STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

for STATE FORMULA GRANT PROGRAMS under the Individuals with Disabilities Education Act

For reporting on
FFY 2019

New York

PART C DUE
February 1, 2021

U.S. DEPARTMENT OF EDUCATION
WASHINGTON, DC 20202
Introduction

Instructions

Provide sufficient detail to ensure that the Secretary and the public are informed of and understand the State’s systems designed to drive improved results for infants and toddlers with disabilities and their families and to ensure that the Lead Agency (LA) meets the requirements of Part C of the IDEA. This introduction must include descriptions of the State’s General Supervision System, Technical Assistance System, Professional Development System, Stakeholder Involvement, and Reporting to the Public.

Intro - Indicator Data

Executive Summary

The New York State Early Intervention Program (NYS EIP) is the statewide system of early intervention services for infants and toddlers with disabilities and their families under Part C of the Individuals with Disabilities Education Act (IDEA).

The New York State Department of Health (Department) is designated in State Public Health Law (PHL) as lead agency for the Part C Early Intervention Program. In this capacity, the Department is responsible for the completion of the federally required State Performance Plan/Annual Performance Report (SPP/APR), which consists of nine applicable indicators, three of which are compliance with an expectation of 100% (indicators 1, 7, and 8), and six of which are performance or results-driven indicators for which targets are set with stakeholders (for New York State, by the Early Intervention Coordinating Council, or EICC) (indicators 2, 3, 4, 5, 6, and 10). Exceptions: Performance indicator 3 has a requirement to report "the number of infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program" which does not apply to NY based on guidance received from OSEP and their Office of General Counsel (OGC). Please see the official OSEP response below regarding the guidance. NY enters 0 because N/A cannot be entered. Likewise, the performance indicator for resolution settlement (indicator 9) is not applicable to the NYS EIP, and the State Systemic Improvement Plan (indicator 11) will be reported in April 2021. (The official OSEP response regarding indicator 3, dated 12/4/2018, is as follows: "We have consulted with OGC and given that only two states OSEP has permitted to sample for C-3 and that OSEP has given these states full credit with a score of 2 points for data completeness under section i.a. of the Results Matrix, this new reporting requirement would not be applicable (or N/A) for these two states that sample.")

Department staff work closely with local municipal early intervention officials and their staff to provide training and technical assistance on the federal and State requirements, data entry into the state’s data systems, and review of data to ensure data are comprehensive, accurate, and timely. The Department has also taken advantage of technical assistance provided by the US Department of Education’s Office of Special Education Programs (OSEP) and their national technical assistance centers, such as Early Childhood Technical Assistance (ECTA) Center, the Center for IDEA Early Childhood Systems (DaSy) and the IDEA Data Center (IDC).

NYS EIP is one of the nation’s largest early intervention service delivery systems. In federal fiscal year (FFY) 2019-2020 (July 1-June 30), NYS EIP received about 59,000 referrals and completed over 45,000 multidisciplinary evaluations. Over 66,000 children had an active Individualized Family Service Plan (IFSP) in the program year. NYS EIP served 4.63% of the population of infants and toddlers under three years old based on the point-in-time count on October 1st, which compares with the national average of 3.70% (indicator 6). NYS EIP served just over 1% of the population under one year old, which is lower than the national average of 1.37% (indicator 5). 91.7% of infants and toddlers with IFSPs primarily received early intervention services in the home or community-based setting (indicator 2).

The 57 counties in New York State and New York City (referred to as “municipalities”) are responsible for local administration of the NYS EIP. NYS EIP provides Part C funds as local aid grants to these municipalities for their local administration of the EI Program. Collaboratively with local program staff and early intervention providers, the Department’s efforts to address systems issues and improve data quality have resulted in consistency in the performance of the SPP/APR compliance indicators for timely service, timely IFSP and timely transition (indicators 1, 7 and 8A-C).

The Department has also intensified efforts to work with local programs on child outcome measures (indicator 3) reported in the SPP/APR. There was progress in Child Outcome Improvement (Summary Statement 1); Positive Social Emotional Skills (3A1), Acquisition, Use and Knowledge of Skills (3B1); and Use of Appropriate Behaviors to Meet Needs (3C1). There was also improvement in all areas of Family Outcomes (Indicator 4). However, there was slippage between FFY 2018 and FFY 2019 in Child Outcomes Functioning at Age Expectation (Summary Statement 2); Positive Social Emotional Skills (3A2); Improvement in Acquisition, Use and Knowledge of Skills (3B2); and Improvement in Use of Appropriate Behaviors to Meet Needs (3C2); as well as Transition Notification (8B) and Mediation (10). We provided the reasons for the slippage in all these five indicators as required in the APR. The Department will continue to provide training and technical assistance to local programs to foster improvement in these areas.

As part of the State Systemic Improvement Plan (SSIP), which was submitted April 2015 and approved by OSEP in June 2015, NYS EIP has selected improving family outcomes as its State-identified Measurable Result (SiMR). Building off the data and infrastructure analysis and stakeholder feedback, the Department critically examined the entire process of collecting and analyzing family outcomes, as well as the state’s infrastructure to align with the SSIP and the state’s Theory of Action. The Family Survey invitation letters along with both the online survey link and paper survey were mailed out to all applicable families in September 2020 for them to fill out the survey either by paper or on-line, along with a reminder letter mailed out in November 2020. The Department and EIP stakeholders are focusing on improving all family outcomes, for the SiMR and SSIP; the goal is effective improvement over the upcoming years.

New York State maintains a comprehensive system of professional development (CSPD) for NYS EIP providers, who are qualified and credentialed through the New York State Education Department (NYSED), for municipal staff who administer local early intervention programs (EIP), and for other key early intervention stakeholders. The Department moved from a face-to-face training delivery method to an on-line method in June 2018. The Department offers on-line live training, as well as on-line self-paced training on a variety of EI topics.

The Department, local programs, early intervention service providers, the Early Intervention Coordinating Council (EICC), and many other stakeholders are committed to ensuring not only compliance with federal and State requirements but also that the program delivers high quality services in a natural environment resulting in positive child and family outcomes.

Additional information related to data collection and reporting

General Supervision System

The systems that are in place to ensure that IDEA Part C requirements are met, e.g., monitoring systems, dispute resolution systems.

The Bureau of Early Intervention (BEI) manages state NYS EIP operations, under the auspices of the Division of Family Health (DFH) within the Center for Community Health, Office of Public Health. BEI has four programmatic sections established to address major program responsibilities for the NYS EIP.
1. Quality Improvement and Information Systems: Responsible for management of the statewide quality improvement, training and technical assistance including clinical practice guidelines, the New York State Early Intervention information management systems (NYEIS for this reporting period), and SSIP outcomes.

2. Provider Approval, Due Process and Monitoring: Responsible for management of provider approval and agreements, management of the statewide comprehensive monitoring system, and due process procedures, including system complaints, mediations, and impartial hearings.

3. Data and Program Evaluation: Oversees and manages all data required for program operations, evaluation, and federal and state-level reporting, including child and family outcomes, and provides support for use of evidence-based practices.

4. Financial Planning and Policy: Responsible for reimbursement methodologies, policies and procedures, management and oversight of claiming and reimbursement associated with early intervention services.

Financial Responsibility and Supervision

The Department oversees 58 local EI Programs who work with Department-approved providers who render services, evaluations, and service coordination. Almost all local Programs, administered by the 62 counties (57 counties and 5 boroughs in NYC), provide service coordination. NYC is the exception, where evaluations and services are provided by individual and agency providers. A few counties also provide evaluations. NYS does not use Part C funds to pay for direct services. There is an annual State appropriation that is used to reimburse local municipalities for the State share of services not covered by private insurance and Medicaid. The amount of State appropriation is subject to the annual State Budget process.

Part C funds are used for:

- Local administration of the EI Programs
- Web-based training statewide, based on Department developed curricula, to support the Department’s implementation of the EIP
- Leadership and advocacy training sessions for parents of children receiving early intervention services
- Monitoring of municipal Agencies and approved service providers
- Mediation through community dispute resolution centers
- Public Awareness
- Child and Family Outcomes
- Support for the Operational Management (SOM)
- Municipal Support
- Technical Assistance and Training
- Office of Information Technology Services
- EICC
- Child Find
- Administration of Technology-Related Assistance for Individuals with Disabilities Centers (TRAID Centers) through a memorandum of understanding with the NYS Justice Center

Local EI programs submit annual workplans on the use of Part C administration grants, as well as quarterly reports to request Part C grant payments. The Department reviews and approves each local program’s administration grant budget and workplan. OSEP approval is obtained prior to Department approval, if required. The Department works with the Bureau of Administration within DHF to monitor the Part C spending plan that continuously compares expenditures to the Part C grant budgeted amounts. The Department also monitors the use of Part C funds with local administrators and contracts with vendors that provide training to providers.

BEI works collaboratively with many partners across the Department on operations, including the Office of Information Technology Services (ITS), Office of Public Health Practice, Office of Health Information Management (NYEIS development and operations), Office of Health Insurance Programs (Medicaid, Child Health Plus), the Fiscal Management Audit Unit (auditing of municipalities and providers) and the Division of Legal Affairs (legal advice and support on issues related to the NYS EIP). BEI also collaborates with the Department of Financial Services, which is outside the Department of Health, in connection with commercial insurance reimbursement.

Provider Capacity

The Department approves, re-approves and enters into agreements with NYS EIP providers as necessary to ensure timely and continuous delivery of services to eligible children and their families. In FFY 2019-20, there were approximately 1,300 billing providers under agreement with the Department to accept service authorizations and submit claims for services. Based on the claims data, approximately 17,000 qualified personnel rendered services to children and their families (a ratio of approximately four children per provider).

In FFY 2019-20, the Department approved and/or entered 834 new providers into agreement, including 48 billing providers. In addition, the Department re-approved 476 agency, individual, and municipal/county providers.

Monitoring System

The Department contracts with a review organization to conduct on-site (or virtual as applicable during the COVID-19 pandemic) monitoring of municipalities who locally administer the NYS EIP and approved providers who directly render early intervention services. On-site or virtual comprehensive monitoring is conducted by the Department’s contractor, whose staff uses tools that include multiple methods of evaluation of an early intervention program to ensure compliance with Federal requirements of IDEA.

Many factors drive the Department’s monitoring and oversight activities for programs, individual providers and municipalities. These include:

- Monitoring contract specifications (cycles, target number of reviews)
- Size of the municipality or agency provider
- Number and type of children served, level of state and local monitoring
- Fiscal audit history of the municipality or provider
- Stakeholder complaints regarding specific issues that need to be monitored

If continued noncompliance occurs with providers or municipalities, additional enforcement actions are taken, which include withdrawal of Department approval, fiscal audits and reporting to Office of Professions, Office of Teaching and/or Office of the Medicaid Inspector General.

System Complaints, Dispute Resolutions, and Mediations

Multiple individuals share in the responsibility of ensuring that parents and stakeholders are aware of their right to resolve disputes regarding services, as well as file a complaint. Established procedures address disputes regarding services as well as complaints filed by organizations or individuals alleging that a public agency or a private provider is violating federal or State statute and regulations. Parties who have been unsuccessful at addressing issues at a local level may choose to resolve a dispute through mediation, impartial hearing or by filing a complaint.

The Department contracts with the New York State Dispute Resolution Association Inc. (NYSDRA) to provide mediation. The process carries a 30-day
Requests for an impartial hearing can be submitted by families to the Director of BEI. The request is then referred to the Department’s Division of Legal Affairs, Bureau of Adjudication who assigns an Administrative Law Judge. A notice of hearing is sent which will include parental rights related to the hearing process. A written decision is issued in 30 days unless the family agrees to extend the timeline. The decisions of the hearing officer are final.

System complaints are submitted to BEI by a parent/guardian, parent representative or any other interested individual or entity. An investigation is completed within 60 days unless there are exceptional circumstances. Department staff share the findings of complaint investigations with the BEI monitoring unit for consideration when scheduling and conducting additional program monitoring.

Technical Assistance System:
The mechanisms that the State has in place to ensure the timely delivery of high quality, evidenced based technical assistance and support to early intervention service (EIS) programs.

Department staff are responsible for fielding telephone calls and responding to emails, letters and other forms of communication from the municipalities who administer the EIP, EIS providers, parents, the public and all other interested parties and stakeholders on a daily basis. Communication is on a variety of issues, including how to make a referral, clarification on policies and procedures, training, parent complaints/concerns, regulations (federal, State), Public Health Law (PHL), data reporting, and all other programmatic questions related to the NYS EIP. Resources are also provided.

BEI maintains a dedicated email address where all technical assistance requests (from providers and municipalities) and questions from the public, including parents, are triaged. All DOH approved providers may contact BEI to ask questions and for assistance/guidance related to providing services under Part C. Municipalities who administer the local EIP can also contact BEI with any of their questions related to service provision or their responsibilities as local administrators of the Program.

All responses are written based on Public Health Law (PHL), federal and State EIP regulations, and Department policies and procedures. Responses reflect an understanding of relevant laws, regulations, policies, and best practice standards and are based on discussions at weekly and monthly Technical Assistance (TA) meetings with colleagues, Bureau Managers, and Directors, in consultation with the Department EI Program attorney as needed.

Additionally, NYS DOH BEI maintains a public facing webpage for the EIP which includes: referral information, guidance documents, memoranda, clinical practice guidelines, tool kits for service coordinators, EIP Regulations, PHL, professional development opportunities and required EIP training, links to BEI specific webinars and trainings, parent information, state and national resources and regulatory agencies, including OSEP.

