

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

For reporting on
FFY 2023

New York



PART C DUE
February 3, 2025

U.S. DEPARTMENT OF EDUCATION
WASHINGTON, DC 20202

Introduction

Instructions

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

Intro - Indicator Data

Executive Summary

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

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

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

NYS EIP is one of the nation's largest early intervention service delivery systems. In federal fiscal year (FFY) 2023-2024 (July 1-June 30), NYS EIP received over 69,000 referrals and completed over 53,000 multidisciplinary evaluations. Over 73,000 children had an active Individualized Family Service Plan (IFSP) in the program year. NYS EIP served 5.19% of the population of infants and toddlers under three years old based on the point-in-time count on October 1st, which compares with the national average of 4.20% (indicator 6). NYS EIP served just under 0.88% of the population under one year old, which is lower than the national average of 1.35% (indicator 5). The majority (90.70%) of infants and toddlers with IFSPs primarily received early intervention services in the home or community-based setting (indicator 2).

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

NYS approves agency and individual providers to ensure timely and continuous delivery of services to eligible children. In FFY 2023-24, there were over 1,200 approved billing providers and an additional 8,735 individuals approved to contract with agencies. Agencies can employ additional qualified providers to deliver services. Based on the claims data, approximately 16,000 unique qualified personnel rendered services to approximately 73,000 children and their families (a ratio of approximately four children per provider).

There was progress in Family Outcomes, all Child Outcomes categories (except for 3C1 which had a slight decrease), Timely Initial IFSP (7), Timely Transition Discussion (8a), and the State Systemic Improvement Plan (11). However, there was slippage between FFY 2022 and FFY 2023 in Timely Service Initiation (1), and Mediations (10). Reasons for slippage were provided, as required in the APR. The Department intensified efforts to work with local programs on child outcome (3) reported in the SPP/APR and continued to provide training and technical assistance to local programs to foster improvement in these areas.

NYS Part C identified improving family outcomes as the focus of the State Systemic Improvement Plan (SSIP), which was submitted April 2015 and approved by OSEP in June 2015. The State will improve family outcomes by ensuring the Program and the services provided are family-centered. To promote family-centeredness, the State identified the family-directed assessment, as a tool to be used to improve family outcomes. The Department's Theory of Action proposes that greater family-directed assessment completion will result in greater family outcomes scores. Building off the data and infrastructure analysis and stakeholder feedback, the Department critically examined the entire process of collecting and analyzing family outcomes, as well as the State's infrastructure to align with the SSIP and the State's Theory of Action. The State-identified Measurable Result (SiMR) is to increase the percentage of positive responses from families on the "New York Impact of Early Intervention Services on Your Family" Scale (NYIFS). To collect data on the SiMR, the Department continues to annually survey families using the Family Outcome Survey (FOS), developed by the National Center for Special Education Accountability Monitoring (NCSEAM). The survey results will be used to evaluate the Theory of Action and progress toward the SiMR and the goal of improving positive family outcomes. The goal is effective improvement over the upcoming years.

The Family Outcomes Survey (FOS) invitation letters, including both the online survey link and paper survey, were mailed out to all applicable families in four batches during the months of February, May, August, and October of 2024. A reminder letter was also mailed out in November 2024 to all families who had not responded previously.

New York State maintains a comprehensive system of professional development (CSPD) for NYS EIP providers, who are qualified and credentialed through the New York State Education Department (NYSED), for municipal staff who administer local EIPs, and for other key early intervention stakeholders, including parents. The Department offers on-line live training, as well as on-line self-paced training on a variety of EI topics.

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

Additional information related to data collection and reporting

General Supervision System

The systems that are in place to ensure that the IDEA Part C requirements are met (e.g., integrated monitoring activities; data on processes and results; the SPP/APR; fiscal management; policies, procedures, and practices resulting in effective implementation; and improvement, correction, incentives, and sanctions). Include a description of all the mechanisms the State uses to identify and verify correction of noncompliance and improve results. This should include, but not be limited to, State monitoring, State database/data system, dispute resolution, fiscal management systems as well as other mechanisms through which the State is able to determine compliance and/or issue written findings of noncompliance. The State should include the following elements:

Describe the process the State uses to select EIS providers and/or EIS programs for monitoring, the schedule, and number of EIS providers/programs monitored per year.

Direct Monitoring: The Department directly monitors EIS providers for the delivery of EIS services and the 58 municipalities (EIS programs) for their administrative responsibilities. The Department has established criteria for selection of providers and municipalities for monitoring reviews. Utilizing the established criteria and the data file that is provided by NYSDOH annually, the contractor develops the schedule of providers that will be monitored. NYSDOH reviews and approves the proposed schedule. NYSDOH also will provide additional names of providers to be reviewed in the upcoming schedule based on any identified concerns.

Selection of EIS providers for monitoring is based on following priority criteria: high volume agency/municipality and individual providers, newly approved providers who have never been reviewed, providers who have not been monitored in the last couple of years, and providers identified through a data review, dispute resolution data, or stakeholder complaints that need to be investigated. Selection of municipalities (EIS programs) for monitoring is based on the following criteria: percentage of regulatory findings of non-compliance, presence of any health and safety findings of non-compliance, findings of use of unqualified personnel, last monitoring date, date of CAP acceptance, and Local Determinations data.

An average of 366 direct monitoring reviews are conducted each year. Municipalities are monitored at least once in every 5-year monitoring cycle. Billing providers will be monitored at least one time in each 5-year monitoring cycle.

Data Finding Monitoring: The Department directly monitors the indicator outcomes of all 58 municipalities using the data collected in the New York Early Intervention System (NYEIS).

For compliance indicators, the Department uses the data information in NYEIS to monitor the timeliness and identifies the non-compliance incidents at a regular basis. The Department sends the municipalities lists of non-compliance incidences to collect the delay reasons and remind them of the correction action. For Early Childhood Outcomes, the Department uses the Person-based Electronic Response Data System (PERDS) to collect the entry/exit data and monitor the program progress.

For Family Involvement, the Department uses SurveyMonkey to collect and analyze the Family Outcome Survey results.

The Department also uses NYEIS data to generate the "Child Count and Settings" report, which is used to monitor the outcomes of indicator 2, 5 and 6.

Describe how child records are chosen, including the number of child records that are selected, as part of the State's process for determining an EIS provider's and EIS program's compliance with IDEA requirements and verifying the EIS provider/program's correction of any identified compliance.

Direct Monitoring: The Department has an established methodology for determining the number of child records that are reviewed for each direct monitoring review.

When determining the number of child records, the Department considers the following: size of municipality or provider, number and type of children services, level of state and local monitoring, and audit history of the municipality or provider. The approximate number of child records reviewed may be five for individual providers and up to 20 for agency providers and municipalities. Child records are randomly selected from the child data based on the specific services the provider delivers (ex. service coordination, evaluations, or general services such as occupational therapy, speech therapy, group services, etc.). A minimum of 5 child records are selected for each service type the provider provides. The review team makes sure that there is at least 3 months' worth of services, and they look at the most current set of session notes/billing.

The Department contracts with a review organization to conduct on-site monitoring of municipalities who locally administer the NYS EIP and approved providers who directly render early intervention services. The Department's contractor uses multiple methods of evaluation to ensure compliance with federal requirements of IDEA including State developed tools, document review, observation, interviews, and parent surveys. Corrective action plans are required to address findings. Verification of correction of identified noncompliance with IDEA requirements is completed at the child and the system levels to ensure that corrections were implemented successfully. Department staff work closely with the contractor to ensure consistency of approach, review data for statewide or regional issues, and contract deliverables.

Data Finding Monitoring: The Department directly monitors all children being enrolled in the program with the following exceptions, which are agreed upon by OSEP: (1) sample child data from January 1 to March 30 for indicator 1, 7 and 8, (2) sample child data from July 1 to September 30 for Child Outcome Survey.

Describe the data system(s) the State uses to collect monitoring and SPP/APR data, and the period from which records are reviewed.

New York State uses the New York Early Intervention System to sample a three-month period, typically January, February and March, for monitoring of noncompliance instances among 58 municipalities across the state.

Department staff work closely with local municipal early intervention officials and their staff to provide training and TA on the federal and State requirements, data entry into the State's data systems, and review of data to ensure data are comprehensive, accurate, and timely for all reporting requirements.

Describe how the State issues findings: by EIS provider and/or EIS program; and if findings are issued by the number of instances or by EIS provider and/or EIS program.

New York State issues findings to both the EIS providers (approved EIP providers delivering services) and EIS Programs (New York State municipalities).

Direct Monitoring: NYSDOH issues findings per provider or county. If a provider has findings in the different indicators, they get a finding for each indicator.

Data findings for counties: NYSDOH uses the data system to identify the list of non-compliance instances and their associated counties. NYSDOH sends counties the notification within 30 days of non-compliance with the list of instances.

If applicable, describe the adopted procedures that permit its EIS providers/ programs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction).

N/A - NYS does not allow pre-finding correction.

Describe the State's system of graduated and progressive sanctions to ensure the correction of identified noncompliance and to address areas in need of improvement, used as necessary and consistent with IDEA Part C's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State policies.

Monitoring/Other sources for identification of noncompliance: An EIS provider's approval to deliver evaluations, service coordination services and Early Intervention Program services may be revoked, suspended, limited or terminated if the agency or individual provider has failed to submit required corrective action plans or other information or documents requested by NYSDOH to address findings of noncompliance identified through monitoring, systems complaint investigations, audits, or other early intervention program oversight activities, or to correct noncompliance within one year of written notification of noncompliance. Chronic noncompliance may also lead to an EIS provider's Provider Agreement and Approval being limited, suspended, revoked, or terminated.

Data: NYSDOH sends counties their annual determination letter one year from notification of non-compliance. After receipt of the letter, the counties are required to (1) participate in webinars on the topic of improving data quality, (2) review quality assurance procedures, including a quarterly review of data accuracy and strategies to address errors, (3) collaborate with the Department to identify ways to identify and engage early intervention providers and service coordinators to improve performance, (4) complete an internal self-assessment of child records based on data provided by the Department to assist in identifying the root cause(s) of poor performance, and revising procedures to improve performance and data quality, and (5) participate in targeted technical assistance with Department Staff. NYS also holds the meetings with the counties who receive "Need Intervention Determination" to address the non-compliance issues.

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

Part C funds are used for: Statewide and local administration of the EIP; Statewide Web-based Training, based on Department-developed curricula, to support the implementation of the EIP; Leadership and advocacy training sessions for families receiving EI services; Monitoring of municipalities as local administrators and approved agencies and individuals who deliver services; Mediation through community dispute resolution centers; Public Awareness; Child and Family Outcomes; TA and Training; Information Technology Services; EICC; Child Find; Administration of Technology-Related Assistance for Individuals with Disabilities Centers (TRAID Centers).

Local EI programs submit annual workplans on the use of Part C administration grants, as well as quarterly reports to request grant payments. The Department reviews and approves each local program's administration grant budget and workplan. OSEP approval is obtained if required.

BEI works with the Bureau of Administration within the Division of Family Health to monitor the Part C spending plan that compares expenditures to the Part C budgeted amounts. The Department also monitors vendor contracts funded by Part C. BEI works collaboratively with partners across the Department, including the Offices of Information Technology Services (ITS), Public Health Practice, Health Information Management, Health Insurance Programs (Medicaid, Child Health Plus) and the Division of Legal Affairs (legal support on issues related to the NYS EIP). BEI also collaborates with the Department of Financial Services to improve private insurance reimbursement.

Describe how the State makes annual determinations of EIS program performance, including the criteria the State uses and the schedule for notifying EIS programs of their determinations. If the determinations are made public, include a web link for the most recent determinations.

New York State issues determinations to local programs, defined as the 57 counties and New York City ("Municipalities"). OSEP requires the States to use the following categories: Meets Requirements, Needs Assistance (1 Year), Needs Assistance (2 or More Consecutive Years), Needs Intervention (1 Year) and Needs Substantial Intervention (3 or More Consecutive Years).

New York State uses a point system to make its determinations. In previous years, the child outcomes indicators accounted for 12 of the 68 (18%) total points. Starting with the Determinations for PY2018-2019 (July 1st, 2018 – June 30th, 2019), and continuing through the current Determinations, Bureau of Early Intervention increased the weight of the child outcomes indicators to 48 of the 103 (47%) total points to better align with the federal system. For PY2023-2024 Determinations, the total scoring was increased from 103 to 108 points to account for Family Outcomes Survey Response Rate and Corrections of Noncompliance.

In addition, the current scoring system incorporates completeness of the child outcome data and the performance change from year to year on each child outcome and compliance indicator (in both cases, similar to the federal process). The State's point system also includes child outcomes enrollment.

The county's final determination is based on the percentage of points the county received out of the total number of points the county was eligible to receive. Any indicators in which the county did not have any eligible children had their denominator for that indicator reduced to 0 to compensate. If the county was over or equal 65%, they "Meet Requirements," 50%-65% they "Need Assistance," and below 50% they "Need Intervention."

Determination letters are issued annually in June, once the State receives its determination from OSEP.

Scoring for Indicator 1:

Current performance points

1. If the percentage is greater than or equal to 95% = 12 points
2. If the percentage is from 90% to <95% = 10 points
3. If the percentage is from 80% to <90% = 8 points
4. If the percentage is from 70% to <80% = 6 points
5. If the percentage is from 60% to <70% = 4 points
6. If the percentage is from 50% to <60% = 2 points
7. If the percentage is less than 50% = 0 points

Year to year comparison points (Compute the z score based on the difference between current and prior year.)

1. If the difference is significant increase = 3 points
2. If the difference is not significant = 1.5 points
3. If the difference is significant decrease = 0 point

Scoring for Indicator 7:

Current performance points

1. If the percentage is greater than or equal to 95% = 12 points
2. If the percentage is from 90% to <95% = 10 points
3. If the percentage is from 80% to <90% = 8 points
4. If the percentage is from 70% to <80% = 6 points
5. If the percentage is from 60% to <70% = 4 points
6. If the percentage is from 50% to <60% = 2 points
7. If the percentage is less than 50% = 0 points

Year to year comparison points

1. If the percentage of the previous year is 95% or above and the percentage of the current year is also 95% or above = 3 points
2. If the percentage of the previous year is less than 95%:
 - a. If the percentage of the current year is improved 6% or more = 3 points
 - b. If the percentage of the current year is improved between 3% and 6% = 2 points
 - c. If the percentage of the current year is improved less than 3% = 1 points
 - d. If the percentage of the current year maintains the same or decreases = 0 points

Scoring for Indicators 8A, 8B, and 8C:

Current performance points

1. If the percentage is greater than or equal to 90% = 4 points
2. If the percentage is from 80% to <90% = 3 points
3. If the percentage is from 70% to <80% = 2 points
4. If the percentage is from 60% to <70% = 1 points
5. If the percentage is less than 60% = 0 points

Year to year comparison points

1. If the percentage of the previous year is 95% or above and the percentage of the current year is also 95% or above = 1 points
2. If the percentage of the previous year is less than 95%
 - a. If the percentage of the current year is improved = 1 points
 - b. If the percentage of the current year maintains the same or decreases = 0 points

Scoring for Indicator 3:

Current performance points

1. If the percentage is greater than or equal to the statewide target = 4 points
2. If the percentage is within 10 points of the statewide target = 2 point
3. If the percentage is less than 10 points from the statewide target = 0 points

Year to year comparison points

1. If the percentage of the current year is improved over the prior year's performance = 2 points
2. If the percentage of the current year equals the prior year's performance = 1 points
 - a. If the percentage of the current year is less than the prior year's performance = 0 points

Completeness points for data validity ("Completeness" means that BEI has received both complete entry child outcomes forms and exit child outcomes forms for children exiting during the program year.)

1. If the percentage completed is greater than or equal to 95% = 6 points
2. If the percentage completed is from 90% to <95% = 5 points
3. If the percentage completed is from 80% to <90% = 4 points
4. If the percentage completed is from 70% to <80% = 3 points
5. If the percentage completed is from 60% to <70% = 2 points
6. If the percentage completed is from 50% to <60% = 1 points
7. If the percentage completed is less than 50% = 0 points

Enrollment points for data reliability ("Enrollment" refers to whether a municipality met its sample size requested by the State to enroll children with initial IFSP during the program year for child outcome survey.)

1. If the percentage enrolled is greater than or equal to 95% = 6 points
2. If the percentage enrolled is from 90% to <95% = 5 points
3. If the percentage enrolled is from 80% to <90% = 4 points
4. If the percentage enrolled is from 70% to <80% = 3 points
5. If the percentage enrolled is from 60% to <70% = 2 points
6. If the percentage enrolled is from 50% to <60% = 1 points
7. If the percentage enrolled is less than 50% = 0 points

Scoring for Indicators 2, 4A, 4B and 4C:

1. If the percentage is greater than or equal to the statewide target = 2 points
2. If the percentage is within 10 points of the statewide target = 1 point
3. If the percentage is less than 10 points from the statewide target = 0 points

Scoring for indicator 5 and 6:

1. If the percentage is greater than or equal to the statewide target = 1 points
2. If the percentage is less than the statewide target = 0 points

Scoring for Indicator 4 Survey Response Rate (for valid and reliable survey data):

1. If the percentage is greater than or equal to 20% = 2 points

2. If the percentage is from 10% to <20% = 1 point
3. If the percentage is less than 10% = 0 points

Scoring for Indicator 1, 7 and 8 on correction of prior year's noncompliance cases:

1. If the percentage is greater than 99% or the county has no noncompliance = 3 points
2. If the percentage is from 90% to <99% = 2 points
3. If the percentage is from 80% to <89% = 1 point
4. If the percentage is less than 80% = 0 points

Provide the web link to information about the State's general supervision policies, procedures, and process that is made available to the public.

https://www.health.ny.gov/community/infants_children/early_intervention/monitoring/

Data Finding Monitoring: The Department directly monitors the indicator outcomes of all 58 municipalities using the data collected in the New York Early Intervention System (NYEIS).

For compliance indicators, the Department uses the data information in NYEIS to monitor the timeliness and identifies the non-compliance incidents on a regular basis. The Department sends the municipalities lists of non-compliance incidences to collect the delay reasons and remind them of the correction action.

For Early Childhood Outcomes, the Department uses the Person-based Electronic Response Data System (PERDS) to collect the entry/exit data and monitor the program progress.

For Family Involvement, the Department uses SurveyMonkey to collect and analyze the Family Outcome Survey results.

