

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

Annual Performance Report for the NYS Early Intervention Program

2008 - 2009

April 2010



New York State Department of Health

Division of Family Health

Bureau of Early Intervention

Part C

Annual Performance Report (APR) for

FFY 2008 – July 1, 2008 through June 30, 2009

Submitted April 12, 2010

Overview of the Annual Performance Report Development:

Development of the Annual Performance Report:

Data used in this Annual Performance Report (APR) and New York's revised State Performance Plan (SPP) were collected through the following process, which is described in greater detail in the SPP. Data necessary to meet the 618 reporting requirements are generated primarily from the Kids Integrated Data System (KIDS), which is an application used by municipalities to collect, maintain and update local data regarding the statewide Early Intervention Program (EIP). Required data are submitted by municipalities to the New York State Department of Health (Department) five times each year by all 58 localities on or before specified timeframes required through the Department's contract with municipalities for funds to administer the EIP.

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

Additional data used in the revised SPP and APR come from other Department software applications, including those used to process claims from municipalities for reimbursement of the State share of the costs for early intervention services (the Fiscal System – "EIFS"), a provider approval application which maintains data on provider information and status, and data obtained from the Department's monitoring contractor resulting from on-site monitoring reviews. Collectively, these data sets provide the Department with a wealth of data on New York State's EIP. Data submitted in this report reflect the period from July 1, 2008 through June 30, 2009.

In addition to submitting a revised SPP and APR, IDEA requires each State to annually report on the performance of local programs. In New York, local programs are defined as the 57 counties and New York City, which are responsible for the local administration of the EIP. Sampling or monitoring data are

being used for Indicators #3, 4 and 8. For these sampled Indicators, each municipality's performance will be examined and reported to the public at least once during the six-year period covered by the SPP.

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

The FFY 2008 APR was presented to the New York State Early Intervention Coordinating Council (EICC) at its quarterly meeting on December 4, 2009. Details regarding the APR development were explained, targets reviewed, and statewide rates for the indicators were discussed. The data for New York State's FFY 2008 APR were approved by the EICC, which has agreed to use the APR in lieu of its required annual report.

SPP/APR Dissemination and Reporting on Local Program Performance:

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

The revised SPP and APR will be distributed in print to members of the EICC, provider representatives and municipalities for dissemination to EIP providers and parents. Public notice of the revised SPP and APR, in print and media format, will also be promulgated by the Department. Printed and electronic copies of the revised SPP and APR will be available at no cost to any citizen of the State requesting the document. The revised SPP and APR will be posted on the Department's public web site at: http://www.health.ny.gov/community/infants_children/early_intervention/index.htm. The web page is easily located through a search of the website or by following content-specific links.

Local performance data for FFY 2005, FFY 2006 and FFY 2007 are available on the Department's public web site at the following address:
(http://www.health.ny.gov/statistics/community/infants_children/early_intervention/).

Local programs were also issued determinations indicating their compliance with the requirements of IDEA for FFY 2008 reporting period on February 1, 2010. Each municipality received one of the following determinations: "meets requirements," "needs assistance," "needs intervention," or "needs substantial intervention." The determinations were based upon each local program's performance with the required federal indicators. New York required correction for every instance in which local programs were not substantially compliant at the 100 percent level, and this correction is required to occur within one year.

Technical Assistance Obtained by New York

At the direction of OSEP, as part of its determination that New York needs assistance for the third consecutive year in order to comply with the requirements of IDEA, New York is required to report on the technical assistance sources from which the State received assistance and the actions New York has taken as a result. New York has obtained technical assistance as part of its efforts to improve Indicators #1, 7, 8C and 9. The Department also received focused technical assistance on its General Supervision System as reported in Indicator 9. The following is a summary of the technical assistance obtained in these areas and the actions taken as a result.

New York has obtained technical assistance from the following sources in the last year:

Data Accountability Center (DAC) for Indicators #1, 8 A, B and-C, and 9
Northeast Regional Resource Center (NERRC) for Indicators #1, 7, 8 A, B andC, and 9
U.S. Department of Education, Office of Special Education Programs (OSEP) for Indicators #1, 3, 4, 7, 8 A-C, and 9
Numerous websites including <http://www.rfcnetwork.org/>

APR Template – Part C (4)

New York
State

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

Date	Sponsor	Description
02/20/08	NERRC	State to Local Work Group conference call
03/19/08	NERRC	TA conference call
04/09/08	OSEP	TA conference call with States - APR
04/16/08	NERRC	State to Local Work Group Conference Call
05/08/08	RRC/OSEP	TA conference call with States – APR & determinations
05/21/08	NERRC	TA conference Call
05/30/08	NERRC	Regional Data Managers conference call
06/02/08	NERRC	Two-day meeting – NYS transition issues
06/12/08	OSEP	TA conference call – APR & determinations
06/18/08	NERRC	State to Local Work Group conference call
07/08/08		NERRC Need Assessment Visit / OSEP Verification Visit Conf Call
07/10/08	OSEP	TA conference call – APR & determinations
07/30/08	OSEP	TA conference call for States – APR & determinations
08/05/08	OSEP	Conference call with States receiving verification visit
08/20/08	NERRC	State to Local Work Group conference call
08/21/08	OSEP	Verification visit conference call w/A. McPherson
08/28/08	OSEP	Verification visit conference call
09/03/08	OSEP	Verification Visit call w/A. McPherson
09/10/08	OSEP	Verification visit conference call w/A. McPherson
09/11/08		SPP/APR TA Call
09/15/08	OSEP	Verification visit conference call w/A. McPherson
09/17/08	NERRC	State to Local conference call
09/24/08	OSEP	Verification visit conference call w/A. McPherson
09/29/08	OSEP	Verification visit conference call w/A. McPherson
10/01/08	OSEP	Verification visit conference call
10/06/08	OSEP	Verification Visit
10/07/08	OSEP	Verification Visit
10/08/08	OSEP	Verification Visit
10/09/08		SPP/APR TA Call
10/15/08	NERRC	State to Local Conference Call
10/21/08	OSEP	Phone Call w/Hillary Tabor
10/30/08	OSEP	TA conference call – verification visit & APR
11/13/08		SPP/APR TA Call
11/17/08	NERRC	TA conference call with DAC & NERRC re: Ind 1 & 9 and APR
11/19/08	NERRC	State to Local Conference Call
11/24/08	OSEP	TA conference call regarding APR
11/25/08	NERRC	Webinar – APR Part C Indicators
12/11/08	OSEP	SPP/APR TA conference call with States
12/17/08	NERRC	State to Local conference call
12/18/08	OSEP	TA conference call regarding APR
01/08/09	OSEP	TA conference call regarding SPP/APR
01/15/09	OSEP	TA Conf Call w/ OSEP
01/21/09	NERRC	State to Local Conf Call
02/12/09	NERRC	SPP TA Conf Call
02/18/09	NERRC	State to Local Conf Call
03/18/09	NERRC	State to Local Conf Call
03/24/09	Internal	Discuss Verification Visit w/ NERRC & DAC
04/15/09	NERRC	State to Local Conf Call
05/07/09	NERRC	Conference Call - Part C
05/14/09	NERRC	SPP TA Conf Call - Part C- Strategies for attracting, developing & supporting new & existing personnel

APR Template – Part C (4)

New York
State

Date	Sponsor	Description
05/19/09		Part C Conf Call - Parent friendly public reporting w/examples from RI Part B & NJ Part C
05/20/09	NERRC	NERRC State to Local Conf Call
05/21/09		DAC Part C TA Meeting
06/16/09	NERRC	Integrated Fiscal Accountability Series Webinar #3
06/17/09	NERRC	State to Local Conf Call
06/18/09		SPP/APR TA Call
06/23/09	DAC	CAG & MJS attend DAC Conference
06/24/09	DAC	CAG & MJS attend DAC Conference
06/25/09	DAC	CAG & MJS attend DAC Conference
06/30/09	OSEP	TA Conf Call - Hillary Tabor
07/13/09	NECTAC	Conference Call with Anne Taylor
07/24/09	OSEP	TA Conference Call – Hillary Tabor
08/07/09	NERRC/DAC	Follow-up Conference Call
08/07/09	OSEP	TA Conference Call – Hillary Tabor
08/13/09	NERRC	SPP/APR TA Conference Call – Early Childhood Indicators C3 & B7
09/03/09	OSEP	Part C Recovery Act – 1512 Reporting – Tip Sheet & TA
09/10/09	OSEP	TA Conference Call – Hillary Tabor
09/10/09	NERRC	IDEA Part B & Part C Use of Funds
09/16/09	NERRC	Conference Call – Local Monitoring & General Supervision Work Group
10/8/09	NERRC	OSEP SPP/APR Part C TA Conference Call w/Ruth Ryder
10/21/09	OSEP	Conference Call: TA for Table 4 w/Hillary Tabor
10/21/09	NERRC	Conf Call: Local Monitoring & Gen Superv Wk Grp
11/12/09	OSEP	SPP/APR TA Conference Call w/R Ryder – TBA
11/13/09	NECTAC	Research Results: Mtg the needs of Diverse Families/Children in Transition Planning
11/16/09	NERRC	Topical Reg Teleconf: Family Outcomes in Part C
11/21/09	NERRC	OSEP SPP/APR TA Conference Call w/Ruth Ryder Topic: TBA
12/5-8/09	OSEP	Nat'l Early Childhood Conf, Arlington VA Pt C Coord&Staff (Brad Attended)
12/10/09	NERRC	RIPTAC Early Childhood Outcomes
12/10/09	OSEP	SPP/APR TA Conference Call w/Ryder Topic: Updates/Reminders for SPR/SPP Submit
12/16/09	NERRC	Conf Call: Local Monitoring & Gen Superv Wk Grp
1/14/10	OSEP	Conf Call w/H Tabor Review APR Changes
1/14/10	OSEP	SPP/APR TA Conf Call w/R Ryder

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

- Modifying the tool used to collect data for Indicators #8A, 8B and 8C to address revised understanding of the requirements for transition under IDEA
- Revised understanding of requirements for timely transition conferences under Indicator 8C
- Revised method of reporting findings of noncompliance as part of Indicator 9
- Participating in a summit with DAC and NERRC to obtain recommendations on ways to reduce redundancies in New York's General Supervision System as reported in Indicator 9

Overview of the Annual Performance Report Development:

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 1: Percentage of infants and toddlers with Individualized Family Services Plan (IFSPs) who receive the early intervention services on their IFSPs in a timely manner.