The Department provides written policy and procedural guidance (Guidance Documents) on State and federal requirements for the NYS EIP on a regular basis. The Department also provides technical assistance regarding best practices in identification, evaluation, service delivery in the form of evidence-based clinical practice guidelines in the areas of Communication Disorders, Autism/Pervasive Developmental Disorders (PDD), Motor Disabilities, Down Syndrome, Hearing Loss, and Visual Impairment. Department staff provides technical assistance and responds to inquiries regarding the use and content of the policy Guidance Documents and the Clinical Practice Guidelines.

Specific to COVID-19 Guidance, the Department developed more than 60 responses to frequently asked questions to assist providers and counties in the implementation of virtual EI services.

Partnerships

The Department has a strong partnership with municipalities in administration of the EIP and works closely with the New York State Association of Counties and Association of County Health Officials on State and local issues related to the NYS EIP. The Department also works closely with providers and parents involved in the NYS EIP statewide. The Department-sponsored “Partners in Policymaking” training program is an important and ongoing avenue to develop parent leadership and participation in the NYS EIP at the State and local levels. The Department collaborates closely with other State agencies on a variety of issues related to the EIP, including the State Education Department (SED), Department of Financial Services (DFS), Office of Health Insurance Programs (OHIP), Office of Children and Family Services (OCFS), Office for People with Developmental Disabilities (OPWDD), Office of Mental Health (OMH), and Office of Addiction Services and Supports (OASAS). All of these agencies are represented on the Early Intervention Coordinating Council (EICC).

NYS Strengthening Infant and Toddler Systems - interagency state/national project to improve dissemination of information and the production of new and revised materials to be used across those agencies/programs/groups who serve infants and toddlers.

NYS B5 Grant - Preschool Development Grant Birth through 5 (NYSB5), a one-year grant from the U.S. Department of Health and Human Services, Administration for Children and Families, to strengthen statewide early childhood partnerships to improve outcomes for children and families. Developed parent information/portal/methods for disseminating information to parents and providers about information and resources available to those with or working with young children- mobile app.

Participation/presentation at the one-day TA Alignment Summit, the purpose of which was to scan the landscape of New York State’s training and technical assistance systems, identify areas of potential partnership, and collectively problem solve to improve coordination and streamline assistance offered to the early childhood field (funded through the NYS B5 Grant).

NY ACTS Early - State/National Initiative related to determining the impact of COVID-19 on services and programs that serve early childhood age children 0-5 years and their families/caregivers and to determine ways to provide added services and supports to programs and families impacted by COVID-19.
NYS PYRAMID - Participation of designated BEI staff on the NYS PYRAMID Model State Leadership Team - The statewide leadership team promotes support from a variety of NYS agencies to address the areas of behavioral and social-emotional health of young children, to increase positive experiences for young children as well as decrease the rate of suspension and expulsion of young children in daycare and early childhood settings. The PYRAMID program centers on training and education for providers of programs and services which addresses behavioral, mental health and social-emotional needs of children in their programs in a positive way by utilizing cohorts of trainers to train and support front line teachers/caregivers in addressing the unique social-emotional and behavioral needs of the children in their care.

Professional Development System:
The mechanisms the State has in place to ensure that service providers are effectively providing services that improve results for infants and toddlers with disabilities and their families.

New York State maintains a comprehensive system of professional development (CSPD) for NYS EIP providers, who are qualified and credentialed through the New York State Education System, for municipal staff who administer local early intervention programs, and for other key early intervention stakeholders, including parents/caregivers.

New York State’s CSPD includes implementation of a training contract which provides web based statewide training opportunities for current EI personnel to gain knowledge and develop skills to deliver EI services that are of high quality and conform with federal and State requirements, including the delivery of services in natural environments, as appropriate. The training contract also provides training opportunities for other stakeholders including parents, municipal staff, primary referral sources, primary health care providers, child care providers, local social services district staff, local school district staff and other public health facility staff.

The Department’s contractor, Measurement Incorporated (MI), has converted five trainings to an on-line format providing both self-paced courses and live on-line classes, since contract initiation in September 2017. Providing training in an on-line format allows stakeholders to take training at times that are convenient for them without having to reschedule EI services, and without the need to travel. Each training has been revised to comport with current EIP regulations, policies, and procedures.

The first two courses converted were Introduction to Service Coordination (required to be completed by service coordinators prior to rendering services) and Transition Responsibilities in the Early Intervention Program. For this reporting period, MI converted three trainings, including: Insurance Responsibilities in the Early Intervention Program: Evaluation, Assessment, and Eligibility Determinations in the Early Intervention Program (required to be completed by providers prior to rendering evaluations); and Meeting the Social-Emotional Development Needs of Infants and Toddlers, based on the guidance document. Additionally, the Introduction to Service Coordination on-line self-paced course originally converted in 2018, was revised and made available for stakeholders in June 2020. Currently, MI is working to convert the Program Records training, as well as develop a new training on Family-Directed Assessments.

Current training is evaluated based on development of an objective process to measure the degree to which current EI curricula contain information and strategies describing and promoting best practices to deliver EI services. Each training curriculum has an on-line evaluation process completed at the end of the training session. A link to a post-course evaluation survey is emailed to all participants and must be completed in order to receive their certificate of completion for the course and earn professional development hours toward the Department’s requirements, as outlined in the Provider Agreement.

MI tracks the number of individuals who complete courses and provides regular feedback to the Department from those stakeholders’ course evaluations. In addition, MI provides one comprehensive training course report with data from the on-line live course delivery, as well as the first quarter’s training statistics. The Department also receives quarterly reports on each individual training being offered on the learning management system.

The training evaluations are compiled and analyzed to determine if the curriculum meets the needs of the providers and other stakeholders in the field. Additionally, when a new training curriculum is developed and delivered, Department staff participate in the live on-line class series to evaluate the content and the reception of the new training. Based on the evaluations completed by participants and participation in the live sessions, revisions are made to the course content and delivery method, as appropriate.

An Annual Training Needs Assessment is offered to all EI Stakeholders. The survey, which is developed jointly by the Department and MI, covers a variety of EI topic areas and focuses on obtaining information from stakeholders about their needs based on their role in the Program. Upon collection of all survey responses, MI performs an analysis of the data gathered and delivers a comprehensive report to inform the Department of stakeholder’s training needs in each of the topic areas included in the survey and any other pertinent information gathered through the survey which pertains to stakeholder’s training needs.

Based on the results of the formal needs assessment survey, topics for new training curricula are researched and developed, or current curriculum content is revised, and these newly revised courses are made available to stakeholders. Additionally, training curricula are developed or revised, based on specific needs, when current gaps of knowledge are identified through the statewide monitoring system determinations and through analysis of technical assistance responses on specific topics. Training curricula and courses are also revised based upon EIP regulatory changes.

MI and the Department both track trends in phone messages and emails received from parents, providers and programs regarding training needs and the training learning management platform being used. The Bureau tracks trends in all messages and emails received directly for Technical Assistance related to training. A presentation on the training contract is also provided to the EICC on a regular basis to provide information on new courses, training statistics, and training needs identified by stakeholders.

The Department also maintains a contract with Just Kids Early Childhood Learning Center, for an EI Family Initiative Coordination Services Project that is exclusive to training parents of children in the EIP or parents who are members of Local Early Intervention Coordinating Councils (LEICCs) on leadership and advocacy skills. Through this contract, parents apply for, and are selected to participate in, two weekend training sessions. One weekend includes participation in a webinar which has multiple modalities of participation, including viewing of presentations, interactive learning, and working in chat rooms. The second weekend is an in-person training session, which includes networking, group activities, meeting with the BEI Director, and an Early Intervention Official from their local program, learning about their LEICC, meeting with statewide policy makers, and other topics that will assist with the EI process. In an effort to provide training to more families each year, an additional training session was added for each of the final four years of the current five-year contract.

Stakeholder Involvement:
The mechanism for soliciting broad stakeholder input on targets in the SPP/APR, and any subsequent revisions that the State has made to those targets, and the development and implementation of Indicator 11, the State Systemic Improvement Plan (SSIP).
The State Performance Plan/Annual Performance Report (SPP/APR) was presented to and discussed with the Early Intervention Coordinating Council (EICC) to obtain stakeholder input on the SPP/APR on December 3, 2020. The EICC is a 30-member council established in Section 2553 of the Public Health Law. It is composed of five parents, five EIP provider representatives, two Early Intervention Officials (EIOs) representing municipalities, three managed care plan representatives, seven state agency partners, two members of the Legislature, one personnel preparation or training, and five discretionary member seats. The EICC holds public meetings that are webcast to allow stakeholders statewide to view the proceedings. Preliminary data were presented on the SPP/APR indicators, including historical trend data. The EICC members were engaged in a thorough and thoughtful discussion of the data.

The SPP/APR was shared on an all-county conference call with the EIOs and other county staff on December 10, 2020. In addition, Department staff have worked with EIOs and managers to review and finalize the data for the SPP/APR.

Apply stakeholder involvement from introduction to all Part C results indicators (y/n)
YES

Reporting to the Public:

How and where the State reported to the public on the FFY 2018 performance of each EIS Program located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State’s submission of its FFY 2018 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State’s SPP/APR, including any revision if the State has revised the targets that it submitted with its FFY 2018 APR in 2020, is available.

The Department maintains a public web site for the New York State Early Intervention Program at the following address: https://www.health.ny.gov/community/infants_children/early_intervention/


The APR is the mechanism that New York will use to report on progress in meeting the measurable and rigorous targets. Printed and electronic copies of the APR will be available at no cost to any citizen of the State requesting the document. The FFY 2019 APR will be posted on the Department’s public web site.

Intro - Prior FFY Required Actions

In the FFY 2019 SPP/APR, the State must report FFY 2019 data for the State-identified Measurable Result (SiMR). Additionally, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress in implementing the SSIP. Specifically, the State must provide: (1) a narrative or graphic representation of the principal activities implemented in Phase III, Year 5; (2) measures and outcomes that were implemented and achieved since the State’s last SSIP submission (i.e., April 1, 2020); (3) a summary of the SSIP’s coherent improvement strategies, including infrastructure improvement strategies and evidence-based practices that were implemented and progress toward short-term and long-term outcomes that are intended to impact the SiMR; and (4) any supporting data that demonstrates that implementation of these activities is impacting the State’s capacity to improve its SiMR data.

OSEP notes that one or more of the attachments included in the State’s FFY 2018 SPP/APR submission are not in compliance with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508), and will not be posted on the U.S. Department of Education’s IDEA website. Therefore, the State must make the attachment(s) available to the public as soon as practicable, but no later than 120 days after the date of the determination letter.

Response to actions required in FFY 2018 SPP/APR

Intro - OSEP Response

The State Interagency Coordinating Council (SICC) submitted to the Secretary its annual report that is required under IDEA section 641(e)(1)(D) and 34 C.F.R. §303.604(c). The SICC noted it has elected to support the State lead agency’s submission of its SPP/APR as its annual report in lieu of submitting a separate report. OSEP accepts the SICC form, which will not be posted publicly with the State’s SPP/APR documents.

Intro - Required Actions

The State’s IDEA Part C determination for both 2020 and 2021 is Needs Assistance. In the State’s 2021 determination letter, the Department advised the State of available sources of technical assistance, including OSEP-funded technical assistance centers, and required the State to work with appropriate entities. The Department directed the State to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance.

The State must report, with its FFY 2020 SPP/APR submission, due February 1, 2022, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance.
Indicator 1: Timely Provision of Services

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

Compliance indicator: Percent of infants and toddlers with Individual Family Service Plans (IFSPs) who receive the early intervention services on their IFSPs in a timely manner. (20 U.S.C. 1416(a)(3)(A) and 1442)

Data Source

Data to be taken from monitoring or State data system and must be based on actual, not an average, number of days. Include the State’s criteria for “timely” receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).

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 the reasons for delays.

Instructions

If data are from State monitoring, describe the method used to select early intervention service (EIS) programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data and if data are from the State’s monitoring, describe the procedures used to collect these data. States report in both the numerator and denominator under Indicator 1 on the number of children for whom the State ensured the timely initiation of new services identified on the IFSP. Include the timely initiation of new early intervention services from both initial IFSPs and subsequent IFSPs. Provide actual numbers used in the calculation.

The State’s timeliness measure for this indicator must be either: (1) a time period that runs from when the parent consents to IFSP services; or (2) the IFSP initiation date (established by the IFSP Team, including the parent).

States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child’s record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child’s record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Provide detailed information about the timely correction of noncompliance as noted in the Office of Special Education Programs’ (OSEP’s) response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2019 SPP/APR, the data for FFY 2018), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

1 - Indicator Data

Historical Data

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<th>Baseline Year</th>
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Targets

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<tbody>
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<td>Target</td>
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FFY 2019 SPP/APR Data
Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner

<table>
<thead>
<tr>
<th>Number of infants and toddlers with IFSPs</th>
<th>Total number of infants and toddlers with IFSPs</th>
<th>FFY 2018 Data</th>
<th>FFY 2019 Target</th>
<th>FFY 2019 Data</th>
<th>Status</th>
<th>Slippage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,322</td>
<td>8,573</td>
<td>82.69%</td>
<td>100%</td>
<td>83.10%</td>
<td>Did Not Meet Target</td>
<td>No Slippage</td>
</tr>
</tbody>
</table>

Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of infants and toddlers with IFSPs who receive their early intervention services on their IFSPs in a timely manner" field above to calculate the numerator for this indicator.

