

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

Annual Performance Report for the NYS Early
Intervention Program

2009 - 2010

April 2011



New York State Department of Health

Division of Family Health

Bureau of Early Intervention

Part C

Annual Performance Report (APR) for

FFY 2009 – July 1, 2009 through June 30, 2010

Submitted February 1, 2011

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 onsite 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, 2009 through June 30, 2010.

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 eight-year period covered by the SPP.

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

The FFY 2009 APR was presented to the New York State Early Intervention Coordinating Council (EICC) at its quarterly meeting on December 14, 2010. Details regarding the APR development were explained, targets reviewed, and statewide rates for the indicators were discussed. Proposed targets for FFYs 2011 and 2012 were presented. The data for New York State's FFY 2009 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 website 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 FFYs 2005, 2006, 2007, and 2008 are available on the Department's public website 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 the 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 fully compliant at the 100 percent level, and this correction is required to occur within one year.

Technical Assistance Obtained by New York

At the direction of OSEP, as part of its determination that New York needs assistance for the fourth consecutive year in order to comply with the requirements of IDEA, New York is required to report on the technical assistance sources from which the State received assistance and the actions New York has taken as a result. New York has obtained technical assistance as part of its efforts to improve indicators 1, 7, 8 A-C, and 9. The Department also received focused technical assistance on its General Supervision System as reported in indicator 9. In addition, New York State has worked with DAC and NERCC to develop a detailed timeline for all APR/SPP tasks and related activities. This timeline is extremely valuable for organization and scheduling. 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, 7, 8 A-C, and 9
- Northeast Regional Resource Center (NERRC) for indicators 1, 7, 8 A-C, and 9
- U.S. Department of Education, Office of Special Education Programs (OSEP) for indicators 1, 7, 8 A-C, and 9
- Numerous websites including <http://www.rfcnetwork.org/>

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

2009		
Date	Sponsor	Description
1/15/2009	OSEP	TA Conf Call w/ OSEP
1/21/2009	NERRC	State to Local Conf Call
2/12/2009	NERRC	SPP TA Conf Call
2/18/2009	NERRC	State to Local Conf Call
3/18/2009	NERRC	State to Local Conf Call
3/24/2009	Internal	Discuss Verification Visit w/ NERRC & DAC
4/15/2009	NERRC	State to Local Conf Call
5/7/2009	NERRC	Conference Call - Part C
5/14/2009	NERRC	SPP TA Conf Call - Part C- Strategies for attracting, developing & supporting new & existing personnel
5/19/2009	NERRC	Part C Conf Call - Parent friendly public reporting w/examples from RI Part B & NJ Part C
5/20/2009	NERRC	NERRC State to Local Conf Call
5/21/2009	NERRC	DAC Part C TA Visit – Revision of Monitoring Protocol
6/16/2009	NERRC	Integrated Fiscal Accountability Series Webinar #3
6/17/2009	NERRC	State to Local Conf Call
6/18/2009	NERRC	OSEP SPP/APR TA Call w/ Ruth Ryder
6/23/2009	DAC	CAG & MJS attend DAC Conference
6/24/2009	DAC	CAG & MJS attend DAC Conference
6/25/2009	DAC	CAG & MJS attend DAC Conference
6/30/2009	OSEP	TA Conf Call - Hillary Tabor
7/13/2009	NECTAC	Conference Call with Anne Taylor
7/24/2009	OSEP	TA Conference Call – Hillary Tabor
8/7/2009	NERRC/DAC	Follow-up Conference Call
8/7/2009	OSEP	TA Conference Call – Hillary Tabor
8/13/2009	NERRC	SPP/APR TA Conference Call – Early Childhood Indicators C3 & B7
9/3/2009	OSEP	Part C Recovery Act – 1512 Reporting – Tip Sheet & TA
9/10/2009	OSEP	TA Conference Call – Hillary Tabor
9/10/2009	NERRC	IDEA Part B & Part C Use of Funds
9/16/2009	NERRC	Conference Call – Local Monitoring & General Supervision Work Group
10/8/2009	NERRC	OSEP SPP/APR Part C TA Conference Call w/Ruth Ryder
10/21/2009	OSEP	Conference Call: TA for Table 4 w/Hillary Tabor
10/21/2009	NERRC	Conf Call: Local Monitoring & Gen Superv Wk Grp
11/12/2009	OSEP	SPP/APR TA Conference Call w/R Ryder - TBA
11/13/2009	NECTAC	Research Results: Mtg the needs of Diverse Families/Children in Transition
11/16/2009	NERRC	Topical Reg Teleconf: Family Outcomes in Part C

APR Template – Part C (4)

New York
State

11/18/2010	NERRC	Conference Call Local Monitoring & Gen Supervision Work Group
11/21/2009	NERRC	OSEP SPP/APR TA Conference Call w/Ruth Ryder
12/5-8/2009	OSEP	Nat'l Early Childhood Conf, Arlington VA Pt C Coord & Staff (Brad Attended)
12/10/2009	NERRC	RIPTAC Early Childhood Outcomes
12/10/2009	OSEP	SPP/APR TA Conference Call w/Ryder Topic: Updates/Reminders for SPP/APR Submit
12/16/2009	NERRC	Conf Call: Local Monitoring & Gen Superv Wk Grp
2010		
Date	Sponsor	Description
1/14/2010	OSEP	Conference Call w/H Tabor Review APR Changes
1/14/2010	OSEP	SPP/APR TA Conference Call w/R Ryder
1/25/2010	OSEP	TA Conference Call: ARRA Discussion
3/11/2010	OSEP	SPP/APR TA Conference Call w/Ruth Ryder
3/17/2010	NERRC	SPP/APR TA Conference Call w/Ruth Ryder – MOE Issues & ITCA IDEA
3/29/2010	OSEP	TA Conference Call w/M Diefendorf – NY Expanding Opportunities
4/6/2010	OSEP	TA Conference Call w/Hillary Tabor – APR During Clarification
4/12/2010	NECTAC	Webinar: Early Identification & Part C Eligibility
5/4/2010	NERRC	NECTAC EO Conf Calls – For SPP/APR State Staff – Indicator B-4
5/11/2010	NECTAC	NECTAC EO Conf Call w/Martha J. Diefendorf
5/13/2010	OSEP	MSIP TA Conference Call w/Ruth Ryder
5/19/2010	NERRC	NY Part C TA Conference Call w/Kristin Reedy
5/26/2010	NERRC	NY Part C TA Conference Call w/Kristin Reedy
6/4/2010	OSEP	TA Conference Call w/Hillary Tabor – Grant Application
6/10/2010	OSEP	SPP/APR OSEP MSIP TA Conference Call Re: TBA w/Ruth Ryder
6/11/2010	NECTAC	ECO/NECTAC Call 'Public Reporting of Local Child Outcomes Data'
6/14/2010	OSEP	NERRC Reg Teleconf w/Part C Lead Agencies IDEA Implementation
6/17/2010	OSEP	Conf Call - RE: Specific Assurance for FFY 2010 Grant Application w/Hillary Tabor
6/28/2010	NERRC	TA Conference Call w/DAC/NERC
7/19/2010	NERRC	TA Conference Call w/DAC/NERC
7/22/2010	OSEP	Key Points for Understanding OSEP Early Childhood Transition FAQ
8/1-4/2010	TACC	Early Childhood Conference/Mega Collaboration Leadership Conference
8/1/2010	NECTAC	States Webinar: OSEP Early Childhood Transition FAQ
8/12/2010	OSEP	SPP/APR TA Call – Identification & Correction for Part C
9/3/2010	OSEP	Monthly TA Conf Call w/Hillary Tabor
10/1/2010	OSEP	Monthly TA Conf Call w/Hillary Tabor
10/13/2010	NERRC	State TA Needs Assessment Visit-NY Part C
10/14/2010	OSEP	SPP/APR TA Call w/Ruth Ryder – Revised SPP/APR Forms
11/1/2010	NERRC	Parent Survey (Part B&C) Data & Improvement Activities

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New York
State

11/8/2010	Amer Academy of Pediatrics	Part C Coordinators Nat'l Conference Call: Coordinating Care between EI & the Primary Care Medical Home
11/10/2010	NECTAC	NECTAC Webinar Series: reviewing APR Indicators
11/29/2010	OSEP	TA Conference Call w/Hillary Tabor
12/9/2010	OSEP	SPP TA Conference Call w/Ruth Ryder, e.t.
12/14/2010	NECTAC	Web Conference: NY Part C Annual Cycle of Activities w/Kristin Reedy
12/28/2010	OSEP	TA Conference Call w/Hillary Tabor

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

- Modifying the tool used to collect data for indicators 8 A-C to address revised understanding of the requirements for transition under IDEA.
- Revising state regulations and obtaining OSEP approval for a policy allowing parents to “opt-out” of Lead Educational Agency (LEA) notification. The policy was not in effect for the full FFY 2009 reporting period, so these parents were not discounted from the calculation of the indicator 8B rate. This policy will be in effect for the FFY 2010 reporting period, so these records will be discounted in next year’s APR.
- Clarified 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.
- Fully implemented a verification of correction of noncompliance component of our comprehensive onsite monitoring initiative, which includes various methods of verification of correction of noncompliance no later than one year of notification, which is further described in Indicator 9.
- Implementation of targeted technical assistance calls with our local EI programs to determine root cause of noncompliance and to provide recommended strategies to correct noncompliance.
- Worked directly with DAC and NERCC representatives to develop a detailed annual calendar for APR/SPP significant events and tasks.
- Implemented a survey on provider capacity issues that was completed by local programs. Analysis of the results have helped identify reasons for capacity shortages, as well as collecting information on effective “best practices” employed by some of the local programs. Lack of provider capacity is a major contributor to delays in services implementation, and therefore impact the rate for indicator 1.
- Continued to work directly with selected local programs who were identified as having particularly poor performance on the compliance indicators (1, 7, 8A-C).
- Conducted ongoing monthly meetings with New York City, As a result of low performance on indicator 7, New York State continued monitoring New York City’s plan, developed in conjunction with its Local Early Intervention Coordinating Council, to address delays in initial IFSPs,

Part C State Annual Performance Report (APR) for FFY 2009

Overview of the Annual Performance Report Development:

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

Measurement:

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

Account for untimely receipt of services, including the reasons for delays.

FFY	Measurable and Rigorous Target
FFY 2009 (2009-10)	100%

Actual Target Data for FFY 2009:

76.2%

This rate is derived from data collection from a State database, and includes infants and toddlers with IFSPs who received services between July 1, 2009 and June 30, 2010.

Infants and Toddlers with IFSPs who receive Early Intervention Services in a Timely Manner:

a. Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	29,275
b. Total number of infants and toddlers with IFSPs	38,421
Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner (Percent = [(a) divided by (b)] times 100)	76%

These data include children reporting new services based on a non-interim IFSP within the reporting period of July 1, 2009 to June 30, 2010. This percentage does not reflect discounting of children whose

services were delayed due to family reasons, since New York State does not currently collect the data necessary to calculate the impact of these children. The Department estimates that approximately 10% of children considered for this indicator had late services due to family circumstances (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 difficulties in assigning a service provider, authorizing EI services, and transportation.

New York conducted additional data analyses and verified that, as of November 2010, all of the 9,146 (23.8%) children who experienced at least one late service in FFY 2009 received all of 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 2009:

There was a slight decrease of **2.2** percentage points for this indicator from FFY 2008 (**78.4%**) to FFY 2009 (**76.2%**). New York State did not achieve the 100% compliance target.

During this reporting period, New York State completed a number of improvement activities intended to improve performance on this indicator. Technical assistance was provided to local programs regarding the importance of maintaining appropriate documentation when any service for which the parent gave written consent began after the 30-day State standard. Targeted technical assistance was provided as needed as a result of monitoring findings as well.

Local programs received notification of their FFY 2008 findings of noncompliance along with their FFY 2008 local determination. The determinations were based on local data and were heavily weighted toward the compliance indicators. This letter notified any local program with a finding of noncompliance that it was necessary to correct the noncompliance within one year, and notified them of further potential enforcement actions. These local programs were also required to participate in all Department sponsored bimonthly all-county conference calls and discussions related to the relevant indicators. Additional enforcement actions were required of any local program who received a determination other than “Meets Requirements”:

- Local programs who received a determination of “Needs Assistance” were also required to examine, revise, and upon request submit to the Department, revised policies and procedures with respect to the relevant indicators.
- Local programs who received a determination of “Needs Assistance (2)” as a result of continued low rates of local data were additionally required to contact a specifically assigned Bureau of Early Intervention staff member to obtain technical assistance on revising policies and procedures related to the relevant indicators. These local programs were also required to convene a meeting of their Local Early Intervention Coordinating Council (LEICC) to review the determination and obtain input on revising policies and procedures related to the relevant indicators and to submit to the Department within 90 days the LEICC meeting agenda, list of attendees and meeting minutes with an assurance that the policies and procedures were revised in order to improve performance and come into compliance with federal requirements within one year.
- Local programs who received a determination of “Needs Intervention” were additionally required to submit to BEI within 60 days a corrective action plan including revised policies and procedures and the steps the County will take to come into compliance with federal requirements within one year.

New York has begun to deploy a new data system (NYEIS) to replace the current data system (KIDS). Migration to the new system has already begun and all municipalities are anticipated to be using this system by the end of 2011. 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. The richness of new data that NYEIS will make available will improve the level of detail that can be used in root cause analyses.

A survey of the local programs regarding provider capacity was enlightening as to the factors that cause capacity shortages which in turn contribute to late services. Analysis of the results identified types of counties and types of services are more likely to have capacity shortages. In addition, “best practices” were identified for the purpose of expanding the pool of available providers.

Several projects are currently underway to analyze utilization patterns for EI services and to make recommendations that are expected to improve EI services, including the timeliness of those services. Time series analysis is being applied to identify the seasonal variation of service utilization. This will lead to a detailed understanding of the high and low points of service utilization throughout the year, which will allow for better planning to accommodate these fluctuations. In addition, the Department will use Geographic Information System (GIS) software to analyze the geographic relationship between providers and EI children. New data available through the NYEIS system will make this analysis more useful than would have been possible using data from the KIDS system.

Correction of FFY 2008 Findings of Noncompliance (if State reported less than 100% compliance):
Level of compliance (actual target data) State reported for FFY 2008 for this indicator: **78.4%**

1. Number of findings of noncompliance the State made during FFY 2008 (the period from July 1, 2008, through June 30, 2009)	118
2. Number of FFY 2008 findings the State verified as timely corrected (verified as corrected within one year from the date of notification to the EIS program of the finding)	38
3. Number of FFY 2008 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	80

Correction of FFY 2008 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected:

4. Number of FFY 2008 findings not timely corrected (same as the number from (3) above)	80
5. Number of FFY 2008 findings the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	3
6. Number of FFY 2008 findings <u>not</u> verified as corrected [(4) minus (5)]	77

Actions Taken if Noncompliance Not Corrected:

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 2008 were sent to local programs in January 2011 with accelerated corrective action based on the determination rating the local program received. At a minimum, local programs that received a determination of “Needs Assistance” or worse for two years in a row were directed to:

- participate in all Department sponsored bimonthly all-county conference calls and discussions related to the relevant indicators

- examine, revise, and upon request submit to the Department, revised policies and procedures with respect to the relevant indicators
- contact a specifically assigned Bureau of Early Intervention staff member to obtain technical assistance on revising policies and procedures related to the relevant indicators
- convene a meeting of their Local Early Intervention Coordinating Council (LEICC) to review the determination and obtain input on revising policies and procedures related to the relevant indicators and to submit to the Department within 90 days the LEICC meeting agenda, list of attendees and meeting minutes with an assurance that the policies and procedures were revised in order to improve performance and come into compliance with federal requirements within one year.