Measurement:

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

Account for untimely receipt of services.

FFY	Measurable and Rigorous Target
FFY 2008 (2008-2009)	100%

Actual Target Data for FFY 2008:

In FFY 2008, of the 39,791 children/families receiving EI services in New York, 31,212 or 78.4% received all services within 30 days of the date of parental consent. These data include children reporting new services based on a non-interim IFSP within the reporting period of July 1, 2008 to June 30, 2009. This percentage does not reflect discounting of children whose services were delayed due to family circumstances or other exceptional issues beyond the control of the program, since New York does not currently collect the data necessary to calculate the impact to these children at this time. The Department estimates that approximately 10% of children considered for this Indicator had late services due to family circumstances or some other exceptional reason that was beyond the control of the local program (such as illness, missed appointments, problems locating or contacting the family). This estimate is based upon data from other comparable states that reported the percentage of delays that were due to such circumstances, and also on New York data describing the reasons for delays for initial IFSP meetings, since such data are available for that indicator. In addition to the delays due to family reasons outlined above, some children had delays due to assigning a service provider, authorizing EI services, and transportation difficulties.

New York conducted additional data analyses and verified that, as of December 2009, all of the 8,579 (21.6%) children who experienced at least one late service received all their IFSP services within one year of the authorizing IFSP, representing full timely correction of these instances of noncompliance.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2008:

There was an increase of 2.1 percentage points for this indicator from FFY 2007 (76.3%) to FFY 2008 (78.4%). New York State continues to make significant progress toward the 100% compliance target. During this reporting period, New York State completed a number of improvement activities that have demonstrated, and are anticipated to continue to demonstrate steady progress for this indicator. A technical assistance conference call with local programs was held on March 26, 2009 to discuss this

indicator and provide guidance and technical assistance. In addition, specific technical assistance to local programs was provided regarding the importance of maintaining appropriate documentation when any service the parent gave written consent to begin after the 30-day State standard.

New York continued its efforts to design and develop a new data system (NYEIS) to replace the current data system (KIDS). Migration to the new system is planned to begin in early 2010. The new system will include data fields to capture reasons for the late initiation of IFSP services for this indicator and improve the Department's capacity to analyze, interpret, and implement appropriate actions to address factors contributing to the delays in delivery of IFSP services.

Compliance with Indicator #1 was a major factor in the local program determinations issued by the Department during this reporting period. Written notices of local determinations for FFY 2007 were sent to local programs in January 2010 with accelerated corrective action based on the determination rating the local program received. Local programs that received a determination of "Needs Intervention," for instance, were directed to submit a Corrective Action Plan developed in conjunction with their local Early Intervention Coordinating Councils, and to revise and submit to the Department for approval their policies and procedures with respect to this indicator.

Correction of noncompliance in FFY 2008:

As stated in the FFY 2007 APR, there were 8,452 children referred in FFY 2007 who did not receive all of their services in a timely manner, but 8,451 did receive all their services within one year of the authorizing IFSP. This represented nearly full correction of these instances of noncompliance. For the 1 child who received a service more than one year after the authorizing IFSP, additional analysis was performed on more current data. New York was able to verify that this child had received the service within 30 days, but that the information on this particular service was not available on the data system at the time that the FFY 2007 APR rates were calculated. Thus, all instances of child-specific noncompliance identified for this indicator in FFY 2007 have been verified to be corrected.

Systemic noncompliance is identified and correction is verified at the local program level by monitoring reviews, analysis of local data, and dispute resolution. In FFY 2007, 20 findings were identified that were corrected within one year. In addition, 5 findings were identified in FFY 2007 that were subsequently corrected, but not in a timely manner. The methods used to verify correction of noncompliance vary based on how the finding was identified. The specific methods used to verify correction of noncompliance are presented in detail in the indicator 9 narrative (pgs. 29-31).

There were 62 findings identified in FFY 2007 that had not been corrected at the point that this report was submitted. Specific actions being taken to correct these findings are included in the indicator 9 narrative as well.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008

[If applicable]

None

Overview of the Annual Performance Report Development:

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 2: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings.

Measurement: Percent = [(# of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings) divided by the (total # of infants and toddlers with IFSPs)] times 100.

FFY	Measurable and Rigorous Target
FFY 2008 (2008-2009)	89.88%

Actual Target Data for FFY 2008:

Based on the October 1, 2008 child count of 31,150 infants and toddlers with IFSPs, **92.6%** (28,838) children received services primarily in natural environments (the home or community-based settings).

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2008:

New York State’s performance for this Indicator (92.6%) exceeded its target (89.88%). The remaining 7.4% (2,312) of eligible children appropriately received the majority of their services in restricted settings due to the complexity of their needs.

New York developed and distributed guidance to local programs to provide clearer definitions of service location terms and descriptions of when it is appropriate to select each location choice. In addition, a conference call with local programs was held on January 29, 2009 to discuss this indicator and provide technical assistance.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008

[If applicable]

None

Overview of the Annual Performance Report Development:

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

(20 USC 1416(a)(3)(A) and 1442)

INFORMATION ABOUT THIS INDICATOR CAN BE FOUND IN THE REVISED NEW YORK STATE PERFORMANCE PLAN SUBMITTED TO OSEP ON FEBRUARY 1, 2010.

Overview of the Annual Performance Report Development:

Monitoring Priority: Early Intervention Services in Natural Environments

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

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

(20 USC 1416(a)(3)(A) and 1442)

- A. **Measurement:** 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 100.¹

¹ New York State is using a modified version of the Family Survey/Family Impact Scale developed by the National Center for Special Education Accountability Monitoring (NCSEAM) to measure the OSEP-required family outcomes. As recommended by NCSEAM, analyses were completed using the WINSTEPS Rasch Model statistical software package, which yields person measures for each family participating in the family survey. Person measures are aggregated across all families for reporting purposes. The NCSEAM standards, used to derive percentages, are as follows:

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

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

FFY	Measurable and Rigorous Target
<p>2008 (2008-2009)</p>	<p>4a. The percent of respondent families participating in Part C who report that early intervention services have helped the family know their rights will increase by 1% to 74.2%.</p> <p>4b. The percent of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children’s needs will increase by 1% to 68.69%.</p> <p>4c. The percent of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn will increase by 1% to 85.41%.</p>

Actual Target Data for FFY 2008:

Indicator	Percent of Families At or Above NCSEAM standard
A. Percent of respondent families participating in Part C who report that early intervention services have helped their family know their rights.	74.73% (1230/1646) (95%CI 72.55%, 76.81%)
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.	70.17% (1155/1646) (95% CI 67.89%, 72.73%)
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.	82.26% (1354/1646) (95% CI 80.33%, 84.08%)
NYS Person Mean on the NCSEAM Family Impact Scale	641.49 (95% CI 634.09, 648.09)

In accordance with the sampling procedures described in the State Performance Plan, a state random sample of 11,427 families whose children exited the EIP between July 1, 2008 – December 31, 2008, and those who were not closed but turned three years of age between January 1, 2008 and June 30, 2009 (31,833) and would be exiting the program by August 31, 2009, were selected to receive the New York State modified version of the *(NCSEAM Family Survey/Family Impact Scale)*, developed under the Department’s General Supervision Enhancement Grant (GSEG) on enhancing Part C outcome indicators and methods for analyzing Part C outcome indicators. This random sample included the State sample of 1,483, and locally representative samples for small-sized counties (large counties, and New York City. State and local sample sizes were calculated with a confidence level of 1.96 for 95% confidence, a precision level of .05, and an estimated response rate of 25%. Systematic sampling procedures with proportional geographic representation were used to capture a representative sample for New York State. A total of 1,646 families responded to the survey (for a response rate of 15%).

When comparing respondents to all children and families participating in the EIP in the relevant program year, no significant differences were found in age at referral, sex, type of developmental delay, presence of a diagnosed condition, or dominant language spoken in the home. A significant difference was found in race, with a higher than expected response rate from Caucasian families, and a lower than expected response rate from African-American and Hispanic families. Families who participated in the EIP for less than a year had a lower response rate than expected, while those who participated in the program for more than 3 years had a higher response rate. While these differences were significant, in absolute terms, there were only 58 families who participated in the program for less than one year, and 26 more families who participated in the program for more than three years, who responded to the survey than would have been expected. Similarly, families whose children exited the program when between one and two years of age, or between two and three years old, had a lower than expected response rate, while those exited at age three or older had a higher than expected response rate. Again, while these differences were significant, in absolute terms, there were 25 fewer families of children exiting between one and two years of age and 33 fewer families of children exiting between two and three years of age, and 63 more families of children exiting at age three or older, who responded to the survey than would have been expected.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2008:

New York State exceeded its targets for family outcomes A (know their rights) and B (effectively communicate with others about their children's needs for FFY 2008; but did not meet its target for family outcome C (helped the family help their child develop and learn). However, it is important to note that although the percentage of families achieving Outcome C is lower than the target, examination of the confidence interval associated with this target indicates that New York is close to meeting its target for this outcome.

The response rate to the family survey this year was lower than in FFY 2007. The decline in the response rate is attributed in part to oversampling of New York City and large municipalities (municipalities with more than 300 referrals to the EIP on average), which generally have lower response rates than small and medium-sized counties (municipalities with less than 100 referrals and less than 300 referrals to the EIP on average, respectively). In addition, 1,800 surveys were returned as undeliverable, reducing the pool of potential respondents to 9,627.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for (FFY 2008)

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

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

In 2009, Department staff in collaboration with staff from the Universities at Buffalo and Binghamton piloted a new, secure web-based method of administering the NYS Family Survey. A subset of families included in this year's sample had the option of completing and returning a paper survey form, or completing the survey on the NYS EIP Child and Family Outcomes website maintained by the University

at Binghamton. The purpose of this pilot was to determine the extent to which the response rate is maintained or improved by offering a web-based option to families, while reducing costs and improving the efficiency of survey administration. Initial results indicate a lower than expected use of the internet-based option as a means of completing the family survey. Department staff and staff from the Universities at Buffalo and Binghamton will conduct additional analyses to examine potential factors influencing the internet response rate, and identify possible changes in survey procedures to improve the response rate.