Describe the method used to select EIS programs for monitoring.

A random sample of 25% of the infants and toddlers with new services authorized on an initial or subsequent Individualized Family Service Plan (IFSP) in the FFY (July 2019 – June 2020) was selected. The 25% random sample was generated from the full program year versus a single quarter to accommodate the data changes caused by the COVID-19 pandemic and NYS Declared Emergency in the second half of the FFY. The sample was geographically representative of the applicable population in each local Part C program based on race, ethnicity, sex, and age at referral. The sampled data was collected from the web-based centralized New York Early Intervention System (NYEIS). In addition, each local program received data reports to facilitate a review to ensure accuracy of data and document any necessary corrections or delay reasons to the data with respect to service provision.

The Department first collected the applicable population from New York Early Intervention Information System (NYEIS) same as previous years and then used SAS Procedure SurveySelect as described in http://www.math.wpi.edu/saspdf/stat/chap63.pdf to randomly sample 25% of the population (versus a single quarter). As noted, this was done to accommodate the data changes caused by the COVID-19 pandemic and NYS Declared Emergency in the second half of the FFY to report for this indicator.

For example, the Department first pulls all 32,000 children as the applicable population for the FFY from NYEIS. In previous FFYs, 8,000 children from one quarter of the FFY (e.g. January – March) were reported as allowed by OSEP indicated in the instruction of the indicator. In FFY 2019 – 2020, the Department randomly sampled 8,000 children from the 32,000 children because the COVID-19 pandemic happened in the second half of the FFY and therefore none of the four quarters were considered representative of the FFY. For each FFY, all the relevant information on the sampled children the Department monitored is sent to the local programs (municipalities) to review non-compliance cases for each of the sampled 8,000 children with the Department to report complete and correct data on each child and therefore accurately reflect data for infants and toddlers with IFSPs for the FFY. The local data review and cleaning process usually takes six months to complete for the whole APR.

If needed, provide additional information about this indicator here.

The benchmark for timely services in New York is 30 days from the IFSP meeting or the start date of the service authorization amendment, if the service is added to the IFSP after the IFSP meeting date. The New York State Early Intervention Program’s data systems do not capture exceptional family delay reasons. In order to capture the reasons for delays in services, each local program (municipality) was provided a report of the randomly sampled 8,000 children from New York Early Intervention Information System (NYEIS) same as previous years and then used SAS Procedure SurveySelect as described in http://www.math.wpi.edu/saspdf/stat/chap63.pdf to randomly sample 25% of the population (versus a single quarter). As noted, this was done to accommodate the data changes caused by the COVID-19 pandemic and NYS Declared Emergency in the second half of the FFY to report for this indicator.

If needed, provide additional information about this indicator here.

The benchmark for timely services in New York is 30 days from the IFSP meeting or the start date of the service authorization amendment, if the service is added to the IFSP after the IFSP meeting date. The New York State Early Intervention Program’s data systems do not capture exceptional family delay reasons. In order to capture the reasons for delays in services, each local program (municipality) was provided a report of the randomly sampled 8,000 children from New York Early Intervention Information System (NYEIS) same as previous years and then used SAS Procedure SurveySelect as described in http://www.math.wpi.edu/saspdf/stat/chap63.pdf to randomly sample 25% of the population (versus a single quarter). As noted, this was done to accommodate the data changes caused by the COVID-19 pandemic and NYS Declared Emergency in the second half of the FFY to report for this indicator.

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Finding of Noncompliance Identified in FFY 2018

<table>
<thead>
<tr>
<th>Findings of Noncompliance Identified</th>
<th>Findings of Noncompliance Verified as Corrected Within One Year</th>
<th>Findings of Noncompliance Subsequently Corrected</th>
<th>Findings Not Yet Verified as Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>51</td>
<td>6</td>
<td>45</td>
<td>0</td>
</tr>
</tbody>
</table>

FFY 2018 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

On-site or Virtual Monitoring Findings of Noncompliance:

Two early intervention providers were notified of a monitoring finding for the indicator during the on-site or virtual monitoring review.

Formal, written reports of the findings were issued within 90 days of the on-site or virtual review. The providers were required to submit a Corrective Action Plan (CAP) within 45 days of receipt of their monitoring report. The providers’ CAPs included an analysis completed by the provider of the root
cause of the noncompliance and all activities they will implement to correct the noncompliance. The CAPs were reviewed and approved by Department staff within 60 days of receipt and the providers were formally notified in writing that their CAP had been approved. Written technical assistance was provided by Department staff. Additional technical assistance was also provided by phone call by Department staff. The Department’s monitoring contractor staff conducted on-site or virtual verification of correction reviews within 90 days subsequent of approval of the providers’ CAPs for those providers with significant findings of noncompliance. This review was conducted to determine if CAP activities were fully implemented and correction of compliance at 100% can be verified. The CAP process included a review of a subset of subsequent child records that were sent to the Department for review. Both providers achieved 100% compliance within one year.

Data Findings of Noncompliance:

Forty-nine local programs (municipalities) were notified of a data finding for this indicator in FFY 2018. Four of these local programs achieved 100% compliance based on a review of their data within one year. Forty-five of these programs achieved 100% based on a review of their data but not within one year of issuing the finding.

In compliance with the OSEP Memo 09-02, for FFY 2018, the Department examined data from its data systems at least one time during that year to determine noncompliance with the requirements for timely service initiation. The Department provided a list of the potentially noncompliant cases to each local program to allow them the opportunity to review the data for accuracy and provide additional evidence that demonstrated compliance. Once the data review was complete, the Department reviewed the data a second time and identified cases that were noncompliant. The Department issued findings based on the noncompliant cases.

The Department reviewed subsequent data to verify that the local programs correctly implemented the specific regulatory requirements 34 CFR 303.342(e) and 303.344(f). 100% correction was verified based on a verification of data in the Early Intervention Program data systems for IFSPs that were developed within one year from identification of the finding and all of them were corrected as a system.

The Department ensured correction of a system finding by reviewing data from the 25% random sample from the subsequent program year (FFY2019-2020). System findings were verified as corrected when the local program achieved 100% compliance. If 100% compliance was not achieved, then subsequent data review was conducted to verify the local program subsequently corrected the findings of noncompliance to achieve 100% compliance.

Note: There were 12 local programs (municipalities) notified of both a monitoring finding and a data finding for this indicator in FFY 2018, as part of the 49 local programs listed under “Data Findings of Noncompliance” above. All of these programs achieved 100% based on the review of their data and implementation of their CAP activities but not within one year of issuing the finding.

Describe how the State verified that each individual case of noncompliance was corrected

On-site or Virtual Monitoring Finding of Noncompliance:

While conducting the on-site or virtual review, the contractor staff determined that each individual case of noncompliance has been corrected, unless the child was no longer within the jurisdiction of the local program.

Data Finding of Noncompliance:

In compliance with the OSEP Memo 09-02, the Department examined data from the Early Intervention Program data systems at least one time per year to determine noncompliance with the requirements for timely service initiation for each individual case. For each child with the original finding of noncompliance identified, a review of the data system verified that either services authorized were delivered to the child and family in accordance with the agreed-upon IFSP, or the child was no longer under the jurisdiction of the New York State Early Intervention Program.

Correction of Findings of Noncompliance Identified Prior to FFY 2018

<table>
<thead>
<tr>
<th>Year Findings of Noncompliance Were Identified</th>
<th>Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR</th>
<th>Findings of Noncompliance Verified as Corrected</th>
<th>Findings Not Yet Verified as Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1 - Prior FFY Required Actions

None

1 - OSEP Response

1 - Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.
Indicator 2: Services in Natural Environments

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: 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)

Data Source

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the EDFacts Metadata and Process System (EMAPS)).

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.

Instructions

Sampling from the State’s 618 data is not allowed.

Describe the results of the calculations and compare the results to the target.

The data reported in this indicator should be consistent with the State’s 618 data reported in Table 2. If not, explain.

2 - Indicator Data

Historical Data

<table>
<thead>
<tr>
<th>Baseline Year</th>
<th>Baseline Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>89.81%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FFY</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target&gt;=</td>
<td>90.00%</td>
<td>90.00%</td>
<td>90.00%</td>
<td>90.00%</td>
<td>90.00%</td>
</tr>
<tr>
<td>Data</td>
<td>93.73%</td>
<td>93.76%</td>
<td>92.75%</td>
<td>92.30%</td>
<td>92.46%</td>
</tr>
</tbody>
</table>

Targets

<table>
<thead>
<tr>
<th>FFY</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target&gt;=</td>
<td>90.00%</td>
</tr>
</tbody>
</table>

Targets: Description of Stakeholder Input

The State Performance Plan/Annual Performance Report (SPP/APR) was presented to and discussed with the Early Intervention Coordinating Council (EICC) to obtain stakeholder input on the SPP/APR on December 3, 2020. The EICC is a 30-member council established in Section 2553 of the Public Health Law. It is composed of five parents, five EIP provider representatives, two Early Intervention Officials (EIOs) representing municipalities, three managed care plan representatives, seven state agency partners, two members of the Legislature, one personnel preparation or training, and five discretionary member seats. The EICC holds public meetings that are webcast to allow stakeholders statewide to view the proceedings. Preliminary data were presented on the SPP/APR indicators, including historical trend data. The EICC members were engaged in a thorough and thoughtful discussion of the data.

The SPP/APR was shared on an all-county conference call with the EIOs and other county staff on December 10, 2020. In addition, Department staff have worked with EIOs and managers to review and finalize the data for the SPP/APR.

Prepopulated Data

<table>
<thead>
<tr>
<th>Source</th>
<th>Date</th>
<th>Description</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>SY 2019-20 Child Count/Educational Environment Data Groups</td>
<td>07/08/2020</td>
<td>Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings</td>
<td>28,569</td>
</tr>
<tr>
<td>SY 2019-20 Child Count/Educational Environment Data Groups</td>
<td>07/08/2020</td>
<td>Total number of infants and toddlers with IFSPs</td>
<td>31,152</td>
</tr>
</tbody>
</table>

FFY 2019 SPP/APR Data
<table>
<thead>
<tr>
<th>Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings</th>
<th>Total number of Infants and toddlers with IFSPs</th>
<th>FFY 2018 Data</th>
<th>FFY 2019 Target</th>
<th>FFY 2019 Data</th>
<th>Status</th>
<th>Slippage</th>
</tr>
</thead>
<tbody>
<tr>
<td>28,569</td>
<td>31,152</td>
<td>92.46%</td>
<td>90.00%</td>
<td>91.71%</td>
<td>Met Target</td>
<td>No Slippage</td>
</tr>
</tbody>
</table>

Provide additional information about this indicator (optional)
NY used 10/1/2019 to count number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community based settings and total number of infants and toddlers with IFSPs.

2 - Prior FFY Required Actions
None

2 - OSEP Response

2 - Required Actions
Indicator 3: Early Childhood Outcomes

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: 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)

Data Source
State selected data source.

Measurement

Outcomes:

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.

Progress categories for A, B and C:

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

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

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

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

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

Summary Statements for Each of the Three Outcomes:

Summary Statement 1: Of those infants and toddlers who entered 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 (total # of infants and toddlers reported in progress categories (a) + (b) + (c) + (d) + (e))] times 100.

Instructions

Sampling of infants and toddlers with IFSPs is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See General Instructions page 2 for additional instructions on sampling.)

In the measurement, include the numerator and denominator only infants and toddlers with IFSPs who received early intervention services for at least six months before exiting the Part C program.

Report: (1) the number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State’s Part C exiting data under Section 618 of the IDEA; and (2) the number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.

Describe the results of the calculations and compare the results to the targets. States will use the progress categories for each of the three Outcomes to calculate and report the two Summary Statements.

Report progress data and calculate Summary Statements to compare against the six targets. Provide the actual numbers and percentages for the five reporting categories for each of the three outcomes.

In presenting results, provide the criteria for defining “comparable to same-aged peers.” If a State is using the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Process (COS), then the criteria for defining “comparable to same-aged peers” has been defined as a child who has been assigned a score of 6 or 7 on the COS.

In addition, list the instruments and procedures used to gather data for this indicator, including if the State is using the ECO COS.

If the State’s Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or “at-risk infants and toddlers”) under IDEA section 632(5)(B)(i), the State must report data in two ways. First, it must report on all eligible children but exclude its at-risk infants and toddlers (i.e., include just those infants and toddlers experiencing developmental delay (or “developmentally delayed children”) or having a diagnosed physical or mental condition that has a high probability of resulting in developmental delay (or “children with diagnosed conditions”)). Second, the State must separately report outcome data on either: (1) just its at-risk infants and toddlers; or (2) aggregated performance data on all of the infants and toddlers it serves under Part C (including developmentally delayed children, children with diagnosed conditions, and at-risk infants and toddlers).
3 - Indicator Data

Does your State’s Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or “at-risk infants and toddlers”) under IDEA section 632(5)(B)(i)? (yes/no)

NO

Targets: Description of Stakeholder Input

The State Performance Plan/Annual Performance Report (SPP/APR) was presented to and discussed with the Early Intervention Coordinating Council (EICC) to obtain stakeholder input on the SPP/APR on December 3, 2020. The EICC is a 30-member council established in Section 2553 of the Public Health Law. It is composed of five parents, five EIP provider representatives, two Early Intervention Officials (EIOs) representing municipalities, three managed care plan representatives, seven state agency partners, two members of the Legislature, one personnel preparation or training, and five discretionary member seats. The EICC holds public meetings that are webcast to allow stakeholders statewide to view the proceedings. Preliminary data were presented on the SPP/APR indicators, including historical trend data. The EICC members were engaged in a thorough and thoughtful discussion of the data.