The Department also uses NYEIS data to generate the "Child Count and Settings" report, which is used to monitor the outcomes of indicator 2, 5 and 6.

The Department directly monitors all children being enrolled in the program with the following exceptions, which are agreed upon by OSEP: (1) sample child data from January 1 to March 30 for indicator 1, 7 and 8, (2) sample child data from July 1 to September 30 for Child Outcome Survey.

Technical Assistance System:

The mechanisms that the State has in place to ensure the timely delivery of high quality, evidence-based technical assistance and support to EIS programs.

BEI staff are responsible for responding to phone calls, emails, letters, and other forms of communication from the municipalities who administer the EIP, as well as all other stakeholders (Early Intervention Officials (EIOs), providers, parents, the public, and all other interested parties). Evidence-based technical assistance (TA) is provided to stakeholders on a variety of issues, including how to make a referral, clarification on policies and procedures, service delivery, training, parent complaints/concerns, regulations (federal, State), Public Health Law (PHL), data reporting, and all other Programmatic questions. All TA responses are written based on PHL, federal/State regulations, best practice standards, and DOH BEI policies and procedures. Responses are also based on discussions at weekly TA meetings with colleagues, Bureau Managers, Directors, and in consultation with DOH's Program attorney as needed. Resources (e.g., guidance documents, booklets, brochures, fliers, videos, and other materials produced by BEI or in collaboration with other State agencies/partners) are also provided.

For those families who contact BEI seeking TA and speak a language other than English, BEI uses interpretation services. BEI has an EI specialist who speaks Spanish and responds to parents seeking TA. Our vital documents are translated into at least the top 14 languages spoken by families in the Program; some are translated into over 20 languages. Many other documents are translated into multiple languages.

The TA Unit typically responds to an average of 75 calls/emails per week. BEI maintains a public facing webpage, which includes referral information, guidance documents, memoranda, clinical practice guidelines, tool kits for service coordinators, EIP Regulations, PHL, professional development opportunities and required EIP training, information/resources for parents, and regulatory agencies, including OSEP. All new guidance/policies/procedures are announced to stakeholders via the BEI's electronic mailing listserv and posted for reference on BEI's webpage for the public to access.

BEI develops and provides written policy and procedural guidance on State/federal requirements for the NYS EIP on a regular basis. During this reporting period, BEI issued several new or revised guidance/policy documents, including Telehealth guidance, a revised Telehealth Consent Form, Telehealth Frequently Asked Questions, the Insurance Tool Kit for Service Coordinators, the Transition Tool Kit for Service Coordinators. and the Early Help Makes a Difference Brochure.

Guidance which is under development includes: Service Coordination Billing, a revised Make-up Policy for EI services, a Family-Directed Assessment Tool Kit for providers, and guidance documents pertaining to qualified personnel and additional guidance on implementation of the regulations promulgated on February 14, 2024. In addition, BEI is currently working with the NYS Education Department on development of two joint guidance documents for transition, one for professionals and one for families.

BEI regularly communicates with municipalities and providers by way of an electronic mailing listserv. In this reporting period, BEI disseminated information to stakeholders via 48 listserv messages on various topics. BEI holds bi-monthly all county conference calls for EIOs, plus one annual meeting. EIOs assist in the development of the agenda by contributing questions and identifying topics for discussion. The calls/meetings are arranged and moderated by the NYS Association of County Health Officials (NYSACHO). The purpose of the calls/meeting is to keep local EIP administrators apprised of current federal/State guidance, share Statewide data, provide an update on the progress and implementation of the SSIP, provide updates on newly developed EIP resources, and training opportunities, and to ensure there is an opportunity for issues to be raised and questions to be answered. BEI issues FAQs to all attendees after the meeting for any outstanding questions. In addition, municipalities disseminate information received during these calls/meetings to their EI providers. This year's Statewide Meeting was held in person on May 21-22, 2024 as an Early Intervention and Children with Youth and Special Health Care Needs (CYSHCN) Summit. CYSHCN seeks to improve the system of care for children and youth with special health care needs from birth and up to 21 years of age and their families. The Program helps to shape public policy so families can get the best health care for their children. NYSDOH contracts with three Health Resources and Services Administration (HRSA) designated University Centers for Excellence in Developmental Disabilities (UCEDDs), also known as Regional Support Centers (RSCs). RSCs provide technical assistance, training, mentorship and coaching to improve Local Health Department's ability continually engage families to assess and support their needs. The RSCs are geographically distributed to provide support statewide. In addition to the bi-monthly all-county conference calls, BEI meets monthly with the New York City (NYC) EIP, as nearly half of all children and families served in the Program are in NYC.

BEI has a strong partnership with local municipalities in the administration of the EIP and provides targeted TA. BEI engages with NYSACHO on State/local issues related to the NYS EIP. BEI collaborates with providers and parents involved in the BEI-sponsored "Partners in Policymaking" training program, which encourages participation at the national, State, and local levels. This year, Partners training program participants provided feedback on materials being developed on a variety of EIP topics. This training provides an opportunity for parents, BEI staff, and EIOs to partner with each other to improve the Program. In addition, BEI also collaborates with EI providers to solicit provider feedback on service provision in the EIP.

BEI collaborates closely with other State agencies/programs and other entities that provide early childhood supports and services on a variety of issues related to the EIP, including the NYSED, Department of Financial Services, Office of Health Insurance Programs, Office of Children and Family Services, OPWDD, Office of Mental Health, Office of Addiction Services and Supports, the Office For New Americans, NYS Council on Children and Families (CCF), NYS Association for Infant Mental Health, Bureau of Prenatal, Reproductive, and Sexual Health, NYSDOH Division of Nutrition, Bureau of Supplemental Food Programs, and the Early Care and Learning Council. Most of these agencies are represented on the EICC.

NYS BEI Memberships:

Early Childhood Advisory Council - comprised of NYS experts in early care and education, health care, child welfare, mental health, business, and community engagement.

Early Childhood Comprehensive Systems - ECCS Health Integration Prenatal-to-Three Program State Advisory Team - focuses on building an integrated maternal and early childhood system of care that is equitable, sustainable, comprehensive, and inclusive.

Preschool Development Grant Birth through 5 (NYSB5) - to strengthen Statewide early childhood partnerships to improve outcomes for children and families.

Early Hearing Detection and Intervention (EHDI) Advisory Group - Parents (of deaf or hard of hearing children), providers, professional organizations, and government officials discuss regulatory changes.

ACTS Team - Promotes the Centers for Disease Control and Prevention's (CDC's), "Learn the Signs. Act Early." Campaign.

PYRAMID Model State Leadership Team - promotes an evidence-based framework proven to be effective in building social and emotional competence in early care and education programs. Addresses behavioral and social-emotional health of young children, to increase positive experiences across natural environments.

TA Alliance through CCF – coordinates early childhood TA systems

Professional Development System:

The mechanisms the State has in place to ensure that service providers have the skills to effectively provide services that improve results for infants and toddlers with disabilities and their families.

BEI maintains a CSPD for EIP providers who are qualified and credentialed through the NYSED, for municipal staff who administer local EIPs, and for other key EI stakeholders, including parents/caregivers.

NYS's CSPD includes implementation of a training contract which provides on-line opportunities for current EI personnel to gain knowledge and develop skills to deliver services that are high quality and comport with federal and State requirements, including the delivery of services in natural environments. The training contract also provides training opportunities for other stakeholders including parents, municipal staff, primary referral sources, primary health care providers, childcare providers, local social services district staff, local school district staff, and other public health facility staff.

BEI's contractor, Measurement Inc. (MI), converted eight trainings to an online format since contract initiation and developed two new trainings. This format allows stakeholders to take training when it is convenient and without having to travel or reschedule services. Each training comports with current EIP regulations, policies, procedures, and includes Division for Early Childhood (DEC) recommended family-centered practices.

MI developed two new courses for stakeholders over the life of the contract– Family-Directed Assessments and Child Outcomes Summary Process. The first half of the COS course is an adaptation of the training developed collaboratively between ECTA/DaSy. The second half of the course focuses on the NYS specific COS process. When developing the new course, NYS sought advisement from ECTA. This training was developed based on the expressed needs of stakeholders and APR data showing that local EIPs were reporting exit scores that were deemed impossible based on OSEP standards. BEI has issued 749 certificates of completion for this course since its launch.

Training is evaluated based on development of an objective process to measure the degree to which current EI curricula contain information and strategies describing and promoting best practices to deliver EI services. Each training provides the same training content and materials to each learner who takes the course as live delivery or online, self-paced. All courses require participants to complete periodic checks for understanding and receive a passing score prior to moving to the next section of the training. Each course has an online evaluation which must be completed by participants to receive a certificate of completion and earn professional development hours toward the requirements in the NYS EIP Provider Agreement, as well as Continuing Education Credits (CEUs), issued by the International Accreditors for Continuing Education and Training (IACET).

MI tracks the number of individuals who complete courses and provides feedback to BEI from stakeholders' course evaluations. MI provides a comprehensive training report (with data from the live courses and the first quarter's self-paced training statistics) and provides quarterly reports on all self-paced courses. The training evaluations are analyzed to determine if the curriculum meets the needs of stakeholders. BEI staff participate in live courses to evaluate the content and reception of the new courses. Based on the evaluations returned by participants who complete live sessions or self-paced courses, revisions are made to the course content as appropriate. This year, BEI revised nine previously converted courses based on policy and procedural changes, as well as the regulations that were promulgated on February 14, 2024.

A training needs assessment (TNA) is disseminated annually to stakeholders. The survey covers a variety of topic areas (e.g., Family-Centered Practice, Professional Responsibility and Ethical Behavior, and Planning and Implementing Services), and obtains information from stakeholders about their training needs based on their role. MI analyzes the data and reports the identified needs to BEI.

Based on the results of the TNA, topics for new courses are researched/developed and current curricula is revised. Training curricula are also revised when gaps of knowledge are identified through the State's integrated monitoring system, due process, mediation, and state complaint systems, analysis of technical assistance (TA) questions, and based on EIP regulatory changes. As a direct result of stakeholder feedback from last year's TNAs, two new trainings are being developed – Due Process, and Roles and Responsibilities of Early Intervention Officials. The Due Process training will ensure provider's understanding of due process, and that they are able to accurately share the information with families. The EIO training will assist municipalities in understanding their role and responsibilities when administering the EIP locally.

MI and BEI also track trends received from stakeholders regarding training needs. A presentation on training is provided to parents, the EICC, the SSIP Advisory Group, and during bi-monthly calls with the local EIP administrators, to provide information on new courses, training statistics, and to identify training needs.

BEI maintains a contract with Just Kids Early Childhood Learning Center, for a Family Initiative Coordination Services Project (FICSP) that is exclusive

to parents of children in the EIP or parents who are members of their Local EICC (LEICC). Just Kids provides a leadership and advocacy skills training, hosts a webpage (eiFamilies.com) that offers support and resources to families of young children with disabilities, assists with the EICC, coordinates parents' attendance at EICC meetings and national EI conferences, and develops EI materials (e.g., brochures, videos) for families.

This year, BEI and Just Kids continue to work on developing scripts to create short videos for families on EIP topics, such as the family-directed assessment and Transition. The Family Outcomes Survey video vignette was completed this year to help families understand the survey and the value of their feedback. The video uses parent friendly language and explains the survey that families will receive after they exit the EIP. The video answers key questions that are frequently asked about the survey,

Stakeholder Engagement:

The mechanisms for broad stakeholder engagement, including activities carried out to obtain input from, and build the capacity of, a diverse group of parents to support the implementation activities designed to improve outcomes, including target setting and any subsequent revisions to targets, analyzing data, developing improvement strategies, and evaluating progress.

The State Performance Plan/Annual Performance Report (SPP/APR) including the State's Systemic Improvement Plan (SSIP) was presented to and discussed with the Early Intervention Coordinating Council (EICC) to obtain stakeholder input on the SPP/APR on December 11, 2024. The EICC is a 30-member council established in Section 2553 of the Public Health Law. It is composed of five parents, five EIP provider representatives, two Early Intervention Officials (EIOs) representing municipalities, three managed care plan representatives, seven State agency partners, two members of the Legislature, one personnel preparation or training, and five discretionary member seats, two of which will be filled by parent members. The EICC holds public meetings that are webcast to allow stakeholders Statewide to view the proceedings. Preliminary data were presented on the SPP/APR indicators. The EICC members were engaged in a thorough and thoughtful discussion of the data.

Apply stakeholder input from introduction to all Part C results indicators. (y/n)

YES

Number of Parent Members:

5

Parent Members Engagement:

Describe how the parent members of the Interagency Coordinating Council, parent center staff, parents from local and statewide advocacy and advisory committees, and individual parents were engaged in setting targets, analyzing data, developing improvement strategies, and evaluating progress.

As described above, the Department had the opportunity to receive feedback from parent members on the EICC. Parents shared their thoughts and feedback on the APR, as well as assisted the Department in target setting.

Additionally, see Indicator 4, and Indicator 11, Section C, Stakeholder Engagement for additional information regarding parent engagement efforts below:

- Partners Training for families
- Early Intervention Coordinating Council Meetings (live public webcast during the reporting period)
- SSIP Advisory Group

Activities to Improve Outcomes for Children with Disabilities:

Describe the activities conducted to increase the capacity of diverse groups of parents to support the development of implementation activities designed to improve outcomes for infants and toddlers with disabilities and their families.

The Department engages with a diverse group of parents to obtain feedback, analyze data, and help to develop improvement strategies to improve outcomes for infants and toddlers with disabilities and their families, including the EICC, Parents as Partners families, SSIP Advisory Group, Parent to Parent event, during in-person parent events/conferences, and EI Families Facebook Group. We engaged with a total of 87 parent members during the above activities.

The Department applied to participate in a cross-state learning collaborative, hosted by ECTA and DaSY, to improve equity in family outcomes in the EIP. This work provides NYS with the opportunity to collaborate with other states (Illinois and Texas) and stakeholders in identifying quality improvement strategies to promote equity in the delivery of state EI services. As part of this work, NYS completed a self-assessment which included a review of the Family Outcome Survey (FOS) data around representativeness, to identify disparities. New strategies to improve in this area were identified and were implemented during FFY 2023-2024. See Indicator 11, Data Quality Issues, for more information.

The Department decided to use a vacated discretionary seat and fill it with a parent. This seat has been filled, and two more discretionary seats will also be filled by parents. These parents have been selected and are currently moving through the approval process at the Governor's office.

This year we are in the process of recruiting new members for the SSIP Advisory Group Parent members and potential new members from various regions across the State.

To improve family outcomes and ensure every family is afforded the opportunity to participate in the Parents as Partners training, sponsored by DOH, the application/training information and curriculum is translated into six languages, and interpreters are also provided to families. The training is provided in five areas of the State (western, central, northeast, downstate (including NYC), and Long Island), to ensure that parents across diverse regions (e.g., geographic, race/ethnicity, language, socioeconomic status, etc.) can participate. We also offer childcare and transportation stipends for those families that need this assistance. In addition, meals and hotel accommodations are also provided to all families. A vital goal of Partners sessions is to provide training for parents to develop and further foster their leadership and advocacy skills on the local, State, and national levels. Many graduates have participated as members of the State SSIP Advisory Group, local EICCs, the State EICC (including a past chair), local parent advocacy groups, and in national Part C conferences. Parents develop individual leadership goals and put their projects into action in their local communities.

BEI staff participate in community events for families (e.g., NYS Parent to Parent) to share information about the Program, answer questions, and obtain stakeholder feedback.

As part of the family outcomes survey, during this reporting period, the reminder letters asking families to complete their survey were translated into the top 14 languages spoken by families in NYS, as collected by the State data system.

All EIP vital documents for families are translated into at least the top fourteen languages spoken in NYS. The FOS survey and brochure have been translated into eight additional languages during this reporting period.

The New York City EIP uses their texting system to encourage families to participate in the Parents as Partners training sponsored by BEI, and to

complete their family outcomes survey. Messages are sent out in English and in Spanish, and the FOS text includes the online weblink for the survey.

The Department has continued to examine diversity and equity with the Programs by looking at participants with regard to race and ethnicity of children served to better understand Early Intervention service delivery across all communities in New York State. Collaboration on this has continued with the EICC and members of its Provider Capacity Task Force.

Soliciting Public Input:

The mechanisms and timelines for soliciting public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress.

EICC Meetings – September 14, 2023, December 14, 2023, March 14, 2024, and June 13, 2024. The Department shared and obtained feedback from EICC members (including parents) on the plan, phases, implementation, improvement strategies, data collected, challenges/successes, State scale-up efforts based on successful local IFaCT projects, and next steps of the SSIP. The Department also sought specific feedback on family assessments and proposed future improvement strategies, based on data collected from both cohorts and related data from the State data system.

To share information on the APR including the SSIP with the public, the APR/SSIP was posted on the BEI Website.

Webinars with local Early Intervention Programs to share data and provide updates on improvement strategies and progress – July 20, 2023, January 24, 2024, and May 21-22, 2024.

Posts on the Early Intervention (EI) Community of Families Facebook Group (parents) – September 14, 2023, October 3, 2023, December 5, 2023, December 11, 2023, March 13, 2024, June 4, 2024, and June 13, 2024.

Communications disseminated to parents via the EI Families electronic Listserv – September 12, 2023, October 10, 2023, December 12, 2023, March 12, 2024, and May 28, 2024.

SSIP Advisory Group Meeting (including parents) - November 7, 2023, and May 9, 2024.

Parents as Partners trainings – August 26, 2023, September 22-23, 2023, November 4, 2023, December 1-2, 2023, March 16, 2024, April 19-20, 2024, May 11, 2024, May 31, 2024, and June 1, 2024. Parents provided stakeholder feedback on the plan, progress, and implementation of the SSIP. Parents reviewed the Transition script for development of a video and reviewed language to be included in an update to the Parent's Guide publication. Groups also reviewed and provided feedback on Department developed materials related to the SSIP, to support efforts in improving family outcomes.

Making Results Available to the Public:

The mechanisms and timelines for making the results of the setting targets, data analysis, development of the improvement strategies, and evaluation available to the public.

The results of the data analysis were presented to the public in both graphs and tables for the target setting and development of the improvement strategies and evaluation. The graphs illustrated the trends of all the historical data and the projections with 95% confidence interval band predicted from the historical data. The lines of baseline, previous targets, and recommended targets were also included to demonstrate how the targets were set and to facilitate the discussion on the target setting, the evaluation, and the strategies. The tables contained the actual numbers of the baseline, historical data, projections, previous and recommended targets for the stakeholders to review and vote on.