BEI staff, in collaboration with staff from the Universities at Buffalo and Binghamton, will continue to conduct additional data analyses to identify factors contributing to the lower than expected response rate to the survey among African-American and Hispanic families and develop improvement strategies to increase the response rate among these families.

BEI staff, in collaboration with staff from the University at Buffalo, will continue to work on additional analyses of the data from the NYS Family Survey to guide State and local program improvement efforts. When completed, these analyses will examine the extent to which child, family and service delivery characteristics influence family outcomes, and identify specific areas where program improvements can be made to assist NYS and its localities in meeting family outcome targets for next year. These data will be shared and discussed with the GSEG Advisory Group on Child and Family Outcomes, the Early Intervention Coordinating Council and with municipal Early Intervention Officials (EIOs), to identify specific strategies that can be implemented at the State and local levels to improve family outcomes in NYS.

Since the BEI initiated data collection with the revised family survey, responses have been accrued from nearly 3,000 families. The BEI plans to begin to use these data to examine differences in families' experiences with EIP service providers, including developing strategies for sharing these data with EIP service providers and municipalities and ways to use the data to improve the quality of services being delivered to infants and toddlers and their families.

Overview of the Annual Performance Report Development:

Monitoring Priority: Effective General Supervision Part C / Child Find

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

Measurement:

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

FFY	Measurable and Rigorous Target
FFY 2008 (2008-2009)	1.18%

Actual Target Data for FFY 2008:

The percentage of infants under age one with IFSPs in New York State is **1.15%**. Using the October 1, 2008 child count, 2,890 infants under the age of one had IFSPs in the New York Early Intervention Program. The number of children under the age of one in the entire New York State population for that time period was 250,282. New York State is above the national average baseline percent of children under the age of one (1.04%) with an IFSP.

New York State performance for this indicator was slightly below the FFY 2008 target of 1.18% by 0.03 percentage points, which corresponds to approximately 50 children.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2008:

This represents a significant increase from FFY 2007, when 1.04% of infants under the age of one in NYS had IFSPs.

As a result of technical assistance provided during the determinations to local programs that had lower percentages of children under the age of one served through the program, local programs increased their outreach activities, which contributed to the increase in services provided statewide to infants under age one.

The Department was awarded a grant from the Centers for Disease Control and Prevention to enhance the surveillance system for NYS's Newborn Hearing Screening Program. A focus of this grant is to decrease the number of children who are lost to follow-up in the newborn hearing screening process, which will require linking of NBHS and EIP data. It is hoped that this analysis will lead to specific policy recommendations that will maximize the number of newborns in NYS who receive follow-up audiological evaluations when needed. In addition, BEI worked with staff in New York City to increase the referral rate of children who fail newborn hearing screenings and are suspected of a hearing loss.

New York intends to continue matching EIP data with other Department of Health sources in order to assess other policy modifications that impact this performance measure. Newborn Metabolic Screening,

APR Template – Part C (4)

New York
State

the Congenital Malformations Registry and newly awarded grant for Fetal Alcohol Syndrome surveillance are other specific program areas in the Department that BEI staff will collaborate with that may further increase performance for this indicator in New York.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008

[If applicable]

None

Overview of the Annual Performance Report Development:

Monitoring Priority: Effective General Supervision Part C / Child Find

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

Measurement:

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

FFY	Measurable and Rigorous Target
FFY 2008 (2008-2009)	4.095%

Actual Target Data for FFY 2008:

The percentage of infants and toddlers from birth to three with IFSPs in FFY 2008 is **4.25%**. Using the October 1, 2008 child count, 31,150 infants and toddlers birth to three had IFSPs in the New York EIP. The number of children aged birth to three in the general population in New York State for that time period was 733,620.

New York greatly exceeds the national average baseline percent of the birth to three population with an IFSP, which is 2.66%. New York also exceeded its FFY 2008 target (4.095%) for this indicator.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2008:

New York reports a 4.25% rate for this indicator. This is an increase of 0.14 percentage points from 4.11% in FFY 2007.

The Department continues to provide technical assistance to local programs on outreach efforts to ensure appropriate enrollment of all eligible children in the Early Intervention Program (EIP). On July 10, 2008 a conference call was held with local programs to discuss ongoing eligibility in the program and specifically to provide technical assistance on the Department issued guidance document *Standards and Procedures for Evaluation, Evaluation Reimbursement, and Eligibility Requirements and Determination Under the Early Intervention Program.* This document provides clarification on procedures, statutory and regulatory requirements for determining children’s eligibility and ongoing eligibility for the EIP. Continued statewide training is provided to the field on this document.

Local program outreach efforts as a result of specific technical assistance provided in collaboration with local determinations has also contributed to a steady increase in the population of children served in the EIP.

APR Template – Part C (4)

New York
State

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008

[If applicable]

None

Overview of the Annual Performance Report Development:

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Measurement:

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

FFY	Measurable and Rigorous Target
FFY 2008 (2008-2009)	100%

Actual Target Data for FFY 2008:

During FFY 2008, of the 32,718 children referred to the New York State Early Intervention Program for whom an IFSP meeting was required to be conducted, **84.8%** (27,757 had an initial IFSP meeting that was conducted within 45 days. This includes 7,382 children whose initial IFSPs were late and there was documentation that the meeting was delayed due to exceptional family circumstances or other circumstances (e.g. extreme weather conditions), not in the control of the local EI program. Of the remaining 4,961 late IFSPs that were delayed due to non-discountable reasons, 1,373 were late due to the delayed receipt of an evaluation report, 1,178 were late due to an evaluator backlog or delay, and 2,410 were late due to local program administrative reasons.

As of December 2009, of the 15.2% (4,961) of children who did not have an initial IFSP meeting completed within 45 days, all of these children received their initial IFSP within one year of referral to the EIP, representing full timely correction of the instances of noncompliance.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2008:

There was an increase of **7.3** percentage points for this Indicator from FFY 2007 (**77.5%**) to FFY 2008 (**84.8%**). New York State continues to make significant progress toward the 100% compliance target.

Since the statewide performance is heavily influenced by the performance in New York City, numerous technical assistance efforts during this reporting period have focused on the New York City program. Department staff conducts monthly conference calls with New York City and made several site visits to New York City during this reporting period. New York City worked closely with its local Early Intervention Coordinating Council, and developed a plan in collaboration with the Department to address this Indicator. That plan is being closely monitored and includes:

- An internal assessment and modification of IFSP scheduling protocols
- The development and issuance of routine performance reports for providers detailing the timeliness of evaluations
- Revision of policy to no longer require the performance of blood lead level tests prior to scheduling an initial IFSP meeting
- Review of data to obtain more complete reasons for delayed IFSP meetings
- Obtaining funding for additional local program staff
- A provider workgroup to determine ways to streamline evaluation practices

These efforts have resulted in steady progress: New York City performance increased **14.2% from FFY 2007 to FFY 2008**, which greatly contributed to the overall state performance increase of **7.1%** for this same period.

New York State also completed several other improvement activities that has demonstrated, and is anticipated will continue to demonstrate, steady progress for this Indicator. A technical assistance conference call with all local programs was held on September 11, 2008 to discuss this Indicator and share ideas and provide guidance and technical assistance.

Compliance with Indicator #7 is a major factor in the local program determinations issued by the Department each year. Written notices of local determinations are sent to local programs and include accelerated corrective actions required, based on the determination rating the local program received. Local programs that received a determination of "Needs Intervention" were directed to submit a Corrective Action Plan (CAP) and revised policies and procedures for this Indicator to the Department for approval. The CAP and policies and procedures had to be developed in conjunction with their local Early Intervention Coordinating Councils.

Correction of noncompliance in FFY 2008:

As stated in the FFY 2007 APR, there were 7,073 children referred in FFY 2007 who did not receive all of their services in a timely manner, but 7,071 did receive all their services within one year of the authorizing IFSP. This represented nearly full correction of these instances of noncompliance. Through additional data analyses and direct contact with local programs, New York has since verified that the 2 children who received a service more than one year after the authorizing IFSP did receive the services. However, this occurred more than one year after referral to the EIP. Thus, all instances of child-specific noncompliance identified for this indicator in FFY 2007 have been verified to be corrected.

Systemic noncompliance is identified and correction is verified at the local program level by monitoring reviews, analysis of local data, and dispute resolution. In FFY 2007, 22 findings were identified that were corrected within one year. In addition, 2 findings were identified in FFY 2007 that were subsequently corrected, but not in a timely manner. The methods used to verify correction of noncompliance vary based on how the finding was identified. The specific methods used to verify correction of noncompliance are presented in detail in the indicator 9 narrative (pgs. 29-31).

There were 38 findings identified in FFY 2007 that had not been corrected at the point that this report was submitted. Specific actions being taken to correct these findings are included in the indicator 9 narrative as well.

APR Template – Part C (4)

New York
State

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008

[If applicable]

None

Overview of the Annual Performance Report Development:

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

Measurement:

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

FFY	Measurable and Rigorous Target
FFY 2008 (2008-2009)	A. 100% B. 100% C. 100%

Sampling Methodology Description

New York State collected data for Indicators #8A, B and C by using a stratified sample of 1,585 children who exited the Part C program between July 1, 2008 and June 30 2009. These children were selected from the 26,654 children who exited the program during this reporting period and had an IFSP.

Sample cases were not selected at the same rate in different municipalities. This is a standard statistical practice called stratified sampling. The purpose of using stratified sampling is to have sufficiently large samples for local programs, which results in statistically valid rates for selected local programs as well as for the state as a whole. In order to accurately represent the state performance as a whole, it is necessary to use statistical weighting when calculating the performance rate.