Verification of Correction of FFY 2008 noncompliance or FFY 2008 findings (either timely or subsequent):

Noncompliance occurring between July 1, 2008 and June 30, 2009

As described in its FFY 2008 APR, New York verified child-specific correction of noncompliance that occurred between July 1, 2008 and June 30, 2009 in this indicator by confirming that, “as of December 2009, all of the 8,579 (21.6%) children who experienced at least one late service in FFY 2008 received all their IFSP services within one year of the authorizing IFSP, representing full correction of these child-specific instances of noncompliance.” Verification of systemic correction of this noncompliance at the local program level is ongoing. New York State has worked with NERRC and DAC staff to develop a schedule that will address outstanding notifications to local programs and will ensure that notifications to local programs of future findings will be made within 90 days. It is expected that notification for findings resulting from FFY 2009 data will be sent by May 1, 2011.

FFY 2008 findings

The specific methods that were used to verify correction of findings of noncompliance are outlined in the subsequent section.

Based on OSEP’s verification visit in October 2008, New York State recalculated this indicator and found that 32% (12,479) of children with an initial IFSP in FFY 2006 had at least one late service. As reported in its FFY 2007 APR, New York State had verified through analysis of subsequent data and direct contact with local programs that all 12,479 of these children had received all of the services authorized in their IFSPs within one year of the authorizing IFSP. Thus all child-specific noncompliance in FFY 2006 that resulted in FFY 2008 local data findings were verified to have been corrected.

Systemic noncompliance is identified and correction is verified at the local program level by monitoring reviews, analysis of local data, and dispute resolution. For indicator 1, there were 118 findings (51 from municipality monitoring, 57 from local data, 9 from provider monitoring, and 1 from dispute resolution) of noncompliance in FFY 2008. Of these findings, 38 (29 from municipality monitoring, 2 from local data, 6 from provider monitoring, and 1 from dispute resolution) were verified to be timely corrected. An additional 3 findings (1 from local data and 2 from provider monitoring) were verified to have been subsequently corrected. The remaining 77 FFY 2008 findings (22 from municipality monitoring, 54 from local data, and 1 from provider monitoring) for indicator 1 remain uncorrected at this time. They will continue to be followed up on and their status will be reported in a future APR.

Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2008:

1. Municipality Monitoring FFY 2008 Findings
 - a. Verification of Child-specific Correction - During our verification process, it was determined that all children that resulted in noncompliance in FFY 2008 did receive the services on their IFSP, although many received late services due to provider capacity issues for many municipalities. It was verified for all children, that although their services were delayed, all services were provided within one year of the child’s IFSP meeting,

assists the submitter of the CAP during the development of the CAP. If the CAP is received, but is deficient in some aspects, staff notifies the provider or municipality of the specific areas that the CAP is deficient, requests that a supplemental CAP be submitted and provides technical assistance until the plan is acceptable. The plans are designed to correct an immediate situation and prevent future reoccurrence. Requirements in a CAP are designed to include changes in policy & procedure, attendance at trainings 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.

Correction of Remaining FFY 2007 Findings of Noncompliance (if applicable):

1. Number of remaining uncorrected FFY 2007 findings of noncompliance noted in OSEP's June 2010, FFY 2008 APR response table for this indicator	62
2. Number of remaining FFY 2007 findings the State has verified as corrected	8
3. Number of remaining FFY 2007 findings the State has NOT verified as corrected [(1) minus (2)]	54

Verification of Correction of Remaining FFY 2007 findings:

The specific methods that were used to verify correction of the FFY 2007 findings of noncompliance are the same as those outlined in an earlier section on methods of verification of FFY 2008 findings.

Based on OSEP's verification visit in October 2008, New York State recalculated this indicator and found that 18.6% (6,778) of children with an initial IFSP in FFY 2005 had at least one late service New York State had verified through analysis of subsequent data and direct contact with local programs that all 6,778 of these children had received all of the services authorized in their IFSPs within one year of the authorizing IFSP.

For indicator 1, there were 62 findings (7 from monitoring and 55 from local data) of noncompliance in FFY 2007 that remained uncorrected as of the FFY 2008 APR. 8 of these findings (7 from monitoring and 1 from local data) have been verified as subsequently corrected (i.e. they were corrected, but not within one year of notification). The remaining 54 FFY 2007 findings all from local data) for indicator 1 remain uncorrected at this time. They will continue to be followed up on and their status will be reported in a future APR.

Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2007:

APR Template – Part C (4)

New York
State

Subsequent correction of FFY 2007 findings was verified using the same verification process (described above) as the FFY 2008 findings.

1. Monitoring FFY 2007 Findings
 - a. Verification of Child-specific Correction - The Department's contractor followed up on the provider's subsequent review for this finding to determine that 100% correction of noncompliance was achieved at the individual child level within one year.
 - b. Verification of Systemic Correction: Subsequent child records and provider interviews verified correction of the seven FFY 2007 findings at the systemic level that remained uncorrected as of the FFY 2008 APR.
2. Local Data FFY 2007 Findings
 - a. Verification of Child-specific Correction - Child-specific noncompliance was verified primarily through the state data system. All children who had received a service later than 30 days after the authorizing IFSP were confirmed through the KIDS system that the service had been provided within 365 days of the authorizing IFSP. In extremely rare cases, direct contact with local program staff was required in order to access information not available through the data system.
 - b. Local data findings in FFY 2007 were based on FFY 2005 local data (children with an initial IFSP between July 1, 2005 and June 30, 2006). Local data for subsequent years was checked, and local programs that were found to have rates of 100% in a subsequent year were counted as having corrected the noncompliance. A FFY 2007 finding that remained uncorrected as of the FFY 2008 APR was counted as subsequently corrected if the local program had a rate of 100% in FFY 2009. If a FFY 2007 finding was found to be corrected, but had a rate less than 100% in a FFY after the correction, the later noncompliance will result in a finding for that FFY, and will be addressed in the appropriate APR.

Correction of Any Remaining Findings of Noncompliance from FFY 2006 or Earlier (if applicable):

None

Additional Information Required by the OSEP APR Response Table for this Indicator (if applicable):

None

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010 (if applicable):

Improvement activities for this indicator were reviewed, and no changes were found to be needed at this time. These activities will be monitored in conjunction with performance, and will be considered for future modification if necessary.

Part C State Annual Performance Report (APR) for FFY 2009

Overview of the Annual Performance Report Development:

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

FFY	Measurable and Rigorous Target
FFY 2009 (2009-2010)	89.94%

Actual Target Data for FFY 2009:

Based on the October 1, 2009 child count of 32,876 infants and toddlers with IFSPs, 30,789 (**93.7%**) children received services primarily in natural environments (the home or programs for typically developing children). New York State’s performance for this indicator (93.7%) exceeded its target (89.94%).

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:

The FFY 2009 rate for this indicator (93.7%) is an increase of 1.1 percentage points from 92.6% in FFY 2008

The remaining 6.3% (2,087) 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.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010:

Improvement activities for this indicator were reviewed, and no changes were found to be needed at this time. Timelines for the existing improvement activities have been extended to FFY 2012 in the SPP. These activities will be monitored in conjunction with performance, and will be considered for future modification if necessary.

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)

Measurement:

Summary Statements for Each of the Three Outcomes

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

Measurement for Summary Statement 1:

Percent = # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in category (d) divided by [# of infants and toddlers reported in progress category (a) plus # of infants and toddlers reported in progress category (b) plus # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in progress category (d)] times 100.

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

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

Progress Categories:

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

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

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

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

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

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

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

C. Use of appropriate behaviors to meet their needs:

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

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

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

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

Target Data and Actual Target Data for FFY 2009:

Targets and Actual Data for Part C Children Exiting in FFY 2009 (2009-10)

Summary Statements	Targets FFY 2009 (% of children)	Actual FFY 2009 (% of children)
Outcome A: Positive social-emotional skills (including social relationships)		
• Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they exited the program	59.1%	67%
• The percent of children who were functioning within age expectations in Outcome A by the time they exited the program	50.4%	58%
Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)		
1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they exited the program	67.6%	75%
2. The percent of children who were functioning within age expectations in Outcome B by the time they exited the program	47.2%	53%
Outcome C: Use of appropriate behaviors to meet their needs		
1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they exited the program	64.9%	73%
2. The percent of children who were functioning within age expectations in Outcome C by the time they exited the program	41.6%	53%

Progress Data for Part C Children FFY 2009

A. Positive social-emotional skills (including social relationships):	Number of children	% of children
a. Percent of children who did not improve functioning	34	3%
b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	235	20%
c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach	219	19%
d. Percent of children who improved functioning to reach a level comparable to same-aged peers	316	27%
e. Percent of children who maintained functioning at a level comparable to same-aged peers	347	30%
Total	N=1,151	100%
B. Acquisition and use of knowledge and skills (including early language/communication):	Number of children	% of children
a. Percent of children who did not improve functioning	32	3%
b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	209	18%
c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach	297	26%
d. Percent of children who improved functioning to reach a level comparable to same-aged peers	429	37%
e. Percent of children who maintained functioning at a level comparable to same-aged peers	184	16%
Total	N=1,151	100%
C. Use of appropriate behaviors to meet their needs:	Number of children	% of children
a. Percent of children who did not improve functioning	37	3%
b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	232	20%
c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach	272	24%
d. Percent of children who improved functioning to reach a level comparable to same-aged peers	444	39%
e. Percent of children who maintained functioning at a level comparable to same-aged peers	166	14%

Total	N=1,151	100%
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Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:

New York State exceeded its targets for FFY 2009 in all three outcome areas, positive social-emotional skills (including social relationships); acquisition and use of knowledge and skills (including early language/communication); and, use of appropriate behaviors to meet needs.

The collection of early childhood outcomes data is a collaborative effort among the Bureau of Early Intervention (BEI), municipal administrators of the Early Intervention Program (EIP), service coordinators, evaluators, service providers, and families. New York uses a sampling methodology approved by OSEP to collect child outcomes data for children enrolled in child outcomes samples at their initial IFSP meetings and at exit from the EIP (exit data are collected only for children who receive early intervention services for at least six months). The National Early Childhood Outcomes Center’s child outcome summary form (COSF) is used to collect these data. Summary statement and progress data presented here are for the 1,151 children included in child outcomes samples who exited the Early Intervention Program between July 1, 2009 and June 30, 2010.

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

In FFY 2009, the BEI and University at Buffalo developed a tracking and reporting system to help ensure that COSF exit forms are completed and submitted for all children in outcomes samples who receive early intervention services for at least six months. For those children for whom COSF exit forms have not been completed and returned, municipalities report reasons why no exit data are available for the child. This reporting system will assist BEI and the university team in identifying municipalities who are in need of technical assistance to improve the completeness of child outcome data.

Revisions to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010:

- There are no proposed revisions to targets for child outcomes. The State Performance Plan has been revised to include targets for two additional years (2012 and 2013), as requested by OSEP.
- New York State applied and was selected to be a Partner state with the National Early Childhood Outcomes Center (ECO). The BEI has targeted the following four areas for enhancing New York State’s child outcomes measurement system with technical assistance from ECO: 1) enhanced capacity to analyze child outcomes data for SPP/APR reporting and program evaluation; 2) State and local quality assurance activities in data collection and management, including use of the record review protocol developed under the NYS BEI GSEG; 3) staff development and training at the local level in using the COSF process for collection and reporting of child outcomes data; and 4) use of child outcome data to identify and implement opportunities for improving the quality of early intervention services being delivered to children and families. Monthly technical assistance calls are convened by ECO staff with the NYS BEI child outcomes team, and BEI staff participate in regularly scheduled calls with ECO staff and all partner states. These activities will continue through 2013.
- In collaboration with ECO, the BEI, UB-SPH, and ICD is planning to host two webinars in Spring/Summer, 2011, to initiate the process of sharing child outcomes data with local

administrators of the EIP. The first presentation will focus first on data quality issues, using pattern-checking analyses, and the second presentation will be designed to provide training and technical assistance on improving data quality.

- The MOU with the UB-SPH, which ends in December, 2011, will be renewed for at least another two years, to ensure continued support for municipalities, EIP providers, families, and State staff in collection and analyses needed to report child outcome data to OSEP.
- The UB-SPH will maintain its partnership with the ICD-UBN, to continue to provide technical assistance and support to municipalities, EIP providers, and families related to the collection of entry and exit child outcome data in each of the three outcome areas, including: maintaining a website, 800 number support line, and email support for the “Guiding Progress... Shaping Futures” outcomes reporting initiative; refining COSF training materials based on feedback from municipalities, families, and providers; refining and expanding the developmental milestones checklists; and, developing an in-service training package on the COSF for use by municipalities in training their staff and providers.
- In addition to the COSF data, the NYS Impact on Child Scale, created as part of New York’s General Supervision Enhancement Grant, has been incorporated into the annual family survey. The scale measures the extent to which early intervention services have helped children to achieve a range of developmental outcomes, based on parent report. Thus, New York now has two sources of data on child outcomes that can be used for program evaluation and quality improvement purposes.
- The BEI, in collaboration with UB-SPH, ICD-UBN, and Dr. Batya Elbaum, University of Miami, successfully competed for a R-40 Research Grant, funded by the federal Maternal Child Health Bureau, to evaluate the impact of early intervention services on children with autism spectrum disorders and their families. The overarching goal of the three-year research project is to model an approach to evaluating the impact of participation in early intervention programs that can be used for program evaluation and quality improvement. The project was initiated in September, 2010 and is funded through August 31, 2013.

Timelines

All of the above activities will be maintained through FFY 2012.

Resources

- Bureau of Early Intervention and Division of Family Health staff; Universities at Buffalo and Binghamton project staff; ECO staff; municipalities, EIP providers, families; EICC.

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

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: NCSEAM standard is the percent of families with a person measure of 516 (95% likelihood of a response across the three categories of “agree”, “strongly agree”, and “very strongly agree” to the item “Understand my child’s special needs”)

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.

FFY	Measurable and Rigorous Target
2009 (2009-2010)	<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 75.2%.</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 69.69%.</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 86.41%.</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.	74.38% (421/566) (95%CI 70.58%, 77.93%)
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.	67.84% (384/566) (95% CI 63.82%, 71.68%)
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.	80.57% (456/566) (95% CI 77.05%, 83.75%)
NYS Person Mean on the NCSEAM Family Impact Scale	635.51 (95% CI 622.42, 648.59)

In accordance with the sampling procedures described in the State Performance Plan, a random sample of 2,934 families whose children exited the EIP between July 1, 2009 – December 31, 2010, and those who were not closed but turned three years of age between January 1, 2009 and June 30, 2010 (28,557) 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. A total of 566 families responded to the survey (for a response rate of 19.3%).

When comparing respondents to all children and families participating in and who exited the EIP in the relevant program year, no significant differences were found in age at referral, sex, type of developmental delay, length of stay in the EIP, or dominant language spoken in the home. A significant difference was found in presence of a diagnosed condition – a higher than expected number of families whose children had a diagnosed condition with a high probability of developmental delay responded to the survey. In addition, 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. While a significant difference was found, only 10 fewer Hispanic families than expected returned the survey, and Hispanic families represented 22% of all respondents (in comparison with 24% of all families in the sample frame). The difference was somewhat larger for African-American families (24 fewer families than would have been expected returned a survey). Similarly, families whose children exited the program between one and two years of age, or between two and three years of age, had a lower than expected response rate, while those families whose children exited the program at age three or older had a higher than expected response rate. Again, while these differences were significant, in absolute terms, there were five fewer families of children exiting between one and two years of age and 37 fewer families of children exiting between two and three years of age, and 44 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 2009:

New York did not meet its targets for any of the three family outcomes for FFY 2008; however, it is important to note that for family outcomes A (know their rights) and B (effectively communicate with others about their children's needs, examination of the confidence intervals (CI) associated with these targets (the 95%CI for indicator A is (70.58%, 77.93%); the 95% CI for indicator B is (63.82%, 71.68%)) indicates that New York has met or exceeded its targets for these outcomes.