As described above, the Department shared the State's data and the proposed targets and the results of the target setting, data analysis, development of the improvement strategies, and evaluation, with the public on the BEI website. The Department also shared this information with the public via the BEI listserv – nearly 3,100 stakeholders (parents, providers, local EIP administrators) are registered.

The Department presented and discussed the data analysis results with the statewide EICC on December 14, 2023 and December 11, 2024, which was webcast live to the public and archived in the Department website for the public to review. The Department presented and discussed the data analysis results on several all-county conference calls with the local early intervention managers, officials, and other county staff on July 19, 2023 and July 18, 2024.

Reporting to the Public:

How and where the State reported to the public on the FFY 2022 performance of each EIS Program located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2022 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State's SPP/APR, including any revisions if the State has revised the targets that it submitted with its FFY 2022 APR in 2024, is available.

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

Statewide and local performance data for FFYs 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021 and 2022 are available on the Department's public web site. The statewide and local performance data by year, including 2022, can be accessed by pasting the following address in your Internet browser: https://www.health.ny.gov/statistics/community/infants_children/early_intervention/

The APR is the mechanism that New York will use to report on progress in meeting the measurable and rigorous targets. Printed and electronic copies of the APR will be available at no cost to any citizen of the State requesting the document. The FFY 2023 APR will be posted on the Department's public web site.

The Department maintains an SSIP webpage on the public web site. The SSIP page includes information on all project phases, the State's theory of action, SSIP evaluation plan, measures for improvement, evidence-based practices on family-centeredness, learning collaborative process, local SSIP projects, Statewide scale-up activities, and training for parents and providers on best practices.

Intro - Prior FFY Required Actions

None

Intro - OSEP Response

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

OSEP notes that in its description of how it makes annual determinations of EIS program performance, the State did not include all the factors that must be considered when making annual determinations, consistent with OSEP's QA 23-01. Specifically, the State did not include valid, reliable and timely data or correction of identified noncompliance its description of the criteria the State uses to make annual determinations. OSEP may follow up with the State regarding how it makes annual determinations of EIS program performance outside of the SPP/APR process.

Intro - Required Actions

Indicator 1: Timely Provision of Services

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

1 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	72.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	82.69%	83.10%	90.13%	69.18%	63.13%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
6,272	12,053	63.13%	100%	61.45%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

There was a decrease in indicator 1 from 63.13% in FFY 2022 to 61.45% in FFY 2023 (a change of -1.68%). Indicator 1 is calculated for each child, so if a child is authorized for three services with two delivered in a timely manner and one service is delayed, that child would not be counted as receiving timely services in the APR calculation.

During this reporting period, the Department has continued to prioritize efforts to address continued lack of provider capacity which is a significant factor affecting timeliness of Early Intervention service delivery. The Department and EICC recognize this and have convened the State EICC’s Provider Capacity Workforce Taskforce and Rate Setting Taskforce to work on solutions. The Department remains engaged in the activities outlined below, which are intended to improve provider capacity and ensure that children and families receive Early Intervention services to which they are entitled.

Recommendations of the State EICC’s Provider Capacity Workforce Taskforce, included a proposal to decrease the required experience hours for individual approval. Early Intervention regulation changes adopted in February 2024 changed the number of required hours for approval from 1,600 to 1,000 and this was implemented during this reporting period.

Recommendations of the Provider Capacity Workforce Taskforce have included promoting competency areas for the delivery of family centered Program evaluations and services. This work is ongoing.

Updated guidance to providers has included the Department’s expectation that most Early Intervention (EI) services will be delivered in-person, and authorized EI providers must be capable of delivering services within their documented scope of expertise, to children and families in person. The option for delivery of EI services via the modality of telehealth which began in 2020 remains a choice for families. The Department’s policy and guidance now requires providers to be available to provide in-person services to children and families. To ensure that a provider has the capacity to deliver in-person services, the Department will only approve individuals who reside in New York State, one of its contiguous states (Connecticut, Massachusetts, New Jersey, Pennsylvania, Vermont), or Canada, who are capable of and willing to provide in-person services on demand.

- A focus on identification of underserved areas and where there is increased need for services. Department activities to address identified disparities include outreach/recruitment of providers (students who may be interested in the field of early intervention as well as licensed and/or certified professionals).
- Outreach through a Statewide training contract to alert providers of the career opportunities in NYS EIP.
- Attending State conferences for professional organizations to promote and recruit Early Intervention providers.
- Partnering with municipal officials to enhance provider outreach at the local level as municipalities know the population and service needs best.
- Revised regulations approved in February 2024 provided to add in four new licensed professionals (mental health practitioners).
- Implementing a new statewide data system which will enable licensed behavior analysts and certified behavior analyst assistants to deliver services in the Program.
- Participating in national groups focused on increasing the provider workforce.
- Connecting with families via the Department’s Bureau of Early Intervention EI Families Facebook Group and EI Families listserv. The Facebook Group has 1,500 members.
- Collaborating with families and furthering their leadership and advocacy skills through the Department sponsored Parents as Partners training. Through this contract, the Family Initiatives Coordination Services Project Coordinator connects with families of young children with disabilities in the community and provides resources and information on the Program. There is also a dedicated website, EIFamilies.com, which provides resources and information on a variety of topics for families, including how to make a referral to the Program, what services are available, how to work with your IFSP team, and how to advocate for your child.
- Promoting the Program to families and sharing how to make a referral to the Program, through a short video vignette titled, “Welcome to the Early Intervention Program.” This video is shared with the EI Families Facebook Group, via the EI Families listserv, posted to the families’ page on the Department’s Bureau of Early Intervention webpage, and is available on the NYSDOH NY-YouTube channel. In the future, it will be added to the EI Families website.
- Additional efforts through existing training contracts to provide information Statewide about the EIP and how to access the Program
- The Department is working collaboratively with the EICC Rate Setting Taskforce to develop recommendations for the Department regarding the current rate methodology. The Task Force will base their recommendations on analysis of data regarding socioeconomic status, region, race/ethnicity, language, access to services, and impact on agencies and the workforce of the Early Intervention Program. The objective will be to ensure the rates are equitable, efficient, and cost effective.

There was a total of 2,092 unique children with a total of 3,214 services using the delay reason of “Telehealth refused and no in-person service available within 30 days”. The breakdown by services is included below. Some children listed had more than one service type delayed by this reason.

Speech language pathology: 1,250 children and services

Special instruction: 727 children and services
 Occupational Therapy: 823 children and services
 Physical Therapy: 361 children and services
 Group: 9 children and services
 Social Work: 12 children and services
 Family Training: 11 children and services
 Service Coordination: 18 children and services
 Vision: 1 child and service
 Nutrition: 1 child and service
 Assistive Technology: 1 child and service

Number of documented delays attributable to exceptional family circumstances

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

1,134

Provide reasons for delay, if applicable.

Note: The numerator and denominator for indicator 1 include the number of unique infants and toddlers. Since most children receive more than one service, the timeliness and delay reasons for all of a child's services are reviewed. If the child has at least one service that is delayed for a non-discountable reason, the unique child is included in the denominator but not in the numerator for this calculation.

There were 12,053 unique infants and toddlers included in the calculation.

There were 6,272 unique infants and toddlers who received all of their services within 30 days.

There were 1,134 unique infants and toddlers with documented delays attributable to exceptional family circumstances but no delays due to any non-discountable reason.

These 7,406 unique infants and toddlers were included in the numerator and denominator.

There were 4,647 unique infants and toddlers with at least one service delayed for a non-discountable reason included in the denominator but not in the numerator.

The Department reviewed the reasons for delay.

Discountable delay reasons attributable to exceptional family circumstances (for 1,441 total but 1,134 unique children since a child could have multiple services with different delay reasons as listed below):

1. Family problem scheduling appointment: 663 children with 852 services delayed by this reason
2. Family delayed response or consent for an appointment: 373 children with 450 services delayed by this reason
3. Family missed or canceled an appointment: 399 children with 536 services delayed by this reason
4. COVID-19: 2 children with 3 services delayed by this reason
5. Weather or other emergency declared: 4 children with 5 services delayed by this reason
6. Natural Disaster: 0 services delayed by this reason

Non-discountable delay reasons (for 4,939 total but 4,647 unique children since a child could have multiple services with different delay reasons as listed below):

1. Telehealth refused and no in-person service available within 30 days: 2,092 children with 3,214 services delayed by this reason
2. Provider capacity issue: 2,194 children with 2,920 services delayed by this reason
3. Provider scheduling problem: 397 children with 481 services delayed by this reason
4. Service Coordinator data entry error and/or delay: 191 children with 195 services delayed by this reason
5. EIO/D and/or municipal data entry error and/or delay: 47 children with 49 services delayed by this reason
6. Transportation issue: 18 children with 27 services delayed by this reason

Include your State's criteria for "timely" receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).

NYS EIP considers timely receipt of early intervention services, a service that is received within 30 days from the point that the service is agreed upon with the family.

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

State database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

Third Quarter of FFY 2023-2024 January 1, 2024 – March 31, 2024

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

The number of infants and toddlers with new services authorized on an initial or subsequent Individualized Family Service Plan (IFSP) was consistent for each quarter of FFY 2023-2024, therefore one quarter of FFY 2023-2024 (January 1 to March 31) was selected for the calculation of the indicator.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
95	62	31	2

FFY 2022 Findings of Noncompliance Verified as Corrected

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

Direct On-site Monitoring Findings of Noncompliance:

Forty-four (44) early intervention providers received a finding for noncompliance during their direct on-site monitoring review.

The Department issued written reports to notify each provider of the findings within 90 days of the on-site review. The providers were required to submit a Corrective Action Plan (CAP) within 45 days of receipt of their monitoring report. CAPs include an analysis completed by the provider of the root cause of the noncompliance and all activities they will implement to correct the noncompliance. Department staff reviewed and approved the submitted CAPs within 60 days of receipt and notified the providers in writing that their CAP was approved. The Department and Department monitoring contract staff provided written and oral technical assistance prior to submission of CAP.

The Department verified correction at both the child and system levels. Child specific verification of correction occurs by utilizing both the Statewide data system and direct child file reviews (documentation reviews) to determine services delivered. Utilizing these methods, the Department was able to verify the timely correction of every child-specific noncompliance identified during these monitoring reviews. The Department verifies at a systemic level that noncompliance was corrected by requiring that the provider submit a subset of child records for review. The Department was able to verify at both the child and the system level that 35 out of the 44 providers had corrected their noncompliance in a timely manner (within one year from the written notification of noncompliance). Nine providers were subsequently corrected. (Seven providers stopped delivering EIP services. Four out of the seven providers stopped delivering services after the one year and are included in the subsequently corrected numbers.)

Data Findings of Noncompliance:

The Department notified fifty-one local programs (municipalities) of a data finding for this indicator in FFY 2022. Twenty-seven of these local programs achieved 100% compliance based on a review of their data within one year. Twenty-two of these programs achieved 100% based on a review of their data but not within one year of issuing the finding. Two programs have cases of non-compliance still outstanding that are being continually monitored.

In compliance with OSEP QA 23-01 (July 24, 2023), for FFY 2022, the Department examined data from its data systems at least one time during that year to determine noncompliance with the requirements for timely service initiation. The Department provided a list of the potentially noncompliant cases to each local program to allow them the opportunity to review the data for accuracy and provide additional evidence that demonstrated compliance. Once the data review was complete, the Department reviewed the data a second time and identified cases that were noncompliant. The Department issued findings based on the noncompliant cases.

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

The Department ensured correction of a system finding by reviewing data from January to March 2023. System findings were verified as corrected when the local program achieved 100% compliance.

Dispute Resolution Findings Related to Indicator 1:

In addition to the 95 findings of noncompliance among municipalities and providers, the State identified 1 additional finding that had noncompliance with other IDEA requirements. This finding was corrected in a timely manner (within one year from the written notification of noncompliance).

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

Direct Monitoring Finding of Noncompliance Verification of Correction:

The Department utilized child records and the state data system to determine that each individual case of noncompliance was corrected, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01.

Data Finding of Noncompliance:

In compliance with OSEP QA 23-01 (July 24, 2023), the Department examined data from the Early Intervention Program data systems at least one time per year to determine noncompliance with the requirements for timely service initiation for each individual case. For each child with the original finding of noncompliance identified, a review of the data system verified that either services authorized were delivered to the child and family in accordance with the agreed-upon IFSP, or the child was no longer under the jurisdiction of the NYS EIP.

FFY 2022 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

The programs that have uncorrected cases of noncompliance were asked to review and report on these cases. Correction status will be reported in the next reporting period if it has not been resolved.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

1 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the

correction.

If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 SPP/APR

The Department identified a total 95 findings of noncompliance from the local programs (municipalities) and providers and verified that each of the local programs and providers identified as non-compliant for FFY 2022 during both monitoring and data reviews correctly implemented the specific regulatory requirement. The Department utilized both on-site or virtual monitoring and data system information to conduct reviews on each child record as well as at the system level. The Department verified that each individual case of noncompliance has been corrected unless the child was no longer within the jurisdiction of the program.

1 - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2023- June 30, 2024). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

1 - Required Actions

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. In addition, the State must demonstrate, in the FFY 2024 SPP/APR, that the remaining two uncorrected findings of noncompliance identified in FFY 2022 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2023 and each EIS program or provider with remaining noncompliance identified in FFY 2022: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2023. If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Indicator 2: Services in Natural Environments

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings. (20 U.S.C. 1416(a)(3)(A) and 1442)

Data Source

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

Measurement

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

Instructions

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

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

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

2 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	89.81%

FFY	2018	2019	2020	2021	2022
Target >=	90.00%	90.00%	91.00%	91.00%	91.00%
Data	92.46%	91.71%	95.57%	92.96%	91.47%

Targets

FFY	2023	2024	2025
Target >=	91.00%	91.00%	91.00%

Targets: Description of Stakeholder Input

The State Performance Plan/Annual Performance Report (SPP/APR) including the State's Systemic Improvement Plan (SSIP) was presented to and discussed with the Early Intervention Coordinating Council (EICC) to obtain stakeholder input on the SPP/APR on December 11, 2024. The EICC is a 30-member council established in Section 2553 of the Public Health Law. It is composed of five parents, five EIP provider representatives, two Early Intervention Officials (EIOs) representing municipalities, three managed care plan representatives, seven State agency partners, two members of the Legislature, one personnel preparation or training, and five discretionary member seats, two of which will be filled by parent members. The EICC holds public meetings that are webcast to allow stakeholders Statewide to view the proceedings. Preliminary data were presented on the SPP/APR indicators. The EICC members were engaged in a thorough and thoughtful discussion of the data.

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	29,010
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Total number of infants and toddlers with IFSPs	31,977

FFY 2023 SPP/APR Data

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of Infants and toddlers with IFSPs	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
29,010	31,977	91.47%	91.00%	90.72%	Did not meet target	No Slippage

Provide additional information about this indicator (optional).

NY Part C used 10/1/2023 to count number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings and total number of infants and toddlers with IFSPs.

2 - Prior FFY Required Actions

None

2 - OSEP Response

2 - Required Actions

Indicator 3: Early Childhood Outcomes

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of infants and toddlers with IFSPs who demonstrate improved:

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

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

Data Source

State selected data source.

Measurement

Outcomes:

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

Progress categories for A, B and C:

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

Summary Statements for Each of the Three Outcomes:

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

Measurement for Summary Statement 1:

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

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

Measurement for Summary Statement 2:

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

Instructions

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

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

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

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

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

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

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

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

3 - Indicator Data

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

NO

Targets: Description of Stakeholder Input

The State Performance Plan/Annual Performance Report (SPP/APR) including the State's Systemic Improvement Plan (SSIP) was presented to and discussed with the Early Intervention Coordinating Council (EICC) to obtain stakeholder input on the SPP/APR on December 11, 2024. The EICC is a 30-member council established in Section 2553 of the Public Health Law. It is composed of five parents, five EIP provider representatives, two Early Intervention Officials (EIOs) representing municipalities, three managed care plan representatives, seven State agency partners, two members of the Legislature, one personnel preparation or training, and five discretionary member seats, two of which will be filled by parent members. The EICC holds public meetings that are webcast to allow stakeholders Statewide to view the proceedings. Preliminary data were presented on the SPP/APR indicators. The EICC members were engaged in a thorough and thoughtful discussion of the data.

Historical Data

Outcome	Baseline	FFY	2018	2019	2020	2021	2022
A1	2013	Target>=	63.00%	64.00%	66.00%	66.50%	67.00%
A1	58.19%	Data	67.61%	71.44%	73.24%	73.18%	76.57%
A2	2013	Target>=	45.00%	45.00%	40.30%	40.50%	40.70%
A2	40.27%	Data	43.68%	39.33%	41.74%	41.24%	40.46%
B1	2013	Target>=	73.50%	74.00%	74.50%	75.00%	75.50%
B1	71.22%	Data	74.65%	78.10%	80.06%	78.66%	81.36%
B2	2013	Target>=	43.00%	43.00%	39.00%	39.20%	39.40%
B2	38.72%	Data	40.29%	38.08%	39.82%	37.74%	36.76%
C1	2013	Target>=	72.50%	73.00%	75.50%	75.75%	76.00%
C1	70.02%	Data	74.92%	77.15%	79.26%	79.21%	81.67%
C2	2013	Target>=	42.00%	42.00%	37.00%	37.15%	37.30%
C2	37.61%	Data	38.29%	36.61%	37.43%	35.19%	34.25%

Targets

FFY	2023	2024	2025
Target A1>=	67.50%	68.00%	68.50%
Target A2>=	40.90%	41.10%	41.30%
Target B1>=	76.00%	76.50%	77.00%
Target B2>=	39.60%	39.80%	40.00%
Target C1>=	76.25%	76.50%	76.75%
Target C2>=	37.45%	37.60%	37.75%

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

Outcome A Progress Category	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	69	1.33%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	887	17.12%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	2,096	40.45%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,549	29.89%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	581	11.21%

Outcome A	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	3,645	4,601	76.57%	67.50%	79.22%	Met target	No Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	2,130	5,182	40.46%	40.90%	41.10%	Met target	No Slippage

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

Outcome B Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	79	1.52%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	716	13.82%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	2,401	46.33%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,637	31.59%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	349	6.73%

Outcome B	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	4,038	4,833	81.36%	76.00%	83.55%	Met target	No Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	1,986	5,182	36.76%	39.60%	38.32%	Did not meet target	No Slippage

Outcome C: Use of appropriate behaviors to meet their needs

Outcome C Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	99	1.91%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	835	16.11%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	2,351	45.37%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,683	32.48%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	214	4.13%

Outcome C	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
C1. Of those children who entered or exited the program	4,034	4,968	81.67%	76.25%	81.20%	Met target	No Slippage

Outcome C	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program							
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	1,897	5,182	34.25%	37.45%	36.61%	Did not meet target	No Slippage

FFY 2023 SPP/APR Data

The number of infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data	31,398
The number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.	0
Number of infants and toddlers with IFSPs assessed	5,182

Sampling Question	Yes / No
Was sampling used?	YES
Has your previously approved sampling plan changed?	NO

Describe the sampling methodology outlining how the design will yield valid and reliable estimates.

