after the date of notification. The finding was counted as subsequently corrected (i.e. corrected, but not timely) if the local program had a rate of 100% in a later FFY, but had not been timely corrected. If a finding was found to be corrected at one point, but later had a rate less than 100% in a FFY after the correction, the later noncompliance resulted in a finding in the FFY in which notification occurred, and will be addressed in the appropriate APR.

### **Correction of Remaining FFY 2007 Findings of Noncompliance**

For Indicators # 1, 7, 8 A-C, all of the FFY 2007 noncompliance monitoring findings that were not reported as verified as corrected in the FFY 2011 APR have been verified as corrected. The Department has documentation that these findings were verified as corrected.

The Department verified correction of findings by first confirming that either the services were delivered, the IFSP meeting was conducted within one year, or the toddler was no longer under the jurisdiction of the Part C Early Intervention Program.

New York State has fully implemented its rigorous verification of correction process which consists of the following:

- Identification of findings of noncompliance with IDEA requirements are determined during on-site monitoring reviews conducted by New York State's contractor;
- All findings of noncompliance are identified and formal reports of findings are issued within 90 days of the on-site review;
- While conducting the on-site review, the contractor determines that each individual case of noncompliance, unless the child is no longer within the jurisdiction of the local program, has been corrected within one year, for example, that the CPSE was notified within 120 days of the child's potential transition to preschool services; or the child is no longer within the jurisdiction of the EI program;
- Providers who have findings of noncompliance identified, are required to submit a CAP within 45 days of receipt of their monitoring report, which requires all information that is described earlier in this section, including root cause of noncompliance and activities they will implement to correct the noncompliance;
- All CAPs are reviewed and approved by New York State staff within 60 days of receipt, and providers are notified in writing, if their CAP is approved or not;
- Written technical assistance is provided by New York State staff which is included in CAP response letters, as needed;

- Targeted technical assistance is provided via phone call by New York State staff for providers or municipalities who demonstrate difficulty in providing sufficient activities to correct their noncompliance;
- New York State contract staff conducted on-site verification reviews within 60-90 days subsequent to approval of the CAP for those providers with significant findings of noncompliance, to determine if CAP activities have been fully implemented and correction of noncompliance at 100% can be verified. A subset of additional child records were reviewed to verify correction of noncompliance;
- New York State also requires submission of a subset of child records within 90-100 days of approval of the CAP, for those providers who have minimal findings of noncompliance, to determine if CAP activities have been fully implemented and correction of noncompliance can be verified at 100%.

The FFY 2007 due process finding was corrected as of the FFY 2012 APR. The local program continues to address their transition issues. The local program that was issued the finding of noncompliance for due process was also issued a data finding in FFY 2011. The Department continues to work with the local program on the local data finding, and continues to provide technical assistance.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2013:**

The State does not propose any revisions to proposed targets and timelines.

New York State's new data system, New York State Early Intervention System (NYEIS) has enabled the Department to compile and review more real time data from municipalities and providers. The Department continues to review the data that is available in NYEIS to make determinations of correction of noncompliance. The Department plans to continue the rigorous verification of correction process, as needed, dependent upon the level of noncompliance, but will also use NYEIS to supplement verification of correction activities.

*Indicator C-9 Worksheet for New York State*

Indicator/Indicator Clusters  General Supervision System Components	# of EIS Programs Issued Findings in FFY 2011 (7/1/11 to 6/30/12)	(a) # of Findings of noncompliance identified in FFY 2011 (7/1/11 to 6/30/12)	(b) # of findings of noncompliance from (a) for which correction was verified no later than one year from identification	(c) # of findings of noncompliance from (a) for which correction was verified later than one year from identification
<b>1. Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.</b>				
Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	Provider Monitoring 0 Data Review 53	Provider Monitoring 0 Data Review 53	Provider Monitoring 0 Data Review 40	Provider Monitoring 0 Data Review 3
Dispute Resolution: Complaints, Hearings	System Complaints 1	System Complaints 1	System Complaints 1	System Complaints 0
<b>2. Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings</b>				
Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other				
Dispute Resolution: Complaints, Hearings				
<b>3. Percent of infants and toddlers with IFSPs who demonstrate improved outcomes</b>				
Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other				
Dispute Resolution: Complaints, Hearings				
<b>4. Percent of families participating in Part C who report that early intervention services have helped the family</b>				
Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other				
Dispute Resolution: Complaints, Hearings				