Approximately 49% of families who responded to the survey reside in New York City. Further examination of the data revealed that the percent of families achieving the three family outcomes is statistically significantly lower in New York City than in the rest of the State. In addition, the mean score on the Family Impact Scale is also statistically significantly lower for New York City families (612.47 in comparison with a mean of 658.19 for families residing in the rest of the state), indicating less positive outcomes are being achieved for children in New York City than in the rest of the state. Discussions are underway with New York City leadership and staff to identify ways to collaborate on analyzing child and family outcome data, and ways to use these data to improve the quality of services and child and family outcomes.

The response rate to the family survey this year was 19.3%, which is an increase of almost 5% over last year's response rate.

In 2010, Department staff in collaboration with staff from the Universities at Buffalo and Binghamton again offered parents the opportunity to complete the NYS Family Survey using a secure web-based format. This year, the unique secure password supplied to families to access the website was simplified, and instructions for use of the internet were also simplified. All families received both a Scantron form and internet instructions, and thus could use either option to complete the survey. The percent of families completing the family survey on the internet increased to nearly 3%; however, there appears to be a clear preference for families to complete the Scantron form and returning the survey by mail.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010:

The NYS Family Survey developed under the GSEG project completed in 2008, including New York's *Impact on the Child Scale*, modified NCSEAM Impact on the Family Scale, and NCSEAM family-centered services scale, continues to be used to collect family outcome data. This process involves families in a meaningful way in measuring family outcomes, the extent to which early intervention services have helped children participating in the program to attain developmental outcomes, and the extent to which

early intervention services are family-centered. The combined data set gives New York State a powerful tool to examine the relationship between child and family outcomes; family-centered services and child and family outcomes; and, the impact of service delivery parameters (e.g., type of service, intensity of services, service provider) on family and child outcomes.

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

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 work with municipalities to 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 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 over 4,000 families. The BEI is beginning 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.

As mentioned under indicator 3, the BEI, in collaboration with UB-SPH, ICD-UBN, and Dr. Batya Elbaum, University of Miami, successfully competed for an R-40 Research Grant funded by the federal Maternal Child Health Bureau to evaluate the impact of early intervention services on children with autism spectrum disorders and their families. The overarching goal of the three-year research project is to model an approach to evaluating the impact of participation in early intervention programs that can be used for program evaluation and quality improvement. The project was initiated in September, 2010 and is funded through August 31, 2013, and will examine the impact of early intervention services on both child and family outcomes.

Part C State Annual Performance Report (APR) for FFY 2009

Overview of the Annual Performance Report Development:

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Measurement: **Percent = [(# of infants and toddler 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 2009 (2009-2010)	1.20%

Actual Target Data for FFY 2009:

The percentage of infants under age one with IFSPs in New York State is **1.17%**. Using the October 1, 2009 child count, 2,906 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 247,880.

New York State is above the national average baseline percent of children under the age of one (1.03%) with an IFSP. The rate of 1.17% for this indicator is slightly below the FFY 2009 target of 1.20%.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:

This represents a slight increase from FFY 2008, when 1.15% of infants under the age of one in NYS had IFSPs. New York State continues to show improvement on this indicator and is committed to Child Find efforts for infants.

Analysis of enrollment data shows that there were 15.8% more referrals to the EIP in 2009 than in 2006. This increase is not localized in any particular demographic or geographic subgroup. This increase is a likely result of the increased use of developmental screening by pediatricians across New York State. This continues to cause a corresponding increase in the number of children enrolled in the EIP, resulting in the recent increases in the rate for this indicator.

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 has worked with counties across the state to facilitate the receipt of referrals for children with a suspected hearing loss. In December, 2010, BEI staff hosted a full day symposium in NYC to increase awareness and best practices in linking newborn hearing screening and early intervention.

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, the Congenital Malformations Registry, Immunizations and Lead 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 2010:

Improvement activities for this indicator were reviewed, and no changes were found to be needed at this time. These activities will be monitored in conjunction with performance, and will be considered for future modification if necessary.

Part C State Annual Performance Report (APR) for FFY 2009

Overview of the Annual Performance Report Development:

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Measurement: **Percent = [(# of infants and toddler 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 2009 (2009-2010)	4.095%

Actual Target Data for FFY 2009:

The percentage of infants and toddlers from birth to three with IFSPs in FFY 2009 is **4.41%**. Using the October 1, 2009 child count, 32,876 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 745,143.

New York greatly exceeds the national average baseline percent of the birth to three population with an IFSP, which is 2.67%. New York also exceeded its FFY 2009 target (4.095%) for this indicator.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:

New York reports a rate of 4.41% for this indicator. This is an increase of 0.16 percentage points from 4.25% in FFY 2007.

Analysis of enrollment data shows that there were 15.8% more referrals to the EIP in 2009 than in 2006. This increase is not localized in any particular demographic or geographic subgroup. This increase is a likely result of the increased use of developmental screening by pediatricians across New York State. This continues to cause a corresponding increase in the number of children enrolled in the EIP, resulting in the recent increases in the rate for this indicator.

Additionally, there were 43.6% more children enrolled in the EIP with a diagnosis of Autism/Pervasive Development Disorder (PDD) in FFY 2009 than in FFY 2006. Since most children with Autism/PDD are diagnosed after 18 months of age, this dramatic increase is a contributing factor to the continuing increase in the rate for indicator 6.

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.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010:

Improvement activities for this indicator were reviewed, and no changes were found to be needed at this time. These activities will be monitored in conjunction with performance, and will be considered for future modification if necessary.

Part C State Annual Performance Report (APR) for FFY 2009

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 2009 (2009-2010)	100%

Actual Target Data for FFY 2009:

83.5%

This rate is derived from data collection from a State database, and includes infants and toddlers with IFSPs who were referred to the Early Intervention Program between July 1, 2009 and June 30, 2010.

Infants Evaluated and Assessed and provided an Initial IFSP meeting Within Part C’s 45-day timeline:

a. Number of infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting was conducted within Part C’s 45-day timeline	26,469
b. Number of infants and toddlers with IFSPs evaluated and assessed for whom an initial IFSP meeting was required to be conducted	31,714
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	83%

<p>timeline (Percent = [(a) divided by (b)] times 100)</p>	
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The numerator includes 7,010 children whose initial IFSPs were late and there was documentation that the meeting was delayed due to exceptional family circumstances. Of the remaining 5,245 late IFSPs that were delayed due to non-discountable reasons, 1,929 were late due to the municipal representative (EIOD) being unavailable, 1,230 were late due to the delayed receipt of an evaluation report, 1,114 were late due to an evaluator backlog or delay, and 972 were late due to local program administrative reasons.

As of November 2010, of the 16.5% (5,245) of children who did not have an initial IFSP meeting completed within 45 days, all 5,245 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 in FFY 2009:

There was minor slippage of 1.3 percentage points for this indicator from FFY 2008 (84.8%) to FFY 2009 (83.5%). New York State did not achieve the 100% compliance target.

A root cause analysis of New York’s performance on indicator 7 showed that New York State’s performance issues for this indicator continue to be primarily concentrated in New York City. New York City’s indicator 7 rate decreased 3.7 percentage points from 75.2% in FFY 2008 to 71.5% in 2009. By comparison, the rest of the state increased 1.1 percentage points from 94.6% in FFY 2008 to 95.7% (substantial compliance) in 2009.

Since statewide performance is heavily influenced by performance in New York City, extensive technical assistance efforts have focused on the New York City program during this reporting period. Department staff conducts monthly conference calls with New York City. 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 and procedures that included no longer requiring 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

Local programs received notification of their FFY 2008 findings of noncompliance along with their FFY 2008 local determination. The determinations were based on local data and were heavily weighted toward the compliance indicators. This letter notified any local program with a finding of noncompliance that it was necessary to correct the noncompliance within one year, and notified them of further potential enforcement actions. These local programs were also required to participate in all Department sponsored bimonthly all-county conference calls and discussions related to the relevant indicators. Additional enforcement actions were required of any local program who received a determination other than “Meets Requirements”:

- Local programs who received a determination of “Needs Assistance” were also required to examine, revise, and upon request submit to the Department, revised policies and procedures with respect to the relevant indicators.
- Local programs who received a determination of “Needs Assistance (2)” as a result of continued low rates of local data were additionally required to contact a specifically assigned Bureau of Early Intervention staff member to obtain technical assistance on revising policies and procedures related

APR Template – Part C (4)

New York
State

to the relevant indicators. These local programs were also required to convene a meeting of their Local Early Intervention Coordinating Council (LEICC) to review the determination and obtain input on revising policies and procedures related to the relevant indicators and to submit to the Department within 90 days the LEICC meeting agenda, list of attendees and meeting minutes with an assurance that the policies and procedures were revised in order to improve performance and come into compliance with federal requirements within one year.

- Local programs who received a determination of “Needs Intervention” were additionally required to submit to BEI within 60 days a corrective action plan including revised policies and procedures and the steps the County will take to come into compliance with federal requirements within one year.

Correction of FFY 2008 Findings of Noncompliance (if State reported less than 100% compliance):

Level of compliance (actual target data) State reported for FFY 2008 for this indicator: **84.8%**

1. Number of findings of noncompliance the State made during FFY 2008 (the period from July 1, 2008, through June 30, 2009)	105
2. Number of FFY 2008 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	58
3. Number of FFY 2008 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	47

Correction of FFY 2008 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected:

4. Number of FFY 2008 findings not timely corrected (same as the number from (3) above)	47
5. Number of FFY 2008 findings the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	7
6. Number of FFY 2008 findings <u>not</u> verified as corrected [(4) minus (5)]	40

Actions Taken if Noncompliance Not Corrected:

Compliance with indicator 7 was a major factor in the local program determinations issued by the Department during this reporting period. Written notices of local determinations for FFY 2008 were sent to local programs in January 2011 with accelerated corrective action based on the determination rating the local program received. At a minimum, local programs that received a determination of “Needs Assistance” or worse for two years in a row were directed to:

- participate in all Department sponsored bimonthly all-county conference calls and discussions related to the relevant indicators
- examine, revise, and upon request submit to the Department, revised policies and procedures with respect to the relevant indicators
- contact a specifically assigned Bureau of Early Intervention staff member to obtain technical assistance on revising policies and procedures related to the relevant indicators
- convene a meeting of their Local Early Intervention Coordinating Council (LEICC) to review the determination and obtain input on revising policies and procedures related to the relevant indicators and to submit to the Department within 90 days the LEICC meeting agenda, list of attendees and meeting minutes with an assurance that the policies and procedures were revised in order to improve performance and come into compliance with federal requirements within one year.

As discussed in an earlier part of this section, a root cause analysis showed that New York State's continued noncompliance is primarily located in New York City, and outlined the extensive efforts being undertaken to address this noncompliance. However, the impacts of these interventions may take some time to materialize, due to the size and complexity of New York City's Early Intervention Program.

Verification of Correction of FFY 2008 noncompliance or FFY 2008 findings (either timely or subsequent):

Noncompliance occurring between July 1, 2008 and June 30, 2009

As described in its FFY 2008 APR, New York verified child-specific correction of noncompliance that occurred between July 1, 2008 and June 30, 2009 in this indicator by confirming that, "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 correction of the child-specific instances of noncompliance." Verification of systemic correction of this noncompliance at the local program level is ongoing. New York State has worked with NERRC and DAC staff to develop a schedule that will address outstanding notifications to local programs and will ensure that notifications to local programs of future findings will be made within 90 days. It is expected that notification for findings resulting from FFY 2009 data will be sent by May 1, 2011.

FFY 2008 findings

The specific methods that were used to verify correction of findings of noncompliance are outlined in the subsequent section.

FFY 2008 local data findings were based on local data from FFY 2006. In its FFY 2006 APR, New York State calculated that 28.7% (8,431) of children with a referral in FFY 2006 did not have their initial IFSP meeting completed within the federally-required 45 day timeframe. As reported in its FFY 2007 APR, New York State has verified through analysis of subsequent data and direct contact with local programs that all 8,431 of these children did receive their initial IFSPs within one year of referral. Thus all child-specific noncompliance in FFY 2006 that resulted in FFY 2008 local program findings were verified to have been corrected.

Systemic noncompliance is identified and correction is verified at the local program level by monitoring reviews, analysis of local data, and dispute resolution. For indicator 7, there were 105 findings (41 from municipality monitoring, 53 from local data, 3 from provider monitoring, and 8 from dispute resolution) of noncompliance in FFY 2008. Of these 105 findings, 58 findings (33 from municipality monitoring, 14 from local data, 3 from provider monitoring, and 8 from dispute resolution) were verified to be timely corrected. An additional 7 findings (all 7 from local data) were verified to have been subsequently corrected. The remaining 40 FFY 2008 findings (8 from municipality monitoring and 32 from local data) for indicator 7 remain uncorrected at this time. They will continue to be followed up on and their status will be reported in a future APR.

Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2008:

1. Municipality Monitoring FFY 2008 Findings
 - a. Verification of Child-specific Correction - During our verification process, it was determined that all children that resulted in noncompliance in FFY 2008 received their initial IFSP within one year.
 - b. Verification of Systemic Correction - 41 municipalities received a verification of correction review consisting of a self-assessment review and an onsite verification review conducted by the Department's contractor. The self-assessment process consisted of the municipalities conducting a self-assessment of a subset of their child records identified by the Department and documenting specific dates and events on a tool developed by the Department for this indicator. The self-assessment was reviewed by Department staff to determine if 100% correction of compliance was achieved. Additionally, onsite visits were conducted by the

Department's contractor which also consisted of a review of the subset of child records identified by the Department. It was determined that 33 municipalities achieved 100% correction of this indicator within one year. Technical assistance calls were provided to each municipality which did not achieve 100% correction. A new child sample will be reviewed in January 2011 to see if the remaining municipalities have achieved 100% correction.

2. Local Data FFY 2008 Findings

- a. Verification of Child-specific Correction - Child-specific noncompliance was verified primarily through the state data system. All children who had their initial IFSP more than 45 days after referral to the EIP were confirmed through the KIDS system that the service had been provided within 365 days of the authorizing IFSP. In extremely rare cases, direct contact with local program staff was required in order to access information not available through the data system.
- b. Verification of Systemic Correction - Local data findings in FFY 2008 were based on FFY 2006 local data (children with a referral between July 1, 2006 and June 30, 2007 who had an IFSP). Local programs that had a FFY 2006 rate less than 100% for this compliance indicator were notified in writing of their noncompliance in December 2008 when they received their local determination. Local data for subsequent years was checked, and local programs that were found to have rates of 100% in a subsequent year were counted as having corrected the noncompliance. The finding was counted as timely corrected (within one year of notification) if the 100% rate was in FFY 2007 or FFY 2008, since both of these FFYs were complete prior to December 2009. The finding was counted as subsequently corrected if the local program had a rate of 100% in FFY 2009, but had not been timely corrected. If a FFY 2008 finding was found to be corrected, but had a rate less than 100% in a FFY after the correction, the later noncompliance will result in a finding for that FFY, and will be addressed in the appropriate APR.