In accordance with the sampling procedures approved by the US Department of Education Office of Special Education Programs (OSEP), the Department is using a sampling methodology to measure and report on OSEP-required child outcome data for Indicator 3 in its State Performance Plan /Annual Performance Reports (SPP/APR).

Child outcomes summary entry and exit forms for children in sample cohorts are completed locally by IFSP teams. Municipalities (the 57 counties and New York City), which administer the local early intervention programs, are responsible for coordinating all aspects of the data collection process, including enrolling children into child outcomes cohort samples, ensuring Child Outcomes Summary Forms (COSFs) are completed at entry to and exit from the program, and transmitting COSFs to BEI. To meet the requirement to collect and report data annually to OSEP on the state's performance with respect to Indicator 3 on child outcomes with manageable burden to municipalities, the Department has developed a sampling plan for the annual selection and enrollment of a geographically structured random state sample of children entering the NYS EIP, for whom entry and exit data will be collected to measure and report Indicator 3 child outcomes in the Annual Performance Report. Sample size calculations for both the State and locally representative samples are based on the NYS EIP's experience with initial IFSP meetings statewide and within the 58 municipalities.

For FFY 2020-2025 SPP/APR, the Department has continued to implement the sampling plan submitted in the "State Performance Plan for the NYS Early Intervention Program FFY 2005 – 2012 Revised January 2014" and posted online at https://www.health.ny.gov/community/infants_children/early_intervention/docs/2005-2012_state_performance_plan.pdf (page 29).

The sampling plan calls for a geographically structured random state sample of children entering the NYS EIP, for whom entry and exit data will be collected to measure and report Indicator 3 child outcomes. Sample size calculations for both the State and locally representative samples are based on the NYS EIP's experience with initial IFSP meetings statewide and within the 58 municipalities. The sampling plan is described as below.

Sampling procedures: Within each local early intervention program (municipality – 57 counties and 5 boroughs in New York City), the Department calculates the sample size based on the initial IFSP meetings conducted previously. Starting from the first day (July 1st) of the FFY, each municipality sequentially enrolls children for whom the child outcome entry data is collected on the initial IFSP meetings until the sample size is reached. The sequential enrollment for the child outcome survey is representative of disability category, race, ethnicity, age, gender, etc. within each municipality.

The "State Performance Plan for the NYS Early Intervention Program FFY 2005 – 2012 Revised January 2014" utilized sample size calculations for both the State and locally-representative samples based on the EIP's experience with child referrals statewide, and within the fifty-eight municipalities, for the July 1, 2004-June 30, 2005 Program Year. The target was set at 800 children being required to be enrolled to be statistically representative.

Given the changes in the number of infants and toddlers enrolled and missing/incomplete forms, the sample size was continuously assessed. As a result, sample sizes were adjusted in response to changes in the enrollment to ensure the target was exceeded (not just met) and results were valid and reliable. For example, the overall statewide sample size was decreased in 2020 from 2019 because of the COVID-19 pandemic.

Procedures to address problems with: (a) response rates; (b) missing data; and (c) selection bias. The Department works with each municipality to monitor the enrollment completion every FFY to avoid selection bias. For children enrolled in the child outcome survey, each municipality must collect the child outcome exit data. The Department works with each municipality to identify children with any missing data for complete child outcome data on every enrolled child.

Prior to 2014, the Department managed the child outcome summary process through a vendor at the University of Buffalo for the data collection and analysis and the University of Binghamton Institute for Child Development for the training and technical assistance. The Department of Health assumed responsibility for the child outcome summary process and has invested significant resources in enhanced data collection monitoring and review of child outcome summary forms as well as data analysis and reporting. The Department has provided annual training about the child outcome summary process to the local EIS programs (municipalities) to ensure compliance with the sample size, enrollment, and form completion. The Department provides routine reports and communication to local EIS programs throughout the year. This direct support has resulted in increases in response rates and supported valid and reliable results geographically. The completed child outcome forms exceeded the target as a result of these efforts.

Samples are geographically representative. One quality issue identified was that with gaps (i.e., years when they were not sampled) in completing the child outcome summary process, local EIS programs were not remembering the child outcome summary process and the start and stop was more burdensome than completing the process each year. Therefore, each county is required to participate in the COS process annually. Statistically, the samples were more reliable and valid geographically. The Department exceeded the target. This is the one update that was made to the approved sampling plan, and this would result in more valid and reliable data geographically.

The Department also invested in online data submission which allowed for more current access to child outcome summary process forms and greater ability to monitor and provide feedback and technical assistance to local EIS programs. The online forms are submitted through the Department's secure online platform called the Health Commerce System. Only authorized individuals can access the platform and only individuals authorized for their local program can submit and view child outcome summary forms. Local data collection did not change from the sampling plan; the method of submitting the information was modernized with technology.

The Department also underwent a LEAN quality improvement project with the local EIS programs. The quality improvement process assessed the process of enrollment, data collection, data quality, data submission, and data analysis including exchange of information about progress between the Department and local EIS programs. The LEAN quality improvement project was described in the Annual Performance Reports for FFY 2016, FFY 2017, and FFY 2018 and available online at: https://www.health.ny.gov/community/infants_children/early_intervention/docs/annual_performance_2016.pdf
https://www.health.ny.gov/community/infants_children/early_intervention/docs/annual_performance_2017.pdf
https://www.health.ny.gov/community/infants_children/early_intervention/docs/annual_performance_2018.pdf

Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary (COS) process? (yes/no)

YES

List the instruments and procedures used to gather data for this indicator.

The NYS EIP uses the Early Childhood Outcomes Center Child Outcomes Summary form and an approved sampling methodology to monitor Child Outcomes in New York State. Two versions of the Child Outcomes Summary Form (one for entry and one for exit data), originally developed by the OSEP-funded Early Childhood Outcomes Center (ECO), have been adapted for use in New York State to collect data necessary to measure the three child outcomes for this indicator.

Child outcomes summary entry and exit forms for children in sample cohorts are completed locally by IFSP teams. Municipalities (the 57 counties and New York City), which administer the local early intervention programs, are responsible for coordinating all aspects of the data collection process, including enrolling children into child outcomes cohort samples, ensuring Child Outcomes Summary Forms (COSFs) are completed at entry to and exit from the program, and transmitting COSFs to BEI. To ensure the protection of confidential information collected on the COSFs, municipalities are required to enter the form information into a secured on-line Person Electronic Response Data System (PERDS) on the Department's Health Commerce System or send completed forms to BEI via the Department's Health Commerce System's secure file transfer. Once BEI receives the completed forms, the data are entered into the PERDS database for analysis. Each child has a unique identifier so that COS scores can be linked back to individual children's IFSP and service information. Only children who have received more than six months of EI services are included in the calculation of the indicators.

Provide additional information about this indicator (optional).

3 - Prior FFY Required Actions

None

3 - OSEP Response

3 - Required Actions

Indicator 4: Family Involvement

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

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

Measurement

- A. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family know their rights) divided by the (# of respondent families participating in Part C)] times 100.
- B. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs) divided by the (# of respondent families participating in Part C)] times 100.
- C. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn) divided by the (# of respondent families participating in Part C)] times 100.

Instructions

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

Provide the actual numbers used in the calculation.

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

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

Report the number of families to whom the surveys were distributed and the number of respondent families participating in Part C. The survey response rate is auto calculated using the submitted data.

States will be required to compare the current year's response rate to the previous year(s) response rate(s), and describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

The State must also analyze the response rate to identify potential nonresponse bias and take steps to reduce any identified bias and promote response from a broad cross section of families that received Part C services.

Include the State's analysis of the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers receiving services in the Part C program. States should consider categories such as race/ethnicity, age of infant or toddler, and geographic location in the State.

States must describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group)

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

When reporting the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program, States must include race/ethnicity in its analysis. In addition, the State's analysis must also include at least one of the following demographics: socioeconomic status, parents, or guardians whose primary language is other than English and who have limited English proficiency, maternal education, geographic location, and/or another demographic category approved through the stakeholder input process.

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

4 - Indicator Data

Historical Data

Measure	Baseline	FFY	2018	2019	2020	2021	2022
A	2013	Target>=	93.00%	93.00%	93.10%	93.20%	93.30%
A	75.99%	Data	92.30%	94.82%	95.38%	92.70%	91.40%
B	2013	Target>=	91.00%	91.00%	91.10%	91.20%	91.30%
B	71.97%	Data	90.70%	96.03%	96.04%	94.56%	93.66%
C	2013	Target>=	93.00%	93.00%	93.05%	93.10%	93.15%
C	84.16%	Data	92.64%	94.99%	93.10%	94.39%	92.91%

Targets

FFY	2023	2024	2025
Target A>=	93.40%	93.50%	93.60%
Target B>=	91.40%	91.50%	91.60%
Target C>=	93.20%	93.25%	93.30%

Targets: Description of Stakeholder Input

The State Performance Plan/Annual Performance Report (SPP/APR) including the State's Systemic Improvement Plan (SSIP) was presented to and discussed with the Early Intervention Coordinating Council (EICC) to obtain stakeholder input on the SPP/APR on December 11, 2024. The EICC is a 30-member council established in Section 2553 of the Public Health Law. It is composed of five parents, five EIP provider representatives, two Early Intervention Officials (EIOs) representing municipalities, three managed care plan representatives, seven State agency partners, two members of the Legislature, one personnel preparation or training, and five discretionary member seats, two of which will be filled by parent members. The EICC holds public meetings that are webcast to allow stakeholders Statewide to view the proceedings. Preliminary data were presented on the SPP/APR indicators. The EICC members were engaged in a thorough and thoughtful discussion of the data.

FFY 2023 SPP/APR Data

The number of families to whom surveys were distributed	20,573
Number of respondent families participating in Part C	2,400
Survey Response Rate	11.67%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	2,201
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	2,379
B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	2,241
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	2,363
C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn	2,163
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	2,322

Measure	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	91.40%	93.40%	92.52%	Did not meet target	No Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)	93.66%	91.40%	94.84%	Met target	No Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	92.91%	93.20%	93.15%	Did not meet target	No Slippage

Sampling Question	Yes / No
Was sampling used?	NO

Question	Yes / No
Was a collection tool used?	YES
If yes, is it a new or revised collection tool?	NO

Response Rate

FFY	2022	2023
Survey Response Rate	11.09%	11.67%

Describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group).

In order to determine representativeness, the chi-square test was used to determine whether there was a significant difference between the actual response rate from a given group (i.e., observed frequencies) versus the number of responses expected from the group (i.e., expected frequencies) based on the population. Specifically, the Department examined the response rates by race (i.e., White, Black, Other race), ethnicity (i.e., Hispanic, Non-Hispanic), sex (i.e., male, female), primary language (i.e., English, Spanish, Other languages), and the region where the family lived (i.e., NYC, the rest of the state). The t test was used to examine the difference on the mean age at referral between the responding and non-responding families. When there was a statistically significant difference in the response rates, the Department further analyzed and reported whether there were statistically significant differences in each of the three family outcome areas (Indicator 4A, 4B and 4C) between the underrepresented and overrepresented groups in the family outcome survey. All analyses were conducted using SAS v9.4 (SAS Institute, Cary, NC).

Include the State’s analysis of the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program. States should consider categories such as race/ethnicity, age of infant or toddler, and geographic location in the State. States must include race/ethnicity in their analysis. In addition, the State’s analysis must include at least one of the following demographics: socioeconomic status, parents, or guardians whose primary language is other than English and who have limited English proficiency, maternal education, geographic location, and/or another category approved through the stakeholder input process.

For FFY 2023-24, the Department sent out family survey invitation letters with both an on-line survey link/QR code and paper survey with return postage to all 20,573 families exiting the NYS EIP from July 1, 2023 to June 30, 2024, requesting they fill out the survey on-line or by mail. These families did not withdraw from the early intervention program and their children received at least six months of early intervention services. One survey letter was mailed to each family, even if the family had multiple children (i.e., twins or triplets) receiving services through the NYS EIP. In this situation, one of the children is selected at random and the first name of the child is indicated on the survey in which the family completes. Surveys are not sent to any families whose child passed away. There were 1,434 (6.97%) families undelivered letters because families moved after exiting the early intervention program. There were 2,400 surveys returned (1,080 completed the paper form, and 1,320 completed on-line) from the rest of the 19,146 families. The representativeness by Race, Ethnicity, Sex, Age at Referral, Region and Primary Language of the 2,400 respondents was compared to all 20,573 families.

Racial Representativeness

The families who returned the NYS Family Survey were not representative based on race. Of the 2,400 surveys returned, 1,818 were from White families, 246 were from African-American families and 336 were from Other race families. When compared to the expected numbers based on the population, which was 1,717 White, 386 African-American, and 298 Other races, there were 140 fewer surveys returned from African-American families than expected. The Chi-Square statistic for the observed versus the expected was statistically different ($p < 0.0001$). The Department looked at the representativeness from each outcome because some returned surveys had skipped items corresponding to the outcomes. However, there was no significance in the positive response rate being associated with race for all three outcomes (p values for 4A was 0.04, 4B was 0.06 and 4C was 0.19).

Ethnic Representativeness

The families who returned the NYS Family Survey were not representative based on ethnicity. Of the 2,400 surveys returned, 564 were from Hispanic families and 1,836 were from non-Hispanic families. The expected numbers based on the population were 633 Hispanic and 1,767 non-Hispanic families. There were 69 fewer responses from Hispanic families than expected. The Chi-Square statistic for the observed versus the expected responses by ethnicity was statistically different ($p < 0.0007$). The Department looked at the representativeness from each outcome because some returned surveys had skipped items corresponding to the outcomes. However, there was no significance in the positive response rates being associated with ethnicity for all three outcomes (p value for 4A was 0.78, 4B was 0.70, and 4C was 0.33).

Representativeness by Sex

The families who returned the NYS Family Survey were representative based on sex. Of the 2,400 surveys returned, 801 surveys were returned from families with a female child and 1,599 from families with a male child. The expected numbers based on the population eligible for the survey were 805 females and 1,595 males. There were 4 fewer surveys returned from families with female children than expected. The Chi-Square statistics for the observed versus the expected was a p value of 0.8436 and was not statistically different. The Department looked at the representativeness from each outcome because some returned surveys had skipped items corresponding to the outcomes. In summary, there was no significance in the positive response rates being associated with gender for all three outcomes (p value for 4A was 0.81, 4B was 0.30, and 4C was 0.38).

Representativeness by Age at Referral

The families who returned the NYS Family Survey did not differ based on age from families who did not return the survey (p value=0.65). The Department looked at the representativeness from each outcome because some returned surveys had skipped items corresponding to the outcomes. In summary, age did not significantly differ between returned and not returned surveys for any of the outcomes (p value 4A was 0.64, 4B was 0.49, 4c was 0.46). Additionally, there was no significance in the positive response rate being associated with age for all three outcomes (p value for 4A was 0.57, 4B was 0.93 and 4C was 0.15).

Representativeness by Region

The families who returned the NYS Family Survey were not representative based on region. Of the 2,400 surveys returned, 821 were from families in NYC and 1,579 were from families in the rest of New York State (ROS). The expected numbers based on the population were 1,046 NYC and 1,354 ROS families. There were 225 fewer responses from NYC families than expected. The Chi-Square statistic for the observed versus the expected responses by region was a p value of < 0.0001 , which was significantly different. The Department looked at the representativeness from each outcome because some returned surveys had skipped items corresponding to the outcomes. In summary, for all three indicators, families from ROS were more likely to agree that Early Intervention services have: 4A: helped them to know about their child’s and family’s rights concerning early intervention services; 4B: helped them to communicate more effectively with the people who work with their child and family; and 4C: helped them to understand their child’s special needs and helped them to do things that are good for their child’s development. (p value for 4A was 0.0021, 4b was 0.0002 and 4C was 0.0082)

Representativeness by Primary Language

The families who returned the NYS Family Survey were representative based on language. Of the 2,400 surveys returned, there were 1,927 English surveys returned, 204 Other Language surveys returned, and 269 Spanish surveys returned. The expected numbers based on the population eligible were 1,891 English, 236 Other Language and 273 Spanish surveys. There were 32 fewer Other Language and 4 fewer Spanish surveys than were expected. The Chi-Square statistic for the observed versus the expected responses by region was a p value of < 0.053, which was not significantly different. The Department looked at the representativeness from each outcome because some returned surveys had skipped items corresponding to the outcomes. In summary, there were no significance in the positive response rates being associated with language for the three outcomes (p value for 4A was 0.038, 4B was 0.24, and 4C was 0.05).

The demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program. (yes/no)

NO

If no, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.

The respondents to the survey were not representative of the overall NYS EIP by race, ethnicity, and region. To ensure that response rates are representative in the future, the Department will monitor the ongoing representativeness of the returned surveys and follow up with Hispanic and non-White families, as needed. Additionally, the Department participated in monthly technical assistance calls with the Early Childhood Technical Assistance Center to discuss the response rate and representativeness, and to strategize ways to improve. Due to these discussions, a brochure for families was developed, using family-friendly language, to describe the survey and the importance of completing it to improve the Program for future children and families. The Department worked with the Just Kids Early Childhood Learning Center to create a video for families describing what the Family Outcome Survey is and its importance. Collaborations with Parent Centers across NYS will occur to identify successful strategies that can be used to encourage non-White and Hispanic families to participate in the survey.

Describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

The Department has implemented several strategies to improve the response rate of the FOS data. The Department has several current processes in place to ensure that parent names and addresses are accurate for the survey mailing using the State data system (NYEIS). We first identify those families who do not have parent names and addresses listed. We also identify the children who are in foster care, to ensure that family outcomes survey is mailed to the correct caregiver. DOH then sends the list of these identified families to the local programs, who are responsible for accessing the correct contact information and providing DOH with an accurate list prior to the survey mailing.