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Historical Data

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Baseline</th>
<th>FFY</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1</td>
<td>2013</td>
<td>Target&gt;=</td>
<td>59.00%</td>
<td>60.00%</td>
<td>61.00%</td>
<td>62.00%</td>
<td>63.00%</td>
</tr>
<tr>
<td>A1</td>
<td>58.19%</td>
<td>Data</td>
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<td>63.62%</td>
<td>58.88%</td>
<td>64.29%</td>
<td>67.61%</td>
</tr>
<tr>
<td>A2</td>
<td>2013</td>
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<td>41.00%</td>
<td>42.00%</td>
<td>43.00%</td>
<td>44.00%</td>
<td>45.00%</td>
</tr>
<tr>
<td>A2</td>
<td>40.27%</td>
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<td>2013</td>
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<td>72.50%</td>
<td>73.00%</td>
<td>73.50%</td>
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<tr>
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<td>74.69%</td>
<td>74.65%</td>
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<td>42.00%</td>
</tr>
<tr>
<td>B2</td>
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<td>71.50%</td>
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</tr>
<tr>
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<td>2013</td>
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<td>72.00%</td>
<td>72.50%</td>
</tr>
<tr>
<td>C1</td>
<td>70.02%</td>
<td>Data</td>
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<td>74.92%</td>
</tr>
<tr>
<td>C2</td>
<td>2013</td>
<td>Target&gt;=</td>
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<td>39.00%</td>
<td>40.00%</td>
<td>41.00%</td>
<td>42.00%</td>
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<td>39.20%</td>
<td>38.22%</td>
<td>36.95%</td>
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Targets

<table>
<thead>
<tr>
<th>FFY</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target A1&gt;=</td>
<td>64.00%</td>
</tr>
<tr>
<td>Target A2&gt;=</td>
<td>45.00%</td>
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<td>Target C2&gt;=</td>
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</tr>
</tbody>
</table>

FFY 2019 SPP/APR Data

Number of infants and toddlers with IFSPs assessed
6,652

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

<table>
<thead>
<tr>
<th>Outcome A Progress Category</th>
<th>Number of children</th>
<th>Percentage of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Infants and toddlers who did not improve functioning</td>
<td>487</td>
<td>7.32%</td>
</tr>
<tr>
<td>b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers</td>
<td>1,167</td>
<td>17.54%</td>
</tr>
<tr>
<td>c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it</td>
<td>2,382</td>
<td>35.81%</td>
</tr>
<tr>
<td>d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers</td>
<td>1,755</td>
<td>26.38%</td>
</tr>
</tbody>
</table>
### Outcome A Progress Category

<table>
<thead>
<tr>
<th>Number of children</th>
<th>Percentage of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers</td>
<td>861</td>
</tr>
</tbody>
</table>

#### Outcome A Numerator Denominator FFY 2018 Data FFY 2019 Target FFY 2019 Data Status Slippage

<table>
<thead>
<tr>
<th>Outcome A</th>
<th>Numerator</th>
<th>Denominator</th>
<th>FFY 2018 Data</th>
<th>FFY 2019 Target</th>
<th>FFY 2019 Data</th>
<th>Status</th>
<th>Slippage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1. Of those children who entered or exited the program 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</td>
<td>4,137</td>
<td>5,791</td>
<td>67.61%</td>
<td>64.00%</td>
<td>71.44%</td>
<td>Met Target</td>
<td>No Slippage</td>
</tr>
<tr>
<td>A2. 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</td>
<td>2,616</td>
<td>6,652</td>
<td>43.68%</td>
<td>45.00%</td>
<td>39.33%</td>
<td>Did Not Meet Target</td>
<td>Slippage</td>
</tr>
</tbody>
</table>

#### Provide reasons for A2 slippage, if applicable

The Department is committed to ensuring positive outcomes for children who participate in the New York State Early Intervention Program (NYS EIP). The Department has reported a decrease in children documented as functioning within age expectations in the child outcomes area of positive social-emotional skills (Indicator 3A2) from 43.68% in FFY 2018 to 39.33% in FFY 2019. The Department has been closely working with the municipalities to support data collection, quality and accuracy. The Department has increased the data transparency over the years for the municipalities to see and review the entry and exit forms and outcomes of their children as well as the summaries across the municipalities. As result, the number of children reported for child outcomes increased from 2,951 in FFY 2018 to 6,652 in FFY 2019. The percent of the Child Outcome A Progress Category c (Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it) increased from 29.28% in FFY 2018 to 35.81% in FFY 2019 and the other four Progress Categories decreased, especially Category e (Infants and toddlers who maintained functioning at a level comparable to same-aged peers) from 16.50% in FFY 2018 to 12.94% in FFY 2019. Therefore, Indicator 3A1 increased from 67.61% in FFY 2018 to 71.44% in FFY 2019, while 3A2 slipped from 43.68% in FFY 2018 to 39.33% in FFY 2019.

For the outcome to be in categories d and e for the numerator of A2, the rating in the exit form has to be 6 or 7, that the child completely achieves the function appropriate for his or her age. During the COVID-19 pandemic, almost all the EI services were provided by telehealth. Also, parents and providers in the IFSP team filled out the exit forms mostly by telecommunication. They usually had more concerns about the child’s functioning than they did before the pandemic and therefore tended to answer No to the question “Is the child’s functioning age-appropriate across all or almost all settings and situations?” in the Decision Tree for Summary Rating Discussions. This resulted in a lot less exit forms rated in 6 or 7 and thus slippage of A2. Additionally, restrictions during the pandemic would make it difficult to judge performance in the settings other than home.

The Department will continue to analyze child outcome indicators by factors that may influence the State’s reporting, including the severity of delays and diagnoses of the population, the length of time in the NYS EIP, initial scores on the Child Outcome Summary process, socio-economic factors, and geographic location, to facilitate improvement.

### Outcome B: Acquisition and use of knowledge and skills (including early language/communication)

#### Outcome B Progress Category

<table>
<thead>
<tr>
<th>Number of Children</th>
<th>Percentage of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Infants and toddlers who did not improve functioning</td>
<td>388</td>
</tr>
<tr>
<td>b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers</td>
<td>967</td>
</tr>
<tr>
<td>c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it</td>
<td>2,764</td>
</tr>
<tr>
<td>d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers</td>
<td>2,067</td>
</tr>
<tr>
<td>e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers</td>
<td>466</td>
</tr>
</tbody>
</table>

#### Outcome B Numerator Denominator FFY 2018 Data FFY 2019 Target FFY 2019 Data Status Slippage

<table>
<thead>
<tr>
<th>Outcome B</th>
<th>Numerator</th>
<th>Denominator</th>
<th>FFY 2018 Data</th>
<th>FFY 2019 Target</th>
<th>FFY 2019 Data</th>
<th>Status</th>
<th>Slippage</th>
</tr>
</thead>
<tbody>
<tr>
<td>B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they</td>
<td>4,831</td>
<td>6,186</td>
<td>74.65%</td>
<td>74.00%</td>
<td>78.10%</td>
<td>Met Target</td>
<td>No Slippage</td>
</tr>
</tbody>
</table>
Outcome B: Numerator Denominator FFY 2018 Data FFY 2019 Target FFY 2019 Data Status Slippage

| Turned 3 years of age or exited the program | 2,533 | 6,652 | 40.29% | 43.00% | 38.08% | Did Not Meet Target | Slippage |

Provide reasons for B2 slippage, if applicable

The Department is committed to ensuring positive outcomes for children who participate in the New York State Early Intervention Program (NYS EIP). The Department has reported a decrease in children documented as functioning within age expectations in the child outcomes area of acquisition and use of knowledge and skills (Indicator 3B2) from 40.29% in FFY 2018 to 38.08% in FFY 2019.

The Department has been closely working with the municipalities to support data collection, quality and accuracy. The Department has increased the data transparency over the years for the municipalities to see and review the entry and exit forms and outcomes of their children as well as the summaries across the municipalities. As result, the number of children reported for child outcomes increased from 2,951 in FFY 2018 to 6,652 in FFY 2019. The percent of the Child Outcome B Progress Category c (Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it) increased from 36.67% in FFY 2018 to 41.55% in FFY 2019 and the Category d (Infants and toddlers who improved functioning to reach a level comparable to same-aged peers) maintained between 31.18% in FFY 2018 and 31.07% in FFY 2019. The other two Progress Categories a and b decreased by less than 2% from last year to this year while category e decreased from 9.12% to 7.01%. Therefore, Indicator 3B1 increased from 74.65% in FFY 2018 to 78.10% in FFY 2019, while 3B2 slipped from 40.29% in FFY 2018 to 38.08% in FFY 2019.

For the outcome to be in categories d and e for the numerator of B2, the rating in the exit form has to be 6 or 7, that the child completely achieves the function appropriate for his or her age. During the COVID-19 pandemic, almost all the EI services were provided by telehealth. Also, parents and providers in the IFSP team filled out the exit forms mostly by telecommunication. They usually had more concerns about the child’s functioning than they did before the pandemic and therefore tended to answer No to the question “Is the child’s functioning age-appropriate across all or almost all settings and situations?” in the Decision Tree for Summary Rating Discussions. This resulted in a lot less exit forms rated in 6 or 7 and thus slippage of B2. Additionally, restrictions during the pandemic would make it difficult to judge performance in the settings other than home.

The Department will continue to analyze child outcome indicators by factors that may influence the State’s reporting, including the severity of delays and diagnoses of the population, the length of time in the NYS EIP, initial scores on the Child Outcome Summary process, socio-economic factors, and geographic location, to facilitate improvement.

Outcome C: Use of appropriate behaviors to meet their needs

<table>
<thead>
<tr>
<th>Outcome C Progress Category</th>
<th>Number of Children</th>
<th>Percentage of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Infants and toddlers who did not improve functioning</td>
<td>432</td>
<td>6.49%</td>
</tr>
<tr>
<td>b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers</td>
<td>1,006</td>
<td>15.12%</td>
</tr>
<tr>
<td>c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it</td>
<td>2,779</td>
<td>41.78%</td>
</tr>
<tr>
<td>d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers</td>
<td>2,075</td>
<td>31.19%</td>
</tr>
<tr>
<td>e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers</td>
<td>360</td>
<td>5.41%</td>
</tr>
</tbody>
</table>

Provide reasons for C2 slippage, if applicable

Outcome C: Numerator Denominator FFY 2018 Data FFY 2019 Target FFY 2019 Data Status Slippage

| C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 4,854 | 6,292 | 74.92% | 73.00% | 77.15% | Met Target | No Slippage |
| C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program | 2,435 | 6,652 | 38.29% | 42.00% | 36.61% | Did Not Meet Target | Slippage |

Provide reasons for C2 slippage, if applicable
The number of infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program across the municipalities. As result, the number of children reported for child outcomes increased from 2,951 in FFY 2018 to 6,652 in FFY 2019. 

The percent of the Child Outcome C Progress Category (Infants and toddlers who did not improve functioning) from 38.19% in FFY 2018 to 41.78% in FFY 2019 while Category a (Infants and toddlers who did not improve functioning) decreased from 8.40% in FFY 2018 to 6.49% in FFY 2019. The other three Progress Categories maintained with less than 1% difference between the two years. Therefore, Indicator 3C1 increased from 74.92% in FFY 2018 to 77.15% in FFY 2019, while 3C2 slipped from 38.29% in FFY 2018 to 36.61% in FFY 2019.

For the outcome to be in categories d and e for the numerator of C2, the rating in the exit form has to be 6 or 7, that the child completely achieves the function appropriate for his or her age. During the COVID-19 pandemic, almost all the EI services were provided by telehealth. Also, parents and providers in the IFSP team filled out the exit forms mostly by telecommunication. They usually had more concerns about the child's functioning than did before the pandemic and therefore tended to answer No to the question "Is the child’s functioning age-appropriate across all or almost all settings and situations?" in the Decision Tree for Summary Rating Discussions. This resulted in a lot less exit forms rated in 6 or 7 and thus slippage of C2. Additionally, restrictions during the pandemic would make it difficult to judge performance in the settings other than home.

The Department has been closely working with the municipalities to support data collection, quality and accuracy. The Department has increased the data transparency over the years for the municipalities to see and review the entry and exit forms and outcomes of their children as well as the summaries across the municipalities. As result, the number of children reported for child outcomes increased from 2,951 in FFY 2018 to 6,652 in FFY 2019. The percentage of the Child Outcome C Progress Category c (Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it) increased from 38.19% in FFY 2018 to 41.78% in FFY 2019 while Category a (Infants and toddlers who did not improve functioning) decreased from 8.40% in FFY 2018 to 6.49% in FFY 2019. The other three Progress Categories maintained with less than 1% difference between the two years. Therefore, Indicator 3C1 increased from 74.92% in FFY 2018 to 77.15% in FFY 2019, while 3C2 slipped from 38.29% in FFY 2018 to 36.61% in FFY 2019.

The number of infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.
3 - Prior FFY Required Actions
None

3 - OSEP Response

3 - Required Actions
Indicator 4: Family Involvement

Instructions and Measurement

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

**Results indicator:** 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)

**Data Source**

State selected data source. State must describe the data source in the SPP/APR.