3. Provider Monitoring FFY 2008 Findings

- a. Verification of Child-specific Correction - All provider monitoring findings were verified as corrected at the individual child level.
- b. Verification of Systemic Correction - All providers corrected this finding within one year based on the Department's contractor conducting onsite reviews to verify correction of noncompliance by review of a subset of child records and by interview of the provider.

4. Dispute Resolution FFY 2008 Findings (8 findings/8 timely corrected)

- a. 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. When noncompliance is identified through a system complaint investigation, a final response letter, issued to the complainant and all identified parties, identifies specific actions which must be taken to correct items of noncompliance and steps to ensure continued compliance. A staff person is responsible for ensuring that municipalities and providers submit a CAP within 30 days of the letter of findings. Requests and responses are tracked in a system complaint CAP tracking system. A reminder system is in place to signal the approach of the 30 day timeline. A staff person assists the submitter of the CAP during the development of the CAP. If the CAP is received, but is deficient in some aspects, staff notifies the provider or municipality of the specific areas that the CAP is deficient, requests that a supplemental CAP be submitted and provides technical assistance until the plan is acceptable. The plans are designed to correct an immediate situation and prevent future reoccurrence. Requirements in a CAP are designed to include changes in policy & 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.

Correction of Remaining FFY 2007 Findings of Noncompliance (if applicable):

1. Number of remaining FFY 2007 findings of noncompliance noted in OSEP’s June 2010, FFY 2008 APR response table for this indicator	38
2. Number of remaining FFY 2007 findings the State has verified as corrected	7
3. Number of remaining FFY 2007 findings the State has NOT verified as corrected [(1) minus (2)]	31

Verification of Correction of Remaining FFY 2007 findings:

The specific methods that were used to verify FFY 2007 correction of findings of noncompliance are the same as those outlined in an earlier section on methods of verification of FFY 2008 findings.

Based on OSEP’s verification visit in October 2008, New York State recalculated this indicator and found that 32% (12,479) of children with a referral in FFY 2005 had their initial IFSP at least 45 days after the referral. New York State had verified through analysis of subsequent data and direct contact with local programs that all 12,479 of these children with late IFSPs did receive their initial IFSP within one year of referral.

For indicator 7, there were 38 findings (all from local data) of noncompliance in FFY 2007 that remained uncorrected as of the FFY 2008 APR. Of these 38 findings, 7 findings (all from local data) have been verified as subsequently corrected (i.e. they were corrected, but not within one year of notification). The remaining 31 FFY 2007 findings (all from local data) for indicator 7 remain uncorrected at this time. They will continue to be followed up on and their status will be reported in a future APR.

Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2007:

The specific methods that were used to verify correction of the FFY 2007 findings of noncompliance are the same as those outlined in an earlier section on methods of verification of FFY 2008 findings.

1. Local Data FFY 2007 Findings
 - a. Verification of Child-specific Correction - Child-specific noncompliance was verified primarily through the state data system. All children who had their initial IFSP more than 45 days after referral to the EIP were confirmed through the KIDS system that the initial IFSP had been provided within 365 days of the referral. In extremely rare cases, direct contact with local program staff was required in order to access information not available through the data system.
 - b. Verification of Systemic Correction - Local data findings in FFY 2007 were based on FFY 2005 local data (children with a referral between July 1, 2005 and June 30, 2006 who had an IFSP). Local data for subsequent years was checked, and local programs that were found to

APR Template – Part C (4)

New York
State

have rates of 100% in a subsequent year were counted as having corrected the noncompliance. A FFY 2007 finding that remained uncorrected as of the FFY 2008 APR was counted as subsequently corrected if the local program had a rate of 100% in FFY 2009. If a FFY 2007 finding was found to be corrected, but had a rate less than 100% in a FFY after the correction, the later noncompliance will result in a finding for that FFY, and will be addressed in the appropriate APR.

Correction of Any Remaining Findings of Noncompliance from FFY 2006 or Earlier (if applicable):

None

Additional Information Required by the OSEP APR Response Table for this Indicator (if applicable):

None

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010 (if applicable):

Improvement activities for this indicator were reviewed, and no changes were found to be needed at this time. These activities will be monitored in conjunction with performance, and will be considered for future modification if necessary.

Part C State Annual Performance Report (APR) for FFY 2009

Overview of the Annual Performance Report Development:

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Indicator 8A: 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.

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

Measurement:

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.

Data Collection:

The rates for indicator 8 A-C are calculated based on data collected from a State monitoring self-assessment that was completed by each of the 58 local programs. The children for each local program’s self-assessment were selected randomly from the group of all children in the municipality who had left the Early Intervention Program between July 1, 2009 and June 30, 2010. The number of children selected from each local program was determined by the size of the local program and the extent of noncompliance in the FFY 2008 self-assessment. The number of children from each local program was typically between 5 and 30 children.

New York State collected data for indicators 8 A-C by using a stratified sample of 909 children who exited the Part C program between July 1, 2009 and June 30, 2010. These children were selected from the 30,855 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 using 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 statewide performance rate.

In order to gather locally representative data, each local program was scheduled to 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. In FFY 2009, no local programs were oversampled for the explicit purpose of having locally representative data.

Local programs were required to complete a self-assessment tool developed by the Department for the children identified to them by the Department. The Department’s monitoring contractor provided onsite assistance to New York City, in order to ensure data consistency and validity.

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.

FFY	Measurable and Rigorous Target
FFY 2009 (2009-2010)	100%

Actual Target Data for FFY 2009:

Of the **909** children in the sample who exited Part C between July 1, 2009 and June 30, 2010, **820** had IFSPs containing documentation of transition steps and services. Using the OSEP-required *unweighted* calculation, this results in a rate of **90.2%**.

The *weighted* calculation shows that **94.6%** of children with IFSPs who exited Part C during this reporting period contained documentation of transition steps and services.

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

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred in FFY 2009:

The unweighted rate had minor slippage of **3.7** percentage points for this indicator from FFY 2008 (**93.9%**) to FFY 2009 (**90.2%**). 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 weighted calculation, New York showed minimal slippage of **0.3** percentage points from FFY 2008 to FFY 2009 (**94.9%** to **94.6%**).

The Department has taken advantage of a variety of technical assistance to address the factors contributing to the ongoing noncompliance of indicator 8A this past year (list of conference calls and meetings related to the State Annual Performance Report and OSEP determination is cited in the Introduction Section of this document). In addition to participation in the numerous conference calls, Bureau staff has reviewed the resources listed in the federal funded Regional Resources and Federal Network (RRFC network) website under the State Performance Plan – Annual Performance Report Calendar and have incorporated some of the information into state guidance.

On June 3, 2010, the NYSDOH adopted revisions to regulations that included written notification to the local school districts in which an eligible child resides of the potential transition of the child, unless the parent objects (opt-out). Policies and procedures were distributed to the field that reflected this regulatory

change. This change is now in compliance with the Part C requirements in 20 U.S.C 1437(a)(9)(A)(ii)(I), 34 CFR Section 303.148(b)(1) and OSEP’s 2004 Letter to Elder.

The State Monitoring Tool for Transition was revised based on knowledge received through various conference calls and resources provided on the RRFC Network site. The NYSDOH training curriculum on transition has been modified and enhanced regarding the importance of the transition timeline, written notification of potential eligibility to CPSE (parental out-out), transition conference meeting, and transition steps. The Early Intervention Parents as Partners Training that focuses on advocacy and leadership skills for parents has also been modified and revised to stress the importance of the transition process, written notification of potential eligibility (parental out-out), including timelines, the referral process, and transition steps.

In addition, bimonthly conference calls occur between Department and the local EI municipal programs. During these calls intensive technical assistance is provided regarding transition procedures, timely steps, services and regulatory responsibility. The Department has ongoing communication with New York City to address various topics including transition. New York City has recently revised their transition policies and procedures to be more in line with the transition guidance that the Department has provided this past year.

Local programs received notification of their FFY 2008 findings of noncompliance along with their FFY 2008 local determination. The determinations were based on local data and were heavily weighted toward the compliance indicators. This letter notified any local program with a finding of noncompliance that it was necessary to correct the noncompliance within one year, and notified them of further potential enforcement actions. These local programs were also required to participate in all Department sponsored bimonthly all-county conference calls and discussions related to the relevant indicators. Additional enforcement actions were required of any local program who received a determination other than “Meets Requirements”:

- Local programs who received a determination of “Needs Assistance” were also required to examine, revise, and upon request submit to the Department, revised policies and procedures with respect to the relevant indicators.
- Local programs who received a determination of “Needs Assistance (2)” as a result of continued low rates of local data were additionally required to contact a specifically assigned Bureau of Early Intervention staff member to obtain technical assistance on revising policies and procedures related to the relevant indicators. These local programs were also required to convene a meeting of their Local Early Intervention Coordinating Council (LEICC) to review the determination and obtain input on revising policies and procedures related to the relevant indicators and to submit to the Department within 90 days the LEICC meeting agenda, list of attendees and meeting minutes with an assurance that the policies and procedures were revised in order to improve performance and come into compliance with federal requirements within one year.
- Local programs who received a determination of “Needs Intervention” were additionally required to submit to BEI within 60 days a corrective action plan including revised policies and procedures and the steps the County will take to come into compliance with federal requirements within one year.

Correction of FFY 2008 Findings of Noncompliance (if State reported less than 100% compliance):

1. Number of findings of noncompliance the State made during FFY 2008 (the period from July 1, 2008, through June 30, 2009)	46
2. Number of FFY 2008 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	36
3. Number of FFY 2008 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	10

Correction of FFY 2008 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected:

4. Number of FFY 2008 findings not timely corrected (same as the number from (3) above)	10
5. Number of FFY 2008 findings the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	4
6. Number of FFY 2008 findings <u>not</u> verified as corrected [(4) minus (5)]	6

Actions Taken if Noncompliance Not Corrected:

While no formal root cause data analysis was conducted for indicator 8A, the Department has suspected and local municipal early intervention programs have reported that children and families received timely transition planning to support the child’s transition to preschool and other appropriate community services by their third birthday however, there is a lack of clear documentation in the child’s record/IFSP to support this. To assist municipalities and service providers in assuring that all children are provided with timely transition planning a transition tool kit was developed and disseminated in November 2010. This tool kit includes checklists, forms and clear and concise procedures to assist municipalities and service providers in assuring that that documentation of transition steps and services occur and are recorded appropriately in the child’s record/IFSP.

Municipalities also report that while timely transition planning may be in place for a child and family, they have no control over issues regarding untimely Part B LEA (Committee on Preschool Special Education) evaluations and determination meetings. The Department continues to address and resolve these types of transition issues with the NYS Education Department.

Compliance with indicator 8A was a major factor in the local program determinations issued by the Department during this reporting period. Written notices of local determinations for FFY 2008 were sent to local programs in January 2011 with accelerated corrective action based on the determination rating the local program received. At a minimum, local programs that received a determination of “Needs Assistance” or worse for two years in a row were directed to:

- participate in all Department sponsored bimonthly all-county conference calls and discussions related to the relevant indicators
- examine, revise, and upon request submit to the Department, revised policies and procedures with respect to the relevant indicators
- contact a specifically assigned Bureau of Early Intervention staff member to obtain technical assistance on revising policies and procedures related to the relevant indicators
- convene a meeting of their Local Early Intervention Coordinating Council (LEICC) to review the determination and obtain input on revising policies and procedures related to the relevant indicators and to submit to the Department within 90 days the LEICC meeting agenda, list of attendees and meeting minutes with an assurance that the policies and procedures were revised in order to improve performance and come into compliance with federal requirements within one year.

Verification of Correction of FFY 2008 noncompliance or FFY 2008 findings (either timely or subsequent):

Noncompliance occurring between July 1, 2008 and June 30, 2009

The monitoring sample used in the transition self-assessment for the FFY 2008 APR was selected from children who had left the EIP between July 1, 2008 and June 30, 2009. It is not possible nor is it required

to correct this child-specific noncompliance, since these children were no longer within the jurisdiction of the EI program at the time the specific noncompliance was identified.

FFY 2008 findings

The specific methods that were used to verify correction of findings of noncompliance are outlined in the subsequent section.

Similar to the FFY 2008 noncompliance, the FFY 2006 noncompliance that resulted in FFY 2008 findings was based on a monitoring sample of children who had left the EIP between July 1, 2006 and June 30, 2007. As above, it is not required to correct this child-specific noncompliance, since these children were no longer within the jurisdiction of the EI program at the time the specific noncompliance was identified.

Systemic noncompliance is identified and correction is verified at the local program level by monitoring reviews, analysis of local data, and dispute resolution. For indicator 8A, there were 46 findings (12 from municipality monitoring, 15 from local data, and 19 from provider monitoring) of noncompliance in FFY 2008. Of these 46 findings, 36 findings (10 from municipality monitoring, 9 from local data, and 17 from provider monitoring) were verified to be timely corrected. An additional 4 findings (2 from local data and 2 from provider monitoring) were verified to have been subsequently corrected. The remaining 6 FFY 2008 findings (2 from municipality monitoring and 4 from local data) for indicator 8A remain uncorrected at this time. They will continue to be followed up on and their status will be reported in a future APR.

Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2008:

As described above, it is not required to correct child-specific noncompliance for this indicator, since these children were no longer within the jurisdiction of the EI program at the time the specific noncompliance was identified.

1. Municipality Monitoring FFY 2008 Findings

- a. Verification of Systemic Correction - During our verification process, 12 municipalities who received a verification of correction review for this indicator. The verification of correction review consisted of a self-assessment review and an onsite verification review conducted by the Department's contractor. Based on these 12 reviews, it was determined that 10 municipalities achieved 100% correction of this indicator within one year. The remaining 2 municipalities received a technical assistance call to provide strategies for correction of the noncompliance. A new child sample will be reviewed in January to see if the remaining 2 municipalities have achieved 100% correction.

2. Local Data FFY 2008 Findings

- a. Verification of Systemic Correction - Local data findings in FFY 2008 were based on FFY 2006 local data (children who left the EIP between July 1, 2006 and June 30, 2007). This local data was gathered through a self-assessment completed by local programs. Local programs that were oversampled in FFY 2006 and showed noncompliance in this indicator were oversampled in subsequent years based on program size and degree of noncompliance (i.e. a larger sample was selected in later years for municipalities that had higher enrollment or who were identified with higher levels of noncompliance). Local programs that had a FFY 2006 rate less than 100% for this compliance indicator were notified in writing of their noncompliance in December 2008 when they received their local determination. Local data for subsequent years was checked, and local programs that were found to have rates of 100% in a subsequent year were counted as having corrected the noncompliance. The finding was counted as timely corrected (within one year of notification) if the 100% rate was in FFY 2007 or FFY 2008, since both of these FFYs were complete prior to December 2009. The finding was counted as subsequently corrected if the local program had a rate of 100% in FFY 2009, but had not been timely corrected. If a FFY 2008 finding was found to be corrected, but had a rate less than 100% in a FFY after the correction, the later

noncompliance will result in a finding for that FFY, and will be addressed in the appropriate APR.

3. Provider Monitoring FFY 2008 Findings
 - a. Verification of Systemic Correction - There were 19 providers that received a finding for this indicator. All providers had onsite verification reviews completed by the Department's contractor which a review of a subset of child records and interviews of staff were completed to determine if 100% correction of noncompliance was achieved within one year. For 17 providers this was achieved. For 2 providers, systemic correction was achieved subsequent to one year.