Additionally, when the survey is sent out to families and is found to be undeliverable, we work to identify the correct address for the family from the US Postal Service whenever possible, and update the address in our system accordingly, so that a new survey is mailed to the family using the updated address. Additionally, the FOS methodology has been revised based on stakeholder feedback. We now send the FOS out in four batches per year, which means distribution is now closer to the time that children exit the Program. Previously, the survey was only sent out once per year and therefore, some families received their survey as much as eight months after their child exited the Program.

To encourage parent participation in the survey, a reminder letter is mailed to all families who have not completed their survey in one of the four batches sent to families. During this reminder period, the Department uses its communication channels (Facebook group, EI Families listserv, stakeholder conference calls with local programs, EICC meeting, etc.) to remind families to complete their survey. The Department's Bureau of Early Intervention (BEI) will continue to promote the FOS to families to encourage their participation by sharing information and reminders to complete the FOS using its communication channels such as the EI Community of Families Facebook Group (currently over 1,500 members) and EI Families Listserv and include pictures of families that are underrepresented.

BEI has implemented several strategies to improve the response rate of the FOS data for underrepresented groups: To increase response rates for underrepresented groups, the New York City (NYC) EIP (which implements the program in the five boroughs) will continue to use their family texting system to send survey reminders in both English and Spanish which will include the weblink for families to complete the survey online. By sending text messages to families in NYC, BEI is working towards; 1. improving representativeness racially, ethnically, by language and by region; 2. assisting with the promotion of the survey; and 3. encouraging families to complete their survey. The texting system will be used for all four survey batches.

Describe the analysis of the response rate including any nonresponse bias that was identified, and the steps taken to reduce any identified bias and promote response from a broad cross section of families that received Part C services.

The Department has analyzed the survey data by race, ethnicity, sex, age at referral, region, and primary language to identify and report non-response bias. In order to obtain a more representative response, the Department surveys all families, provides the survey in fifteen languages, allows families to complete an online or paper survey, sends text messages about the survey to families in underrepresented regions, and sends the survey in four batches during the year.

Provide additional information about this indicator (optional).

Collection tool

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

Invitation letters with both an on-line survey link/QR code and paper survey with return postage were mailed to all applicable families in four batches depending on when their children exited the program. All letters had survey questions printed on the reverse side so families could return the survey by Business Reply if they chose to do so. There was a reminder letter sent out in November 2024 in the same format. Both the letter and survey were translated into Arabic, Bengali, Chinese, French, Haitian-Creole, Hindi, Italian, Japanese, Korean, Polish, Russian, Spanish, Urdu and Yiddish. The FOS invitation letter and survey, as well as the online survey, were provided in English and in the family's preferred language.

Methodology to report family outcomes for indicator 4

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

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

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

Indicator 4B (percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs) is based on positive response rate from families to survey item: "Early Intervention services have helped me and/or my family communicate more effectively with the people who work with my child and family."

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

In FFY 2023-24, NY had 17 NCSEAM IFS items with a positive response above 90% and 5 items were between 80% and 90%.

For the two telehealth survey items, the following responses from the families were received:

For the item "Think back on your child and family's time in the Early Intervention Program. If your child received Telehealth services, they worked well. Telehealth services mean your child received services through a computer, tablet, or smartphone." The positive response was 65.03%.

For the item "Think back on your child and family's time in the Early Intervention Program. Telehealth services may not have been available to your child and family. If they were available, would you have used them? Telehealth services mean your child received services through a computer, tablet, or smartphone." Families responded "Yes" 33% of the time, 48% responded "No", and 20% responded "Maybe."

4 - Prior FFY Required Actions

In the FFY 2023 SPP/APR, the State must report whether its FFY 2023 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

Response to actions required in FFY 2022 SPP/APR

The lack of representativeness is a concern because the goal is to ascertain how all families feel about the EIP. Therefore, NYS is participating in several cross-state learning communities (Family Outcomes Data Community of Practice, and Part C Racial Equity Community), hosted by the ECTA Center and DaSy, to improve equity in family outcomes in the EIP. This work provides NYS with the opportunity to collaborate with other states and stakeholders in identifying quality improvement strategies to promote equity in the delivery of EI services. As part of this work, NYS reviewed the FOS data around representativeness to identify disparities, and new strategies were identified to improve in this area. Strategies implemented during FFY 2023-2024, included:

To assist with promotion of the survey and to encourage families to complete their survey, BEI developed a video about the FOS survey. This video is posted on our FOS webpage and the link was included in the FOS survey reminder letter. The link will be included in all FOS survey letters during the next program year.

NYC's EIP sending out a text message to their cohort of families in English and Spanish, to encourage survey participation. The weblink to the FOS video was also included in the text messages.

Sending the FOS out in four batches and closer to the time that children exited the Program, instead of once per year. The Department developed posts for the EI Community of Families Facebook Group and for the EI Families electronic listserv, to remind and encourage parent participation in the FOS.

BEI continues to engage with families during this reporting period. Engagement was conducted through Parents as Partners trainings, EICC meetings, SSIP Advisory Group Meetings, and by collecting data on families' experiences with the EIP. BEI also receives family feedback regularly about the Program through the EI Community of Families Facebook Group. Members of this closed group (current membership is over 1,500) provide feedback about the FOS.

Continued promotion of a four-part video series titled, Families' Perspectives: A Parent's Journey to EI, featuring parents of children who were in the EIP, to highlight how the EIP helped their family. Three of the videos focused on families living in communities where language could be a barrier to connect to the Program. In these videos, English, Spanish, Bengali, and Chinese-speaking parents talk about their family's journey from concern about their child's development, to EI enrollment. These videos were promoted to parents on the EI Community of Families Facebook group and posted on the BEI website and DOH YouTube page, eiFamilies webpage, and shown to stakeholders during EICC meetings.

Translated the FOS brochure for parents into 8 additional languages spoken languages in the EIP (for a total of 15 languages). These brochures were sent to families with their translated survey and reminder letter asking them to complete their FOS.

Reviewed the make-up of the current EICC and determined that more parents would improve family representation on the Council. The Department decided to use a recently vacated discretionary seat and fill it with a parent (developed and disseminated an EICC Parent Application to recruit new parent EICC members and promoted the availability of the two new parent member seats via the EI Families Facebook Group and Family Listserv; collaborated with the Family Initiatives Coordinator to reach out to current and past parent graduates of Partners training and presented at EICC meetings). Two more discretionary seats will also be filled by parents.

BEI created an advertising campaign to promote awareness of the Early Intervention Program for families in 178 zip codes in NYS where there are racial disparities in enrollment and high rates of late enrollment in the Early Intervention Program. The campaign included advertisements on social media, billboards, street furniture, and near pediatrician and OB/GYN offices.

Additionally, BEI SSIP staff developed a presentation of its work from the Family Outcomes cross-state learning collaborative, which was presented by ECTA staff at the August 2024 Improving Data, Improving Outcomes conference, on Using Part C Family Outcomes Data to Examine Equity and Representativeness.

4 - OSEP Response

4 - Required Actions

In the FFY 2024 SPP/APR, the State must report whether its FFY 2024 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

Indicator 5: Child Find (Birth to One)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 1 with IFSPs.

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

Data Source

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

Measurement

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

Instructions

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

Describe the results of the calculations. The data reported in this indicator should be consistent with the State's reported 618 data reported in Table 1. If not, explain why.

The State should conduct a root cause analysis of child find identification rates, including reviewing data (if available) on the number of children referred, evaluated, and identified. This analysis may include examining not only demographic data but also other child-find related data available to the State (e.g., geographic location, family income, primary language, etc.). The State should report the results of this analysis under the "Additional Information" section of this indicator. If the State is required to report on the reasons for slippage, the State must include the results of its analyses under the "Additional Information" section of this indicator.

5 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	1.10%

FFY	2018	2019	2020	2021	2022
Target >=	1.22%	1.22%	1.11%	1.11%	1.11%
Data	1.08%	1.01%	0.68%	0.87%	0.87%

Targets

FFY	2023	2024	2025
Target >=	1.11%	1.11%	1.11%

Targets: Description of Stakeholder Input

The State Performance Plan/Annual Performance Report (SPP/APR) including the State's Systemic Improvement Plan (SSIP) was presented to and discussed with the Early Intervention Coordinating Council (EICC) to obtain stakeholder input on the SPP/APR on December 11, 2024. The EICC is a 30-member council established in Section 2553 of the Public Health Law. It is composed of five parents, five EIP provider representatives, two Early Intervention Officials (EIOs) representing municipalities, three managed care plan representatives, seven State agency partners, two members of the Legislature, one personnel preparation or training, and five discretionary member seats, two of which will be filled by parent members. The EICC holds public meetings that are webcast to allow stakeholders Statewide to view the proceedings. Preliminary data were presented on the SPP/APR indicators. The EICC members were engaged in a thorough and thoughtful discussion of the data.

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Number of infants and toddlers birth to 1 with IFSPs	1,852
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2023	06/25/2024	Population of infants and toddlers birth to 1	209,673

FFY 2023 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
1,852	209,673	0.87%	1.11%	0.88%	Did not meet target	No Slippage

Provide results of the root cause analysis of child find identification rates.

There is no slippage for this program year, therefore root cause analysis is not included. However, it is currently being researched.

Provide additional information about this indicator (optional)

NY used 10/1/2023 as the date to count number of infants and toddlers birth to 1 with IFSPs

5 - Prior FFY Required Actions

None

5 - OSEP Response

5 - Required Actions

Indicator 6: Child Find (Birth to Three)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 3 with IFSPs.

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

Data Source

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

Measurement

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

Instructions

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

Describe the results of the calculations. The data reported in this indicator should be consistent with the State's reported 618 data reported in Table 1. If not, explain why.

The State should conduct a root cause analysis of child find identification rates, including reviewing data (if available) on the number of children referred, evaluated, and identified. This analysis may include examining not only demographic data but also other child-find related data available to the State (e.g. geographic location, family income, primary language, etc.). The State should report the results of this analysis under the "Additional Information" section of this indicator. If the State is required to report on the reasons for slippage, the State must include the results of its analysis under the "Additional Information" section of this indicator.

6 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2013	3.95%

FFY	2018	2019	2020	2021	2022
Target >=	4.00%	4.00%	4.25%	4.25%	4.25%
Data	4.56%	4.63%	3.77%	4.55%	5.05%

Targets

FFY	2023	2024	2025
Target >=	4.25%	4.25%	4.25%

Targets: Description of Stakeholder Input

The State Performance Plan/Annual Performance Report (SPP/APR) including the State's Systemic Improvement Plan (SSIP) was presented to and discussed with the Early Intervention Coordinating Council (EICC) to obtain stakeholder input on the SPP/APR on December 11, 2024. The EICC is a 30-member council established in Section 2553 of the Public Health Law. It is composed of five parents, five EIP provider representatives, two Early Intervention Officials (EIOs) representing municipalities, three managed care plan representatives, seven State agency partners, two members of the Legislature, one personnel preparation or training, and five discretionary member seats, two of which will be filled by parent members. The EICC holds public meetings that are webcast to allow stakeholders Statewide to view the proceedings. Preliminary data were presented on the SPP/APR indicators. The EICC members were engaged in a thorough and thoughtful discussion of the data.

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Number of infants and toddlers birth to 3 with IFSPs	31,977
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2023	06/25/2024	Population of infants and toddlers birth to 3	615,938

FFY 2023 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
31,977	615,938	5.05%	4.25%	5.19%	Met target	No Slippage

Provide results of the root cause analysis of child find identification rates

There is no slippage for this program year, therefore root cause analysis is not included. However, it is currently being researched.

Provide additional information about this indicator (optional).

NY used 10/1/2023 as the date to count number of infants and toddlers birth through 2 with IFSPs

6 - Prior FFY Required Actions

None

6 - OSEP Response

6 - Required Actions

Indicator 7: 45-Day Timeline

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

Compliance indicator: Percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline. (20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source

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

Measurement

Percent = [(# of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline) divided by the (# of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted)] times 100.

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

Instructions

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

Targets must be 100%.

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

7 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	52.90%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	96.11%	95.25%	96.64%	94.36%	92.80%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
3,677	8,159	92.80%	100%	93.22%	Did not meet target	No Slippage

Number of documented delays attributable to exceptional family circumstances

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

3,929

Provide reasons for delay, if applicable.

The Department reviewed all the delay reasons for the children with their initial IFSP meetings delayed.

For the children with delay reasons, the following discountable delay reasons attributable to exceptional family circumstances were documented:

- 1,888 children with delayed IFSP due to family - missed/canceled evaluation or IFSP meeting
- 1,643 children with delayed IFSP due to family - problem scheduling evaluation
- 335 children with delayed IFSP due to family - unresponsive/moved
- 55 children with delayed IFSP due to the COVID-19 pandemic
- 6 children with delayed IFSP due to weather emergency declared
- 2 children with delayed IFSP due to natural disaster

Non-discountable delay reasons:

- 298 children with delayed IFSP for Evaluator conducted late evaluation
- 186 children with delayed IFSP for Evaluator sent report late
- 17 children with delayed IFSP for initial service coordinator (ISC) high caseload
- 21 children with delayed IFSP for EIO/D scheduling problem
- 16 children with delayed IFSP due to early intervention official/designee (EIO/D) encountered foster care problem
- 10 children with delayed IFSP for Child eligible through mediation/impartial hearing
- 5 children with delayed IFSP for Translation difficulty
- 0 children with delayed IFSP for ISC unable to facilitate transportation to evaluation and/or IFSP for family
- 0 children with delayed IFSP for EIO/D referred child late to ISC

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

State database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

Third Quarter of FFY 2023-2024 January 1, 2024 – March 31, 2024

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

As allowed by OSEP, New York is reporting data for one quarter of the Federal Fiscal Year (FFY) 2023-2024. The number of infants and toddlers who were evaluated and assessed for whom an initial IFSP meeting was required was consistent for each quarter of FFY 2023-2024, so one quarter of 2024 (January 1 to March 31) was selected for the calculation of the indicator.

Provide additional information about this indicator (optional).

As advised by OSEP, delays in service provision caused by the public health response to the COVID-19 pandemic can meet the definition of exceptional family circumstances, as defined under 34 CFR § 303.310(b), when the child and family are effectively unavailable. There were 55 children with their initial IFSP meetings delayed by the COVID-19 pandemic as part of the 3,929 children with delayed initial IFSP meetings attributable to exceptional family circumstances included in the numerator and denominator, as allowed by OSEP.

Correction of Findings of Noncompliance Identified in FFY 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
35	35	0	0

FFY 2022 Findings of Noncompliance Verified as Corrected

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

Direct On-site Monitoring Findings of Noncompliance: No findings were identified for this indicator during FFY 2022.

Data Finding of Noncompliance:

The Department notified thirty-five local programs (municipalities) of a data finding of noncompliance for this indicator in FFY 2022. All of these local programs achieved 100% compliance based on a review of their data within one year.

In compliance with OSEP QA 23-01 (July 24, 2023), for FFY 2022, the Department examined data from its data systems at least one time during that year to determine noncompliance with the requirements for timely IFSP meetings. The Department provided a list of the potentially noncompliant cases to each local program to allow them the opportunity to review the data for accuracy and provide additional evidence that demonstrated compliance. Once the data review was complete, the Department reviewed the data a second time and identified cases that were noncompliant. The Department issued findings based on the noncompliant cases.

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

The Department ensured correction of a system finding by reviewing data from January to March 2023. System findings were verified as corrected when the local program achieved 100% compliance.

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

Data Finding of Noncompliance:

In compliance with OSEP QA 23-01 (July 24, 2023), the Department examined data from the Early Intervention Program data systems at least one time per year to determine noncompliance with the requirements for timely IFSP meetings for each individual case. For each child with the original finding of

noncompliance identified, a review of the data system verified that either the IFSP meeting was conducted, or the child was no longer under the jurisdiction of the NYS EIP.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

7 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 SPP/APR

The Department identified 35 findings of noncompliance from the local programs (municipalities) and providers and verified that each of the local programs and providers identified as non-compliant for FFY 2022 during both monitoring and data reviews correctly implemented the specific regulatory requirement. The Department utilized both on-site or virtual monitoring and data system information to conduct reviews on each child record as well as at the system level. The Department verified that each individual case of noncompliance has been corrected unless the child was no longer within the jurisdiction of the program.

7 - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2023- June 30, 2024). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

7 - Required Actions

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2023 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2023. If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Indicator 8A: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

- A. Percent = $[(\# \text{ of toddlers with disabilities exiting Part C at age 3 who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday}) \div (\# \text{ of toddlers with disabilities exiting Part C at age 3})] \times 100$.
- B. Percent = $[(\# \text{ of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services}) \div (\# \text{ of toddlers with disabilities exiting Part C who were potentially eligible for Part B})] \times 100$.
- C. Percent = $[(\# \text{ of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B}) \div (\# \text{ of toddlers with disabilities exiting Part C who were potentially eligible for Part B})] \times 100$.

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

Instructions

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

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

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

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

Indicator 8A: The measurement is intended to capture those children exiting at age 3 for whom an IFSP must be developed with transition steps and services within the required timeline consistent with 34 CFR §303.209(d) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to "opt-out" of the referral. Under the State's opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State's Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline consistent with 34 CFR §303.209(e) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

8A - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	83.30%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	99.95%	99.90%	99.73%	99.72%	99.45%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

Data include only those toddlers with disabilities exiting Part C at age 3 for whom the Lead Agency was required to develop an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday. (yes/no)

YES

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
5,638	5,724	99.45%	100%	99.81%	Did not meet target	No Slippage

Number of documented delays attributable to exceptional family circumstances

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

75

Provide reasons for delay, if applicable.

The Department reviewed the delay reasons for all 86 children with their transition steps and services delayed.

Discountable delay reasons attributable to exceptional family circumstances:

- Family delayed for 75 children.
- Weather Emergency for 0 children.
- COVID-19 for 0 children.

Non-discountable delay reasons:

Delayed by local program administrators and/or providers for 11 children.

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

State database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

Third Quarter of FFY 2023-2024 January 1, 2024– March 31, 2024

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

The number of infants and toddlers exiting Part C at age 3 was consistent for each quarter of FFY 2023-2024, therefore one quarter of FFY 2023-2024 (January 1 to March 31) was selected for the calculation of the indicator.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
15	13	2	0

FFY 2022 Findings of Noncompliance Verified as Corrected

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

Direct On-site Monitoring Findings of Noncompliance:

The Department notified nine early intervention providers that they received a monitoring finding for noncompliance with this indicator during their monitoring review.