**Measurement**

A. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family know their rights) divided by the (# of respondent families participating in Part C)] times 100.

B. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children’s needs) divided by the (# of respondent families participating in Part C)] times 100.

C. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn) divided by the (# of respondent families participating in Part C)] times 100.

**Instructions**

Sampling of families participating in Part C is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See General Instructions page 2 for additional instructions on sampling.)

Provide the actual numbers used in the calculation.

Describe the results of the calculations and compare the results to the target.

While a survey is not required for this indicator, a State using a survey must submit a copy of any new or revised survey with its SPP/APR.

Report the number of families to whom the surveys were distributed.

Include the State’s analysis of the extent to which the demographics of the families responding are representative of the demographics of infants, toddlers, and families enrolled in the Part C program. States should consider categories such as race and ethnicity, age of the infant or toddler, and geographic location in the State.

If the analysis shows that the demographics of the families responding are not representative of the demographics of infants, toddlers, and families enrolled in the Part C program, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics. In identifying such strategies, the State should consider factors such as how the State distributed the survey to families (e.g., by mail, by e-mail, on-line, by telephone, in-person), if a survey was used, and how responses were collected.

States are encouraged to work in collaboration with their OSEP-funded parent centers in collecting data.

4 - Indicator Data

**Historical Data**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Baseline</th>
<th>FFY</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>2013</td>
<td>Target&gt;  = 69.38%</td>
<td>67.00%</td>
<td>77.00%</td>
<td>78.00%</td>
<td>79.00%</td>
<td>93.00%</td>
</tr>
<tr>
<td>A</td>
<td>75.99%</td>
<td>Data</td>
<td>72.00%</td>
<td>73.00%</td>
<td>74.00%</td>
<td>75.00%</td>
<td>91.00%</td>
</tr>
<tr>
<td>B</td>
<td>2013</td>
<td>Target&gt;  = 67.41%</td>
<td>67.41%</td>
<td>68.01%</td>
<td>74.18%</td>
<td>71.59%</td>
<td>90.70%</td>
</tr>
<tr>
<td>B</td>
<td>71.97%</td>
<td>Data</td>
<td>64.50%</td>
<td>85.00%</td>
<td>86.00%</td>
<td>87.00%</td>
<td>93.00%</td>
</tr>
<tr>
<td>C</td>
<td>2013</td>
<td>Target&gt;  = 80.00%</td>
<td>80.00%</td>
<td>81.39%</td>
<td>86.26%</td>
<td>84.85%</td>
<td>92.64%</td>
</tr>
<tr>
<td>C</td>
<td>84.16%</td>
<td>Data</td>
<td>84.50%</td>
<td>85.00%</td>
<td>86.00%</td>
<td>87.00%</td>
<td>90.70%</td>
</tr>
</tbody>
</table>

**Targets**

<table>
<thead>
<tr>
<th>FFY</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target A&gt;=</td>
<td>93.00%</td>
</tr>
<tr>
<td>Target B&gt;=</td>
<td>91.00%</td>
</tr>
<tr>
<td>Target C&gt;=</td>
<td>93.00%</td>
</tr>
</tbody>
</table>

**Targets: Description of Stakeholder Input**

The State Performance Plan/Annual Performance Report (SPP/APR) was presented to and discussed with the Early Intervention Coordinating Council (EICC) to obtain stakeholder input on the SPP/APR on December 3, 2020. The EICC is a 30-member council established in Section 2553 of the Public
Health Law. It is composed of five parents, five EIP provider representatives, two Early Intervention Officials (EIOs) representing municipalities, three managed care plan representatives, seven state agency partners, two members of the Legislature, one personnel preparation or training, and five discretionary member seats. The EICC holds public meetings that are webcast to allow stakeholders statewide to view the proceedings. Preliminary data were presented on the SPP/APR indicators, including historical trend data. The EICC members were engaged in a thorough and thoughtful discussion of the data.

The SPP/APR was shared on an all-county conference call with the EIOs and other county staff on December 10, 2020. In addition, Department staff have worked with EIOs and managers to review and finalize the data for the SPP/APR.

**FFY 2019 SPP/APR Data**

<table>
<thead>
<tr>
<th>Measure</th>
<th>FFY 2018 Data</th>
<th>FFY 2019 Target</th>
<th>FFY 2019 Data</th>
<th>Status</th>
<th>Slippage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)</td>
<td>92.30%</td>
<td>93.00%</td>
<td>94.82%</td>
<td>Met Target</td>
<td>No Slippage</td>
</tr>
<tr>
<td>B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)</td>
<td>90.70%</td>
<td>91.00%</td>
<td>96.03%</td>
<td>Met Target</td>
<td>No Slippage</td>
</tr>
<tr>
<td>C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)</td>
<td>92.64%</td>
<td>93.00%</td>
<td>94.99%</td>
<td>Met Target</td>
<td>No Slippage</td>
</tr>
</tbody>
</table>

**Sampling Question**

Was sampling used?  
NO

**Question**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes / No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was a collection tool used?</td>
<td>YES</td>
</tr>
<tr>
<td>If yes, is it a new or revised collection tool?</td>
<td>YES</td>
</tr>
<tr>
<td>If your collection tool has changed, upload it here</td>
<td></td>
</tr>
<tr>
<td>The demographics of the families responding are representative of the demographics of infants, toddlers, and families enrolled in the Part C program.</td>
<td>NO</td>
</tr>
</tbody>
</table>

If not, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.

The respondents to the survey were not representative of the overall NYS Early Intervention Program by race and ethnicity. To ensure that response rates are representative in the future, the Department will monitor the ongoing representativeness of the returned surveys and follow up with Hispanic and non-White families, as needed. Additionally, NY is participating in monthly technical assistance calls with the Early Childhood Technical Assistance Center to discuss NY’s response rate and representativeness and to strategize ways to improve. Due to these discussions, we have worked with the Just Kids Early Childhood Learning Center to create a video for families describing what the Family Outcome Survey is and its importance. We will also collaborate with Parent Centers across NYS to identify successful strategies that they can use to encourage non-White and Hispanic families to participate in the survey.

Include the State’s analysis of the extent to which the demographics of the families responding are representative of the demographics of infants, toddlers, and families enrolled in the Part C program.

For FFY 2019-20, the Department sent out family survey invitation letters with both an on-line survey link/QR code and paper survey with return postage to all 20,771 families exiting the NYS Early Intervention Program from July 1, 2019 to June 30, 2020, requesting they fill out the survey on-line or by mail.
(attached). These families did not withdraw from early intervention program and their children received at least six months of early intervention services. One survey letter was mailed to each family, even if the family had multiple children (i.e., twins or triplets) receiving services through the NYS Early Intervention Program. In this situation, one of the children is selected at random and the first name of the child is indicated on the survey in which the family completes. Surveys are not sent to any families whose child passed away. There were 1,598 (7.7%) families with the letter undelivered because families moved after exiting the early intervention program. There were 3,030 surveys returned (1,725 completed the paper form, and 1,305 completed on-line) from the rest of the 19,173 families. The representativeness by Race, Ethnicity, Gender, and Age at Referral of the 3,030 respondents was compared to all the 20,771 families.

Race Representativeness

The families who returned the NYS Family Survey were not representative based on race. Of the 3,030 surveys returned, 1,753 were from White families, 208 were from African-American families and 1,069 were from families with Other races. When comparing to the expected number based on the population, which was 1,543 White, 291 African-American, and 1,196 Other races, there were 83 fewer surveys returned from African-American families and 127 fewer surveys returned from families with Other races than expected respectively. The Chi-Square statistic for the observed versus the expected was a p-value of <.0001 and it was statistically different.

The Department looked at the representativeness from each outcome because some returned surveys had skipped items corresponding to the outcomes. In summary, same as the overall returned surveys, more White families responded to each outcome than families of both African-American and Other races (p < 0.0001 for all three outcomes). However, there were no statistical differences in the positive response rates for all three outcomes among families across the races (p value for 4A was 0.62, 4B was 0.71, and 4C was 0.59).

Ethnicity Representativeness

The families who returned the NYS Family Survey were not representative based on ethnicity. Of the 3,030 surveys returned, 699 were from Hispanic families and 2,331 were from non-Hispanic families. The expected numbers based on the population were 851 Hispanic and 2,179 non-Hispanic families. There were 152 fewer responses from Hispanic families than expected. The Chi-Square statistic for the observed versus the expected responses by ethnicity was a p-value of <.0001, which was significantly different.

The Department looked at the representativeness from each outcome because some returned surveys had skipped items corresponding to the outcomes. In summary, same as the overall returned surveys, less Hispanic families responded to each outcome than non-Hispanic families (p < 0.0001 for all three outcomes). However, there were no statistical differences in the positive response rates for all three outcomes comparing between Hispanic and non-Hispanic families (p value for 4A was 0.48, 4B was 0.60, and 4C was 0.44).

Gender Representativeness

The families who returned the NYS Family Survey were representative based on Gender. There were 938 surveys returned from families with a female child and 2,092 from families with a male child. The expected numbers based on the population eligible for the survey were 970 females and 2,060 males. The Chi-Square statistics for the observed versus the expected was a p-value of 0.17 and was not statistically different.

Age at Referral Representativeness

The families who returned the NYS Family Survey were representative based on Age at Referral. The mean age for the respondents was 19.25 months old (SD=7.9) when referred compared to 19.31 months old (SD=7.8) for the families who did not return the survey (p=0.71). This difference was not statistically significant.

Provide additional information about this indicator (optional)

Revised collection tool

To collect data on the three federally-required family outcomes, the Department has been using the family outcome survey developed by the National Center for Special Education Accountability Monitoring (NCSEAM). In FFY 2017-18, the Department decreased the number of items on the family survey from 95 items to 36 items. These 36 items on the adapted “Impact of Early Intervention Services on Your Family” Scale (IFS) are required for both APR and SSIP reporting. For FFY 2018-19, data was collected for both indicator 4 and 11 from all families using the same 36 NCSEAM survey items. For FFY 2019-20, the survey was shortened again from 36 to 24 items as attached. Twenty-two of the items were the original IFS items from the NCSEAM and the remaining two items assessed families’ willingness to utilize services delivered by telehealth and their perception of telehealth. Both Professor Batya Elbaum from NCSEAM and the TA from IDEA Data Center confirmed that we could use these 22 items for both indicators 4 and 11 and still maintain the NCSEAM’s reliability and validity. The 22 items were assessed at the 8th Flesch-Kincaid Grade reading level while the previous 36 at 11th.

Invitation letters with both an on-line survey link/QR code and paper survey with returning postage were mailed to all applicable families in September 2020. All letters had survey questions printed on the reverse side so families could return the survey by Business Reply if they chose to do so. There was a reminder letter sent out in November 2020 in the same format. Both the letter and survey were translated into Arabic, Bengali, Chinese, Russian, Spanish, and Yiddish, and sent to families that identified a primary language other than English.

Methodology to report family outcomes for indicator 4

Starting in FFY 2018-19, New York reported family outcomes using the percentage of positive responses from families on specific NCSEAM IFS survey item(s) which correspond to each outcome described below:

Families with a positive response to a survey item = families agree + families strongly agree + families very strongly agree

Indicator 4A (percent of families participating in Part C who report that early intervention services have helped the family know their rights) is based on positive response rate from families to survey item: “Early Intervention services have helped me and/or my family know about my child's and family's rights concerning early intervention services.”

Indicator 4B (percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs) is based on positive response rate from families to survey item: “Early Intervention services have helped me and/or my family communicate more effectively with the people who work with my child and family.”
Indicator 4C (percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn) is based on positive response rate from families to both “Early Intervention services have helped me and/or my family understand my child's special needs.” and “Early Intervention services have helped me and/or my family do things with and for my child that are good for my child's development.”

In FFY 2019-20, NY had 19 NCSEAM IFS items with a positive response above 90% and 3 items were between 90% and 80%.

For the two telehealth survey items, we received the following response from the families:

For the item “Think back on your child and family’s time in the Early Intervention Program. If your child received Telehealth services, they worked well. Telehealth services mean your child received services through a computer, tablet, or smartphone.” The positive response was 81.40%.

For the item “Think back on your child and family’s time in the Early Intervention Program. Telehealth services may not have been available to your child and family. If they were available, would you have used them? Telehealth services mean your child received services through a computer, tablet, or smartphone.” Families responded “Yes” 56.29% of the time; 24.86% responded “No”; and 18.85% responded “Maybe.”

4 - Prior FFY Required Actions

In the FFY 2019 SPP/APR, the State must report whether its FFY 2019 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

Response to actions required in FFY 2018 SPP/APR

4 - OSEP Response

4 - Required Actions

In the FFY 2020 SPP/APR, the State must report whether its FFY 2020 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.


**Indicator 5: Child Find (Birth to One)**

**Instructions and Measurement**

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

**Results indicator:** Percent of infants and toddlers birth to 1 with IFSPs compared to national data. (20 U.S.C. 1416(a)(3)(B) and 1442)

**Data Source**

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the EDFacts Metadata and Process System (EDMAPS)) and Census (for the denominator).

**Measurement**

Percent = [(# of infants and toddlers birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100.

**Instructions**

Sampling from the State’s 618 data is not allowed.

Describe the results of the calculations and compare the results to the target and to national data. The data reported in this indicator should be consistent with the State’s reported 618 data reported in Table 1. If not, explain why.