Correction of Remaining FFY 2007 Findings of Noncompliance (if applicable):

1. Number of remaining FFY 2007 findings of noncompliance noted in OSEP's June 2010, FFY 2008 APR response table for this indicator	5
2. Number of remaining FFY 2007 findings the State has verified as corrected	1
3. Number of remaining FFY 2007 findings the State has NOT verified as corrected [(1) minus (2)]	4

Verification of Correction of Remaining FFY 2007 findings:

The specific methods that were used to verify correction of the FFY 2007 findings of noncompliance are the same as those outlined in an earlier section on methods of verification of FFY 2008 findings.

As described above, it is not required to correct child-specific noncompliance for this indicator, since these children were no longer within the jurisdiction of the EI program at the time the specific noncompliance was identified.

Systemic noncompliance is identified and correction is verified at the local program level by monitoring reviews, analysis of local data, and dispute resolution. For indicator 8A, there were 5 findings (1 from municipality monitoring, 3 from local data, and 1 from dispute resolution) of noncompliance in FFY 2007 that remained uncorrected as of the FFY 2008 APR. Of these 5 findings, 1 finding (from municipality monitoring) was verified as subsequently corrected (i.e. it was corrected, but not within one year of notification). The remaining 4 FFY 2007 findings (3 from local data and 1 from dispute resolution) for indicator 8A remain uncorrected at this time. They will continue to be followed up on and their status will be reported in a future APR.

Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2007:

As described above, it is not required to correct child-specific noncompliance for this indicator, since these children were no longer within the jurisdiction of the EI program at the time the specific noncompliance was identified.

1. Monitoring FFY 2007 Findings
 - c. Verification of Systemic Correction - Verification of systemic correction occurred when the Department's contractor completed a subsequent routine review of this provider.
2. Local Data FFY 2007 Findings
 - a. Verification of Systemic Correction - Local data findings in FFY 2007 were based on FFY 2005 local data (children who left the EIP between July 1, 2005 and June 30, 2006). This local data was gathered through a self-assessment completed by local programs. Local

programs that were oversampled in FFY 2005 and showed noncompliance in this indicator were oversampled in subsequent years based on program size and degree of noncompliance. Local data for subsequent years was checked, and local programs that were found to have rates of 100% in a subsequent year were counted as having corrected the noncompliance. A FFY 2007 finding that remained uncorrected as of the FFY 2008 APR was counted as subsequently corrected if the local program had a rate of 100% in FFY 2009. If a FFY 2007 finding was found to be corrected, but had a rate less than 100% in a FFY after the correction, the later noncompliance will result in a finding for that FFY, and will be addressed in the appropriate APR.

3. Provider FFY 2007 Findings

- a. 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. When noncompliance is identified through a system complaint investigation, a final response letter, issued to the complainant and all identified parties, identifies specific actions which must be taken to correct items of noncompliance and steps to ensure continued compliance. A staff person is responsible for ensuring that municipalities and providers submit a CAP within 30 days of the letter of findings. Requests and responses are tracked in a system complaint CAP tracking system. A reminder system is in place to signal the approach of the 30 day timeline. A staff person assists the submitter of the CAP during the development of the CAP. If the CAP is received, but is deficient in some aspects, staff notifies the provider or municipality of the specific areas that the CAP is deficient, requests that a supplemental CAP be submitted and provides technical assistance until the plan is acceptable. The plans are designed to correct an immediate situation and prevent future reoccurrence. Requirements in a CAP are designed to include changes in policy & 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 six 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.

The FFY 2007 due process finding that remains uncorrected as of the FFY 2009 APR will continue to be tracked, and will be reported on in future a APR. The local program continues to address their transition issues.

Correction of Any Remaining Findings of Noncompliance from FFY 2006 or Earlier (if applicable):

None

Additional Information Required by the OSEP APR Response Table for this Indicator (if applicable):

None

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010 (if applicable):

Improvement activities for this indicator were reviewed, and no changes were found to be needed at this time. These activities will be monitored in conjunction with performance, and will be considered for future modification if necessary.

Part C State Annual Performance Report (APR) for FFY 2009

Overview of the Annual Performance Report Development:

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Indicator 8B: 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. Notification to LEA, if child potentially eligible for Part B.

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

Measurement:

Percent = [(# of children exiting Part C and potentially eligible for Part B where the notification to the LEA occurred) divided by the (# of children exiting Part C who were potentially eligible for Part B)] times 100.

Data Collection:

The rates for indicator 8 A-C are calculated based on data collected from a State monitoring self-assessment that was completed by each of the 58 local programs. The children for each local program’s self-assessment were selected randomly from the group of all children in the municipality who had left the Early Intervention Program between July 1, 2009 and June 30, 2010. The number of children selected from each local program was determined by the size of the local program and the extent of noncompliance in the FFY 2008 self-assessment. The number of children from each local program was typically between 5 and 30 children.

New York State collected data for indicators 8 A-C by using a stratified sample of 909 children who exited the Part C program between July 1, 2009 and June 30, 2010. These children were selected from the 30,855 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 using 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 statewide performance rate.

In order to gather locally representative data, each local program was scheduled to 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. In FFY 2009, no local programs were oversampled for the explicit purpose of having locally representative data.

Local programs were required to complete a self-assessment tool developed by the Department for the children identified to them by the Department. The Department’s monitoring contractor provided onsite assistance to New York City, in order to ensure data consistency and validity.

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.

FFY	Measurable and Rigorous Target
FFY 2009 (2009-2010)	100%

Actual Target Data for FFY 2009:

Of the 909 sample children with IFSPs who exited Part C during the reporting period, 165 were explicitly identified as not potentially eligible for Part B. Of the remaining 744 children, 622 had documentation of notification to the LEA and an additional 35 children were not potentially eligible for Part B due to other documented reasons (18 due to delay/condition being resolved prior to the transition conference being required, 10 due to delay resolved prior to transition conference being required, 6 due to family refusing EI services prior to transition conference being required, and 1 due to child death). Using the OSEP-required *unweighted* calculation, this results in a rate of **87.7%**.

The *weighted* calculation shows that **78.6%** of children with IFSPs who were potentially eligible for Part B had documentation of notification to the LEA.

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

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred in FFY 2009:

New York reports that **87.7%** of children (unweighted) leaving the Early Intervention Program in FFY 2009 who were potentially eligible for Part B had documentation of notification to the LEA, compared to 82.6% in FFY 2008, which represents an increase of 5.1 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 weighted calculation, New York State's rate for this indicator increased by 4.5 percentage points from FFY 2008 to FFY 2009 (74.1% to 78.6%).

Unlike the FFY 2008 transition survey, the FFY 2009 self-assessment did not contain a specific question regarding parental declination of LEA notification. FFY 2008 self-assessment data indicated that a minimum of 7% (unweighted) and 13.6% (weighted) of children without documentation of LEA notification were due to a lack of parental consent for notification. Under the reasonable assumption that there was a proportional lack of notification due to lack of parental consent in FFYs 2008 and 2009, New York would have rates of 92.3% (unweighted) or 88.5% (weighted) for indicator 8B in FFY 2009 if these children

APR Template – Part C (4)

New York
State

could be discounted from the calculation. Lack of parental consent was the most significant cause for LEAs not receiving notification.

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 has amended 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. However, an OSEP-approved opt-out policy was not in effect for the time period covered by these data.

Thus, in FFY 2009, 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.

As discussed in the "Improvement Activities" section under indicator 8A, New York State continues to refine its data collection tool that is used to collect transition data and to provide instructions and technical assistance on its use to the local programs. Additional guidance is being provided regarding how to document the information required for this data collection.

Local programs received notification of their FFY 2008 findings of noncompliance along with their FFY 2008 local determination. The determinations were based on local data and were heavily weighted toward the compliance indicators. This letter notified any local program with a finding of noncompliance that it was necessary to correct the noncompliance within one year, and notified them of further potential enforcement actions. These local programs were also required to participate in all Department sponsored bimonthly all-county conference calls and discussions related to the relevant indicators. Additional enforcement actions were required of any local program who received a determination other than "Meets Requirements":

- Local programs who received a determination of "Needs Assistance" were also required to examine, revise, and upon request submit to the Department, revised policies and procedures with respect to the relevant indicators.
- Local programs who received a determination of "Needs Assistance (2)" as a result of continued low rates of local data were additionally required to contact a specifically assigned Bureau of Early Intervention staff member to obtain technical assistance on revising policies and procedures related to the relevant indicators. These local programs were also required to convene a meeting of their Local Early Intervention Coordinating Council (LEICC) to review the determination and obtain input on revising policies and procedures related to the relevant indicators and to submit to the Department within 90 days the LEICC meeting agenda, list of attendees and meeting minutes with an assurance that the policies and procedures were revised in order to improve performance and come into compliance with federal requirements within one year.
- Local programs who received a determination of "Needs Intervention" were additionally required to submit to BEI within 60 days a corrective action plan including revised policies and procedures and the steps the County will take to come into compliance with federal requirements within one year.

Correction of FFY 2008 Findings of Noncompliance (if State reported less than 100% compliance):

1. Number of findings of noncompliance the State made during FFY 2008 (the period from July 1, 2008, through June 30, 2009)	54
2. Number of FFY 2008 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	27
3. Number of FFY 2008 findings <u>not</u> verified as corrected within one year [(1) minus	27

(2)]	
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Correction of FFY 2008 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected:

4. Number of FFY 2008 findings not timely corrected (same as the number from (3) above)	27
5. Number of FFY 2008 findings the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	1
6. Number of FFY 2008 findings <u>not</u> verified as corrected [(4) minus (5)]	26

Actions Taken if Noncompliance Not Corrected:

A root cause analysis showed that the majority of the noncompliance for this indicator was the result of a lack of an OSEP-approved “opt-out” policy. For some of FFY 2009, New York State did not have such policy, and therefore was unable to exclude these children from the calculation for this indicator. State regulations required that parental consent be obtained prior to notification to the LEA, but these children were not considered as “opt-outs” and so LEA notification was considered to have not occurred for these children. By the end of FFY 2009, New York State had modified its regulations and submitted an “opt-out” policy to OSEP for approval. In the FFY 2010 and subsequent APRs, these children are expected to be excluded from the calculation for this indicator, which should significantly reduce the extent of noncompliance on this indicator.

Compliance with indicator 8B was a major factor in the local program determinations issued by the Department during this reporting period. Written notices of local determinations for FFY 2008 were sent to local programs in January 2011 with accelerated corrective action based on the determination rating the local program received. At a minimum, local programs that received a determination of “Needs Assistance” or worse for two years in a row were directed to:

- participate in all Department sponsored bimonthly all-county conference calls and discussions related to the relevant indicators
- examine, revise, and upon request submit to the Department, revised policies and procedures with respect to the relevant indicators
- contact a specifically assigned Bureau of Early Intervention staff member to obtain technical assistance on revising policies and procedures related to the relevant indicators
- convene a meeting of their Local Early Intervention Coordinating Council (LEICC) to review the determination and obtain input on revising policies and procedures related to the relevant indicators and to submit to the Department within 90 days the LEICC meeting agenda, list of attendees and meeting minutes with an assurance that the policies and procedures were revised in order to improve performance and come into compliance with federal requirements within one year.

Verification of Correction of FFY 2008 noncompliance or FFY 2008 findings (either timely or subsequent):

Noncompliance occurring between July 1, 2008 and June 30, 2009

The monitoring sample used in the transition self-assessment for the FFY 2008 APR was selected from children who had left the EIP between July 1, 2008 and June 30, 2009. It is not possible nor is it required to correct this child-specific noncompliance, since these children were no longer within the jurisdiction of the EI program at the time the specific noncompliance was identified.

FFY 2008 findings

The specific methods that were used to verify correction of findings of noncompliance are outlined in the subsequent section.

Similar to the FFY 2008 noncompliance, the FFY 2006 noncompliance that resulted in FFY 2008 findings was based on a monitoring sample of children who had left the EIP between July 1, 2006 and June 30, 2007. As above, it is not required to correct this child-specific noncompliance, since these children were no longer within the jurisdiction of the EI program at the time the specific noncompliance was identified.

Systemic noncompliance is identified and correction is verified at the local program level by monitoring reviews, analysis of local data, and dispute resolution. For indicator 8B, there were 54 findings (48 from municipality monitoring and 6 from local data) of noncompliance in FFY 2008. Of these 54 findings, 27 findings (23 from municipality monitoring and 4 from local data) were verified to be timely corrected. An additional finding (from local data) was verified to have been subsequently corrected. The remaining 26 FFY 2008 findings (25 from municipality monitoring and 1 from local data) for indicator 8B remain uncorrected at this time. They will continue to be followed up on and their status will be reported in a future APR.

Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2008:

As described above, it is not required to correct child-specific noncompliance for this indicator, since these children were no longer within the jurisdiction of the EI program at the time the specific noncompliance was identified.

1. Municipality Monitoring FFY 2008 Findings
 - a. Verification of Systemic Correction - During our verification process, it was determined that for municipalities who received a verification of correction review, which consisted of a self-assessment review and an onsite verification review conducted by the Department's contractor, 23 municipalities achieved 100% correction of this indicator within one year. There were 25 municipalities that received a technical assistance call to provide strategies for correction of the noncompliance. A new child sample will be reviewed in January to see if the remaining 25 municipalities have achieved 100% correction.
2. Local Data FFY 2008 Findings
 - a. Verification of Systemic Correction - Local data findings in FFY 2008 were based on FFY 2006 local data (children who left the EIP between July 1, 2006 and June 30, 2007). This local data was gathered through a self-assessment completed by local programs. Local programs that were oversampled in FFY 2006 and showed noncompliance in this indicator were oversampled in subsequent years based on program size and degree of noncompliance (i.e. a larger sample was selected in later years for municipalities that had higher enrollment or who were identified with higher levels of noncompliance). Local programs that had a FFY 2006 rate less than 100% for this compliance indicator were notified in writing of their noncompliance in December 2008 when they received their local determination. Local data for subsequent years was checked, and local programs that were found to have rates of 100% in a subsequent year were counted as having corrected the noncompliance. The finding was counted as timely corrected (within one year of notification) if the 100% rate was in FFY 2007 or FFY 2008, since both of these FFYs were complete prior to December 2009. The finding was counted as subsequently corrected if the local program had a rate of 100% in FFY 2009, but had not been timely corrected. If a FFY 2008 finding was found to be corrected, but had a rate less than 100% in a FFY after the correction, the later noncompliance will result in a finding for that FFY, and will be addressed in the appropriate APR.

Correction of Remaining FFY 2007 Findings of Noncompliance (if applicable):

1. Number of remaining FFY 2007 findings of noncompliance noted in OSEP’s June 2010, FFY 2008 APR response table for this indicator	1
2. Number of remaining FFY 2007 findings the State has verified as corrected	0
3. Number of remaining FFY 2007 findings the State has NOT verified as corrected [(1) minus (2)]	1

Verification of Correction of Remaining FFY 2007 findings:

The specific methods that were used to verify correction of the FFY 2007 finding of noncompliance are the same as those outlined in an earlier section on methods of verification of FFY 2008 findings.

As described above, it is not required to correct child-specific noncompliance for this indicator, since these children were no longer within the jurisdiction of the EI program at the time the specific noncompliance was identified.

Systemic noncompliance is identified and correction is verified at the local program level by monitoring reviews, analysis of local data, and dispute resolution. For indicator 8B, there was 1 finding (based on local data) of noncompliance in FFY 2007 that remained uncorrected as of the FFY 2008 APR. This remaining FFY 2007 finding for indicator 8B has not yet been verified as subsequently corrected. It will continue to be followed up on and its status will be reported in a future APR.

Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2007:

Subsequent correction of FFY 2007 findings was verified using the same verification process (described above) as the FFY 2008 findings.

As described above, it is not required to correct child-specific noncompliance for this indicator, since these children were no longer within the jurisdiction of the EI program at the time the specific noncompliance was identified.