Samples were selected independently from different municipalities at different sampling rates. In order to capture locally representative sample data for the 15 large counties as per the schedule in New York's SPP, the sample sizes were selected to ensure that the sampling error was within an acceptable level. As a result, these local programs each had between 55 and 75 sample cases. In addition, the NYC/Long Island, Medium, and Small County groups were oversampled in order to have a sufficient number of sample cases to verify correction of noncompliance from FFY 2007. The specific sample sizes for these local programs were determined by the size of the local program and the level of noncompliance of this Indicator in the FFY 2007 APR. Specifically, more sample cases were selected for local programs with higher levels of noncompliance. The local programs from the NYC/Long Island group had between 70 and 150 sample cases per local program, while the local programs from the Small and Medium groups had between 5 and 20 sample cases per local program. These sample sizes were designed to produce rates for local programs that were sufficiently accurate while requiring review of a minimum number of sample cases. In order to gather locally representative data, each municipality will be oversampled at least once during the FFY 2005-2010 period, according to the schedule listed in the State Performance Plan. As of FFY 2008, each local program in New York State has been oversampled at some point in one of FFYs 2005-2008.

Local programs were required to complete a self-assessment tool developed by the Department for the children identified to them by the Department. For 33 of the state's 58 local programs, the Department's monitoring contractor provided on-site assistance to the local program, in order to ensure data consistency and validity. More than 80% of the sample cases were in local programs that received this on-site assistance.

Analysis was conducted to ensure the statewide sample was representative of the population as a whole. The sample and the population were compared using the variables of gender, race/ethnicity, reason for eligibility, duration of EI services, age at referral to the EIP, and age at exit from the EIP. For each value of each variable, the sample proportion and the population proportion were compared at the 95% confidence level. These comparisons indicated that the sample was appropriately representative of the population as a whole.

Weighted vs. Unweighted Rates

As a result of its FFY 2006 APR review, OSEP informed New York State that it was incorrectly calculating this Indicator. New York State had determined the rates for Indicator #8 using a weighted calculation. OSEP informed New York that rates for this Indicator must be determined using an unweighted calculation. New York believes that, due to the diversity in size of New York State (especially between New York City and the other local programs), that a weighted methodology should be used. Therefore, New York is providing both unweighted and weighted calculations in this APR.

Indicator 8A - Steps and Services:

Actual Target Data for Indicator 8A for FFY 2008:

Of the **1,563** children in the sample who exited Part C during this reporting period, **1,467** had IFSPs containing documentation of transition steps and services. Using the OSEP-required *unweighted* calculation, this results in a rate of **93.9%**.

The *weighted* calculation shows that **94.9%** of children with IFSPs who exited Part C during this reporting period contained documentation of transition steps and services.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for Indicator 8A for FFY 2008:

New York State reports that **93.9%** (unweighted) and **94.9%** (weighted) of children leaving the Early Intervention Program in FFY 2008 had IFSPs that contained transition steps and services.

New York reports that **93.9%** of children in FFY 2008 (unweighted) had an IFSP that contained documentation of transition steps and services, compared to 81.1% in FFY 2007, which represents an increase of 12.8 percentage points. However, use of unweighted data ignores proportional representation of this state's large municipalities like New York City; the weighted calculation accurately reflects true performance. Based on the unweighted calculation, New York's rate increased by 6.0 percentage points from FFY 2007 to FFY 2008 (87.9% to 93.9%).

A major reason for the increase in the percentage of children with transition steps and services is the increased awareness of the need to document transition steps and services in every record, not just for children eligible for the Preschool Special Education Program. This increased awareness resulted from increased technical assistance provided to local programs as well as written guidance provided through our monitoring and data collection processes. Ongoing guidance will continue to be provided on documenting transition steps and services within the IFSP.

The technical assistance sources from which New York received assistance and the actions taken as a result of that technical assistance are contained in the introduction of this document.

New York will continue to use its data to work closely with specific local programs identified as needing substantial improvement in this area to ensure they take meaningful steps to improve their practices in this area.

Correction of uncorrected noncompliance for Indicator 8A:

Indicators 8 A-C relate to "timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday". Due to the nature of these indicators, correction of child-specific noncompliance is not possible since these children are no longer within the jurisdiction of the EIS program at the time the specific noncompliance is identified.

Systemic noncompliance is identified and correction is verified at the local program level by monitoring reviews, analysis of local data, and dispute resolution. In FFY 2007, 29 findings of noncompliance for indicator 8A were identified that were corrected within one year. In addition, 5 findings were identified in FFY 2007 that were subsequently corrected, but not in a timely manner. The methods used to verify correction of noncompliance vary based on how the finding was identified. The specific methods used to verify correction of noncompliance are presented in detail in the indicator 9 narrative (pgs. 29-31).

There were 5 findings identified in FFY 2007 that had not been corrected at the point that this report was submitted. Specific actions being taken to correct these findings are included in the indicator 9 narrative as well.

Indicator 8B - Notification to the LEA (if child potentially eligible for Part B):**Actual Target Data for Indicator 8B for FFY 2008:**

Of the 1,563 sample children with IFSPs who exited Part C during the reporting period, 357 were explicitly identified as not potentially eligible for Part B. Of the remaining 1,206 children, 961 had documentation of notification to the LEA, and an additional 43 children were not potentially eligible for Part B due to other documented reasons (18 due to family moved, 14 due to referral after date of first CPSE eligibility, and 11

due to Closure Prior to Notice Due). Using the OSEP-required *unweighted* calculation, this results in a rate of **82.6%**.

The *weighted* calculation shows that **74.1%** of children with IFSPs who were potentially eligible for Part B had documentation of notification to the LEA.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for Indicator 8B for FFY 2008:

New York State reports that **82.6%** (unweighted) and **74.1%** (weighted) of children leaving the Early Intervention Program in FFY 2008 had documentation of notification to the LEA.

New York reports that **82.6%** of children (unweighted) leaving the Early Intervention Program in FFY 2008 who were potentially eligible for Part B had documentation of notification to the LEA, compared to 90.1% in FFY 2007, which represents a decrease of 7.5 percentage points. However, use of unweighted data ignores proportional representation of this state's large municipalities like New York City; the weighted calculation accurately reflects true performance. Based on the unweighted calculation, New York's rate decreased by 4.9 percentage points from FFY 2007 to FFY 2008 (79.0% to 74.1%).

Eighty-two children leaving the Early Intervention Program in FFY 2008 who were potentially eligible for Part B had responses on the self-assessment indicating documentation existed that the parent of the child declined to allow the notification. These 82 children in the sample were representative of 2,874 children in the entire population. If these children were discountable, New York State's performance on 8B would be 89.7% (unweighted), or 87.7% (weighted).

When these data were collected, New York State regulations did not allow notification to the LEA if parents declined. New York has become aware that OSEP policy does not permit parent declination of notification without a valid opt-out policy. New York is currently in the process of amending regulations to accommodate an opt-out option for those children whose parents do not wish to have the LEA notified of the child's potential eligibility for Part B.

Thus, in FFY 2008, notification did not occur for children whose parents declined, but these children were not discountable in the calculation of the 8B rate. New York State anticipates having an approved opt-out policy on file with OSEP for next year's APR, and therefore will be able to discount children whose parents elect to opt-out of notification to the LEA.

The technical assistance sources from which New York received assistance and the actions taken as a result of that technical assistance are contained in the introduction of this document.

Correction of uncorrected noncompliance for Indicator 8B:

Indicators 8 A-C relate to "timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday". Due to the nature of these indicators, correction of child-specific noncompliance is not possible since these children are no longer within the jurisdiction of the EI program at the time the specific noncompliance was identified.

Systematic noncompliance is identified and correction is verified at the local program level by monitoring reviews, analysis of local data, and dispute resolution. In FFY 2007, 1 finding of noncompliance for indicator 8B was identified that was corrected within one year. The methods used to verify correction of noncompliance vary based on how the finding was identified. The specific methods used to verify correction of noncompliance are presented in detail in the indicator 9 narrative (pgs. 29-31).

There was 1 finding identified in FFY 2007 that had not been corrected at the point that this report was submitted. Specific actions being taken to correct this finding are included in the indicator 9 narrative as well.

Indicator 8C - Transition Conference (if child potentially eligible for Part B):**Actual Target Data for Indicator 8C for FFY 2008:**

Of the 1,563 sample children with IFSPs who exited Part C during the reporting period, 357 were explicitly identified as not potentially eligible for Part B. Of the remaining 1,206 children, there were 65 children who were not potentially eligible for Part B due to other documented reasons (25 due to child moved, 11 due to child being referred after date of first CPSE eligibility, 11 due to the delay being resolved, 11 due to closure prior to notice due, and 7 due to closure prior to conference). There were also 713 children whose families did not consent to a transition conference. 272 children had records that contained documentation of a transition conference. Using the OSEP-required *unweighted* calculation, this results in a rate of **63.6%**.

The *weighted* calculation shows that **60.9%** of children who had either a documented transition conference, or for whom a transition conference did not occur due to documented family reasons.

In the calculation, cases were considered “Timely transition conference not possible due to exceptional family circumstances” when there was documentation of such instances as: family had moved before the transition conference held, family refused a transition conference, child/family member illness, parent choosing to pursue the CPSE on their own, or parent choosing not to pursue CPSE services at all. As with the cases where the parent did not consent to a transition conference, these exceptional family cases are excluded from both the numerator and denominator.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for Indicator 8C for FFY 2008:

New York State reports that 63.6% (unweighted) and 60.9% (weighted) of the children leaving the Early Intervention Program in FFY 2008 who were potentially eligible for Part B had a documented timely transition conference.