---

### 5 - Indicator Data

**Historical Data**

<table>
<thead>
<tr>
<th>Baseline Year</th>
<th>Baseline Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>1.10%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FFY</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target &gt;=</td>
<td>1.22%</td>
<td>1.22%</td>
<td>1.22%</td>
<td>1.22%</td>
<td>1.22%</td>
</tr>
<tr>
<td>Data</td>
<td>1.11%</td>
<td>1.18%</td>
<td>1.13%</td>
<td>1.16%</td>
<td>1.08%</td>
</tr>
</tbody>
</table>

**Targets: Description of Stakeholder Input**

The State Performance Plan/Annual Performance Report (SPP/APR) was presented to and discussed with the Early Intervention Coordinating Council (EICC) to obtain stakeholder input on the SPP/APR on December 3, 2020. The EICC is a 30-member council established in Section 2553 of the Public Health Law. It is composed of five parents, five EIP provider representatives, two Early Intervention Officials (EIOs) representing municipalities, three managed care plan representatives, seven state agency partners, two members of the Legislature, one personnel preparation or training, and five discretionary member seats. The EICC holds public meetings that are webcast to allow stakeholders statewide to view the proceedings. Preliminary data were presented on the SPP/APR indicators, including historical trend data. The EICC members were engaged in a thorough and thoughtful discussion of the data.

The SPP/APR was shared on an all-county conference call with the EIOs and other county staff on December 10, 2020. In addition, Department staff have worked with EIOs and managers to review and finalize the data for the SPP/APR.

**Prepopulated Data**

<table>
<thead>
<tr>
<th>Source</th>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>SY 2019-20 Child Count/Educational Environment Data Groups</td>
<td>07/08/2020</td>
<td>Number of infants and toddlers birth to 1 with IFSPs: 2,271</td>
</tr>
<tr>
<td>Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin</td>
<td>06/25/2020</td>
<td>Population of infants and toddlers birth to 1: 223,930</td>
</tr>
</tbody>
</table>

**FFY 2019 SPP/APR Data**

<table>
<thead>
<tr>
<th>Number of infants and toddlers birth to 1 with IFSPs</th>
<th>Population of infants and toddlers birth to 1</th>
<th>FFY 2018 Data</th>
<th>FFY 2019 Target</th>
<th>FFY 2019 Data</th>
<th>Status</th>
<th>Slippage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,271</td>
<td>223,930</td>
<td>1.08%</td>
<td>1.22%</td>
<td>1.01%</td>
<td>Did Not Meet Target</td>
<td>No Slippage</td>
</tr>
</tbody>
</table>

**Compare your results to the national data**

The New York State Early Intervention Program (NYS EIP) served 1.01% of infants and toddlers birth to 1 with IFSPs in FFY 2019. For the same year, the national average was 1.37%. New York State had the third highest population birth to 1 year in the United States, with the fifth highest number of
infants under 1 year old served in FFY 2019. NYS EIP has worked with municipalities and providers to improve early identification in children, as well as promoting Early Intervention Services in communities.

**Provide additional information about this indicator (optional)**

NY used 10/1/2019 as the Date to count number of infants and toddlers birth to 1 with IFSPs.

---

**5 - Prior FFY Required Actions**

None

**5 - OSEP Response**

**5 - Required Actions**
Indicator 6: Child Find (Birth to Three)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 3 with IFSPs compared to national data. (20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source

Data collected under IDEA section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the EDFacts Metadata and Process System (EMAPS)) and Census (for the denominator).

Measurement

Percent = [(# of infants and toddlers birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100.

Instructions

Sampling from the State's 618 data is not allowed.

Describe the results of the calculations and compare the results to the target and to national data. The data reported in this indicator should be consistent with the State’s reported 618 data reported in Table 1. If not, explain why.

6 - Indicator Data

<table>
<thead>
<tr>
<th>Baseline Year</th>
<th>Baseline Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>3.95%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FFY</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td>&gt;= 4.00%</td>
<td>4.00%</td>
<td>4.00%</td>
<td>4.00%</td>
<td>4.00%</td>
</tr>
<tr>
<td>Data</td>
<td>4.03%</td>
<td>4.22%</td>
<td>4.35%</td>
<td>4.42%</td>
<td>4.56%</td>
</tr>
</tbody>
</table>

Targets: Description of Stakeholder Input

The State Performance Plan/Annual Performance Report (SPP/APR) was presented to and discussed with the Early Intervention Coordinating Council (EICC) to obtain stakeholder input on the SPP/APR on December 3, 2020. The EICC is a 30-member council established in Section 2553 of the Public Health Law. It is composed of five parents, five EIP provider representatives, two Early Intervention Officials (EIOs) representing municipalities, three managed care plan representatives, seven state agency partners, two members of the Legislature, one personnel preparation or training, and five discretionary member seats. The EICC holds public meetings that are webcast to allow stakeholders statewide to view the proceedings. Preliminary data were presented on the SPP/APR indicators, including historical trend data. The EICC members were engaged in a thorough and thoughtful discussion of the data.

The SPP/APR was shared on an all-county conference call with the EIOs and other county staff on December 10, 2020. In addition, Department staff have worked with EIOs and managers to review and finalize the data for the SPP/APR.

Prepopulated Data

<table>
<thead>
<tr>
<th>Source</th>
<th>Date</th>
<th>Description</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>SY 2019-20 Child Count/Educational Environment Data Groups</td>
<td>07/08/2020</td>
<td>Number of infants and toddlers birth to 3 with IFSPs</td>
<td>31,152</td>
</tr>
<tr>
<td>Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin</td>
<td>06/25/2020</td>
<td>Population of infants and toddlers birth to 3</td>
<td>673,026</td>
</tr>
</tbody>
</table>

FFY 2019 SPP/APR Data

<table>
<thead>
<tr>
<th>Number of infants and toddlers birth to 3 with IFSPs</th>
<th>Population of infants and toddlers birth to 3</th>
<th>FFY 2018 Data</th>
<th>FFY 2019 Target</th>
<th>FFY 2019 Data</th>
<th>Status</th>
<th>Slippage</th>
</tr>
</thead>
<tbody>
<tr>
<td>31,152</td>
<td>673,026</td>
<td>4.56%</td>
<td>4.00%</td>
<td>4.63%</td>
<td>Met Target</td>
<td>No Slippage</td>
</tr>
</tbody>
</table>

Compare your results to the national data

The New York State Early Intervention Program (NYS EIP) served 4.63% of infants and toddlers birth through 2 with IFSPs in FFY 2019. For the same year, the national average was 3.70%. New York State had the fourth highest population birth through 2 in the United States, with the second highest number served in FFY 2019. NYS EIP has worked with municipalities and providers to improve early identification in children, as well as promoting Early Intervention Services in communities.

Provide additional information about this indicator (optional)
NY used 10/1/2019 as the Date to count number of infants and toddlers birth through 2 with IFSPs.

6 - Prior FFY Required Actions
None

6 - OSEP Response

6 - Required Actions
Indicator 7: 45-Day Timeline

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

Compliance indicator: 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)

Data Source

Data to be taken from monitoring or State data system and must address the timeline from point of referral to initial IFSP meeting based on actual, not an average, number of days.

Measurement

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) 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 evaluations, assessments, and initial IFSP meetings, including the reasons for delays.

Instructions

If data are from State monitoring, describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data and if data are from the State’s monitoring, describe the procedures used to collect these data. Provide actual numbers used in the calculation.

States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child’s record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child’s record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Provide detailed information about the timely correction of noncompliance as noted in OSEP’s response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2019 SPP/APR, the data for FFY 2018), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

7 - Indicator Data

Historical Data

<table>
<thead>
<tr>
<th>Baseline Year</th>
<th>Baseline Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>52.90%</td>
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</table>

<table>
<thead>
<tr>
<th>FFY</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Data</td>
<td>94.06%</td>
<td>96.08%</td>
<td>95.74%</td>
<td>96.40%</td>
<td>96.11%</td>
</tr>
</tbody>
</table>

Targets

<table>
<thead>
<tr>
<th>FFY</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td>100%</td>
</tr>
</tbody>
</table>

FFY 2019 SPP/APR Data

<table>
<thead>
<tr>
<th>Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C’s 45-day timeline</th>
<th>FFY 2018 Data</th>
<th>FFY 2019 Target</th>
<th>FFY 2019 Data</th>
<th>Status</th>
<th>Slippage</th>
</tr>
</thead>
<tbody>
<tr>
<td>3,664</td>
<td>96.11%</td>
<td>100%</td>
<td>95.25%</td>
<td>Did Not Meet Target</td>
<td>No Slippage</td>
</tr>
</tbody>
</table>

Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C’s 45-day timeline" field above to calculate the numerator for this indicator. 2,371

What is the source of the data provided for this indicator?
State monitoring

Describe the method used to select EIS programs for monitoring.

A geographically representative random sample of 25% of the infants and toddlers who were evaluated and found eligible for the Early Intervention Program in the FFY (July 2019 – June 2020) for whom an initial IFSP meeting was required was selected. The 25% random sample was generated from the full program year versus a single quarter to accommodate the data changes caused by the COVID-19 pandemic and NYS Declared Emergency in the second half of the FFY. The sample was geographically representative of the applicable population in each local Part C program based on race, ethnicity, sex, and age at referral. The sampled data was collected from the web-based centralized New York Early Intervention System (NYEIS). In addition, each local program received data reports to facilitate a review to ensure accuracy of data and document any necessary corrections or delay reasons to the data with respect to required initial IFSP meetings.

The Department first collected the applicable population from New York Early Intervention Information System (NYEIS) same as previous years and then used SAS Procedure SurveySelect as described in http://www.math.wpi.edu/saspdf/stat/chap63.pdf to randomly sample 25% of the population (versus a single quarter). As noted, this was done to accommodate the data changes caused by the COVID-19 pandemic and NYS Declared Emergency in the second half of the FFY to report for this indicator.

For example, the Department first pulls all 32,000 children as the applicable population for the FFY from NYEIS. In previous FFYs, 8,000 children from one quarter of the FFY (e.g. January – March) were reported as allowed by OSEP indicated in the instruction of the indicator. In FFY 2019 – 2020, the Department randomly sampled 8,000 children from the 32,000 children because the COVID-19 pandemic happened in the second half of the FFY and therefore none of the four quarters were considered representative of the FFY. For each FFY, all the relevant information on the sampled children the Department monitored is sent to the local programs (municipalities) to review non-compliance cases for each of the sampled 8,000 children with the Department to report complete and correct data on each child and therefore accurately reflect data for infants and toddlers with IFSPs for the FFY. The local data review and cleaning process usually takes six months to complete for the whole APR.

Provide additional information about this indicator (optional)

As advised by OSEP, delays in service provision caused by the public health response to the COVID-19 pandemic can meet the definition of exceptional family circumstances, as defined under 34 C.F.R. § 303.310(b), when the child and family are effectively unavailable. There were 50 children with their initial IFSP meetings delayed by COVID-19 as part of the 2,371 children with delayed initial IFSP meetings attributable to exceptional family circumstances included in the numerator and denominator, as allowed by OSEP.

Correction of Findings of Noncompliance Identified in FFY 2018

<table>
<thead>
<tr>
<th>Findings of Noncompliance Identified</th>
<th>Findings of Noncompliance Verified as Corrected Within One Year</th>
<th>Findings of Noncompliance Subsequently Corrected</th>
<th>Findings Not Yet Verified as Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>26</td>
<td>9</td>
<td>17</td>
<td>0</td>
</tr>
</tbody>
</table>

FFY 2018 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

Data Finding of Noncompliance:

Twenty-six local programs (municipalities) were notified of a data finding of noncompliance for this indicator in FFY 2018. Nine of these local programs achieved 100% compliance based on a review of their data within one year. Seventeen local programs achieved 100% based on a review of their data but not within one year of issuing the finding.

In compliance with the OSEP Memo 09-02, for FFY 2018, the Department examined data from its data systems at least one time during that year to determine noncompliance with the requirements for timely IFSP meetings. The Department provided a list of the potentially noncompliant cases to each local program to allow them the opportunity to review the data for accuracy and provide additional evidence that demonstrated compliance. Once the data review was complete, the Department reviewed the data a second time and identified cases that were noncompliant. The Department issued findings based on the noncompliant cases.

The Department reviewed subsequent data to verify that the local programs correctly implemented the specify regulatory requirements 34 CFR 303.342(e) and 303.344(f). 100% correction was verified based on a verification of data in the Early Intervention Program data systems for IFSPs that were developed within one year from identification of the finding and all of them were corrected as a system.

The Department ensured correction of a system finding by reviewing data from the 25% random sample from the subsequent program year (FFY2019-2020). System findings were verified as corrected when the local program achieved 100% compliance. If 100% compliance was not achieved, then subsequent data review was conducted to verify the local program subsequently corrected the findings of noncompliance to achieve 100% compliance.

Describe how the State verified that each individual case of noncompliance was corrected

Data Finding of Noncompliance:

In compliance with the OSEP Memo 09-02, the Department examined data from the Early Intervention Program data systems at least one time per year to determine noncompliance with the requirements for timely IFSP meetings for each individual case. For each child with the original finding of noncompliance identified, a review of the data system verified that either the IFSP meeting was conducted, or the child was no longer under the jurisdiction of the New York State Early Intervention Program.