1. Local Data FFY 2007 Findings
 - a. Verification of Systemic Correction - Local data findings in FFY 2007 were based on FFY 2005 local data (children who left the EIP between July 1, 2005 and June 30, 2006). This local data was gathered through a self-assessment completed by local programs. Local programs that were oversampled in FFY 2005 and showed noncompliance in this indicator were oversampled in subsequent years based on program size and degree of noncompliance. Local data for subsequent years was checked, and local programs that were found to have rates of 100% in a subsequent year were counted as having corrected the noncompliance. A FFY 2007 finding that remained uncorrected as of the FFY 2008 APR was counted as subsequently corrected if the local program had a rate of 100% in FFY 2009. If a FFY 2007 finding was found to be corrected, but had a rate less than 100% in a FFY after the correction, the later noncompliance will result in a finding for that FFY, and will be addressed in the appropriate APR.

Correction of Any Remaining Findings of Noncompliance from FFY 2006 or Earlier (if applicable):

None

Additional Information Required by the OSEP APR Response Table for this Indicator (if applicable):

None

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010 (if applicable):

As noted in an earlier section of this indicator, improvement activities occurred regarding indicator 8B. Specifically, an OSEP-approved opt-out policy was enacted that will be in effect for all children transitioning out of the EIP in FFY 2010 and later.

Part C State Annual Performance Report (APR) for FFY 2009

Overview of the Annual Performance Report Development:

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

C. Transition conference, if child potentially eligible for Part B.

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

Measurement:

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.

Account for untimely transition conferences, including reasons for delays.

Data Collection:

The rates for indicator 8 A-C are calculated based on data collected from a State monitoring self-assessment that was completed by each of the 58 local programs. The children for each local program’s self-assessment were selected randomly from the group of all children in the municipality who had left the Early Intervention Program between July 1, 2009 and June 30, 2010. The number of children selected from each local program was determined by the size of the local program and the extent of noncompliance in the FFY 2008 self-assessment. The number of children from each local program was typically between 5 and 30 children.

New York State collected data for indicators 8 A-C by using a stratified sample of 909 children who exited the Part C program between July 1, 2009 and June 30, 2010. These children were selected from the 30,855 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 using 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 statewide performance rate.

In order to gather locally representative data, each local program was scheduled to 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. In FFY 2009, no local programs were oversampled for the explicit purpose of having locally representative data.

Local programs were required to complete a self-assessment tool developed by the Department for the children identified to them by the Department. The Department’s monitoring contractor provided onsite assistance to New York City, in order to ensure data consistency and validity.

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.

FFY	Measurable and Rigorous Target
FFY 2009 (2009-2010)	100%

Actual Target Data for FFY 2009:

Of the 909 sample children with IFSPs who exited Part C during the reporting period, 165 were explicitly identified as not potentially eligible for Part B. Of the remaining 744 children, there were 16 children who were not potentially eligible for Part B for other documented reasons (14 due to the delay/condition being resolved prior to the transition conference being required and 2 due to being referred within 90 days of their 3rd birthday). There were also 416 children whose families did not consent to a transition conference. In addition, there were 39 children who did not have a timely transition conference due to exceptional family circumstances that were documented in the child’s record (family moved in the middle of the transition process, family unresponsive, family refusing EI services prior to transition conference being required, family pursuing CPSE on their own, or child death). As the parent did not grant approval for a transition conference, OSEP requires that these 39 children be excluded from both the numerator and denominator of the calculation. There were 205 children with records that contained documentation of a timely transition conference. Using the OSEP-required *unweighted* calculation, this results in a rate of **75.1%**.

The *weighted* calculation shows that **71.5%** of children had a timely transition.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred in FFY 2009:

Using the unweighted methodology, New York reports that 75.1% of children in FFY 2009 had a timely transition conference, compared to 63.6% in FFY 2008, which is an increase of 11.5 percentage points. Using the weighted methodology that reflects true performance, New York shows an increase of 10.6 percentage points for this indicator, from 60.9% in FFY 2008 to 71.5% in FFY 2009.

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

As discussed in the “Improvement Activities” section under indicator 8A, New York State continues to refine its data collection tool that is used to collect transition data and to provide instructions and technical assistance on its use to the local programs. Additional guidance is being provided regarding how to document the information required for this data collection.

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

APR Template – Part C (4)

New York
State

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).

Local programs received notification of their FFY 2008 findings of noncompliance along with their FFY 2008 local determination. The determinations were based on local data and were heavily weighted toward the compliance indicators. This letter notified any local program with a finding of noncompliance that it was necessary to correct the noncompliance within one year, and notified them of further potential enforcement actions. These local programs were also required to participate in all Department sponsored bimonthly all-county conference calls and discussions related to the relevant indicators. Additional enforcement actions were required of any local program who received a determination other than “Meets Requirements”:

- Local programs who received a determination of “Needs Assistance” were also required to examine, revise, and upon request submit to the Department, revised policies and procedures with respect to the relevant indicators.
- Local programs who received a determination of “Needs Assistance (2)” as a result of continued low rates of local data were additionally required to contact a specifically assigned Bureau of Early Intervention staff member to obtain technical assistance on revising policies and procedures related to the relevant indicators. These local programs were also required to convene a meeting of their Local Early Intervention Coordinating Council (LEICC) to review the determination and obtain input on revising policies and procedures related to the relevant indicators and to submit to the Department within 90 days the LEICC meeting agenda, list of attendees and meeting minutes with an assurance that the policies and procedures were revised in order to improve performance and come into compliance with federal requirements within one year.
- Local programs who received a determination of “Needs Intervention” were additionally required to submit to BEI within 60 days a corrective action plan including revised policies and procedures and the steps the County will take to come into compliance with federal requirements within one year.

Correction of FFY 2008 Findings of Noncompliance (if State reported less than 100% compliance):

1. Number of findings of noncompliance the State made during FFY 2008 (the period from July 1, 2008, through June 30, 2009)	60
2. Number of FFY 2008 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	25
3. Number of FFY 2008 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	35

FFY 2008 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected:

4. Number of FFY 2008 findings not timely corrected (same as the number from (3) above)	35
5. Number of FFY 2008 findings the State has verified as corrected beyond the one-	4

year timeline (“subsequent correction”)	
6. Number of FFY 2008 findings <u>not</u> verified as corrected [(4) minus (5)]	31

Actions Taken if Noncompliance Not Corrected:

Root cause analysis indicates that the primary factor in children not receiving timely transition conferences are related to the difficulty coordinating with the LEAs. The department continues to work with the State Education Department in order to coordinate better on the transition process

Also, there still continues to be incomplete understanding in the local programs regarding what and how to document the required information regarding the transition conference. Although understanding in this area is much improved over previous years, continuing education is required. TA efforts in this area will continue.

Compliance with indicator 8C was a major factor in the local program determinations issued by the Department during this reporting period. Written notices of local determinations for FFY 2008 were sent to local programs in January 2011 with accelerated corrective action based on the determination rating the local program received. At a minimum, local programs that received a determination of “Needs Assistance” or worse for two years in a row were directed to:

- participate in all Department sponsored bimonthly all-county conference calls and discussions related to the relevant indicators
- examine, revise, and upon request submit to the Department, revised policies and procedures with respect to the relevant indicators
- contact a specifically assigned Bureau of Early Intervention staff member to obtain technical assistance on revising policies and procedures related to the relevant indicators
- convene a meeting of their Local Early Intervention Coordinating Council (LEICC) to review the determination and obtain input on revising policies and procedures related to the relevant indicators and to submit to the Department within 90 days the LEICC meeting agenda, list of attendees and meeting minutes with an assurance that the policies and procedures were revised in order to improve performance and come into compliance with federal requirements within one year.

Verification of Correction of FFY 2008 noncompliance or FFY 2008 findings (either timely or subsequent):

Noncompliance occurring between July 1, 2008 and June 30, 2009

The monitoring sample used in the transition self-assessment for the FFY 2008 APR was selected from children who had left the EIP between July 1, 2008 and June 30, 2009. It is not possible nor is it required to correct this child-specific noncompliance, since these children were no longer within the jurisdiction of the EI program at the time the specific noncompliance was identified.

FFY 2008 findings

The specific methods that were used to verify correction of findings of noncompliance are outlined in the subsequent section.

Similar to the FFY 2008 noncompliance, the FFY 2006 noncompliance that resulted in FFY 2008 findings was based on a monitoring sample of children who had left the EIP between July 1, 2006 and June 30, 2007. As above, it is not required to correct this child-specific noncompliance, since these children were no longer within the jurisdiction of the EI program at the time the specific noncompliance was identified.

Systemic noncompliance is identified and correction is verified at the local program level by monitoring reviews, analysis of local data, and dispute resolution. For indicator 8C, there were 60 findings (40 from

municipality monitoring and 20 from local data) of noncompliance in FFY 2008. Of these 60 findings, 25 findings (14 from municipality monitoring and 11 from local data) were verified to be timely corrected. Of the remaining findings, 4 additional findings (all from local data) were verified to have been subsequently corrected. The remaining 31 FFY 2008 findings (26 from municipality monitoring and from local data) for indicator 8C remain uncorrected at this time. They will continue to be followed up on and their status will be reported in a future APR.

Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2008:

As described above, it is not required to correct child-specific noncompliance for this indicator, since these children were no longer within the jurisdiction of the EI program at the time the specific noncompliance was identified.

1. Municipality Monitoring FFY 2008 Findings
 - a. Verification of Systemic Correction - During our verification process, it was determined that for the 40 municipalities who received a verification of correction review relating to FFY 2008 findings, consisting of a self-assessment review and an onsite verification review conducted by the Department’s contractor, 14 municipalities achieved 100% correction of this indicator within one year. The remaining 26 municipalities received a technical assistance call to provide strategies for correction of the noncompliance. A new child sample will be reviewed in January to see if the remaining 26 municipalities have achieved 100% correction.
2. Local Data FFY 2008 Findings
 - a. Verification of Systemic Correction - Local data findings in FFY 2008 were based on FFY 2006 local data (children who left the EIP between July 1, 2006 and June 30, 2007). This local data was gathered through a self-assessment completed by local programs. Local programs that were oversampled in FFY 2006 and showed noncompliance in this indicator were oversampled in subsequent years based on program size and degree of noncompliance (i.e. a larger sample was selected in later years for municipalities that had higher enrollment or who were identified with higher levels of noncompliance). Local programs that had a FFY 2006 rate less than 100% for this compliance indicator were notified in writing of their noncompliance in December 2008 when they received their local determination. Local data for subsequent years was checked, and local programs that were found to have rates of 100% in a subsequent year were counted as having corrected the noncompliance. The finding was counted as timely corrected (within one year of notification) if the 100% rate was in FFY 2007 or FFY 2008, since both of these FFYs were complete prior to December 2009. The finding was counted as subsequently corrected if the local program had a rate of 100% in FFY 2009, but had not been timely corrected. If a FFY 2008 finding was found to be corrected, but had a rate less than 100% in a FFY after the correction, the later noncompliance will result in a finding for that FFY, and will be addressed in the appropriate APR.

Correction of Remaining FFY 2007 Findings of Noncompliance (if applicable):

1. Number of remaining FFY 2007 findings of noncompliance noted in OSEP’s June 2010, FFY 2008 APR response table for this indicator	3
2. Number of remaining FFY 2007 findings the State has verified as corrected	0
3. Number of remaining FFY 2007 findings the State has NOT verified as corrected [(1) minus (2)]	3

Verification of Correction of Remaining FFY 2007 findings:

The specific methods that were used to verify correction of the FFY 2007 finding of noncompliance are the same as those outlined in an earlier section on methods of verification of FFY 2008 findings.

As described above, it is not required to correct child-specific noncompliance for this indicator, since these children were no longer within the jurisdiction of the EI program at the time the specific noncompliance was identified.

Systemic noncompliance is identified and correction is verified at the local program level by monitoring reviews, analysis of local data, and dispute resolution. For indicator 8C, there were 3 findings (based on local data) of noncompliance in FFY 2007 that remained uncorrected as of the FFY 2008 APR. These remaining FFY 2007 findings for indicator 8C have not yet been verified as subsequently corrected. They will continue to be followed up on and their status will be reported in a future APR.

Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2007:

Subsequent correction of FFY 2007 findings was verified using the same verification process (described above) as the FFY 2008 findings.

As described above, it is not required to correct child-specific noncompliance for this indicator, since these children were no longer within the jurisdiction of the EI program at the time the specific noncompliance was identified.

1. Local Data FFY 2007 Findings

- a. Verification of Systemic Correction - Local data findings in FFY 2007 were based on FFY 2005 local data (children who left the EIP between July 1, 2005 and June 30, 2006). This local data was gathered through a self-assessment completed by local programs. Local programs that were oversampled in FFY 2005 and showed noncompliance in this indicator were oversampled in subsequent years based on program size and degree of noncompliance. Local data for subsequent years was checked, and local programs that were found to have rates of 100% in a subsequent year were counted as having corrected the noncompliance. A FFY 2007 finding that remained uncorrected as of the FFY 2008 APR was counted as subsequently corrected if the local program had a rate of 100% in FFY 2009. If a FFY 2007 finding was found to be corrected, but had a rate less than 100% in a FFY after the correction, the later noncompliance will result in a finding for that FFY, and will be addressed in the appropriate APR.

Correction of Any Remaining Findings of Noncompliance from FFY 2006 or Earlier (if applicable):

None

Additional Information Required by the OSEP APR Response Table for this Indicator (if applicable):

None

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010 (if applicable):

On October 19-20, in-person training and guidance was provided to local program staff at New York State's Early Intervention Annual Meeting regarding transition requirements, As follow-up to the annual

meeting, a “Transition Toolbox” was developed and disseminated to local programs and other EI stakeholders, which contained the following items:

- Transition Powerpoint
- NYS EIP Opt-out Procedures
- Q&As Written Notification of Potential Eligibility to CPSE
- Transition Process Diagram
- Transition Plan (Form A)
- Transition Plan (Form B)
- Transition Plan Guidance
- Transition Referral Form
- Transition Notification Form
- Parent Form - Written Notification Requirements and Timeline (Revised)
- Consent Form for Ongoing Service Coordinator’s Contact Information
- Transition Conference Consent Form

Part C State Annual Performance Report (APR) for FFY 2009

Overview of the Annual Performance Report Development:

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

Measurement:

Percent of noncompliance corrected within one year of identification:

- a. # of findings of noncompliance.
 - b. # of corrections completed as soon as possible but in no case later than one year from identification.
- Percent = [(b) divided by (a)] times 100.

FFY	Measurable and Rigorous Target
FFY 2009 (2009-2010)	100%

Actual Target Data for FFY 2009:

75.2%

Describe the process for selecting EIS programs for Monitoring:

For this reporting period, select approved providers and all municipalities in New York State had a comprehensive onsite monitoring review conducted. All 58 municipalities and 618 providers were monitored. All 58 municipalities were selected to have a comprehensive onsite monitoring review conducted as local administrators of the early intervention program during 2007-2009 because they had not had a comprehensive onsite monitoring review completed to evaluate their performance for those responsibilities since 2003. The providers were selected based on the following three criteria: past monitoring performance (greater than or equal to 20% regulatory violations), volume of children served (higher risk to the program), and the date of last monitoring review.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that Occurred for FFY 2009:

For FFY 2008, information used for indicator 9 to demonstrate the rate of correction of noncompliance as soon as possible but in no case later than one year of identification, was obtained from the Department's comprehensive onsite monitoring data, from the Department's data collection system and transition self-assessment 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.