Using the unweighted methodology, New York reports that 63.6% of children in FFY 2008 had a timely transition conference, compared to 78.9% in FFY 2007, which indicates a decrease of 15.3 percentage points. Using the weighted methodology that reflects true performance, New York shows an increase of 1.5 percentage points for this Indicator, from 58.4% in FFY 2007 to 60.9% in FFY 2008. New York State’s rate for this Indicator continues to reflect the difficulty encountered by local EI programs when coordinating transition with the myriad of local school districts which are responsible for the 619 Preschool Special Education Program and fall under the purview of the New York State Education Department (SED). Previous low rates were influenced by the unavailability of LEA staff to participate in the EI transition conference, which was not within the control of the local EI program. The Department worked with SED and clarified that the LEA representative must be invited to, but does not have to attend, the EI transition conference in order for the conference to be considered viable for this Indicator. The Department continues to monitor the effectiveness of the guidance provided to local programs based on effective transition strategies learned in working with the National Early Childhood Technical Assistance Center (NECTAC) as well as the Northeast Regional Resource Center (NERRC).

The technical assistance sources from which New York received assistance and the actions taken as a result of that technical assistance are contained in the introduction of this document.

Correction of uncorrected noncompliance for Indicator 8C:

Indicators 8 A-C relate to “timely transition planning to support the child’s transition to preschool and other appropriate community services by their third birthday”. Due to the nature of these indicators, correction of child-specific noncompliance is not possible since these children are no longer within the jurisdiction of the EI program at the time the specific noncompliance was identified.

At the time that this report was submitted, there were 3 findings of noncompliance for indicator 8C identified in FFY 2007 that had not been corrected; specific actions being taken to correct these findings are included in the indicator 9 narrative.

General Indicator 8 Improvement Activities Completed for FFY 2008:

New York State participated in numerous OSEP and NERRC-sponsored technical assistance conference calls (see APR introduction), which provided guidance and allowed for sharing of ideas among the states for transition and other areas covered by State Performance Plan and Annual Performance Report.

New York also continued its efforts to design and develop a new data system (NYEIS) to replace the current data system (KIDS). Unlike KIDS, NYEIS will capture data for transition requirements and the Department will use these data to more easily monitor compliance with transition requirements and target technical assistance efforts. Migration to the new system is planned to begin in early 2010.

Compliance with Indicator #8 was a major factor in the local program determinations. For instance, local programs that received a determination of “Needs Intervention” (based on their performance on federal Indicators #1, 2, 5, 6, 7, and 8 A - C) were directed to comply with additional corrective actions, including submitting a Corrective Action Plan, developed in conjunction with their local Early Intervention Coordinating Councils, and revising their policies and procedures with respect to this Indicator. New York State will continue to use appropriate data to identify which local programs need to work more diligently to improve in these transition areas.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008

[If applicable]

None

Overview of the Annual Performance Report Development:

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

Measurement:

Percent of noncompliance corrected within one year of identification:

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

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

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

FFY	Measurable and Rigorous Target
2008 (2007-2008)	100% of noncompliance in federal priority areas will be identified and corrected within one year of identification.

Actual Target Data for FFY 2008:

648 out of 814 (79.6%) instances of noncompliance in a federal priority area were identified and corrected within one year of identification. An additional 54 instances of noncompliance that were not timely corrected were ultimately corrected later than one year of the finding. In addition, there were 112 instances of noncompliance that have not yet been corrected.

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

For findings of noncompliance determined and issued during 2007-08, information used for Indicator 9 to demonstrate the rate of correction of noncompliance within one year was obtained from the Department's comprehensive on site monitoring, from the Department's data collection system, which is reported as local data on the Indicator C-9 Worksheet, and from findings of noncompliance identified through due process activities, specifically investigations of written complaints.

The Department verifies that correction of noncompliance was achieved within one year, or later than one year from identification by:

- Evaluation and approval of revised written policies and procedures regarding confidentiality requirements, as a result of on-site monitoring, describing how the provider will implement program requirements to correct confidentiality practices. (See Indicator C-9 Worksheet under “Other areas of non compliance” for specific programs that were issued findings regarding confidentiality practices and correction of noncompliance verified);
- Requiring a rigorous immediate remediation process to be followed when serious noncompliance affecting health and safety of children is identified;
- Conducting follow-up focused onsite monitoring reviews when serious or multiple findings of noncompliance are determined;
- Providing written and verbal technical assistance through a monitoring contractor and the Department’s program staff during the corrective action process and the immediate remediation process to ensure an understanding of program requirements;
- Requiring attendance at Department-sponsored EI training, if numerous or repeat findings of noncompliance are determined during subsequent monitoring reviews;
- Implementation of a new process to verify correction of all findings of noncompliance related to a violation of IDEA requirements, through our monitoring contractor conducting on-site verification of correction of noncompliance. This was accomplished through a review of a sample of children identified by the Department’s data system, whose records and case notes were reviewed, or through provider interview and policy review when a provider has not rendered EI services to any children within the one year of identification of the finding.

During July 1, 2007 through June 30, 2008, 718 early intervention programs were monitored by the Department’s contractor who performed onsite reviews of contracted individual or agency providers.

When noncompliance is determined, providers are required to submit corrective action plans (CAPs) within 45 days of receipt of notification of noncompliance. The CAP is required to include action steps to be taken to correct the noncompliance; a timeline to correct the noncompliance, which must be within one year of notification; a description of internal quality assurance methods that will ensure that the noncompliance will not recur; submission of policies, procedures and training programs which reflect activities to address the area of noncompliance; and verification of attendance or a commitment to attend Department sponsored training, when required.

All CAPs are reviewed and approved by Department program staff and written responses are developed, which may include extensive written technical assistance for providers to revise their policies and procedures. Additionally, extensive verbal technical assistance is provided through conference calls with providers, when they need to resubmit their CAPs due to a lack of understanding of program requirements. Serious noncompliance must be immediately corrected, which is verified by a follow up focused on-site monitoring review within 60 days from the date of the Department’s written CAP response to the provider. Referral to Department sponsored training may also be required subsequent to the focused review. The Department’s monitoring contractor conducted 84 focused reviews in this program year within one year of notification of findings of noncompliance, to follow up on significant and multiple areas of noncompliance determined during previous monitoring reviews, and to ensure the corrective action plan was implemented. Additionally, the Department’s monitoring contractor conducted 56 verification of correction of noncompliance onsite reviews of providers who were issued findings, to ensure that all instances of noncompliance with federally related indicators was corrected. Also, Department staff conducted interviews for 10 providers who were considered “low volume providers” who did not render EI services to children during the year subsequent to the date the finding of noncompliance

was issued. Interviews were conducted to verify that the providers had an accurate understanding of OSEP requirements and to ensure that they corrected their practices.

Additional enforcement actions for findings of noncompliance for instances in which the use of unqualified personnel was identified during onsite monitoring includes recovery of funds that were paid to the provider for EI services rendered during the time period that they did not meet the requirements of the EI program for qualified personnel. Additionally, for findings of use of unqualified personnel that were repeat findings from a previous monitoring review, the provider is required to submit 100% of all newly hired or contracted individual provider qualifications for the Department to review and approve for a period of one year.

Municipalities with local data findings of noncompliance were required to undertake specific corrective actions. These actions included:

- Participating in Department-sponsored conference calls focused on the relevant compliance indicator(s)
- Examining and (as appropriate) revising policies and procedures with respect to the relevant indicators

Municipalities who performed poorly on multiple compliance indicators were required to take additional corrective actions, including:

- Submitting a corrective action plan, including revised policies and procedures, and the steps that will be taken to come into compliance with federal requirements within one year.
- Convene a meeting of the Local Early Intervention Coordinating Council (LEICC) to review this data and obtain input on the corrective action plan and revised policies and procedures.

Based on guidance received from OSEP during its verification visit in October 2008, New York has identified several additional areas of IDEA violations determined through our comprehensive monitoring process which are included in this Annual Performance Report as "Other Areas of Noncompliance" and are reported in the Indicator C-9 worksheet. Additionally, based on further guidance from OSEP, we are currently participating in monthly TA conference calls with our OSEP State Contact, and participating in conference calls with Technical Assistance centers including the Data Accountability Center (DAC) and Northeast Regional Resource Center (NERRC). Also, we received targeted individual technical assistance on May 21 and 22, 2009 through an onsite TA visit from Sharon Walsh of DAC and Kristin Reedy of NERRC, to revise and streamline our current monitoring process and develop a method of verifying correction of noncompliance. We revised our monitoring protocol in July 2009, to include a process for our contractor to conduct onsite reviews to verify correction of noncompliance of findings reported in program year 2007-2008.

Noncompliance is typically identified through three different sources: onsite monitoring reviews, analysis of local data and dispute resolution. Methods of verifying correction of the noncompliance and enforcement actions taken for uncorrected noncompliance depend upon how the finding was identified. For each of the three types of findings, the methods of verification of correction and actions taken as a result of uncorrected noncompliance are described below.

Verification of correction of the remaining FFY 2005 and FFY 2006 findings were verified through the following processes: for the one finding from FFY 2005 under Priority Area: Transition, subsequent onsite monitoring reviews of this provider were completed in February 2006 and in June 2008 which determined that this finding was corrected at the individual child level and on the systemic level.

For the findings from FFY 2006 under 8 A and B (transition) reported on the Indicator C-9 Worksheet, New York had incorrectly reported two local data findings for indicator 8A and three local data findings for indicator 8 C. These findings occurred in FFY 2005 (i.e., were based on FFY 2005 local data). Prior to submission of New York's FFY 2007 APR, OSEP provided clarification on how and when noncompliance was to be determined. This clarification resulted in additional findings for indicators 8A, B and C and indicated that these findings were to be associated with the FFY in which notification to the local program occurred. These findings should not have been included in the FFY 2006 APR, since notification of the findings actually occurred in FFY 2007. After receiving this guidance, New York State has correctly

reported these findings identified in FFY 2007. These findings are properly accounted for, and are followed up for verification of correction and actions taken to correct uncorrected noncompliance in the Indicator C-9 Worksheet that follows the narrative in this section. Therefore, these findings as reported in the FFY 2006 APR should be disregarded.