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New York  
State

<b>5. Percent of infants and toddlers birth to 1 with IFSPs</b>				
Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other				
Dispute Resolution: Complaints, Hearings				
<b>6. Percent of infants and toddlers birth to 3 with IFSPs</b>				
Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other				
Dispute Resolution: Complaints, Hearings				
<b>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. (PI 14)</b>				
Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	Provider Monitoring 5 Data Review 41	Provider Monitoring 5 Data Review 41	Provider Monitoring 5 Data Review 37	Provider Monitoring 0 Data Review 0
Dispute Resolution: Complaints, Hearings	System Complaints 2	System Complaints 2	System Complaints 2	System Complaints 0
<b>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>				
<b>A. IFSPs with transition steps and services; (PI 27)</b>				
Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	Provider Monitoring 1 Data Review 12	Provider Monitoring 1 Data Review 12	Provider Monitoring 1 Data Review 12	Provider Monitoring 0 Data Review 0
Dispute Resolution: Complaints, Hearings				
<b>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>				
<b>B. Notification to LEA, if child potentially eligible for Part B</b>				
Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	Data Review 47	Data Review 47	Data Review 30	Data Review 13
Dispute Resolution: Complaints, Hearings				

# APR Template – Part C (4)

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**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.**

Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	Data Review 41	Data Review 41	Data Review 21	Data Review 16
Dispute Resolution: Complaints, Hearings				

**Other Areas of Noncompliance:**

**PI 25– The ongoing service coordinator coordinated and monitored delivery of services.**

Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	Provider Monitoring 13	Provider Monitoring 13	Provider Monitoring 13	Provider Monitoring 0
Dispute Resolution: Complaints, Hearings	System Complaints 2	System Complaints 2	System Complaints 2	System Complaints 0

**Other Areas of Noncompliance:**

**PI 41- The provider delivers services as authorized in the IFSP**

Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	Provider Monitoring 28	Provider Monitoring 28	Provider Monitoring 26*	Provider Monitoring 2
Dispute Resolution: Complaints, Hearings	System Complaints 7	System Complaints 7	System Complaints 7	System Complaints 0

**Other Areas of Noncompliance:**

**PI 36 – All early intervention service coordinators shall fulfill those functions and activities necessary to assist and enable an eligible child and parent to receive the rights, procedural safeguards and services that are authorized to be provided under State and federal law, including other services not required under EI, but for which the family may be eligible.**

Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	Provider Monitoring 4	Provider Monitoring 4	Provider Monitoring 4	Provider Monitoring 0
Dispute Resolution: Complaints, Hearings	System Complaints 1	System Complaints 1	System Complaints 1	System Complaints 0