The Department issued a formal, written report of the finding to these providers within 90 days of their review. The providers were required to submit a Corrective Action Plan (CAP) within 45 days of receipt of their monitoring report. The providers' CAP included an analysis completed by the provider of the root cause of the noncompliance and all activities they implemented to correct the noncompliance (including training of staff and oversight). Department staff reviewed and approved the submitted CAP within 60 days of receipt. The provider was formally notified in writing that their CAP had been approved. Department and monitoring contract staff provided written and verbal technical assistance to the provider prior to submission of CAP. To ensure that the provider implemented changes that were identified in the CAP, the monitoring contractor reviewed information in the data system and in provider records that verification of correction had occurred with each child. Every instance of child-specific noncompliance was verified as corrected in a timely manner. The Department verified at a systemic level, that noncompliance was corrected by requiring the provider to submit a subset of child

records for review. Seven out of nine providers achieved 100% compliance within one year of the date that the finding was issued. One provider was verified as corrected after the 1 year and one provider withdrew from the program and is no longer servicing EIP children.

Data Finding of Noncompliance:

The Department notified six local programs (municipality) of a finding of noncompliance for this indicator in FFY 2022. All of these local programs achieved 100% compliance based on a review of their data within one year.

In compliance with OSEP QA 23-01 (July 24, 2023), for FFY 2022, the Department examined data from its data systems at least one time during that year to determine noncompliance with the requirements for timely transition steps and services. The Department provided a list of the potentially noncompliant cases to each local program to allow them the opportunity to review the data for accuracy and provide additional evidence that demonstrated compliance. Once the data review was complete, the Department reviewed the data a second time and identified cases that were noncompliant. The Department issued findings based on the noncompliant cases.

The Department reviewed the findings data to verify that the local programs correctly implemented the regulatory requirements. 100% correction was verified based on a verification of data in the Early Intervention Program data systems.

The Department ensured correction of a system finding by reviewing data from January to March 2023. System findings were verified as corrected when the local program achieved 100% compliance.

Dispute Resolution Findings Related to Indicator 8A

In addition to the 15 findings of noncompliance among municipalities and providers, the State identified 2 additional finding that had noncompliance with other IDEA requirements. These findings were corrected in a timely manner (within one year from the written notification of noncompliance)

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

Direct Monitoring Findings of Noncompliance Verification of Correction:

The Department utilized child records and the state data system to determine that each individual case of noncompliance was corrected, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01.

Data Finding of Noncompliance:

In compliance with OSEP QA 23-01 (July 24, 2023), the Department examined data from the Early Intervention Program data systems at least one time per year to determine noncompliance with the requirements for timely transition steps and services for each individual case.

For each child with the original finding of noncompliance identified, a review of the data system verified that either timely transition steps for the child were developed, or the child was no longer under the jurisdiction of the NYS EIP.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8A - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 SPP/APR

The Department identified 15 cases of noncompliance from the local programs (municipalities) and providers and verified that each of the local programs and providers identified as non-compliant for FFY 2022 during both monitoring and data reviews correctly implemented the specific regulatory requirement. The Department utilized both on-site or virtual monitoring and data system information to conduct reviews on each child record as well as at the system level. The Department verified that each individual case of noncompliance has been corrected unless the child was no longer within the jurisdiction of the program.

8A - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2023- June 30, 2024). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

8A - Required Actions

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2023 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2023. If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Indicator 8B: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

- A. Percent = $[(\# \text{ of toddlers with disabilities exiting Part C at age 3 who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday}) \div (\# \text{ of toddlers with disabilities exiting Part C at age 3})] \times 100$.
- B. Percent = $[(\# \text{ of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services}) \div (\# \text{ of toddlers with disabilities exiting Part C who were potentially eligible for Part B})] \times 100$.
- C. Percent = $[(\# \text{ of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B}) \div (\# \text{ of toddlers with disabilities exiting Part C who were potentially eligible for Part B})] \times 100$.

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

Instructions

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

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

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

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

Indicator 8A: The measurement is intended to capture those children exiting at age 3 for whom an IFSP must be developed with transition steps and services within the required timeline consistent with 34 CFR §303.209(d) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to "opt-out" of the referral. Under the State's opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State's Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline consistent with 34 CFR §303.209(e) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

8B - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	95.30%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	99.58%	98.37%	96.27%	91.84%	90.84%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

Data include notification to both the SEA and LEA

YES

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
3,366	5,115	90.84%	100%	90.14%	Did not meet target	No Slippage

Number of parents who opted out

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

1,381

Provide reasons for delay, if applicable.

The Department reviewed the reasons for delay.

Non-discountable delay reason: Delayed by local program administrators and/or providers for 368 children.

Describe the method used to collect these data.

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

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

YES

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

YES

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

State database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

Third Quarter of FFY 2023-2024 January 1, 2024 – March 31, 2024

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

The number of infants and toddlers exiting Part C at age 3 was consistent for each quarter of FFY 2023-2024, therefore one quarter of FFY 2023-2024 (January 1 to March 31) was selected for the calculation of the indicator.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
30	29	1	0

FFY 2022 Findings of Noncompliance Verified as Corrected

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

Direct On-site Monitoring Findings of Noncompliance:

The Department notified nine early intervention providers that they received a monitoring finding for noncompliance with this indicator during their monitoring review.

The Department issued a formal, written report of the finding to the providers within 90 days of their review. The providers were required to submit a Corrective Action Plan (CAP) within 45 days of receipt of their monitoring report. The provider's CAP included an analysis completed by the provider of

the root cause of the noncompliance and all activities they implemented to correct the noncompliance (including training of staff and oversight). Department staff reviewed and approved the submitted CAP within 60 days of receipt. The provider was formally notified in writing that their CAP had been approved. The Department and monitoring contract staff provided written and verbal technical assistance to the provider prior to submission of CAP.

The monitoring contractor used information from the data system and the child records to verify child specific correction of noncompliance. Every instance of child-specific noncompliance was verified as corrected in a timely manner. The Department verified at a systemic level that noncompliance was corrected by requiring the provider to submit a subset of child records for review. Eight out of nine providers achieved 100% compliance within one year of the date that the finding was issued. One provider withdrew from the program and is no longer servicing EIP children and is included in the subsequently corrected number.

Data Finding of Noncompliance:

The Department notified twenty-one local programs (municipalities) of a finding of noncompliance for indicator 8B in FFY 2022. All of these local programs achieved 100% compliance based on a review of their data within one year.

In compliance with OSEP QA 23-01 (July 24, 2023), for FFY 2022, the Department examined data from its data systems at least one time during that year to determine noncompliance with the requirements for timely notification. The Department provided a list of the potentially noncompliant cases to each local program to allow them the opportunity to review the data for accuracy and provide additional evidence that demonstrated compliance. Once the data review was complete, the Department reviewed the data a second time and identified cases that were noncompliant. The Department issued findings based on the noncompliant cases.

The Department reviewed the findings data to verify that the local programs correctly implemented the regulatory requirements. 100% correction was verified based on a review of data in the Early Intervention Program data systems.

The Department ensured correction of a system finding by reviewing data from January to March 2023. System findings were verified as corrected when the local program achieved 100% compliance.

Dispute Resolution Findings Related to Indicator 8B

In addition to the 30 findings of noncompliance among municipalities and providers, the State identified 2 additional findings that had noncompliance with other IDEA requirements. These findings were corrected in a timely manner (within one year from the written notification of noncompliance)

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

Direct Monitoring Finding of Noncompliance Verification of Correction:

The Department utilized child records and the state data system to determine that each individual case of noncompliance was corrected, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01.

Data Finding of Noncompliance:

In compliance with OSEP QA 23-01 (July 24, 2023), the Department examined data from the Early Intervention Program data systems at least one time per year to determine noncompliance with the requirements for timely notification for each individual case. For each child with the original finding of noncompliance identified, a review of the data system verified that either notification was made, or the child was no longer under the jurisdiction of the NYS EIP.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8B - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 SPP/APR

The Department identified 30 cases of noncompliance from the local programs (municipalities) and providers and verified that each of the local programs and providers identified as non-compliant for FFY 2022 during both monitoring and data reviews correctly implemented the specific regulatory requirement. The Department utilized both on-site or virtual monitoring and data system information to conduct reviews on each child record as well as at the system level. The Department verified that each individual case of noncompliance has been corrected unless the child was no longer within the jurisdiction of the program.

8B - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2023- June 30, 2024). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

8B - Required Actions

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2023 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2023. If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Indicator 8C: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

- A. Percent = $\left[\frac{\text{\# of toddlers with disabilities exiting Part C at age 3 who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday}}{\text{\# of toddlers with disabilities exiting Part C at age 3}} \right]$ times 100.
- B. Percent = $\left[\frac{\text{\# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services}}{\text{\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B}} \right]$ times 100.
- C. Percent = $\left[\frac{\text{\# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B}}{\text{\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B}} \right]$ times 100.

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

Instructions

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

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

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

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

Indicator 8A: The measurement is intended to capture those children exiting at age 3 for whom an IFSP must be developed with transition steps and services within the required timeline consistent with 34 CFR §303.209(d) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to "opt-out" of the referral. Under the State's opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State's Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline consistent with 34 CFR §303.209(e) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

8C - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	37.10%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	98.06%	97.45%	98.12%	95.44%	95.23%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

Data reflect only those toddlers for whom the Lead Agency was required to conduct the transition conference, held with the approval of the family, at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services. (yes/no)

YES

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
830	5,115	95.23%	100%	95.10%	Did not meet target	No Slippage

Number of toddlers for whom the parent did not provide approval for the transition conference

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

4,136

Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B" field to calculate the numerator for this indicator.

101

Provide reasons for delay, if applicable.

The Department reviewed the reasons for the delay for all 149 children with a transition conference delayed.

Discountable delay reasons attributable to exceptional family circumstances:

Family delayed for 98 children.

Weather emergency for 0 children.

COVID-19 for 3 children.

Non-discountable delay reasons:

Delayed by local program administrators and/or providers for 48 children

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

State database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

Third Quarter of FFY 2023-2024 January 1, 2024 – March 31, 2024

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

The number of infants and toddlers exiting Part C at age 3 was consistent for each quarter of FFY 2023-2024, therefore one quarter of FFY 2023-2024 (January 1 to March 31) was selected for the calculation of the indicator.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
20	18	2	0

FFY 2022 Findings of Noncompliance Verified as Corrected

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

Direct On-site Monitoring Findings of Noncompliance:

The Department notified eight early intervention providers of a monitoring finding for noncompliance with indicator 8C during the monitoring reviews.

The Department issued a formal, written report of the finding to the providers within 90 days of their review. The providers were required to submit a Corrective Action Plan (CAP) within 45 days of receipt of their monitoring report. The provider’s CAP included an analysis completed by the provider of the root cause of the noncompliance and all activities they implemented to correct the noncompliance (including training of staff and oversight). Department staff reviewed and approved the submitted CAP within 60 days of receipt. The provider was formally notified in writing that their CAP had been approved. The Department and monitoring contract staff provided written and verbal technical assistance to the provider prior to submission of CAP.

The monitoring contractor used information from the data system and the child records to verify child specific correction of noncompliance. Every instance of child-specific noncompliance was verified as corrected in a timely manner. The Department verified at a systemic level that noncompliance was corrected by requiring the provider to submit a subset of child records for review. Six out of eight providers achieved 100% compliance within one year of the date that the finding was issued. One provider was verified as corrected outside of one year. One provider withdrew from the program and is no longer servicing EIP children and is included in the subsequently corrected total.

Data Finding of Noncompliance:

The Department notified twelve local programs (municipalities) of a finding of noncompliance for indicator 8C in FFY 2022. All of the local programs achieved 100% compliance based on a review of their data within one year.

In compliance with OSEP QA 23-01 (July 24, 2023), for FFY 2022, the Department examined data from its data systems at least one time during that year to determine noncompliance with the requirements for timely transition conference. The Department provided a list of the potentially noncompliant cases to each local program to allow them the opportunity to review the data for accuracy and provide additional evidence that demonstrated compliance. Once the data review was complete, the Department reviewed the data a second time and identified cases that were noncompliant. The Department issued findings based on the noncompliant cases.

The Department reviewed the findings data to verify that the local programs correctly implemented the regulatory requirements. 100% correction was verified based on a review of data in the Early Intervention Program data systems.

The Department ensured correction of a system finding by reviewing data from January to March 2023. System findings were verified as corrected when the local program achieved 100% compliance.

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

Direct Monitoring Finding of Noncompliance Verification of Correction:

The Department utilized child records and the state data system to determine that each individual case of noncompliance was corrected, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01.

Data Finding of Noncompliance:

In compliance with OSEP QA 23-01 (July 24, 2023), the Department examined data from the Early Intervention Program data systems at least one time per year to determine noncompliance with the requirements for timely transition conference for each individual case. For each child with the original finding of noncompliance identified, a review of the data system verified that either the transition conference was convened, or the child was no longer under the jurisdiction of the NYS EIP.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8C - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 SPP/APR

The Department identified 20 cases of noncompliance from the local programs (municipalities) and providers and verified that each of the local programs and providers identified as non-compliant for FFY 2022 during both monitoring and data reviews correctly implemented the specific regulatory

requirement. The Department utilized both on-site or virtual monitoring and data system information to conduct reviews on each child record as well as at the system level. The Department verified that each individual case of noncompliance has been corrected unless the child was no longer within the jurisdiction of the program.

8C - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2023- June 30, 2024). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

8C - Required Actions

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2023 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2023. If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Indicator 9: Resolution Sessions

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures under section 615 of the IDEA are adopted). (20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source

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

Measurement

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

Instructions

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

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

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

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

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

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

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

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

YES

Provide an explanation of why it is not applicable below.

Indicator 9, on Resolution Sessions, is not applicable to New York State Part C and is not reported in New York's SPP/APR for the Part C Early Intervention Program, because the Part C Early Intervention Program has not adopted Part B resolution procedures.

9 - Prior FFY Required Actions

OSEP notes that this indicator is not applicable.

Response to actions required in FFY 2022 SPP/APR

9 - OSEP Response

9 - Required Actions

OSEP notes that this indicator is not applicable.

Indicator 10: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

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

The consensus among mediation practitioners is that 75-85% is a reasonable rate of mediations that result in agreements and is consistent with national mediation success rate data. States may express their targets in a range (e.g., 75-85%).

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

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

10 - Indicator Data

Select yes to use target ranges

Target Range is used

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

NO

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/13/2024	2.1 Mediations held	27
SY 2023-24 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/13/2024	2.1.a.i Mediations agreements related to due process complaints	1
SY 2023-24 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/13/2024	2.1.b.i Mediations agreements not related to due process complaints	19

Targets: Description of Stakeholder Input

The State Performance Plan/Annual Performance Report (SPP/APR) including the State's Systemic Improvement Plan (SSIP) was presented to and discussed with the Early Intervention Coordinating Council (EICC) to obtain stakeholder input on the SPP/APR on December 11, 2024. The EICC is a 30-member council established in Section 2553 of the Public Health Law. It is composed of five parents, five EIP provider representatives, two Early Intervention Officials (EIOs) representing municipalities, three managed care plan representatives, seven State agency partners, two members of the Legislature, one personnel preparation or training, and five discretionary member seats, two of which will be filled by parent members. The EICC holds public meetings that are webcast to allow stakeholders Statewide to view the proceedings. Preliminary data were presented on the SPP/APR indicators. The EICC members were engaged in a thorough and thoughtful discussion of the data.

Historical Data

Baseline Year	Baseline Data
2005	80.00%

FFY	2018	2019	2020	2021	2022
Target>=	90.00%	90.00%	80.00%-85.00%	80.00%-85.00%	80.00%-85.00%
Data	82.35%	79.41%	83.33%	68.75%	75.68%

Targets

FFY	2023 (low)	2023 (high)	2024 (low)	2024 (high)	2025 (low)	2025 (high)
Target	80.00%	85.00%	80.00%	85.00%	80.00%	85.00%

FFY 2023 SPP/APR Data

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2022 Data	FFY 2023 Target (low)	FFY 2023 Target (high)	FFY 2023 Data	Status	Slippage
1	19	27	75.68%	80.00%	85.00%	74.07%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

As stated in the Part C and 619 Target Setting Guide developed by DaSy and ECTA, "OSEP's longstanding position in the case of mediations is that targets should not drive a specific outcome. Targets should not influence agreements made within mediation sessions." This data will be analyzed to determine training needs, but not to influence the outcome of mediations that occur. The State's rate of mediation agreements was slightly below the range of 75%-85% which is the consensus among mediation practitioners as a reasonable rate of mediations which result in agreements and is consistent with the national mediation success rate data.

During the reporting period, the State's target of 80-85% of mediations held that end in agreement was not reached. There was a slight slippage from 75.68% in FFY 2022 to 74.07% in FFY 2023. This slight slippage could be attributed to the decrease in the number of mediations held from 37 mediations requested in FFY 2022 to 27 mediations requested in FFY 2023.

The State works closely with the State's mediation contractor (New York State Dispute Resolution Association- NYSDRA) staff to ensure quality mediation services and to increase awareness of available mediation services within the EIP. NYSDRA is working on a promotional campaign to promote mediation services within New York State. Early Intervention Program mediations are a component of this larger promotional campaign. The State will continue to work with NYSDRA to increase awareness of mediation services within the EIP through communication with municipalities, updates to dispute resolution information on the State website, and updates to the NYS Parent's guidebook for the Early Intervention Program which is provided to every family by county Early Intervention Officials. NYS has also updated the standardized template letter that parents can utilize to request mediation to ensure that parents understand that mediation can be requested to resolve any matter under Part C.

Provide additional information about this indicator (optional)

10 - Prior FFY Required Actions

None

10 - OSEP Response

10 - Required Actions

Indicator 11: State Systemic Improvement Plan

Instructions and Measurement

Monitoring Priority: General Supervision

The State's SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

Measurement

The State's SPP/APR includes an SSIP that is a comprehensive, ambitious, yet achievable multi-year plan for improving results for infants and toddlers with disabilities and their families. The SSIP includes each of the components described below.

Instructions

Baseline Data: The State must provide baseline data expressed as a percentage and which is aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

Targets: In its FFY 2020 SPP/APR, due February 1, 2022, the State must provide measurable and rigorous targets (expressed as percentages) for each of the six years from FFY 2020 through FFY 2025. The State's FFY 2025 target must demonstrate improvement over the State's baseline data.