Verification of correction of FFY 2007 noncompliance for monitoring findings was accomplished through individual child record review of a sample of children's records identified through our data system that included children who received early intervention services from the provider during the one year period subsequent to the date the finding was issued. The child sample consisted of 100% of all children served for low volume providers or 20 child records for higher volume provider agencies. For low volume providers who had served 5 children or less, verification of correction of noncompliance also was evaluated through staff interview and policy review. In most cases, verification of correction of noncompliance occurred within one year of notification of the finding. For 54 providers, verification of correction of noncompliance for 54 findings occurred later than one year of notification. (Refer to Indicator C-9 Worksheet). And, for 9 providers, verification of correction of noncompliance for 9 findings was not seen at the systemic level. We did determine, however, that correction of noncompliance at the individual child level was eventually achieved and all children received their services as required. What was determined from this process was that providers and municipalities failed to implement policies and procedures they articulated in a previous CAP, thereby, not correcting the issue at a systemic level. Additional enforcement activities we plan to implement to ensure correction of the systemic problem will be to assign a specific staff member to provide enhanced technical assistance to each provider or municipality to oversee their efforts in correction of systemic noncompliance. We also plan to implement enforcement activities to require the provider or municipality to conduct administrative and oversight activities to provide us with root cause analysis of the systemic noncompliance; provide us with a plan to enhance oversight of implementation of a corrective action plan; and require additional reporting of data and submission of child records to ensure improvement of practices to ultimately achieve correction of noncompliance.

Additionally, we revised our onsite monitoring tools to eliminate duplicate processes for identifying findings of noncompliance which are captured through other different reporting methods, such as data reporting, and self assessments. This revision eliminated approximately 5-15% of previous items monitored for findings of noncompliance. We also revised and streamlined our CAP process, to require providers and municipalities to submit their plan of activities, strategies, timeline and responsible person as required elements of their CAP for review and approval. Once their CAP is approved and returned to the provider/municipality, additional documentation requirements, such as child records, other documents, such as evaluation reports, or policies and procedures, will need to be submitted to demonstrate evidence of correction of noncompliance of findings. These documents will be required to be submitted within 60-90 days of approval of their CAP.

Verification of correction of noncompliance will be accomplished by different methods, including: on-site follow up reviews within 90 days of approval of a CAP for providers and municipalities who have numerous findings of noncompliance that would require a substantial number of child records submitted to the Department for review; submission of data reporting, submission of partial child records, or other documents that demonstrate correction of noncompliance at the individual child level and submission of revised policies and procedures for systemic findings of noncompliance.

For providers and municipalities who fail to demonstrate correction of findings of noncompliance within two years of notification will be subject to additional enforcement activities, such as targeted technical assistance, submission of monthly reports to report progress of correction of noncompliance, more frequent on-site monitoring reviews, withholding future payments for EI services provided, withholding of administrative funds, recoupment of payment for EI services provided and potential disqualification from the EI program, depending upon the level of continued noncompliance.

For Indicators 1 and 7, local data findings were based on calculating rates for each of the 58 local programs using complete data from the state data system (KIDS) in each of FFYs 2005, 2006, 2007, and 2008. A municipality was issued a finding for FFY 2007 if their FFY 2005 rate was less than 100%.

(Findings are identified with the year in which written notification to the municipality occurred. As a result, findings were lagged by two years, since municipalities were notified of the results of the FFY 2005 local data in FFY 2007. In future reporting periods, New York State intends to notify municipalities earlier of the results of their local data, so future local data findings will be identified with the year subsequent to the year in which the noncompliance actually occurred.) A local data finding for FFY 2007 was verified to have been corrected within 1 year if the municipality's rate for that indicator was 100% for the subsequent year (FFY 2006). A local data finding for FFY 2007 was verified to have been corrected but not within 1 year, if the municipality's rate for that indicator was not 100% in the subsequent year (FFY 2006), but was 100% in a later year (FFY 2007 or 2008).

Local data findings for indicators 8A-C were determined similarly, with modifications made to account for the rates for these indicators being derived from self-assessments by municipalities for a sample of children. For each year, only specific municipalities were oversampled sufficiently to provide statistically valid data at the local level. In 2005, Indicator 8 (A-C) rates were calculated for three local programs that were oversampled. A municipality was issued a finding for FFY 2007 if their FFY 2005 rate, based on the sample, was less than 100%. A local data finding for FFY 2007 was verified to have been corrected within 1 year if the municipality's rate for FFY 2006, based on a sufficiently large number of sample cases, was 100%. A local data finding for FFY 2007 was verified to have been corrected but not within 1 year, if the municipality's rate for that indicator was not 100% in the subsequent year (FFY 2006), but was 100% for a sufficiently large sample taken in a later year (FFY 2007 or 2008).

Correction of dispute resolution findings of noncompliance was verified at the child-specific and systemic level. A specific due process unit staff person is assigned to investigate the complaint and is often speaking to the complainant throughout the investigation. Specific child related issues are usually resolved immediately, occurring at the beginning of a complaint investigation. Parents are also informed of the right to request mediation and/or an impartial hearing to resolve issues which are in dispute. The Bureau of Early Intervention (BEI) Due Process Unit is responsible for the investigation of system complaints. When noncompliance is identified through a system complaint investigation, a final response letter, issued to the complainant and all identified parties, identifies specific actions which must be taken to correct items of noncompliance and steps to ensure continued compliance. A due process unit staff person is responsible for ensuring that municipalities and providers submit a CAP within 30 days of the letter of findings. Requests and responses are tracked in a system complaint CAP tracking system. A reminder system is in place to signal the approach of the 30 day timeline. A staff person assists the submitter of the CAP during the development of the CAP. If the CAP is received, but is deficient in some aspects, the due process unit staff person notifies the provider or municipality of the specific areas that the CAP is deficient, requests that a supplemental CAP be submitted and provides technical assistance to the submitter until the plan is acceptable to BEI. The plans are designed to correct an immediate situation and prevent future reoccurrence. Requirements in a CAP are designed to include changes in policy & procedure, attendance at training offered by BEI, immediate and on-going staff training, and documentation through data runs that change has occurred. There may be responses that require the submission of data or records documenting implementation over a 6 month period of time until BEI is satisfied change has occurred. Language used in requests for corrective actions and in BEI's response to a correction action plan is consistent with language used by the monitoring unit.

Additionally, outcomes of a system complaint investigation are shared for continued follow-up by the BEI monitoring unit and with municipalities who contract with providers for the provision of EI services. The EI Quality Assurance Unit is provided with information regarding all systems complaints, including status of the complaint investigation and corrective action plans. If a systems complaint involves multiple significant issues or if a provider or municipality is the subject of multiple complaints, a request is made to prioritize the subject for a monitoring visit. If the subject has been monitored prior to the instances leading to the complaint, a follow-up monitoring visit may be requested.

For the remaining 112 findings of non compliance that were not corrected, clarification on the specific actions to correct the uncorrected noncompliance is described below.

For these monitoring findings, we sought guidance from NERRC and DAC. On December 11, 2009, a conference call took place with Kristen Reedy and Sharon Walsh to discuss further enforcement actions we could implement for these providers who did not correct noncompliance within a year or more. Guidance was provided to conduct targeted TA with the providers and municipalities to try to determine the root cause of the noncompliance and to strategize activities that would help to correct the noncompliance. Therefore, from January to March 2010, individualized TA calls were conducted with providers and municipalities to carry out the guidance we received. In many cases, the root cause was determined as a capacity issue of not enough providers to render a specific EI service. Strategies were explored with the providers and municipalities and guidance was provided to assist them to work within their local resources available to implement activities to correct noncompliance. For some of the providers, child records were requested to review to verify this correction. All documents are due by June 2010.

For Due Process findings of continued noncompliance, this may result in a municipality restricting future referrals to a provider, requiring specific corrective actions to reinstate referrals of the cancellation of the provider's contract. Additionally, continued noncompliance may result in a provider's removal as a state approved early intervention provider and a municipality's continued noncompliance may result in the withholding of state funds.

In those instances where the systemic area of noncompliance involves a large municipality, the due process unit works in tandem with other BEI and Department staff to develop a plan to bring the municipality into compliance.

During the OSEP verification visit of October 2008, OSEP also identified that written notification of noncompliance was not consistently accomplished based on Department policy and OSEP's guidance to notify municipalities and providers of noncompliance in a timely manner, which is defined as within 90 days of the on-site monitoring review. To correct this practice, we worked with our contractor to put tracking systems in place so that reports of findings of noncompliance were prioritized to be issued well in advance of 90 days after the findings were determined. Approximately 10-20% of reports of findings need to be reviewed by Department staff prior to being issued to the provider or municipality. We worked with our contractor to send these reports to us no later than 30 days after the reviews were completed, so that we have sufficient lead time to research issues with our legal staff or with other Bureau staff. Additionally, we conduct weekly tracking of all reports of findings that are pending and flag any that are reaching the 45 day mark. Once that point is passed, we confer with our contractor to problem solve any issues that may be preventing the reports from being issued. Our current process has demonstrated a great advancement in the number of reports of findings that are issued within 90 days of the finding determination. From March 1, 2009 to August 31, 2009, 358 monitoring reviews were conducted, of which, 348 providers and municipalities were issued a report within 90 days. Therefore, our compliance rate in this area has significantly improved to 97.2%.

For FFY 2008, the data on the percentage of findings that NYDOH issued for onsite monitoring reviews within the 90 day timeline as requested by OSEP in the Part C FFY 2008 SPP/APR Status Table is 44.03%. The low compliance rate was due to municipal monitoring reports that evaluated their performance as local administrators of the early intervention program. These monitoring reports were very complex in the nature and the number of findings and were sensitive in nature, thus, they needed to be approved at a higher New York State Department of Health level than other routine provider monitoring reports.

The areas of noncompliance identified through monitoring of providers for this reporting period are included in the following Indicator C-9 Worksheet, reported as individual instances of provider noncompliance for Indicators #1 and #7, and reported as individual provider determinations of noncompliance for item #9, "Other". "Other" relates to findings of noncompliance of IDEA requirements as indicated in each row.