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

- Review of child records;
- Evaluation and approval of written policies and procedures regarding confidentiality requirements, describing how the provider will implement program requirements to correct confidentiality practices (See Indicator C-9 Worksheet under "Other areas of noncompliance" for specific programs that were issued findings regarding confidentiality practices and correction of noncompliance verified);
- Review of other documents related to the early intervention program administration, including personnel records, billing and fiscal records, forms and reports;
- Requires a rigorous immediate remediation process to be followed when serious noncompliance relating to use of unqualified personnel or other health and safety issues are identified;
- For every finding of noncompliance regarding a violation of IDEA requirements or NY State requirements, each provider and municipality must submit a Corrective Action Plan (CAP) which includes the following items:
 - Identification of the root cause which produced the non compliance
 - Identification of Action Steps and Strategies to make improvements
 - Revision of written policies and procedures
 - Discussion of organizational changes that are required to correct the noncompliance
 - Describe a plan to provide updated training
 - Describe supervision and oversight to assure staff will carry out changes in policy correctly
 - Describe documentation which will be maintained to provide evidence of corrected practices
 - Describe quality assurance method that will be used to ensure corrections are being implemented
 - CAPs are reviewed and approved by Department staff within 60 days of receipt. A written CAP response letter which includes suggestions for revision of the CAP and technical assistance is sent to each provider and municipality subsequent to review of their CAP.
- Conducting follow up focused reviews and verification of correction reviews when noncompliance is determined;
- Requiring attendance at Department-sponsored EI training, if numerous or repeat findings of noncompliance are determined during subsequent monitoring reviews;
- Participation in targeted technical assistance calls with Department staff to discuss recurrent findings of noncompliance and to brainstorm for root cause of noncompliance and strategies to improve compliance; and
- Implementation of a two-pronged verification of correction procedure to verify correction of all findings of noncompliance related to a violation of IDEA requirements at the child-specific level and at the systemic level, through multiple methods, as follows:
 - Having our monitoring contractor conduct subsequent follow-up onsite visits to review the child-specific record and a subsequent subset of child records (including IFSPs, session notes, transition plans, etc) identified through the Department's data system;

APR Template – Part C (4)

New York
State

- Conducting interviews with providers to determine understanding of implementation of policies and procedures;
- Review of revised policies and procedures;
- Self-assessment reviews based on a subset of child records identified through the Department's data system; and
- After acceptance of a corrective action plan (CAP); submission of a subset of child records identified through the Department's data system to review for correction of noncompliance.

Based on this protocol, findings of violations of federal and state regulations are made no later than 90 days from the onsite review. For FFY 2008, 74% of providers and municipalities were issued reports of violations of IDEA requirements and New York State early intervention regulations within 90 days of their onsite review. The remaining providers and municipalities had significant complex issues regarding specific practices, or the reports needed to be approved at a higher Department level, therefore, their monitoring reports were issued later than 90 days from their onsite monitoring review.

New York State had slippage of our target for indicator 9 for this program year based on addition of municipal monitoring findings and local data findings. Local data began to be considered findings in last year's APR and comprise a significant proportion of all findings (approximately 16% of all FFY 2008 findings). Due to the number and size of New York State's local programs and the use of the full data system or a large sample to generate this local data, there are a large number of local data findings each year, and it is extremely difficult to demonstrate 100% correction of this noncompliance. Additionally, findings from municipal monitoring showed the same findings of noncompliance with IDEA requirements, although determined from a sample and source document review of child records. The municipalities have demonstrated significant improvement in compliance; however, 100% compliance for all indicators has not been achieved within one year. The municipalities face considerable issues with fiscal restraints that prevent them from hiring or contracting with additional staff, have provider capacity gaps which prevent timely services, as well as have problems with providers who do not wish to travel to very rural or urban areas of New York State, among other issues they face which are described later in this section. New York State continues to implement a rigorous comprehensive monitoring system that reviews providers and municipalities every 2-4 years. Many providers and municipalities have been monitored at least three times since 2002; for each, they are required to develop a corrective action plan (CAP) which includes all items as noted previously. Also, the Department has participated in monthly technical assistance calls with OSEP and its TA resources, Northeast Regional Resource Center (NERRC) and the Data Accountability Center (DAC) to develop a multi-method verification of correction process, entitled Required Evidence of Correction (REC). Additionally, the Department has provided extensive written technical assistance and has provided technical assistance to providers and municipalities through one-on-one conference calls, in efforts to assist them with strategies to achieve correction of non compliance.

Note: For this indicator, report data on the correction of findings of noncompliance the State made during FFY 2008 (July 1, 2008 through June 30, 2009) and verified as corrected as soon as possible and in no case later than one year from identification.

Timely Correction of FFY 2008 Findings of Noncompliance (corrected within one year from identification of the noncompliance):

1. Number of findings of noncompliance the State made during FFY 2008 (the period from July 1, 2008, through June 30, 2009) (Sum of Column a on the Indicator C 9 Worksheet)	960
2. Number of findings the State verified as timely corrected (corrected within one	722

APR Template – Part C (4)

New York
State

year from the date of notification to the EIS programs of the finding) (Sum of Column b on the Indicator C 9 Worksheet)	
3. Number of findings <u>not</u> verified as corrected within one year [(1) minus (2)]	238

Correction of FFY 2008 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected:

4. Number of FFY 2008 findings not timely corrected (same as the number from (3) above)	238
5. Number of FFY 2008 findings the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	30
6. Number of FFY 2008 findings <u>not</u> yet verified as corrected [(4) minus (5)]	208

Describe the specific actions that the State took to verify the correction in FFY 2009 of findings of noncompliance identified in FFY 2008:

For the 123 findings of noncompliance identified through provider and municipal monitoring that have not yet been verified as corrected, New York State has done the following:

For one provider agency which did not achieve correction of noncompliance for indicator 1 (timely provision of services), an onsite verification of correction visit was completed by the Department’s contractor. A subset of child records were reviewed and it was determined that although there was improvement which demonstrated that most of the child records were verified that correction was achieved, there was still a pattern of noncompliance determined with timely provision of services. For those records reviewed that did not demonstrate that services were provided within 30 days, each of the children received the correct services on the IFSP subsequent to the 30 day timeline. Therefore, although the requirement for timely services was not met in 100% of the child records reviewed, it was verified that each child eventually received their services. For this provider, Department staff conducted a technical assistance call with the agency director to problem solve the root cause of this noncompliance. Strategies were discussed to provide ideas for changes in procedures to achieve correction. A subsequent subset of child records will be reviewed again in 2011 to see if 100% of correction has occurred.

The remaining findings of uncorrected noncompliance are based on reviews of 49 municipalities. Each of the 49 municipalities who had findings determined in FFY 2008 received a verification of correction review which consisted of a self-assessment review process and an onsite verification review conducted by our contractor. The self-assessment process consisted of the municipalities conducting a self-assessment review of a subset of their child records identified by the Department, and documenting specific dates and events on a tool developed by the Department, depending upon the requirements for each compliance indicator. The self-assessment document was then reviewed by Department staff to determine if 100% correction of noncompliance was achieved. Additionally, onsite verification visits were conducted by the Department’s contractor, which also consisted of review of a subset of child records identified by the Department. Our contractor also utilized a tool developed by the Department for the onsite verification reviews, which required evidence of documentation of specific dates and events collected, and was then reviewed by Department staff to determine verification of correction. For each municipality that had a verification review, it was determined that most of the municipalities achieved 100% correction of some noncompliance, although not all. Substantial improvement was seen in most cases for indicators 1, 7, 8A and for indicators noted on the Indicator C-9 Worksheet under “other areas of noncompliance.” Although systemic correction was not achieved for all indicators for all 49 municipalities, it was determined that each

child received their IFSP meetings, EI services, and transitioned into 4410 programs or other community programs, although late, therefore, child-specific correction of noncompliance was achieved for all determinations.

For each municipality that continues to have uncorrected noncompliance, Department staff conducted targeted one-on-one technical assistance calls with municipal staff. During those TA calls, Department staff reviewed policies, procedures and child records with municipal staff to try to determine the root cause of the noncompliance. For many cases, the root cause was determined to be similar among municipalities, including capacity problems with certain provider disciplines, inability to contact parents to schedule IFSP meetings or begin services, service coordinators not carrying out their responsibilities timely or correctly, misunderstandings and miscommunication with local Department's of Social Services and 4410 CPSE chairpersons, which effected timely transition activities, and difficulties in some municipalities as far as providers not willing to travel to certain urban and rural areas. Department staff provided municipalities with multiple strategies for improvement of noncompliance, including additional oversight of service coordination activities, training of service coordinators and providers, adding contract requirements, use of LEICC to problem solve capacity issues, conduct outreach activities to local colleges and universities, develop systems of communication with CPSE chairpersons, ongoing training of CPSE staff on early intervention requirements, increasing collaboration with local DSS and CPSE staff, etc.

The next step in the Department's verification process will be to select another subset of child records for municipalities to review for correction of noncompliance. Because the targeted technical assistance calls were held this fall and strategies for improvement were recently provided, the Department will need to provide municipalities the time needed to make changes and implement revised policies and procedures. We expect to review a new subset of child record in 2011 to ensure further correction of noncompliance.

For three municipalities who had particularly poor performance in the area of monitoring, or had significant system complaints and did not demonstrate a willingness to make improvements, the Department is withholding their administrative funds until an acceptable CAP has been submitted and improvements are demonstrated.

FFY 2008 local data findings were verified to be corrected as follows:

a. Verification of Child-specific Correction

For indicators 1 and 7, child-specific noncompliance was verified primarily through the state data system. All children who had received either a late initial IFSP or late services were confirmed through the KIDS system that the late initial IFSP or late service had been provided within 365 days. In extremely rare cases, direct contact with local program staff was required in order to access information not available through the data system.

For indicators 8 A-C, any child-specific noncompliance involved children who, by definition, had transitioned out of the EI program by June 30, 2010. Correction of child-specific noncompliance for these indicators is not possible, nor required, As described above, it is not required to correct child-specific noncompliance for this indicator, since these children were no longer within the jurisdiction of the EI program at the time the specific noncompliance was identified.

b. Verification of Systemic Correction

Local data findings in FFY 2008 were based on FFY 2006 local data (children with a referral between July 1, 2006 and June 30, 2007 who had an IFSP). Local programs that had a FFY 2006 rate less than 100% for any compliance indicator were notified in writing of their noncompliance in December 2008 when they received their local determination. Local data for subsequent years was checked, and local programs that were found to have rates of 100% in a subsequent year were counted as having corrected the noncompliance. The finding was counted as timely corrected (within one year of notification) if the 100% rate was in FFY 2007 or FFY 2008, since both of these FFYs were complete prior to December 2009. The finding was counted as subsequently corrected if the local program had a rate of 100% in FFY 2009, but had not been timely corrected. If a FFY 2008 finding was found to be corrected, but had a rate less than 100%

in a FFY after the correction, the later noncompliance will result in a finding for that FFY, and will be addressed in the appropriate APR.

The 96 FFY 2008 local data findings that were not corrected (either timely or subsequently) as of this APR will continue to be tracked, and will be reported on in future APRs. Due to the number and size of New York State's local programs and the use of the full data system or a large sample to generate this local data it extremely difficult to demonstrate 100% correction of the noncompliance.

Local programs received notification of their FFY 2008 findings of noncompliance along with their FFY 2008 local determination. The determinations were based on local data and were heavily weighted toward the compliance indicators. This letter notified any local program with a finding of noncompliance that it was necessary to correct the noncompliance within one year, and notified them of further potential enforcement actions. These local programs were also required to participate in all Department sponsored bimonthly all-county conference calls and discussions related to the relevant indicators. Additional enforcement actions were required of any local program who received a determination other than "Meets Requirements":

- Local programs who received a determination of "Needs Assistance" were also required to examine, revise, and upon request submit to the Department, revised policies and procedures with respect to the relevant indicators.
- Local programs who received a determination of "Needs Assistance (2)" as a result of continued low rates of local data were additionally required to contact a specifically assigned Bureau of Early Intervention staff member to obtain technical assistance on revising policies and procedures related to the relevant indicators. These local programs were also required to convene a meeting of their Local Early Intervention Coordinating Council (LEICC) to review the determination and obtain input on revising policies and procedures related to the relevant indicators and to submit to the Department within 90 days the LEICC meeting agenda, list of attendees and meeting minutes with an assurance that the policies and procedures were revised in order to improve performance and come into compliance with federal requirements within one year.
- Local programs who received a determination of "Needs Intervention" were additionally required to submit to BEI within 60 days a corrective action plan including revised policies and procedures and the steps the County will take to come into compliance with federal requirements within one year.

For Due Process findings, there is one remaining finding based on a New York City system complaint that has not yet been corrected for transition. 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 six 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.

Correction of Remaining FFY 2007 Findings of Noncompliance (if applicable):

If the State reported less than 100% for this indicator in its FFY 2007 APR and did not report that the remaining FFY 2007 findings were subsequently corrected, provide the information below:

1. Number of remaining FFY 2007 findings noted in OSEP's June 2010 FFY 2008 APR response table for this indicator	112
2. Number of remaining FFY 2007 findings the State has verified as corrected	19
3. Number of remaining FFY 2007 findings the State has NOT verified as corrected [(1) minus (2)]	93

Correction of Any Remaining Findings of Noncompliance from FFY 2006 or Earlier (if applicable):

Provide information regarding correction of any remaining findings of noncompliance from FFY 2006 or earlier using the same table format provided above for findings made in FFY 2007.

Findings from FFY 2005 and FFY 2006 need to be reported. Local programs received no notification of noncompliance in FFY 2005 or 2006, so there are no local data findings for these years. Any local program with less than 100% on a compliance indicator in FFY 2005 was counted as a FFY 2007 local data finding for that indicator. Similarly, any local program with less than 100% on a compliance indicator in FFY 2006 was counted as a FFY 2008 local data finding for that indicator. Additional TA from OSEP, DAC, and NERRC has clarified their expectations on the handling of noncompliance. New York State, with assistance from DAC and NERRC staff, has developed a timeline to notify local programs of noncompliance in a much more timely fashion.

Additional Information Required by the OSEP APR Response Table for this Indicator (if applicable):

Statement from the Response Table	State’s Response
<p>OSEP’s February 5, 2009 verification visit letter required the State to include in the FFY 2008 APR, due February 1, 2011, FFY 2008 data on the percentage of findings that NYDOH issued within it 90-day timeline.</p>	<p>Findings of violations of federal and state regulations are made no later than 90 days from the onsite review. For FFY 2008, 74% of providers and municipalities were issued reports of violations of IDEA requirements and New York State early intervention regulations within 90 days of their onsite review. The remaining providers and municipalities had significant complex issues regarding specific practices, or the reports needed to be approved at a higher Department level, therefore, their monitoring reports were issued later than 90 days from their onsite monitoring review. The remaining 26% of providers and municipalities were issued their monitoring reports within the range of 91-301 days of their onsite review. This range is misleading, as the report that was issued 301 days from their onsite monitoring review is an exceptional outlier, resulting from multiple complex issues relating to the EI activities completed by this municipality. Of the monitoring reports that were issued beyond 90 days, the median amount of time until the report was issued was 123.5 days after the date of their onsite review. For the remaining few reports, there were significant issues determined that needed to be reviewed at a higher level within the Department or with other State agencies. The Department is working with our contractor so that specific timeframes are required for draft monitoring reports to be submitted to the Department when there are complex issues determined during a monitoring review. Department staff is closely tracking the receipt of all draft reports received by the contractor to ensure all reports are received within 30-45 days of the onsite review and are tracked within the Department if higher level approval is required.</p>

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010 (if applicable):

Improvement activities for this indicator are ongoing, and will continue to be evaluated. These activities will be monitored in conjunction with performance, and will be considered for future modification if necessary.