**Other Areas of Noncompliance:**

**PI 42 - Requirements of Title 34 of Code of Federal regulations and other legal requirements for confidentiality**



# APR Template – Part C (4)

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<b>were followed.</b>				
Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	Provider Monitoring 315	Provider Monitoring 315	Provider Monitoring 311*	Provider Monitoring 4
Dispute Resolution: Complaints, Hearings				
<b>Other Areas of Noncompliance:</b> <b>PI 45– Providers maintain current appropriate license and certification as qualified personnel to provider EI services.</b>				
Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	Provider Monitoring 26	Provider Monitoring 26	Provider Monitoring 24*	Provider Monitoring 2
Dispute Resolution: Complaints, Hearings				
<b>Other Areas of Noncompliance:</b> <b>PI 20-The Evaluation report and summary includes services appropriate to meet the child’s unique needs.</b>				
Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	Provider Monitoring 5	Provider Monitoring 5	Provider Monitoring 4	Provider Monitoring 1
Dispute Resolution: Complaints, Hearings	System Complaints 5	System Complaints 5	System Complaints 5	System Complaints 0
Other Areas Of Noncompliance: Title II-A, Article 25 PHL §2557				
Timely Reimbursement	Provider Monitoring 0	Provider Monitoring 0	Provider Monitoring 0	Provider Monitoring 0
Dispute Resolution: Complaints, Hearings	System Complaints 1	System Complaints 1	System Complaints 1	System Complaints 0
<b>Sum the numbers down by column (a - c)</b>				
	Provider Monitoring 397 Data Review 194 Dispute Resolution 19 Total 610	Provider Monitoring 388 Data Review 140 Dispute Resolution 19 Total 547	Provider Monitoring 9 Data Review 32 Dispute Resolution 0 Total 41	
Percent of noncompliance corrected within 1 year of identification [ (b) / (a) x 100]	<b>89.7%</b>			

Notes: \*Some of these findings that were verified as corrected within one year are based on three different providers who have discontinued providing EI services to children based on withdrawal of their State approval.

**Part C State Annual Performance Report (APR) for FFY 2012**

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

**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
FFY 2012	Not required

**Actual Target Data for FFY 2012:**

Not required per instructions from OSEP.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2012:**

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2013:**

**Part C State Annual Performance Report (APR) for FFY 2012**

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

**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
FFY 2012	Not required

**Actual Target Data for FFY 2012:**

Not required per instructions from OSEP.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2012:**

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2013:**

**Part C State Annual Performance Report (APR) for FFY 2012**

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

**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
FFY 2012	n/a

Indicator # 12 does not apply to New York State.

**Actual Target Data for FFY 2012:**

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2012:**

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2013:**

**Part C State Annual Performance Report (APR) for FFY 2012**

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

**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
FFY 2012	82% of mediation requests will result in mediation agreements

**Actual Target Data for FFY 2012:**

95.5% (85 out of 89) of mediations held resulted in mediation agreements.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2012:**

The FFY 2011 target of 82% was met. There was an increase for this indicator from FFY 2011 (92.1%) to FFY 2012 (95.5%). The State continues to encourage parties to resolve issues before it rises to the level of mediation.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2013:**

The State does not propose any revisions to proposed targets and timelines.

**Part C State Annual Performance Report (APR) for FFY 2012**

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

**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, settings and November 1 for exiting, dispute resolution); and
- b. Accurate, including covering the correct year and following the correct measurement.

As stated in the Indicator Measurement Table, States may, but are not required, to report data for this indicator. OSEP will use the Indicator 14 Rubric to calculate the State’s data for this indicator. States will have an opportunity to review and respond to OSEP’s calculation of the State’s data.

FFY	Measurable and Rigorous Target
FFY 2012	100%

**Actual Target Data for FFY 2012:**

100% of the data, including 618 data, the SPP, and the APR were submitted on time and were accurate.

Regarding the collection and reporting of valid, reliable data, all data provided in the indicated SPP, APR, and 618 tables:

- cover the correct time period
- are consistent with the specified measurement
- are consistent within and between data sources
- are consistent with prior year’s data, or have differences from prior year’s data explained
- use the correct calculation, per OSEP’s instructions
- include all required data for all programs
- passed all edit checks
- included written explanation of significant year-to-year changes to be included as data notes

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2012:**

For FFY 2011, the State was determined to have a rate of 96.4% The State has worked to assure 100% timely and accurate data in FFY 2012. The State is committed to reporting timely and accurate data.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2013:**

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The State does not propose any revisions to proposed targets and timelines. The target of 100% was met.