APR Template – Part C (4)

New York
State

One area of noncompliance was identified for this reporting period through investigations of written complaints and is included in the Indicator C-9 Worksheet Indicator #8. Department staff continues to work with this large municipality to bring them in full compliance.

Additionally, local data is now included in the Indicator C-9 Worksheet for Indicators #1, #7 and #8. Reporting of local data in the Indicator C-9 Worksheet is the primary reason for the decline in the percentage of timely correction of noncompliance from 91% reported in the February 1, 2009 APR and this APR, which is 79.6%. Local data findings were not included in FFY 2007 APR due to the timing of notification. In FFY 2008 these local data findings account for 120 findings, with 20 corrected within one year. If these cases were removed from this year's calculation, the New York State rate of compliance with Indicator C-9 would be 90.5%.

Verification of timely correction for a local data finding requires that the local program demonstrate 100% performance in the subsequent year (or years). Many of our local programs serve hundreds or thousands of children in a year, and, as a result of OSEP's requirement of 100% compliance, have an extremely difficult time reaching full compliance or correcting findings within one year.

New York State remains committed to the goal of being in full compliance with IDEA, and to working with its local programs to reach full compliance in a timely manner, as indicated by the significant changes made to our on-site monitoring process to meet OSEP's requirements.

Please refer to the worksheet that follows for Indicator C-9:

Indicator/Indicator Clusters General Supervision System Components	# of EIS Programs Issued Findings in FFY 2007 (7/1/07 to 6/30/08)	(a) # of Findings of noncompliance identified in FFY 2007 (7/1/07 to 6/30/08)	(b) # of findings of noncompliance from (a) for which correction was verified no later than one year from identification	(c) # of findings of noncompliance from (a) for which correction was verified later than one year from identification
1. Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.				
Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	Monitoring 530 Local data 57	Monitoring 23 Local data 57	Monitoring 11 Local data 2	Monitoring 5
Dispute Resolution: Complaints, Hearings		7	7	
2. Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings				
Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other				

APR Template – Part C (4)

New York
State

Indicator/Indicator Clusters General Supervision System Components	# of EIS Programs Issued Findings in FFY 2007 (7/1/07 to 6/30/08)	(a) # of Findings of noncompliance identified in FFY 2007 (7/1/07 to 6/30/08)	(b) # of findings of noncompliance from (a) for which correction was verified no later than one year from identification	(c) # of findings of noncompliance from (a) for which correction was verified later than one year from identification
Dispute Resolution: Complaints, Hearings				
3. Percent of infants and toddlers with IFSPs who demonstrate improved outcomes				
Monitoring Activities: Self- Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other				
Dispute Resolution: Complaints, Hearings				

APR Template – Part C (4)

New York
State

4. Percent of families participating in Part C who report that early intervention services have helped the family				
Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other				
Dispute Resolution: Complaints, Hearings				
5. Percent of infants and toddlers birth to 1 with IFSPs				
Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other				
Dispute Resolution: Complaints, Hearings				
6. Percent of infants and toddlers birth to 3 with IFSPs				
Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other				
Dispute Resolution: Complaints, Hearings				
7. Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.				
Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	Monitoring 530 Local data 57	Monitoring 3 Local data 55	Monitoring 1 Local data 17	Monitoring 2
Dispute Resolution: Complaints, Hearings		4	4	

<p>8. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including:</p> <p>A. IFSPs with transition steps and services;</p>				
<p>Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other</p>	Monitoring	Monitoring	Monitoring	Monitoring
	530	34	28	5
<p>Dispute Resolution: Complaints, Hearings</p>	Local data	Local data ³	Local data	
	57	3	0	
<p>8. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including:</p> <p>B. Notification to LEA, if child potentially eligible for Part B</p>				
<p>Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other</p>	Local data	Local data ³	Local data	
	57	2	1	
<p>Dispute Resolution: Complaints, Hearings</p>				
<p>8. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including:</p> <p>C. Transition conference, if child potentially eligible for Part B.</p>				
<p>Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other</p>	Local data	Local data ³	Local data	
	57	3	0	
<p>Dispute Resolution: Complaints, Hearings</p>				

APR Template – Part C (4)

New York
State

Other Areas of Noncompliance: PP40- Requirements of Title 34 of Code of Federal regulations and other legal requirements for confidentiality were followed.				
Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	Monitoring 530	Monitoring 508	Monitoring 490	Monitoring 17
Dispute Resolution: Complaints, Hearings				
Other Areas of Noncompliance: PP56 – Providers maintain current appropriate license and certification as qualified personnel to provider EI services.				
Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	Monitoring 530	Monitoring 22	Monitoring 22	Monitoring 0
Dispute Resolution: Complaints, Hearings				
Other Areas of Noncompliance: PR16 – The Initial Service Coordinator attended the initial IFSP meeting.				
Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	Monitoring 530	Monitoring 1	Monitoring 1	Monitoring 0
Dispute Resolution: Complaints, Hearings				

APR Template – Part C (4)

New York
State

Other Areas of Noncompliance: PR17 – The evaluator obtained written parental consent to prior to conducting the evaluation.				
Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	Monitoring 530	Monitoring 18	Monitoring 12	Monitoring 6
Dispute Resolution: Complaints, Hearings				
Other Areas of Noncompliance: PR18 – With parental consent, the evaluator reviewed pertinent and current health status and medical records for a child.				
Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	Monitoring 530	Monitoring 2	Monitoring 1	Monitoring 1
Dispute Resolution: Complaints, Hearings				
Other Areas of Noncompliance: PR32 – Parents were offered the opportunity to participate in the family assessment.				
Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	Monitoring 530	Monitoring 24	Monitoring 18	Monitoring 6
Dispute Resolution: Complaints, Hearings				

APR Template – Part C (4)

Other Areas of Noncompliance: PR43 – The evaluator or knowledgeable representative, participated in the IFSP meeting.				
Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	Monitoring 530	Monitoring 10	Monitoring 6	Monitoring 4
Dispute Resolution: Complaints, Hearings				
Other Areas of Noncompliance: PR45 – The ongoing service coordinator coordinated and monitored delivery of services.				
Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	Monitoring 530	Monitoring 7	Monitoring 6	Monitoring 1
Dispute Resolution: Complaints, Hearings				
Other Areas of Noncompliance: PR46 – The ongoing service coordinator participated in the IFSP development and review.				
Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	Monitoring 530	Monitoring 1	Monitoring 1	Monitoring 0
Dispute Resolution: Complaints, Hearings				

Other Areas of Noncompliance:				
PR49 – The ongoing service coordinator obtained parental consent for the transfer of evaluations, IFSPs and other pertinent records to the CPSE, within required timeframes.				
Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	Monitoring 530	Monitoring 28	Monitoring 19	Monitoring 7
Dispute Resolution: Complaints, Hearings				
Sum the numbers down by column (a - c)		814	648	Monitoring 54
Percent of noncompliance corrected within 1 year of identification [(b) / (a) x 100] ¹	79.61%			

Notes:

*NYC has not passed verification but provider is currently amending policies and procedures.

¹updated as of 12/9/09. Pending reviews to be completed.

²PR56 is an indicator we no longer use because it was deemed unreliable.

³Local Data FFY 2007 findings for Indicators #8A, 8B, and 8C may have been reported in the FFY 2007 APR.

Overview of the Annual Performance Report Development:

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

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

FFY	Measurable and Rigorous Target
2008 (2008-2009)	100% of all systems complaints filed will be completed within the federally required 60-day time line.

Actual Target Data for FFY 2008:

100% (15 out of 15) of all system s complaints with reports issued were completed within the federally required 60 day time line or a timeline extended for exceptional circumstances with respect to a particular complaint.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2008:

Data Analysis:

For FFY 2008, New York State met the required target of 100%. Over the la st three years, NYS has steadily improved from 0% timely in 2005, to 82% in FFY 2006 and 96% of complaints submitted in 2007.

During FFY 2008, NYS received 17 system complaints of which one complaint was withdrawn. Fifteen complaint investigations were completed and a report issued. One complaint whose 60 day timeline falls outside of this reporting period is pending.

Three complaints had their timeline extended for exceptional circumstances. All invol ved extensive investigation and the necessity to coordinate a response with a relevant corrective action plan. Specific child related issues were resolved within the 60 day period but due to the complexity of the complaints the timelines were extend ed. All three complaints involved allegations against medium to la rge volume municipalities, with complex allegations or issues to investigate, numerous interviews that needed to be completed, and a comprehensive review of policies and procedures and child records.

Improvement activities implemented during FFY 2008 and progress on meeting targets:

New York has met its target of 100% for FFY 2008.

Under state public health law and regulations the New York State De partment of He alth established procedures to resolve disputes regarding services as well as complaints filed by organizations or individuals alleging that a public agency or private provider is violating federal or state statute and regulations. Multiple individuals share in the responsibility of making sure parents are aware of their right to file a syst em complaint with service coordinators and early intervention officials having the primary

responsibility. Municipalities, providers and the general public are informed about the right to file written complaints through various training initiatives and information on our public website.

There is an established system complaint process to assure the timely completion of complaint investigations. The procedure ensures that all allegations are addressed, that a report is issued, and if a Corrective Action Plan (CAP) is necessary that it is received, is appropriate and is implemented.

To ensure coverage, all investigative staff involved in the due process unit are capable of assuming each others responsibilities as the need arises, however, specific responsibilities are initially assigned to individual staff. NYS also recognized the need for support staff back-up and trained two additional backup staff. Three staff are now available for investigating system complaints. One staff person is now responsible for ensuring the submission, approval & implementation of a CAP. NYS found this to be an effective way to address the timely resolution of complaints.

NYS anticipates that it will continue to meet the 100% target for FFY 2009.

Lack of progress, slippage and plans to address this:

There was no slippage or lack of progress for this reporting period.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008: [If applicable]

None

Overview of the Annual Performance Report Development:

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

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

FFY	Measurable and Rigorous Target
2008 (2008-2009)	100% of all due process hearing requests fully adjudicated within the federally required 30 day time frame

Actual Target Data for FFY 2008:

NA There are no fully adjudicated hearings to report for this reporting period.