Updated Data: In its FFYs 2020 through FFY 2025 SPPs/APRs, due February 2022 through February 2027, the State must provide updated data for that specific FFY (expressed as percentages), and that data must be aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. In its FFYs 2020 through FFY 2025 SPPs/APRs, the State must report on whether it met its target.

Overview of the Three Phases of the SSIP

It is of the utmost importance to improve results for infants and toddlers with disabilities and their families by improving early intervention services. Stakeholders, including parents of infants and toddlers with disabilities, early intervention service (EIS) programs and providers, the State Interagency Coordinating Council, and others, are critical participants in improving results for infants and toddlers with disabilities and their families and must be included in developing, implementing, evaluating, and revising the SSIP and included in establishing the State's targets under Indicator 11. The SSIP should include information about stakeholder involvement in all three phases.

Phase I: Analysis:

- Data Analysis;
- Analysis of State Infrastructure to Support Improvement and Build Capacity;
- State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families;
- Selection of Coherent Improvement Strategies; and
- Theory of Action.

Phase II: Plan (which is in addition to the Phase I content (including any updates) outlined above:

- Infrastructure Development;
- Support for EIS Program and/or EIS Provider Implementation of Evidence-Based Practices; and
- Evaluation.

Phase III: Implementation and Evaluation (which is in addition to the Phase I and Phase II content (including any updates) outlined above:

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

Refer to FFY 2013-2015 Measurement Table for detailed requirements of Phase I and Phase II SSIP submissions.

Phase III should only include information from Phase I or Phase II if changes or revisions are being made by the State and/or if information previously required in Phase I or Phase II was not reported.

Phase III: Implementation and Evaluation

In Phase III, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress implementing the SSIP. This includes: (A) data and analysis on the extent to which the State has made progress toward and/or met the State-established short-term and long-term outcomes or objectives for implementation of the SSIP and its progress toward achieving the State-identified Measurable Result for Infants and Toddlers with Disabilities and Their Families (SiMR); (B) the rationale for any revisions that were made, or that the State intends to make, to the SSIP as the result of implementation, analysis, and evaluation; and (C) a description of the meaningful stakeholder engagement. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

A. Data Analysis

As required in the Instructions for the Indicator/Measurement, in its FFYs 2020 through FFY 2025 SPP/APR, the State must report data for that specific FFY (expressed as actual numbers and percentages) that are aligned with the SiMR. The State must report on whether the State met its target. In addition, the State may report on any additional data (e.g., progress monitoring data) that were collected and analyzed that would suggest progress toward the SiMR. States using a subset of the population from the indicator (e.g., a sample, cohort model) should describe how data are collected and analyzed for the SiMR if that was not described in Phase I or Phase II of the SSIP.

B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, (e.g., a logic model) of the principal activities, measures and outcomes that were implemented since the State's last SSIP submission (i.e., February 1, 2024). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2023 APR, report on anticipated outcomes to be obtained during FFY 2024, i.e., July 1, 2024-June 30, 2025).

The State must summarize the specific evidence-based practices that were implemented and the strategies or activities that supported their selection and ensured their use with fidelity. Describe how the evidence-based practices, and activities or strategies that support their use, are intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g., behaviors), parent/caregiver outcomes,

and/or child outcomes. Describe any additional data (e.g., progress monitoring data) that was collected to support the on-going use of the evidence-based practices and inform decision-making for the next year of SSIP implementation.

C. Stakeholder Engagement

The State must describe the specific strategies implemented to engage stakeholders in key improvement efforts and how the State addressed concerns, if any, raised by stakeholders through its engagement activities.

Additional Implementation Activities

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2023 APR, report on activities it intends to implement in FFY 2024, i.e., July 1, 2024-June 30, 2025) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

11 - Indicator Data

Section A: Data Analysis

What is the State-identified Measurable Result (SiMR)?

New York State (NYS) has identified improving family outcomes as the focus of the State Systemic Improvement Plan (SSIP), Improving Family Centeredness Together (IFaCT). The State will improve family outcomes by ensuring the Program and the services provided, are family centered. The SiMR is to increase the percentage of positive responses from families on the “New York Impact of Early Intervention Services on Your Family” Scale (NYIFS). To collect data on the SiMR, the NYS Department of Health (Department) will continue to annually survey families using the Family Outcome Survey (FOS), developed by the National Center for Special Education Accountability Monitoring (NCSEAM). The survey results will be used to evaluate the Theory of Action and progress toward the SiMR and the goal of improving positive family outcomes.

Has the SiMR changed since the last SSIP submission? (yes/no)

NO

Is the State using a subset of the population from the indicator (e.g., a sample, cohort model)? (yes/no)

NO

Is the State’s theory of action new or revised since the previous submission? (yes/no)

NO

Please provide a link to the current theory of action.

https://www.health.ny.gov/community/infants_children/early_intervention/ssip/

Progress toward the SiMR

Please provide the data for the specific FFY listed below (expressed as actual number and percentages).

Select yes if the State uses two targets for measurement. (yes/no)

NO

Historical Data

Baseline Year	Baseline Data
2018	86.87%

Targets

FFY	Current Relationship	2023	2024	2025
Target	Data must be greater than or equal to the target	87.40%	87.50%	87.60%

FFY 2023 SPP/APR Data

Total number of positive responses across all survey items	Total number of positive responses and negative responses across all survey items	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
46,535	50,431	91.75%	87.40%	92.27%	Met target	No Slippage

Provide the data source for the FFY 2023 data.

The Family Outcomes Survey

Numerator: Total number of positive responses across all survey items

Denominator: Total number of positive responses and negative responses across all survey items

Please describe how data are collected and analyzed for the SiMR.

The Department has developed an SSIP that integrates data to support the evaluation. To collect data on the SiMR, the Department has been using the Family Outcome Survey (FOS) developed by the National Center for Special Education Accountability Monitoring (NCSEAM), which has been adapted by New York State (NYS). The Department is utilizing the existing NYS Family Survey with the New York Impact on Families Services Scale (NYIFS) that measures the impact of the New York State Early Intervention Program (NYS EIP) on families. The NYIFS is composed of items generated by national and NYS stakeholders, including parents.

The NYIFS aligns directly with the Theory of Action. The benefit of aligning the SiMR and the SSIP with the current data collection process for Indicator 4, Family Outcomes, reported in the State Performance Plan/Annual Performance Report (SPP/APR), is that the data collection mechanism is established and does not require new systems to be implemented. Additionally, the data have been collected over time to allow for the establishment of baseline and ongoing review of performance on the SSIP and SiMR. As described in the SPP/APR in Indicator 4 and in Phase I of the SSIP, the Department is using the NYIFS to measure and report on the federally required family outcomes.

The survey letter sent out to families contains both a link and Quick Response (QR) code to language specific versions of the FOS. The non-English survey is linked to a language-specific survey in SurveyMonkey, with a county dropdown list. The survey is made up of 22 questions about the family's experience with the EIP, with two additional questions on telehealth added since FFY 2019-2020. The NYS FOS was provided in English, Arabic, Bengali, Chinese, Russian, Spanish, and Yiddish, which were the most popular languages spoken in the EIP based on data in the State data system (New York Early Intervention System (NYEIS)). Since the last reporting period, eight additional languages have been added: Korean, Haitian-Creole, Italian, Polish, French, Urdu, Hindi and Japanese. The families surveyed for this reporting period exited the Program, or turned three years old, between July 1, 2023, and June 30, 2024, and had at least six months of services. Surveys are not sent to families with children that passed away, withdrew from the Program, or lost contact with the Program. This Program Year (2023-2024), all families exiting the Program were surveyed. Additionally, the survey was mailed out four times this year. This method allows families to receive the survey closer to their exit from the Program. To assist with promotion of the survey and to encourage families to complete their survey, the New York City (NYC) EIP (five boroughs) used their family texting system to send survey reminders in both English and Spanish and were able to include the online survey link for families to complete the survey, as well as a link to the DOH FOS video for families to encourage their participation. The texting system was used for all four survey batches. Additionally, NYSDOH also sends out reminder letters to all families who haven't completed their survey. This letter now includes a URL link which brings the family to the FOS webpage where they can view a video vignette about the FOS.

To analyze the data, NYS is using the top box score approach. This involves identifying how many people from the survey gave positive responses. In the survey, positive responses were identified as questions where families agreed, strongly agreed, or very strongly agreed. Negative responses were identified as questions where families disagreed, strongly disagreed, or very strongly disagreed. This method identifies the percentage of positive response which is calculated by dividing the number of positive responses by the total number of positive and negative responses across all survey items.

Percentage of positive response =

Total # of positive responses/

Total # of positive responses and negative responses across all survey items

Optional: Has the State collected additional data (i.e., benchmark, CQI, survey) that demonstrates progress toward the SiMR? (yes/no)

YES

Describe any additional data collected by the State to assess progress toward the SiMR.

A recurring topic in interactions with local EIPs is the importance of the FDA in developing a high-quality IFSP containing family outcomes. Given the stigma that can be associated with the term assessment, a "Family Assessment" may be misunderstood if not accurately described to the family. For example, parents may think that this assessment is going to evaluate their parenting skills. Effective on February 2, 2024, the family-assessment was renamed "family-directed assessment" in the NYS EIP regulations and in guidance to alleviate these misconceptions. It is essential that professionals who administer the FDA can explain it in a way that parents understand and can connect it to the overall outcomes of the EIP. In addition to more training needed in this area, local EIPs expressed frustration with a lack of a standardized template to use for documentation, and recommended tools. Connecting this to the earlier described desire of local EIPs to obtain additional support, offering such guidance on appropriate measures or constructs to include, would provide clarity to the local EIPs as to how to frame and develop appropriate materials for this assessment. Based on this feedback, BEI updated the FDA training to be added as a self-paced course on the LMS by the training vendor, developed a list of recommended assessment tools, and developed a FDA Form for documentation purposes, which can be used by providers as a tool to complete the FDA. The FDA tool developed by DOH was also added to the new State data system.

Since the Theory of Action predicts that more frequent Family-Directed Assessment (FDA) completion will improve FOS scores, the DOH developed additional measures related to the FDA. The analyses from FFY 2022-2023 show that 10.00% of children with an MDE completed an FDA, which is an increase from last year's completion rate of 8.20%. Additionally, 91.45% of responses on the FOS were positive from families who had an FDA; whereas 92.28% of responses on the FOS were positive from families who did not have an FDA

Under the new Statewide training contract, the contractor will provide a comprehensive report of the findings from the evaluation of the updated FDA training. The report will include the number of individuals who complete the course and provide feedback from stakeholders' course evaluations. The training evaluations will be analyzed to determine if the curriculum is meeting the needs of stakeholders. Based on the evaluations completed by participants, revisions will be made to the course content as appropriate. These evaluations will assess the scope, quality, and impact of the course.

Family Feedback – BEI continued to engage with families during this reporting period. Engagement was conducted through Parents as Partners trainings, EICC meetings, SSIP Advisory Group Meetings, and by collecting data on families' experiences with the EIP. BEI also receives family feedback regularly about the Program through the EI Community of Families Facebook Group. Members of this closed group (current membership is over 1,500) provide feedback about the FOS.

Did the State identify any general data quality concerns, unrelated to COVID-19, which affected progress toward the SiMR during the reporting period? (yes/no)

YES

Describe any data quality issues, unrelated to COVID-19, specific to the SiMR data and include actions taken to address data quality concerns.

A main concern regarding data quality issues that is unrelated to COVID-19, is the lack of representativeness within the NYS FOS. In FFY 2023-2024, families who identified as Black or Hispanic were less likely to complete the survey than were families who identified as White or Non-Hispanic. Additionally, families from NYC were less likely to complete the survey than were families from the rest of the state. The lack of representativeness is a concern because the goal is to ascertain how all families feel about the EIP. To address this concern, for each batch of surveys, the NYC EIP sent out a text message to their cohort of families to encourage participation in the FOS. Fortunately, families across race, ethnic groups, and regions responded positively to the three family outcomes indicators.

As previously reported, the Department participated in a cross-state learning collaborative, hosted by the ECTA Center and DaSy, to improve equity in family outcomes in the EIP. This work provided NYS with the opportunity to collaborate with other states and stakeholders in identifying quality improvement strategies to promote equity in the delivery of state EI services. As part of this work, NYS completed a self-assessment which included a review of the FOS data around representativeness, to identify disparities. Several strategies have been identified by NYS as part of these learning collaboratives, to improve representativeness in the FOS.

Over two years, ECTA-DaSy TA teams supported a cohort of Part C state agencies to improve family outcomes through collaborative and sustainable systemic change focused on ensuring that all families are served and voices are heard. The TA focused on supporting states to improve the quality of data collected from families participating in early intervention and to use these data to improve services and supports.

TA teams provided a combination of cross-state and state-specific activities including:

- self-assessment exercises to identify the changes needed;
- state-specific action plans to provide a road map to system improvement; and
- ongoing data collection to monitor and evaluate progress.

TA efforts helped the state team improve their process by:

- distributing the survey quarterly, closer to when a child leaves the program, rather than the prevailing annual distribution;
- sending text message alerts and reminders from the NYC government to promote the survey;
- using a family training initiative, family Facebook groups, listservs, and state team governance structures (e.g., SSIP Advisory Group and State Early Intervention Coordinating Council) to solicit feedback on the survey and process and as a platform to remind families to participate;
- sharing the list of families receiving the survey with county staff across New York to encourage participation at various points of entry with government systems; and
- translating parent information into eight additional languages to improve accessibility.

The TA Team also supported the state in developing a brochure. This resource explains the survey's importance, how data is used, and who to contact for assistance completing the survey (all in ways that are motivational to families). After the TA cohort period, New York began distributing the brochure to families along with the survey. The team also developed a video vignette to further support family engagement in the outcomes process.

Our work to improve child and family outcomes is currently being featured on the ECTA website, along with the work done by Illinois.

New strategies to improve in this area were identified and were implemented during FFY 2023-2024, including:

- o Translation of the FOS brochure was completed in eight (8) additional languages, for a total of 15 languages, inclusion of the translated FOS brochures with initial survey letters to families to encourage their participation in the FOS. During this reporting period, the FOS brochure in their preferred language was also mailed to all families with their initial and reminder survey letter.
- o The new Family-Directed Assessment Form was developed and disseminated to the field and translated into six languages for families. During this next reporting period the form will be translated into 8 additional languages.
- o The Department continues to develop posts for the EI Community of Families Facebook Group page (<https://www.facebook.com/groups/NYSDOHEI>) and for the EI Families electronic listserv, to remind and encourage parent participation in the FOS.
- o The Department continues to promote the four-part video series that was developed as part of the SSIP, titled, Families' Perspectives: A Parent's Journey to EI. (https://www.health.ny.gov/community/infants_children/early_intervention/ssip/docs/training_for_families.pdf). The videos featuring parents of children who were in the EIP and highlighting how the EIP helped their family are available on the BEI website. Three of the videos in the series focused on families living in communities where language could be a barrier to connect to the Program. In these videos, English, Spanish, Bengali, and Chinese-speaking parents talk about their family's journey from concern about their child's development, to early EI enrollment. These videos were promoted to parents on the EI Community of Families Facebook group, posted on the BEI website, DOH YouTube page, eiFamilies webpage, and shown to stakeholders during EICC meetings.
- o Additionally, BEI SSIP staff, developed a presentation of its work from the Family Outcomes cross-state learning collaborative, which was presented by ECTA staff at the August 2024 Improving Data, Improving Outcomes conference. (Using Part C Family Outcomes Data to Examine Equity and Representativeness)
- o BEI staff participated in the Family Outcomes Data Community of Practice and continue to share our FOS video and brochure with other State participants.

Did the State identify any data quality concerns directly related to the COVID-19 pandemic during the reporting period? (yes/no)

YES

If data for this reporting period were impacted specifically by COVID-19, the State must include in the narrative for the indicator: (1) the impact on data completeness, validity and reliability for the indicator; (2) an explanation of how COVID-19 specifically impacted the State's ability to collect the data for the indicator; and (3) any steps the State took to mitigate the impact of COVID-19 on the data collection.

Many municipal EIPs are part of their local health department (LHD). Some municipal staff that typically coordinate the EIP work were deployed to assist with the COVID-19 response in their municipalities. Many local IFaCT projects had to be put on hold due to COVID-19 and a restriction on in-person activities, and therefore, in these counties/regions, additional data for the SSIP was not collected.

During the reporting period, the Department hypothesizes that since many MDEs were being completed via telehealth, which was a new modality for many parents and providers, the voluntary FDA was not being completed, as it may have been perceived as an additional task for the family and provider to complete.

Section B: Implementation, Analysis and Evaluation

Please provide a link to the State's current evaluation plan.

Is the State's evaluation plan new or revised since the previous submission? (yes/no)

NO

Provide a summary of each infrastructure improvement strategy implemented in the reporting period.

Local quality improvement projects, Division for Early Childhood (DEC) recommended practices incorporated into State sponsored training, FOS implementation and improvements, Sharing aggregate FOS data with stakeholders, Statewide Professional Development (New FDA training course, Working with Diverse Families), promoting training on family-centeredness, Compendium of National/State/Local Resource for Families, FDA terminology change, Revised FDA Recommended Tools list, Revised List of Developmental Assessment Instruments, EIP Facebook Group for Families, Family electronic listserv, FDA Form with translations, FOS brochure for parents with translations, and Family outcomes survey video vignette.

Describe the short-term or intermediate outcomes achieved for each infrastructure improvement strategy during the reporting period including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Please relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up.

BEI selected a proven inherently data-driven improvement strategy to work with local EIPs and providers to increase the percent of families receiving family-centered services: the breakthrough series approach developed by the Institute for Healthcare Improvement (IHI). BEI is making progress toward achieving short-term outcomes related to infrastructure alignment and engaging stakeholders to gain support of the long-term goal to improve outcomes for families. One of the evidence-based practices local SSIP teams focused on was to enhance parents' knowledge, skills, and access to resources. Teams developed several products to provide families with information and access to local, State, and national resources (e.g., public health information, nutrition, mental health, developmental activities for infants/toddlers, etc.). Local projects continue to support families and their access to these valuable resources.