Correction of Findings of Noncompliance Identified Prior to FFY 2018
7 - Prior FFY Required Actions
None

7 - OSEP Response

7 - Required Actions
Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.
Indicator 8A: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The 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;

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; and

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)

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

C. Percent = \( \frac{(\text{# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services})}{\text{(# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)}} \times 100.\)

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

Instructions

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State’s monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child’s record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child’s record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State’s Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to “opt-out” of the referral. Under the State’s opt-out policy, the State is not required to include in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child’s record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicators 8A, 8B, and 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of noncompliance as noted in OSEP’s response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2019 SPP/APR, the data for FFY 2018), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8A - Indicator Data

Historical Data

<table>
<thead>
<tr>
<th>Baseline Year</th>
<th>Baseline Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>83.30%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FFY</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Data</td>
<td>99.66%</td>
<td>99.75%</td>
<td>99.42%</td>
<td>99.75%</td>
<td>99.95%</td>
</tr>
</tbody>
</table>
Targets

<table>
<thead>
<tr>
<th>FFY 2019</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>100%</td>
</tr>
</tbody>
</table>

FFY 2019 SPP/APR Data

Data include only those toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has 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. (yes/no)

YES

<table>
<thead>
<tr>
<th>Number of children exiting Part C who have an IFSP with transition steps and services</th>
<th>Number of toddlers with disabilities exiting Part C</th>
<th>FFY 2018 Data</th>
<th>FFY 2019 Target</th>
<th>FFY 2019 Data</th>
<th>Status</th>
<th>Slippage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,993</td>
<td>2,017</td>
<td>99.95%</td>
<td>100%</td>
<td>99.90%</td>
<td>Did Not Meet Target</td>
<td>No Slippage</td>
</tr>
</tbody>
</table>

Number of documented delays attributable to exceptional family circumstances

This number will be added to the “Number of children exiting Part C who have an IFSP with transition steps and services” field to calculate the numerator for this indicator.

22

What is the source of the data provided for this indicator?

State monitoring

Describe the method used to select EIS programs for monitoring.

In accordance with the sampling procedures approved by the US Department of Education Office of Special Education Programs (OSEP), the Department is using a geographically representative random sampling approach for collecting transition information. The sample was geographically representative of the population exiting the Part C program based on race, ethnicity, sex, and age at referral. The transition data of the exiting toddlers has been incorporated in the web-based centralized New York Early Intervention System (NYEIS) and was collected as children exited the program. In addition, each local program received data reports for exiting children to facilitate a review to ensure accuracy of data and document any necessary corrections or delay reasons to the data with respect to required transition steps and services.

The Department first collected the applicable population from New York Early Intervention Information System (NYEIS) and then used SAS Procedure SurveySelect as described in http://www.math.wpi.edu/saspdf/stat/chap63.pdf to randomly sample the population in each local EI program (municipality) to report for the indicators 8A – 8C same as previous years. Following up with the discussion with OSEP on 4/23/2021, the Department reviewed previous submissions and found that the APR submissions have used the same sampling methodology since FFY2005-2006.

Provide additional information about this indicator (optional)

As advised by OSEP, delays in service provision caused by the public health response to the COVID-19 pandemic can meet the definition of exceptional family circumstances, as defined under 34 C.F.R. § 303.310(b), when the child and family are effectively unavailable. There were no children with their transition steps and services delayed by COVID-19.

Correction of Findings of Noncompliance Identified in FFY 2018

<table>
<thead>
<tr>
<th>Findings of Noncompliance Identified</th>
<th>Findings of Noncompliance Verified as Corrected Within One Year</th>
<th>Findings of Noncompliance Subsequently Corrected</th>
<th>Findings Not Yet Verified as Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

FFY 2018 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

On-site or virtual Monitoring Finding of Noncompliance:

One early intervention provider was notified of a monitoring finding for the indicator during the on-site or virtual monitoring review. Formal, written reports of the findings were issued within 90 days of the on-site or virtual review. The provider was required to submit a Corrective Action Plan (CAP) within 45 days of receipt of their monitoring report. The providers CAP included an analysis completed by the provider of the root cause of the noncompliance and all activities they will implement to correct the noncompliance. The CAP was reviewed and approved by Department staff within 60 days of receipt and the provider was formally notified in writing that their CAP had been approved. Written technical assistance was provided by Department staff. Additional technical assistance was also provided by phone call by Department staff. The Department’s monitoring contractor staff conducted on-site or virtual verification of correction reviews within 90 days subsequent of approval of the providers CAP with significant findings of noncompliance. This review was conducted to determine if CAP activities were fully implemented and correction of compliance at 100% can be verified. The CAP process included a review of a subset of subsequent child records that were sent to the Department for review. This one provider achieved 100% compliance within one year.

Data Finding of Noncompliance:

One local program (municipality) was notified of a finding of noncompliance for this indicator in FFY 2018. This local program achieved 100% compliance based on a review of their data within one year.

In compliance with the OSEP Memo 09-02, for FFY 2018, the Department examined data from its data systems at least one time during that year to determine noncompliance with the requirements for timely transition steps and services. The Department provided a list of the potentially noncompliant
cases to each local program to allow them the opportunity to review the data for accuracy and provide additional evidence that demonstrated compliance. Once the data review was complete, the Department reviewed the data a second time and identified cases that were noncompliant. The Department issued findings based on the noncompliant cases.

The Department reviewed subsequent data to verify that the local programs correctly implemented the specify regulatory requirements 34 CFR 303.342(e) and 303.344(f). 100% correction was verified based on a verification of data in the Early Intervention Program data systems.

The Department ensured correction of a system finding by reviewing data from the random sample from the subsequent program year (FFY2019-2020). System findings were verified as corrected when the local program achieved 100% compliance. If 100% compliance was not achieved, then subsequent data review was conducted to verify the local program subsequently corrected the findings of noncompliance to achieve 100% compliance.

**Describe how the State verified that each individual case of noncompliance was corrected**

On-site or Virtual Monitoring Finding of Noncompliance:

While conducting the on-site or virtual review, the contractor staff determined that each individual case of noncompliance has been corrected, unless the child was no longer within the jurisdiction of the local program.

Data Finding of Noncompliance:

In compliance with the OSEP Memo 09-02, the Department examined data from the Early Intervention Program data systems at least one time per year to determine noncompliance with the requirements for timely transition steps and services for each individual case.

For each child with the original finding of noncompliance identified, a review of the data system verified that either timely transition steps for the child were developed, or the child was no longer under the jurisdiction of the New York State Early Intervention Program.

**Correction of Findings of Noncompliance Identified Prior to FFY 2018**

<table>
<thead>
<tr>
<th>Year Findings of Noncompliance Were Identified</th>
<th>Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR</th>
<th>Findings of Noncompliance Verified as Corrected</th>
<th>Findings Not Yet Verified as Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**8A - Prior FFY Required Actions**

None

**8A - OSEP Response**

**8A - Required Actions**

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.
**Indicator 8B: Early Childhood Transition**

**Instructions and Measurement**

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

**Compliance indicator:** The 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;

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; and

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)

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

A. 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.

B. 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.

C. 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.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

**Instructions**

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State’s monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child’s record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child’s record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to “opt-out” of the referral. Under the State’s opt-out policy, the State is not required to include in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child’s record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of noncompliance as noted in OSEP’s response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2019 SPP/APR, the data for FFY 2018), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

**8B - Indicator Data**

**Historical Data**

<table>
<thead>
<tr>
<th>Baseline Year</th>
<th>Baseline Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>95.30%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FFY</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Data</td>
<td>99.06%</td>
<td>99.43%</td>
<td>99.23%</td>
<td>99.05%</td>
<td>99.58%</td>
</tr>
</tbody>
</table>
### Targets

<table>
<thead>
<tr>
<th>FFY</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td>100%</td>
</tr>
</tbody>
</table>

#### FFY 2019 SPP/APR Data

Data include notification to both the SEA and LEA

**YES**

<table>
<thead>
<tr>
<th>Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services</th>
<th>Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B</th>
<th>FFY 2018 Data</th>
<th>FFY 2019 Target</th>
<th>FFY 2019 Data</th>
<th>Status</th>
<th>Slippage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,450</td>
<td>1,816</td>
<td>99.58%</td>
<td>100%</td>
<td>98.37%</td>
<td>Did Not Meet Target</td>
<td>Slippage</td>
</tr>
</tbody>
</table>

Provide reasons for slippage, if applicable

Indicator 8B slipped from 99.58% in FFY 2018-19 to 98.37% in FFY 2019-20. Municipalities (57 counties and the City of New York) are responsible for local administration of the EIS program and for administration of the preschool special education (Part B) program. The March to June 2020 period was at the height of the pandemic in New York State. Many service coordinators/county staff were deployed on COVID-19 response activities, and therefore may not have been able to notify parents in a timely manner regarding the opportunity to opt out of referral to Part B services. Children were continued in Part C due to the COVID-19 pandemic through summer 2020 instead of being transitioned to Part B.

The Department has been consistently reporting the number 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, as required by the Measurement Table. The measurement was not changed by the COVID-19 pandemic.

The current opt-out policy allows parents to opt-out either orally or in writing. The State is making a regulation change to require that opt-outs be in writing only.

**Number of parents who opted out**

This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.

342

#### Describe the method used to collect these data

In accordance with the sampling procedures approved by the US Department of Education Office of Special Education Programs (OSEP), the Department is using a geographically representative random sampling approach for collecting transition information. The sample was geographically representative of the population exiting the Part C program based on race, ethnicity, sex, and age at referral.

The transition data of the exiting toddlers has been incorporated in the web-based centralized New York Early Intervention System (NYEIS) and was collected as children exited the program. In addition, each local program received data reports for exiting children to facilitate a review to ensure accuracy of data and document any necessary corrections or delay reasons to the data with respect to required transition steps and services.

**Do you have a written opt-out policy? (yes/no)**

YES

If yes, is the policy on file with the Department? (yes/no)

YES

What is the source of the data provided for this indicator?

State monitoring

Describe the method used to select EIS programs for monitoring.

The sample was geographically representative of the population exiting the Part C program based on race, ethnicity, sex, and age at referral.

The Department first collected the applicable population from New York Early Intervention Information System (NYEIS) and then used SAS Procedure SurveySelect as described in http://www.math.wpi.edu/saspdf/stat/chap63.pdf to randomly sample the population in each local EI program (municipality) to report for the indicators 8A – 8C same as previous years. Following up with the discussion with OSEP on 4/23/2021, the Department reviewed previous submissions and found that the APR submissions have used the same sampling methodology since FFY2005-2006.

Provide additional information about this indicator (optional)

#### Correction of Findings of Noncompliance Identified in FFY 2018

<table>
<thead>
<tr>
<th>Findings of Noncompliance Identified</th>
<th>Findings of Noncompliance Verified as Corrected Within One Year</th>
<th>Findings of Noncompliance Subsequently Corrected</th>
<th>Findings Not Yet Verified as Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>4</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

**FFY 2018 Findings of Noncompliance Verified as Corrected**

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements
Data Finding of Noncompliance:

Six local programs (municipalities) were notified of a finding of noncompliance for this indicator in FFY 2018. Four of these local programs achieved 100% compliance based on a review of their data within one year. The other two local programs achieved 100% compliance based on a review of their data but not within one year of issuing the finding.

In compliance with the OSEP Memo 09-02, for FFY 2018, the Department examined data from its data systems at least one time during that year to determine noncompliance with the requirements for timely notification. The Department provided a list of the potentially noncompliant cases to each local program to allow them the opportunity to review the data for accuracy and provide additional evidence that demonstrated compliance. Once the data review was complete, the Department reviewed the data a second time and identified cases that were noncompliant. The Department issued findings based on the noncompliant cases.

The Department reviewed subsequent data to verify that the local programs correctly implemented the specific regulatory requirements 34 CFR 303.342(e) and 303.344(f). 100% correction was verified based on a review of data in the Early Intervention Program data systems.

The Department ensured correction of a system finding by reviewing data from the random sample from the subsequent program year (FFY2019-2020). System findings were verified as corrected when the local program achieved 100% compliance. If 100% compliance was not achieved, then subsequent data review was conducted to verify the local program subsequently corrected the findings of noncompliance to achieve 100% compliance.

Note: There was 1 local program (municipality) notified of both a monitoring finding and a data finding for this indicator in FFY 2018, as part of the 6 local programs listed under “Data Findings of Noncompliance” above. This program achieved 100% based on the review of the data and implementation of the CAP activities but not within one year of issuing the finding.

Describe how the State verified that each individual case of noncompliance was corrected

On-site or Virtual Monitoring Finding of Noncompliance:

While conducting the on-site or virtual review, the contractor staff determined that each individual case of noncompliance has been corrected, unless the child was no longer within the jurisdiction of the local program.

Data Finding of Noncompliance:

In compliance with the OSEP Memo 09-02, the Department examined data from the Early Intervention Program data systems at least one time per year to determine noncompliance with the requirements for timely notification for each individual case. For each child with the original finding of noncompliance identified, a review of the data system verified that either notification was made, or the child was no longer under the jurisdiction of the New York State Early Intervention Program.