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

Data Analysis:

There were no fully adjudicated hearings for this reporting period. There were 8 hearing requests, seven of which were resolved without a hearing. The one remaining hearing falls outside of this reporting period. It has since been resolved without a hearing.

Improvement activities implemented during FFY 07 and progress on meeting targets:

To ensure impartiality of hearing officers, the NYS Division of Legal Affairs, Bureau of Adjudication provides administrative law judges for early intervention hearings. To ensure that decisions are consistent with IDEA, federal and state regulations, BEI and the Bureau of Adjudication hold joint trainings for the administrative law judges, provide regulations, and other guidance letters and documents.

Early intervention officials and service coordinators must ensure that families are informed of, and, to the extent possible, understand their due process rights, including the right to request an impartial hearing to resolve a dispute regarding early intervention services. Municipalities, providers and the general public are informed about the due process hearing process through various training initiatives and information on our public website.

To ensure that the hearing process occurs in a timely manner, BEI has a due process unit responsible for the facilitation of hearing requests. One staff person is assigned this responsibility. There is an established procedure to ensure the establishment of a hearing date, informing the parent of their right to mediation, and implementation of the final decision.

APR Template – Part C (4)

New York
State

Requests for impartial hearings are submitted by families to the BEI Director using a form letter contained in the Early Intervention Program's Parent Guide. The request is then referred to the Bureau of Adjudication, which assigns an Administrative Law Judge. The notice of hearing provides parents with information regarding the availability of mediation. The early intervention official and service coordinator are responsible for modifying the Individualized Family Service Plan no later than five working days after receipt of the written or oral decision, whichever is issued sooner.

Lack of progress, slippage and plans to address this:

There was no slippage or lack of progress for this reporting period.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008

None

Overview of the Annual Performance Report Development:

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

This Indicator is not applicable to New York State

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

FFY	Measurable and Rigorous Target
	<i>Not Applicable to New York State</i>

Actual Target Data for (Insert FFY):

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for (Insert FFY):

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for (Insert FFY)
[If applicable]

Overview of the Annual Performance Report Development:

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

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

FFY	Measurable and Rigorous Target
2008 (2008-2009)	82% of mediation requests will result in mediation agreements

Actual Target Data for FFY 2008:

87% (13 out of 15) of mediation requests resulted in mediation agreements.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2008:

Data Analysis:

During FFY 2008, there were 46 requests for mediation and, of those, 31 requests (67%) were withdrawn. Of the remaining 15 requests, 13 (87%) reached agreement and two did not reach agreement.

New York’s performance of 87% of mediation requests resulting in agreements continues to exceed the target and the recognized reasonable rate of 75-85% and exceeds the national mediation success rate.

Improvement activities implemented during FFY 08 and progress on meeting targets:

Early intervention officials and service coordinators must ensure that families are informed of, and, to the extent possible, understand their due process rights, including the right to request a mediation to resolve a dispute regarding early intervention services. Municipalities, providers and the general public are informed about the mediation process through various training initiatives and information on our public website.

Mediation is a voluntary process. Requests for mediation can be submitted by families, or Early Intervention Officials. Mediation requests are submitted to the Early Intervention Official who will arrange for mediation. To ensure that mediators are qualified and impartial, the Department contracts with the New York State Dispute Resolution Association Inc. (NYSDRA) to provide early intervention services program mediation. NYSDRA provides oversight and training to the local Community Dispute Resolution centers in each of the 62 counties. NYSDRA administers the program from its central office in Albany, New York.

APR Template – Part C (4)

New York
State

To ensure that the mediation process occurs in a timely manner, BEI has a due process unit responsible for monitoring the availability of a statewide mediation system. One staff person is assigned this responsibility. All staff involved in the due process unit is capable of assuming each others responsibilities as the need arises, however, specific responsibilities are initially assigned to individual staff. The Department has found this to be an effective way to assure the timely resolution of mediation requests.

Lack of progress, slippage and plans to address this:

There was no slippage or lack of progress for this reporting period.

In FFY 2007, one mediation request did not result in an agreement and in FFY 2008, two mediation agreements did not result in an agreement. New York continues to exceed its target and the recognized national target.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008:

None

Overview of the Annual Performance Report Development:

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Measurement: State reported data, including 618 data, State performance plan, and annual performance reports, are:

- a. Submitted on or before due dates (February 1 for child count and settings and November 1 for exiting and dispute resolution); and
- b. Accurate, including covering the correct year and following the correct measurement.

States are required to use the “Indicator 14 Data Rubric” for reporting data for this Indicator (see Attachment B).

FFY	Measurable and Rigorous Target
FFY 2008 (2008-2009)	100%

Actual Target Data for FFY 2008:

100% of the data, including 618 data, State Performance Plans, and Annual Performance Reports, were submitted on time and were accurate.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2008:

New York State continues to report 100% compliance with this Indicator.

a. State reported data, including 618 data, State performance plan, and annual performance reports, are submitted on or before due dates (February 1 for child count, including race and ethnicity, settings and November 1 for exiting, dispute resolution):

618 data were submitted on time for this reporting period (2008- 2009) as follows:

Table 1 (child count)	Due February 1, 2009	Submitted January 30, 2009
Table 2 (settings)	Due February 1, 2009	Submitted January 30, 2009
Table 3 (exiting)	Due November 1, 2009	Submitted October 30, 2009
Table 4 (dispute resolution)	Due November 1, 2009	Submitted October 30, 2009
State Performance Plan	Due February 1, 2010	Submitted February 1, 2010
Annual Performance Report	Due February 1, 2010	Submitted February 1, 2010

In addition, New York State responded to all requests from the Data Accountability Center (DAC) for Data Notes in the preparation and submittal of its 618 reports for 2007-2008.

b. State reported data, including 618 data, State performance plan, and annual performance reports, are accurate, including covering the correct year and following the correct measurement.

Regarding the collection and reporting of accurate, complete data:

- The KIDS system contains numerous required fields that generate prompts and require the user to include data before moving off the screen. The system also contains pick lists to limit data entry to appropriate values.
- The State has a system of electronic and manual edit checks in place that identify data anomalies, missing and inconsistent data. Edits are performed against the regular data submissions from local programs. Table sizes are checked for missing data and data entry backlogs. Independent matching occurs to detect dropped records from previous submissions. Year to year change reports are examined and data patterns are analyzed to identify data problems. The system also performs edit checks and issues prompts and/or warning messages to ensure dates and other values are entered correctly. Problems/failed edits are addressed through individual technical assistance from the State's IT Helpdesk and data unit staff. When statewide data issues are identified, data is provided back to local programs and they are required to research and clean questionable and problematic data, and resubmit the data for re-examination. Continued problems are worked on until fully resolved.
- The Department directed its monitoring contractor, as part of its onsite monitoring protocol, to compare key data field entries (including those used in the 618 data reports) with source documents in child records, to ensure data entry by local programs is accurate. In instances where this is not the case, local programs are required to submit written corrective action plans and correct data as appropriate. The State monitors the implementation of the corrective action plans to ensure that the local program corrects the data and improves their data quality assurance activities.
- New York routinely issues guidance to local programs regarding use of the EI data system to collect and report data. The guidance includes information about data definitions, use of correct codes, and criteria for appropriate data entry selections. This guidance is issued via updates to the data system manual and/or data dictionary, emails and new software application updates. The State also offers local programs the opportunity to discuss new data guidance and answer questions during regularly scheduled (bi-monthly) all-county conference calls.
- For the collection of data for Indicators 8A-C a combination of self-assessment by the local programs and data collection by the Department's monitoring contractor was used for FFY 2008. For local programs completing the self assessment tool, thorough technical assistance was provided. Customized technical assistance was made available on an as-needed basis to local programs with questions or problems during their self-assessment. For 33 of the state's 58 local programs, the Department's monitoring contractor provided on-site assistance to the program, in order to ensure data consistency and validity. All returned data underwent rigorous analysis for inconsistent or questionable responses; any responses that did not pass the extensive edits were reviewed and reconciled with the local program.

APR Template – Part C (4)

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

- cover the correct time period
- are consistent with the specified measurement
- are consistent within and between data sources
- are consistent with prior year's data, or have differences from prior year's data explained
- use the correct calculation, per OSEP's instructions

Specific results are shown using OSEP's scoring rubric as follows:

SPP/APR Data - Indicator 14			
APR Indicator	Valid and Reliable	Correct Calculation	Total
1	1	1	2
2	1	1	2
3	1	1	2
4	1	1	2
5	1	1	2
6	1	1	2
7	1	1	2
8a	1	1	2
8b	1	1	2
8c	1	1	2
9	1	1	2
10	1	1	2
11	1	1	2
12	N/A	N/A	0
13	1	1	2
		Subtotal	28
APR Score Calculation	Timely Submission Points - If the FFY 2008 APR was submitted on-time, place the number 5 in the cell on the right.		5
	Grand Total - (Sum of subtotal and Timely Submission Points) =		33

618 Data - Indicator 14					
Table	Timely	Complete Data	Passed Edit Check	Responded to Data Note Requests	Total
Table 1 - Child Count Due Date: 2/1/09	1	1	1	1	4
Table 2 - Program Settings Due Date: 2/1/09	1	1	1	1	4
Table 3 - Exiting Due Date: 11/1/09	1	1	1	N/A	3
Table 4 - Dispute Resolution Due Date: 11/1/09	1	1	1	N/A	3
				Subtotal	14
618 Score Calculation			Grand Total (Subtotal X 2.5) =		35

Indicator #14 Calculation	
A. APR Grand Total	33.00
B. 618 Grand Total	35.00
C. APR Grand Total (A) + 618 Grand Total (B) =	68.00
	Total NA in APR 2.00
	Total NA in 618 0.00
	Base 68.00
D. Subtotal (C divided by Base*) =	1.000
E. Indicator Score (Subtotal D x 100) =	100.0

*Note any cell marked as N/A will decrease the denominator by 1 for APR and 2.5 for 618

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008

[If applicable]

None

H:\31\Annual Performance Report\PY08-09 (due 2-1-10)\Week of Clarification\Final\FFY 2008 APR with Week of Clarification Revisions accepted.doc