Indicator/Indicator Clusters General Supervision System Components	# of EIS Programs Issued Findings in FFY 2008 (7/1/08 to 6/30/09)	(a) # of Findings of noncompliance identified in FFY 2008 (7/1/08 to 6/30/09)	(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. (PI24/PR44), (MI 30)				
Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	Provider Monitoring 377	Provider Monitoring 9	Provider Monitoring 6	Provider Monitoring 2
	Municipal Monitoring 55	Municipal Monitoring 51	Municipal Monitoring 29	Municipal Monitoring 0
	Local Data 58	Local Data 57	Local Data 2	Local Data 1
	Dispute Resolution: Complaints, Hearings		1	1
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				
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				

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. (PI14/PR24), (MI 14)				
Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	Provider Monitoring	Provider Monitoring	Provider Monitoring	Provider Monitoring
	377	3	3	0
	Municipal Monitoring	Municipal Monitoring	Municipal Monitoring	Municipal Monitoring
	55	41	33	0
Local Data	Local Data	Local Data	Local Data	
58	53	14	7	
Dispute Resolution: Complaints, Hearings		8	8	

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; (PI27/PR48), (MI 36)

Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	Provider Monitoring	Provider Monitoring	Provider Monitoring	Provider Monitoring
	377	19	17	2
	Municipal Monitoring	Municipal Monitoring	Municipal Monitoring	Municipal Monitoring
	55	12	10	0
	Local Data	Local Data	Local Data	Local Data
	58	15	9	2
Dispute Resolution: Complaints, Hearings				

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

B. Notification to LEA, if child potentially eligible for Part B (MI 37)

Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	Municipal Monitoring	Municipal Monitoring	Municipal Monitoring	Municipal Monitoring
	55	48	23	0
	Local Data	Local Data	Local Data	Local Data
	58	6	4	1
Dispute Resolution: Complaints, Hearings				

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

C. Transition conference, if child potentially eligible for Part B. (MI 38)

Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	Municipal Monitoring	Municipal Monitoring	Municipal Monitoring	Municipal Monitoring
	55	40	14	0
	Local Data	Local Data	Local Data	Local Data
	58	20	11	4
Dispute Resolution: Complaints, Hearings				

Other Areas of Noncompliance:				
PI12- With parental consent, the evaluator reviewed pertinent records related to the child's current health status and medical history as part of the multidisciplinary evaluation.				
Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	Provider Monitoring 377	Provider Monitoring 1	Provider Monitoring 0	Provider Monitoring 1
Dispute Resolution: Complaints, Hearings				
Other Areas of Noncompliance:				
PI18/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	Provider Monitoring 377	Provider Monitoring 12	Provider Monitoring 11	Provider Monitoring 1
Dispute Resolution: Complaints, Hearings				
Other Areas of Noncompliance:				
PI23/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	Provider Monitoring 377	Provider Monitoring 5	Provider Monitoring 4	Provider Monitoring 1
Dispute Resolution: Complaints, Hearings				
Other Areas of Noncompliance:				
PI25/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	Provider Monitoring 377	Provider Monitoring 4	Provider Monitoring 3	Provider Monitoring 1
Dispute Resolution: Complaints, Hearings				

Other Areas of Noncompliance:				
PI26 – The service coordinator facilitated and participated in the development of the IFSP.				
Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	Provider Monitoring 377	Provider Monitoring 1	Provider Monitoring 1	Provider Monitoring 0
Dispute Resolution: Complaints, Hearings				
Other Areas of Noncompliance:				
PI28/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	Provider Monitoring 377	Provider Monitoring 12	Provider Monitoring 8	Provider Monitoring 4
Dispute Resolution: Complaints, Hearings				
Other Areas of Noncompliance:				
PI36 – All early intervention service coordinators shall fulfill those functions and activities necessary to assist and enable an eligible child and parent to receive the rights, procedural safeguards and services that are authorized to be provided under State and federal law, including other services not required under EI, but for which the family may be eligible.				
Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	Provider Monitoring 377	Provider Monitoring 2	Provider Monitoring 2	Provider Monitoring 0
Dispute Resolution: Complaints, Hearings				

Other Areas of Noncompliance:				
PI42/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	Provider Monitoring 377	Provider Monitoring 375	Provider Monitoring 372	Provider Monitoring 3
Dispute Resolution: Complaints, Hearings				
Other Areas of Noncompliance:				
PI45/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	Provider Monitoring 377	Provider Monitoring 17	Provider Monitoring 17	Provider Monitoring 0
Dispute Resolution: Complaints, Hearings				
Other Areas of Noncompliance:				
PR69 – The provider delivered services as authorized in the IFSP.				
Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	Provider Monitoring 377	Provider Monitoring 1	Provider Monitoring 1	Provider Monitoring 0
Dispute Resolution: Complaints, Hearings				
Other Areas of Noncompliance:				
MI11 – The municipality ensures all children referred with a suspected or diagnosed delay or disability receive a multidisciplinary evaluation.				
Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	Municipal Monitoring 55	Municipal Monitoring 2	Municipal Monitoring 2	Municipal Monitoring 0
Dispute Resolution: Complaints, Hearings				

Other Areas of Noncompliance:				
MI13 – The EIO authorizes interim IFSPs when needed.				
Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	Municipal Monitoring 55	Municipal Monitoring 1	Municipal Monitoring 1	Municipal Monitoring 0
Dispute Resolution: Complaints, Hearings				
Other Areas of Noncompliance:				
MI15 – The municipality documents the reason why the initial IFSP meeting was not held within the required 45-day time period from the child’s referral to the Early Intervention Program.				
Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	Municipal Monitoring 55	Municipal Monitoring 17	Municipal Monitoring 16	Municipal Monitoring 0
Dispute Resolution: Complaints, Hearings				
Other Areas of Noncompliance:				
MI16 – The EIO sends written notice of the initial IFSP meeting to required participants 2 or more days before the meeting.				
Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	Municipal Monitoring 55	Municipal Monitoring 28	Municipal Monitoring 20	Municipal Monitoring 0
Dispute Resolution: Complaints, Hearings				
Other Areas of Noncompliance:				
MI17 – The EIO convenes IFSP meetings that are attended by required participants.				
Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	Municipal Monitoring 55	Municipal Monitoring 15	Municipal Monitoring 14	Municipal Monitoring 0
Dispute Resolution: Complaints, Hearings				

Other Areas of Noncompliance:				
MI20 – The IFSP authorized by the EIO contains a statement of the child’s present level of functioning.				
Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	Municipal Monitoring 55	Municipal Monitoring 25	Municipal Monitoring 21	Municipal Monitoring 0
Dispute Resolution: Complaints, Hearings				
Other Areas of Noncompliance:				
MI21 – The IFSP authorized by the EIO contains a statement of the major outcomes expected to be achieved, and the criteria and procedures used to determine progress towards these outcomes.				
Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	Municipal Monitoring 55	Municipal Monitoring 10	Municipal Monitoring 8	Municipal Monitoring 0
Dispute Resolution: Complaints, Hearings				
Other Areas of Noncompliance:				
MI22 – The IFSP authorized by the EIO contains a statement of the major outcomes expected to be achieved, and the criteria and procedures used to determine progress towards these outcomes.				
Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	Municipal Monitoring 55	Municipal Monitoring 1	Municipal Monitoring 0	Municipal Monitoring 0
Dispute Resolution: Complaints, Hearings				

<p>Other Areas of Noncompliance: MI23 – The IFSP authorized by the EIO contains a statement of the early intervention services the child/family will receive, (including transportation/parent reimbursement,) with the frequency, intensity, location, and method of delivering each service.</p>				
Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	Municipal Monitoring 55	Municipal Monitoring 3	Municipal Monitoring 2	Municipal Monitoring 0
Dispute Resolution: Complaints, Hearings				
<p>Other Areas of Noncompliance: MI33 – The EIO follows regulatory requirements when appointing, removing and/or replacing a qualified surrogate parent.</p>				
Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	Municipal Monitoring 55	Municipal Monitoring 18	Municipal Monitoring 14	Municipal Monitoring 0
Dispute Resolution: Complaints, Hearings				
Dispute Resolution: Complaints, Hearings				
<p>Other Areas of Noncompliance: MI43 – The municipality ensures parents are notified annually of their right to access and amend their child’s record.</p>				
Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	Municipal Monitoring 55	Municipal Monitoring 25	Municipal Monitoring 19	Municipal Monitoring 0
Dispute Resolution: Complaints, Hearings				

<p>Other Areas of Noncompliance:</p> <p>MI48 – The EIO provides written notice containing required information to the parent of an eligible child at least 10 working days before the EIO proposes or refuses to initiate or change the identification, evaluation, service setting or provision of services.</p>				
Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	Municipal Monitoring 55	Municipal Monitoring 2	Municipal Monitoring 2	Municipal Monitoring 0
Dispute Resolution: Complaints, Hearings				
Sum the numbers down by column (a - c)		Provider Monitoring 461	Provider Monitoring 445	Provider Monitoring 15
		Municipal Monitoring 339	Municipal Monitoring 228	Municipal Monitoring 0
		Local Data 151	Local Data 40	Local Data 15
		Dispute Resolution 9	Dispute Resolution 9	
Percent of noncompliance corrected within 1 year of identification [(b) / (a) x 100]	75.2%			

Notes:

Updated 12/23/2010

Part C State Annual Performance Report (APR) for FFY 2009

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 = $[(1.1(b) + 1.1(c)) \text{ divided by } 1.1] \text{ times } 100.$

FFY	Measurable and Rigorous Target
2009 (2009-2010)	100% of all systems complaints filed will be completed within the federally required 60-day time line

Actual Target Data for FFY 2009:

100% (14 out of 14) of all systems 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 2009:

There was no slippage. For FFY 2009, New York State again met the required target of 100%. Over the last five years, NYS has demonstrated steady improvement and, ultimately, compliance for two straight years: 0% timely in FFY 2005, 82% in FFY 2006, 96% in FFY 2007, and 100% in FFY 2008 and FFY 2009.

During FFY 2009, NYS received 18 system complaints of which four complaints were withdrawn. Fourteen complaint investigations were completed and a report issued.

Five complaints had their timeline extended for exceptional circumstances. All involved 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 extended. All five complaints involved allegations against medium to large 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.

Under state public health law and regulations the New York State Department of Health 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 system 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 continues to recognize the need for support staff back-up and maintains backup staff availability when needed. Two staff are now available for investigating system complaints with one additional staff person available, if circumstances warrant. 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 2010.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010:

Improvement activities for this indicator were reviewed, and no changes were found to be needed at this time. These activities will be monitored in conjunction with performance, and will be considered for future modification if necessary.

Part C State Annual Performance Report (APR) for FFY 2009

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
2009 (2009-2010)	100% of all fully adjudicated due process hearing requests were fully adjudicated within the federally required 30 day time frame

Actual Target Data for FFY 2009:

100% (1 out of 1) of all fully adjudicated due process hearing requests were fully adjudicated within the federally required 30 day time frame.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:

During FFY 2009, NYS received 14 requests for due process hearings of which thirteen requests were withdrawn. One hearing was fully adjudicated within the federally required 30 day time frame. Compared to FFY 2008, this was a 75% increase in due process hearing requests.

The 75% increase in hearing requests can be attributed to a heightened awareness of parental due process rights. 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.

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.

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. Consistent with federal Part C requirements, all due process hearing requests are to be fully adjudicated within the federally required 30 day time frame. 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.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010:

Improvement activities for this indicator were reviewed, and no changes were found to be needed at this time. These activities will be monitored in conjunction with performance, and will be considered for future modification if necessary.

Part C State Annual Performance Report (APR) for FFY 2009

Overview of the Annual Performance Report Development:

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

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

FFY	Measurable and Rigorous Target
FFY 2009	n/a

Actual Target Data for FFY 2009:

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010:

Part C State Annual Performance Report (APR) for FFY 2009

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
2009 (2009-2010)	82% of mediation requests will result in mediation agreements

Actual Target Data for FFY 2009:

81.13% (43 out of 53) of mediations held resulted in mediation agreements.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:

During FFY 2009, there were 85 requests for mediation and, of those, 24 (28.24%) requests were withdrawn. Of the remaining 61 requests, 8 (13.11%) were pending. Of the remaining 53 requests, 43 (81.13%) reached agreement.

There is a significant increase (85%) in the number (85) of mediations requested during FFY 2009 from the number (46) requests during FFY 2008. NYS missed the target of 82% by .87. There was slippage in the number of mediation requests resulting in mediation agreements from FFY 2008 (87%) (13 out of 15) compared to FFY 2009 (81.13%) (43 out of 53). However, FFY 2009 numbers are still within the percentage that is considered reasonable by mediation practitioners and is consistent with national mediation success rates (75-85%).

The data reported in this indicator are not the same as the State’s 618 data reported in table 4 for November 1, 2010. A revised table 4 will be submitted. The difference was a result of a data information delay. BEI receives mediation information quarterly from our contractor, the New York State Dispute Resolution Association Inc. (NYSDRA) based upon their contract year. Quarterly data for the FFY 2009, was delayed, due to administrative staff changes within NYSDRA. NYS reported the FFY 2009 data available as of October. Based on mediation information available in October, there were 68 mediations requests received, once all reports were received from NYSDRA the total number of mediation requests increased by 17 mediations to a final number of 85. The number of mediations held increased by 3 (from 50 to 53). Pending mediations increased by 7 (from 1 to 8). Mediations not held increased by 7 (from 17 to 24).

The increase in mediation requests can be attributed to a heightened awareness of parental due process rights. 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.

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 other's 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.

During FFY 2009, BEI implemented a process for a timely review of mediation agreements and Individualized Family Service Plan (IFSP)s to ensure that the terms of the agreement are incorporated into the IFSPs within five working days of the receipt of the written agreement. Each county is responsible for providing BEI with the needed information. Additionally, BEI reviews mediation reports and data from NYSDRA to ensure that mediations are completed within 30 calendar days of the receipt of the request for mediation by the community dispute resolution center.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010:

Improvement activities for this indicator were reviewed, and no changes were found to be needed at this time. These activities will be monitored in conjunction with performance, and will be considered for future modification if necessary.

Part C State Annual Performance Report (APR) for FFY 2009

Overview of the Annual Performance Report Development:

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

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

- a. Submitted on or before due dates (February 1 for child count 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 2009 (2009-2010)	100%

Actual Target Data for FFY 2009:

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

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

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

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 2009 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: 2/1/10	1	1	1	1	4
Table 2 - Program Settings Due Date: 2/1/10	1	1	1	1	4
Table 3 - Exiting Due Date: 11/1/10	1	1	1	N/A	3
Table 4 - Dispute Resolution Due Date: 11/1/10	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

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:

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, 2010	Submitted February 1, 2010
Table 2 (settings)	Due February 1, 2010	Submitted February 1, 2010
Table 3 (exiting)	Due November 1, 2009	Submitted October 29, 2010
Table 4 (dispute resolution)	Due November 1, 2009	Submitted October 29, 2010
State Performance Plan	Due February 1, 2011	Submitted February 1, 2011
Annual Performance Report	Due February 1, 2011	Submitted February 1, 2011

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 (bimonthly) all-county conference calls.

- For the collection of data for indicators 8 A-C a combination of self-assessment by the local programs and data collection by the Department's monitoring contractor was used for FFY 2009. 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. The Department's monitoring contractor provided onsite assistance to New York City, 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.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010:

Improvement activities for this indicator were reviewed, and no changes were found to be needed at this time. These activities will be monitored in conjunction with performance, and will be considered for future modification if necessary.