Correction of Findings of Noncompliance Identified Prior to FFY 2018

<table>
<thead>
<tr>
<th>Year Findings of Noncompliance Were Identified</th>
<th>Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR</th>
<th>Findings of Noncompliance Verified as Corrected</th>
<th>Findings Not Yet Verified as Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8B - Prior FFY Required Actions

None

8B - OSEP Response

8B - Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.
**Indicator 8C: Early Childhood Transition**

**Instructions and Measurement**

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

**Compliance indicator:** The 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;

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; and

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)

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

A. 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| times 100.

B. 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.

C. 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.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

**Instructions**

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State’s monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child’s record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child’s record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to “opt-out” of the referral. Under the State’s opt-out policy, the State is not required to include in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child’s record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of noncompliance as noted in OSEP’s response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2019 SPP/APR, the data for FFY 2018), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

**8C - Indicator Data**

**Historical Data**

<table>
<thead>
<tr>
<th>Baseline Year</th>
<th>Baseline Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>37.10%</td>
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</table>

<table>
<thead>
<tr>
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<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
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</thead>
<tbody>
<tr>
<td>Target</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Data</td>
<td>96.46%</td>
<td>97.80%</td>
<td>96.81%</td>
<td>96.20%</td>
<td>98.06%</td>
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</tbody>
</table>
**Targets**

<table>
<thead>
<tr>
<th>FFY</th>
<th>2019</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>100%</td>
</tr>
</tbody>
</table>

**FFY 2019 SPP/APR Data**

Data reflect only those toddlers for whom the Lead Agency has 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 (yes/no)

| YES |  |

**Number 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**

<table>
<thead>
<tr>
<th>FFY 2018 Data</th>
<th>FFY 2019 Target</th>
<th>FFY 2019 Status</th>
<th>Slippage</th>
</tr>
</thead>
<tbody>
<tr>
<td>372</td>
<td>1,816</td>
<td>98.06%</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Number of documented delays attributable to exceptional family circumstances**

This number will be added to the "Number 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” field to calculate the numerator for this indicator.

48

**What is the source of the data provided for this indicator?**

State monitoring

**Describe the method used to select EIS programs for monitoring.**

In accordance with the sampling procedures approved by the US Department of Education Office of Special Education Programs (OSEP), the Department is using a geographically representative random sampling approach for collecting transition information. The sample was geographically representative of the population exiting NYS EIP based on race, ethnicity, sex, and age at referral.

The required transition data has been incorporated in the web-based centralized New York Early Intervention System (NYEIS) and was collected as children exited the program. In addition, each local program received data reports for exiting children whose records were in NYEIS to facilitate a review to ensure accuracy of data and document any necessary corrections to the data with respect to required transition steps and services.

The Department first collected the applicable population from New York Early Intervention Information System (NYEIS) and then used SAS Procedure SurveySelect as described in http://www.math.wpi.edu/saspdf/stat/chap63.pdf to randomly sample the population in each local EI program (municipality) to report for the indicators 8A – 8C same as previous years. Following up with the discussion with OSEP on 4/23/2021, the Department reviewed previous submissions and found that the APR submissions have used the same sampling methodology since FFY 2005-2006.

**Provide additional information about this indicator (optional)**

As advised by OSEP, delays in service provision caused by the public health response to the COVID-19 pandemic can meet the definition of exceptional family circumstances, as defined under 34 C.F.R. § 303.310(b), when the child and family are effectively unavailable. There was 1 child with the transition conference delayed by COVID-19 as part of the 48 children with documented delays attributable to exceptional family circumstances to be included in both numerator and denominator.

**Correction of Findings of Noncompliance Identified in FFY 2018**

<table>
<thead>
<tr>
<th>Findings of Noncompliance Identified</th>
<th>Findings of Noncompliance Verified as Corrected Within One Year</th>
<th>Findings of Noncompliance Subsequently Corrected</th>
<th>Findings Not Yet Verified as Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>5</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**FFY 2018 Findings of Noncompliance Verified as Corrected**

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

On-site or virtual Monitoring Finding of Noncompliance:

Two early intervention providers were notified of a monitoring finding for the indicator during the on-site or virtual monitoring review. Formal, written reports of the findings were issued within 90 days of the on-site or virtual review. The providers were required to submit a Corrective Action Plan (CAP) within 45 days of receipt of their monitoring report. The providers’ CAPs included an analysis completed by the provider of the root cause of the noncompliance and all activities they will implement to correct the noncompliance. The CAPs were reviewed and approved by Department staff within 60 days of receipt and the providers were formally notified in writing that their CAP had been approved. Written technical assistance was provided by Department staff. Additional technical assistance was also provided by phone call by Department staff. The Department’s monitoring contractor staff conducted on-site or virtual verification of correction reviews within 90 days subsequent of approval of the providers’ CAPs for those providers with significant findings of noncompliance. This review was conducted to determine if CAP activities were fully implemented and correction of compliance at
100% can be verified. The CAP process included a review of a subset of subsequent child records that were sent to the Department for review. Both providers achieved 100% compliance within one year.

Data Finding of Noncompliance:

Three local programs (municipalities) were notified of a finding of noncompliance for this indicator in FFY 2018. All three local programs achieved 100% compliance based on a review of their data within one year.

In compliance with the OSEP Memo 09-02, for FFY 2018, the Department examined data from its data systems at least one time during that year to determine noncompliance with the requirements for timely transition conference. The Department provided a list of the potentially noncompliant cases to each local program to allow them the opportunity to review the data for accuracy and provide additional evidence that demonstrated compliance. Once the data review was complete, the Department reviewed the data a second time and identified cases that were noncompliant. The Department issued findings based on the noncompliant cases.

The Department reviewed subsequent data to verify that the local programs correctly implemented the specify regulatory requirements 34 CFR 303.342(e) and 303.344(f). 100% correction was verified based on a verification of data in the Early Intervention Program data systems for IFSPs that were developed within one year from identification of the finding and all of them were corrected as a system.

The Department ensured correction of a system finding by reviewing data from the random sample from the subsequent program year (FFY2019-2020). System findings were verified as corrected when the local program achieved 100% compliance. If 100% compliance was not achieved, then subsequent data review was conducted to verify the local program subsequently corrected the findings of noncompliance to achieve 100% compliance.

Describe how the State verified that each individual case of noncompliance was corrected

On-site or virtual Monitoring Finding of Noncompliance:

While conducting the on-site or virtual review, the contractor staff determined that each individual case of noncompliance has been corrected within one year.

Data Finding of Noncompliance:

In compliance with the OSEP Memo 09-02, the Department examined data from the Early Intervention Program data systems at least one time per year to determine noncompliance with the requirements for timely transition conference for each individual case. For each child with the original finding of noncompliance identified, a review of the data system verified that either the transition conference was convened, or the child was no longer under the jurisdiction of the New York State Early Intervention Program.

Correction of Findings of Noncompliance Identified Prior to FFY 2018

<table>
<thead>
<tr>
<th>Year Findings of Noncompliance Were Identified</th>
<th>Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR</th>
<th>Findings of Noncompliance Verified as Corrected</th>
<th>Findings Not Yet Verified as Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8C - Prior FFY Required Actions

None

8C - OSEP Response

8C - Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.
Indicator 9: Resolution Sessions

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: 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)

Data Source
Data collected under section 618 of the IDEA (IDEA Part C Dispute Resolution Survey in the EDFacts Metadata and Process System (EMAPS)).

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

Instructions
Sampling from the State’s 618 data is not allowed.

This indicator is not applicable to a State that has adopted Part C due process procedures under section 639 of the IDEA.

Describe the results of the calculations and compare the results to the target.

States are not required to establish baseline or targets if the number of resolution sessions is less than 10. In a reporting period when the number of resolution sessions reaches 10 or greater, the State must develop baseline and targets and report them in the corresponding SPP/APR.

States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State’s 618 data, explain.

States are not required to report data at the EIS program level.

9 - Indicator Data
Not Applicable
Select yes if this indicator is not applicable.
YES
Provide an explanation of why it is not applicable below.

9 - Prior FFY Required Actions
None

9 - OSEP Response
This Indicator is not applicable to the State.

9 - Required Actions
Indicator 10: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: Percent of mediations held that resulted in mediation agreements. (20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source
Data collected under section 618 of the IDEA (IDEA Part C Dispute Resolution Survey in the EDFacts Metadata and Process System (EMAPS)).

Measurement
Percent = \((2.1(a)(i) + 2.1(b)(i)) \div 2.1\) times 100.

Instructions
Sampling from the State’s 618 data is not allowed.

Describe the results of the calculations and compare the results to the target.

States are not required to establish baseline or targets if the number of mediations is less than 10. In a reporting period when the number of mediations reaches 10 or greater, the State must develop baseline and targets and report them in the corresponding SPP/APR.

States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State’s 618 data, explain.

States are not required to report data at the EIS program level.

10 - Indicator Data

Select yes to use target ranges

Target Range not used

Select yes if the data reported in this indicator are not the same as the State’s data reported under section 618 of the IDEA.

NO

Prepopulated Data

<table>
<thead>
<tr>
<th>Source</th>
<th>Date</th>
<th>Description</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>SY 2019-20 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests</td>
<td>11/04/2020</td>
<td>2.1 Mediations held</td>
<td>34</td>
</tr>
<tr>
<td>SY 2019-20 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests</td>
<td>11/04/2020</td>
<td>2.1.a.i Mediations agreements related to due process complaints</td>
<td>0</td>
</tr>
<tr>
<td>SY 2019-20 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests</td>
<td>11/04/2020</td>
<td>2.1.b.i Mediations agreements not related to due process complaints</td>
<td>27</td>
</tr>
</tbody>
</table>

Targets: Description of Stakeholder Input

The State Performance Plan/Annual Performance Report (SPP/APR) was presented to and discussed with the Early Intervention Coordinating Council (EICC) to obtain stakeholder input on the SPP/APR on December 3, 2020. The EICC is a 30-member council established in Section 2553 of the Public Health Law. It is composed of five parents, five EIP provider representatives, two Early Intervention Officials (EIOs) representing municipalities, three managed care plan representatives, seven state agency partners, two members of the Legislature, one personnel preparation or training, and five discretionary member seats. The EICC holds public meetings that are webcast to allow stakeholders statewide to view the proceedings. Preliminary data were presented on the SPP/APR indicators, including historical trend data. The EICC members were engaged in a thorough and thoughtful discussion of the data.

The SPP/APR was shared on an all-county conference call with the EIOs and other county staff on December 10, 2020. In addition, Department staff have worked with EIOs and managers to review and finalize the data for the SPP/APR.

Historical Data

<table>
<thead>
<tr>
<th>Baseline Year</th>
<th>Baseline Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>80.00%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FFY</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target=</td>
<td>90.00%</td>
<td>90.00%</td>
<td>90.00%</td>
<td>90.00%</td>
<td>90.00%</td>
</tr>
<tr>
<td>Data</td>
<td>93.94%</td>
<td>87.80%</td>
<td>76.79%</td>
<td>85.11%</td>
<td>82.35%</td>
</tr>
</tbody>
</table>

Targets

<table>
<thead>
<tr>
<th>FFY</th>
<th>2019</th>
</tr>
</thead>
</table>
2.1 Number of mediations held

<table>
<thead>
<tr>
<th>2.1.a.i Mediation agreements related to due process complaints</th>
<th>2.1.b.i Mediation agreements not related to due process complaints</th>
<th>2.1 Number of mediations held</th>
<th>FFY 2018 Data</th>
<th>FFY 2019 Target</th>
<th>FFY 2019 Data</th>
<th>Status</th>
<th>Slippage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>27</td>
<td>34</td>
<td>82.35%</td>
<td>90.00%</td>
<td>79.41%</td>
<td>Did Not Meet Target</td>
<td>Slippage</td>
</tr>
</tbody>
</table>

Provide reasons for slippage, if applicable

The New York State Early Intervention Program (NYS EIP) is committed to ensuring timely mediation agreements.

During this reporting period, the State set target of 90% was not met and the successful mediation rate of 79.41% in FFY 2019 represents a decline from 82.35% the previous year.

This indicator is calculated based on small numbers. Thirty-four (34) mediations were held in 2019 compared to 51 in 2018. The decrease in the number of mediations held in 2019 is attributed to the overall decrease in mediations requested (83 mediations requested in 2018 and 57 mediations requested in 2019). This decrease is largely attributed to the COVID-19 emergency which resulted in a decrease of early intervention services delivered.

Department staff plan to analyze the mediation requests further to identify any demographic patterns and examine the effectiveness of the mediation process for the parties who did not enter into a mediation agreement.

The State's rate of timely mediation agreements remains within the range of 75-85% which is the consensus among mediation practitioners as a reasonable rate of mediations that result in agreements and is consistent with national mediation success rate data.

The Department held two phone conference meetings with the Department's mediation contractor staff. The first meeting pertained to outreach information the NYSDRA developed and the Department reviewed, and the Department’s early intervention marketing standards. The second meeting pertained to ensuring quality early intervention mediation services with all of the community dispute resolution centers (CDRCs) and the effective timely resolution of disputes through the mediation process. The contractor will be conducting follow up training with the CDRCs and other oversight activities.

The Department will continue to meet with NYSDRA to ensure the effective resolution of disputes through the mediation process.

Provide additional information about this indicator (optional)

10 - Prior FFY Required Actions

None

10 - OSEP Response

10 - Required Actions
Certification

Instructions
Choose the appropriate selection and complete all the certification information fields. Then click the "Submit" button to submit your APR.

Certify
I certify that I am the Director of the State's Lead Agency under Part C of the IDEA, or his or her designee, and that the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report is accurate.

Select the certifier's role
Lead Agency Director

Name and title of the individual certifying the accuracy of the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report.

Name:
Constance Donohue

Title:
Part C Coordinator

Email:
constance.donohue@health.ny.gov

Phone:
518-473-7016 or 518-366-9202

Submitted on:
04/27/21 4:36:43 PM