The FOS was mailed out to families in four batches, which allowed families to receive the survey closer to their exit from the Program. Previously, the survey was only sent out once per year. BEI also began promoting the FOS to families to encourage their participation, by sharing information and reminders to complete the FOS using the EI Families Facebook Group and the EIP Families electronic listserv. NYC EIP used their family texting system to send survey reminders in both English and Spanish. The text included the online survey link and the link to the FOS video. The FOS invitation letter and survey were provided in English and the families preferred language. A reminder letter was sent out in November to families who did not complete the survey. This letter included a URL link to take families to our FOS webpage to see additional family-friendly information about the FOS, and resources, including the FOS video. This letter also includes a link to language specific versions of the FOS. The non-English survey is linked to a language-specific survey in SurveyMonkey, with a county dropdown list. The survey is provided in 15 languages.

BEI shared the FOS summary (aggregate data) with each county, the EICC, parents, and SSIP Advisory Group. BEI helped stakeholders understand their data and how counties can use the data in their local improvement efforts.

The NYS EIP in collaboration with stakeholders decided to change the term family assessment to FDA in Program regulations, all policy guidance, training, and communications to the field. One short-term outcome is for the term FDA to be more recognizable to parents and more appealing, as it implies the assessment is directed by the family, with the evaluation team to play a supporting role. An intermediate outcome is for the terminology change to encourage more families to complete the FDA. The new regulations adopted on February 14, 2024, included an update to the term "family assessment" to read "family-directed assessment", to match the practice change. This change was implemented immediately upon adoption of the regulations.

As part of scale-up activities, a new compendium of national, State, and local resources for parents was developed and included in BEI professional development training courses. These resources can be shared with families as applicable if needs arise from the FDA.

BEI has continued to integrate the DEC best practices into BEI's professional development courses. BEI continues to review policies and procedures to support family-centered practices across the State's CSPD.

The new Statewide training contractor will continue to provide FDA training delivered as a self-paced course during this reporting period. This course provides participants with the knowledge/resources needed to explain and encourage family participation in the FDA, a component of the MDE. This course provides information on federal and State resources to support EI service coordinators and providers in making appropriate referrals (both within and outside of the EIP). The revised list of FDA tools developed by DOH was included in the training. The short-term outcomes include more visibility about FDAs for providers in the EIP. The intermediate outcomes will be an increase in provider confidence and competence in discussing the FDA with families and their completion as part of MDEs. It is anticipated that this training will impact the BEI's long-term goal of increase the number of FDAs in the NYS EIP and improved family outcomes, as measured from the FOS.

The Working with Diverse Families (WWDF) training course has been updated with additional resources and the course will be posted to the LMS and available as a self-paced course. It provides participants with the knowledge and tools needed to establish a partnership with each family with whom they work, while ensuring an equitable and family-centered experience. This training focuses on empowering families to actively participate in all aspects of the EIP and includes federal and State resources to assist providers in making appropriate referrals for families to programs and supports, both within and outside of the EIP.

The EI Community of Families Facebook group was chosen as a scale-up activity at the State level because of the successful local SSIP projects. The group provides a network where families can connect with each other and have access to current information and resources. This group for families has seen a large increase in the number of members and BEI continues to expand its reach and messaging. Last year, BEI reported 1,200 members and as of June 2024, there are over 1,500 members.

As part of scale-up activities at the State level, as well as the continued use of the identified evidence-based practices identified, BEI continues sending out communications to families via the family listserv. Communications include information on upcoming trainings for families, resources on developmental delays and disabilities, new EIP guidance, and policies, as well as public health topics significant to families of young children (e.g., nutrition, Consumer Product Recalls, lead poisoning prevention, water safety). BEI began to scale-up the number of communications on a weekly basis and now sends out at-least three communications each week to families.

The FDA Form was developed in response to stakeholder feedback to improve family outcomes and is available in seven languages. Due to positive response received from stakeholders, the form will be translated into an additional 8 languages during the next reporting period. It is used to help a family think about what they need most from EI and other community resources, services, and supports. It can also help teams plan for the IFSP meeting. The FDA Form must be used by providers for all MDEs. This form documents parental consent or declination to participate in the FDA and can also serve as the tool. DOH anticipates that families will better understand the purpose of the FDA, as the form explains the process using family-friendly language, and its potential to improve their family outcomes by identifying their resources, priorities, and concerns. Families may also feel more comfortable with completing the assessment, as the tool can now be offered in their preferred language. Since the FDA Form can also be used as the FDA Tool, this may reduce the stakeholder identified barrier of providers not knowing which tool to use. In addition, the form will match the fields in the new State Data System (EI-Hub), for ease of data entry. An anticipated outcome after implementation of the FDA form, is to see an increase in the number of FDAs that are completed, and an improvement in family outcomes, as measured by the FOS.

Short videos on EIP topics to enhance parents' knowledge, skills, and access to resources are being developed. The "Family Outcomes Survey" Video was completed and approved during this period and offers parents an overview of the FOS process.

Did the State implement any new (newly identified) infrastructure improvement strategies during the reporting period? (yes/no)

YES

Describe each new (newly identified) infrastructure improvement strategy and the short-term or intermediate outcomes achieved.

To improve family outcomes and ensure every family is afforded the opportunity to participate in the Department sponsored Partners as Partners training, translators are available. Additionally, the training application materials and curricula have been translated.

To ensure that families understand what the EICC is and how they can participate in meetings and offer public comment, the Department continues to share posts on the EI Community of Facebook Group for parents as well as the EI Families listserv. The Department anticipates more parent awareness as a short-term outcome, and more parent participation in EICC meetings, as an intermediate outcome, based on these posts.

Also, a script for a video on transition out of the EIP was developed and reviewed by stakeholders, including parents and the NYS Education Department Office of Special Education, Preschool Unit. The script is anticipated to be approved and a video made available during the next reporting period.

The FDA training will continue to be offered as a self-paced training through the statewide training contractor.

Provide a summary of the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next reporting period.

BEI is using the term FDA and has revised the EIP regulations to align with this change. FDA will be used in all professional development, guidance, and policies. BEI anticipates the name change will encourage more families to complete the FDA, as the name is more family-friendly and makes it clear that families drive the process, with the IFSP team playing a supportive role.

Improving the FDA through training and providing the necessary resources for providers is an opportunity for NYS to improve the professional development system.

- BEI created the FDA Form for providers to document the FDA information collected from families during the MDE. The Form is fillable and is posted on the BEI webpage and will be added to FDA training and included in other applicable courses (e.g., ISC training, E & E training). Additionally, fields in the State's new data system, the EI Hub will mirror the Form, for ease of data entry for providers using the paper version in the field with families. The FDA Form will be translated into eight additional languages spoken by families in the Program during the next reporting period.
- BEI is currently developing a FDA Tool Kit for EI Providers to assist with their understanding of the FDA process and guide them in effectively leading discussions with parents about the FDA. The FDA Form Tool Kit will contain scripts to follow, and additional resources providers can offer to parents.
- BEI is developing an infographic for providers, and a Frequently Asked Questions document for families, which will be added to the BEI Families webpage. Both will highlight the benefits of participating in the FDA and how it can improve family-centeredness in the IFSP outcomes development process.

To increase the FOS response rates and both racial and ethnic representativeness, a FOS video for parents was developed, to explain what the survey is, share State data, as well as to promote the important role families play in improving outcomes when they complete it. A link to this video has been included in the FOS reminder letter sent to parents. In addition, it is shared on BEI's social media platform and website. We anticipate that if families view the video, they will become more familiar with the process and better understand the benefits to their family by participating.

A FOS brochure was developed in collaboration with ECTA/DaSY. When parent feedback was obtained, BEI staff revised the infographic and turned it into a brochure based on the feedback. It was initially disseminated to parents receiving their FOS in winter 2023. The brochure will continue to be included in the FOS packet mailed to families to encourage their participation in the survey. It is posted on BEI's webpage and on the Statewide training website, eiFamilies website, and will also be included in all of the Statewide training courses. It is also shared with families on the EI Families Facebook page and listserv.

The new FOS training will be promoted, to inform and involve providers in the process. BEI anticipates better survey response rates, by including providers in the process to promote the survey to families.

BEI is continuing to update training curricula with evidence-based practices on family-centeredness using the DEC recommended practices.

List the selected evidence-based practices implemented in the reporting period:

One of the evidence-based practices local IFaCT teams focused on was to enhance parents' knowledge, skills, and access to resources. Teams developed several products, such as local community resource guides, community calendars of events for young children, parent/child support groups, county EIP Facebook pages/groups, and county EIP websites with local, State, and national resources for parents. These locally administered Facebook pages/groups continue to connect families to each other and to their local communities by helping to communicate valuable resources to assist families with access to resources. Families have access to public health information, community resources, food distribution, mental health information, shelter and supplies, and appropriate developmental activities for infants and toddlers with disabilities, among others. Local projects continue to support families and their access to these valuable resources.

During this reporting period, BEI continued to promote the 30 web-based trainings on family-centeredness for EI providers, municipal staff who oversee local programs, and parents developed as part of the SSIP. All training (recorded webinars, self-paced training, videos) is available on the BEI webpage

and is available on the DOH YouTube channel, for stakeholders to access. Additionally, stakeholders are also able to access the training through the UCEDD's websites. NYS will improve family outcomes by ensuring the Program and the services provided, are family centered. Using evidence-based practices on family-centeredness from DEC, the trainings seek to increase parents' knowledge, of their rights in the program, effectively communicate their child's needs and learn skills to help their children develop and learn. The training also provides access to resources, to ensure that providers are collaborating and partnering with parents.

The Department used previous data received from training needs assessments, which included information on FDAs and the FOS. Upon analyzing the data, findings from this support the Department's decision to continue to implement quality improvement strategies focused on FDAs to increase family-centeredness, using the identified evidence-based practices.

At the State level, the BEI webpage has continued to be updated with information and resources to increase parents' knowledge, skills, and access to resources to support their child's development and feel connected with other families in the community. In January 2024, a dedicated webpage for families that was created around the updated Early Help Makes a Difference brochure was launched. This webpage provides Program referral information, resources, and training and topical videos for families to help them better understand the EIP. This site also includes family testimonies about their experience in the EIP. The availability and location of the page is promoted to families on the Bureau's social media accounts.

Additionally, BEI continues to offer Statewide training that incorporates DEC evidence-based practices on family-centeredness, to ensure providers are collaborating with parents to improve family outcomes.

Furthermore, the Parents as Partners leadership and advocacy skills training sponsored by the Department was provided to families in four regions of the State. Providing this training offered much needed support and access to resources for families. The eiFamilies webpage was updated to include new parent resources, which now include the Welcome to EIP and Family Outcomes Survey videos.

Provide a summary of each evidence-based practice.

One of the evidence-based practices local IFaCT teams focused on was to enhance parents' knowledge, skills, and access to resources. Teams developed several products, such as local community resource guides, community calendars of events for young children, parent/child support groups, county EIP Facebook pages/groups, and county EIP websites with local, State, and national resources for parents. These locally administered Facebook pages/groups continue to connect families to each other and to their local communities by helping to communicate valuable resources to assist families with access to resources. Families have access to public health information, community resources, food distribution, mental health information, shelter and supplies, and appropriate developmental activities for infants and toddlers with disabilities, among others. Local projects continue to support families and their access to these valuable resources.

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Provide a summary of how each evidence-based practices and activities or strategies that support its use, is intended to impact the SIMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g., behaviors), parent/caregiver outcomes, and/or child/outcomes.

The importance of utilizing the FDA to ascertain family resources, priorities, concerns, strengths, and needs and is supported by the Division for Early Childhood Recommended Practices in Early Intervention*:

- Recommendation F4. Practitioners and the family work together to create outcomes or goals, develop individualized plans, and implement practices that address the family's priorities and concerns and the child's strengths and needs.
- Recommendation F5. Practitioners support family functioning, promote family confidence and competence, and strengthen family-child relationships by acting in ways that recognize and build on family strengths and capacities.
- Recommendation F7. Practitioners work with the family to identify, access, and use formal and informal resources and supports to achieve family-identified outcomes or goals.
- Recommendation TC4. Team members assist each other to discover and access community-based services and other informal and formal resources to meet family-identified child or family needs.

Short-term outcomes (i.e., increase in FDA usage) will be related to Program change and provider behavior. Providers will be strongly encouraged to complete the FDA with families and will be given the guidance and resources needed to do so.

Wicks, Paynter, and Adams (2019) ** found that parent and family factors were stronger predictors of family outcomes than were child factors. The authors concluded, "Thus, the assumption that positive outcomes for the child automatically translate to positive outcomes for their parents and families

is challenged (Karst & Van Hecke, 2012), while the need for greater focus on parent and family factors both in EI practice and evaluation is highlighted." Given this information, NYS EIP will work to increase the use of FDA so that providers have a greater understanding of family concerns, priorities, strengths, resources, needs and goals and will utilize that information within their practice.

Long-term outcomes (i.e., how families rate NYS EIP on the NYS Family Survey) will be related to provider behavior because it is expected that providers will isolate family needs and provide necessary resources. It is also related to parent/family outcomes because if the family experiences positive outcomes, they will likely provide higher ratings on the NYS FOS.

The Department believes that completion of the FDA will give providers greater understanding of families' strengths and needs and will allow them to provide necessary supports and resources. This greater ability to understand and assist families should increase the percent of positive responses that families report on the NYS Family Outcomes Survey and enable NYS EIP to meet their future targets.

*Division for Early Childhood (2014). DEC recommended practices in early intervention/early childhood special education 2014. Retrieved from <http://www.dec-spced.org/recommendedpractices>

**Wicks, R; Paynter, J; Adams, D, Exploring the Predictors of Family Outcomes of Early Intervention for Children on the Autism Spectrum: An Australian Cohort Study, Journal of Early Intervention. Downloaded from: <https://research-repository.griffith.edu.au/handle/10072/389323>

Describe the data collected to monitor fidelity of implementation and to assess practice change.

New York State maintained fidelity, as detailed in prior reports, to the original IHI breakthrough series improvement methodology and no changes were made to the implementation strategies identified. The framework has served as the road map for the work to implement the quality improvement efforts.

Since the Theory of Action predicts that more frequent FDA completion will improve FOS scores, the DOH developed additional measures related to FDA. The analyses from FFY 2023-2024 show that 10.0% of children with an MDE completed an FDA, which is an increase from last year's completion rate of 8.20%. Data analyzed for this reporting period show that 91.45% of responses on the FOS were positive from families who had an FDA; whereas 92.28% of responses on the FOS were positive from families who did not have an FDA.

Ongoing assessment of data will be performed to show whether the FDA is completed by more families and whether there is a corresponding increase on the FOS, as the FDA training and resources/guidance are implemented. It is expected that more families will have an FDA once the State provides training, resources, and guidance/procedures to support the completion of FDAs, as part of MDEs. This additional information will also help families get the services and resources that they need, which should increase their positive responses on the FOS. Future data will allow us to examine this hypothesis. If more FDAs are completed but the percent of positive response does not increase, this suggests that providers may not be using the information in a way that helps the family.

Describe any additional data (e.g., progress monitoring) that was collected that supports the decision to continue the ongoing use of each evidence-based practice.

The main objectives of the NYS SSIP, which are supported by the evidence-based literature on Family-Centeredness are:

- To enhance parents' knowledge, skills, and access to resources
- To ensure providers collaborate with parents

The feedback received from Parents as Partners training, UCEDDs, EICC, SSIP Advisory Group, local administrators of the EIP, EI Providers, EI Families Facebook Group, as well as feedback on training course evaluations and previous needs assessments collected from EI providers, supports the Department's decision to continue to implement these evidence-based practices on family-centeredness.

Provide a summary of the next steps for each evidence-based practice and the anticipated outcomes to be attained during the next reporting period.

The importance of utilizing the FDA to ascertain family resources, priorities, concerns, strengths, and needs and is supported by the Division for Early Childhood Recommended Practices in Early Intervention***:

- Recommendation F4. Practitioners and the family work together to create outcomes or goals, develop individualized plans, and implement practices that address the family's priorities and concerns and the child's strengths and needs.
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- Recommendation F7. Practitioners work with the family to identify, access, and use formal and informal resources and supports to achieve family-identified outcomes or goals.
- Recommendation TC4. Team members assist each other to discover and access community-based services and other informal and formal resources to meet family-identified child or family needs.

If the strategies are successful, it is expected that the percent of eligible children whose families completed a FDA would increase over time. It is also expected that the percent of positive responses on the NYS Family Outcomes Survey should be higher among families who completed a FDA, as their providers have a greater understanding of their strengths and needs. It is expected that if providers are more comfortable explaining the FDA process to families and its potential impact of developing meaningful IFSP family outcomes, more families will complete a FDA and obtain any resources (e.g., childcare, nutrition, mental health services, housing, etc.) they identified as a result of the FDA.

***Division for Early Childhood (2014). DEC recommended practices in early intervention/early childhood special education 2014. Retrieved from <http://www.dec-spced.org/recommendedpractices>

Does the State intend to continue implementing the SSIP without modifications? (yes/no)

YES

If yes, describe how evaluation data support the decision to implement without any modifications to the SSIP.

The State intends to continue to implement the SSIP without modifications. The ongoing practices of using needs assessments and survey data from counties and EI providers around the FOS and FDA supports the Department's decision to implement quality improvement strategies focused on increasing the usage of FDAs to improve family outcomes. NYS EIP will work to increase the use of FDA so that providers have a greater understanding of family concerns, priorities, strengths, resources, needs and goals and will utilize that information within their practice. Recent data has identified an

increase in the number of families completing a FDA. The goal is to continue to promote and educate providers about the benefits of the FDA and to support parents so there is an increase in the number of completed FOS.

Section C: Stakeholder Engagement

Description of Stakeholder Input

The State Performance Plan/Annual Performance Report (SPP/APR) including the State's Systemic Improvement Plan (SSIP) was presented to and discussed with the Early Intervention Coordinating Council (EICC) to obtain stakeholder input on the SPP/APR on December 11, 2024. The EICC is a 30-member council established in Section 2553 of the Public Health Law. It is composed of five parents, five EIP provider representatives, two Early Intervention Officials (EIOs) representing municipalities, three managed care plan representatives, seven State agency partners, two members of the Legislature, one personnel preparation or training, and five discretionary member seats, two of which will be filled by parent members. The EICC holds public meetings that are webcast to allow stakeholders Statewide to view the proceedings. Preliminary data were presented on the SPP/APR indicators. The EICC members were engaged in a thorough and thoughtful discussion of the data.

The Department has engaged stakeholders (parents, providers, local EIP administrators, the SSIP Advisory group, and EICC members) in all phases of the SSIP, including planning, implementation, and evaluation. Stakeholders have continued to support the State's focus on improving family outcomes as the focus of the SSIP, by ensuring the Program and the services provided, are family-centered. To promote family-centeredness, stakeholders have identified the family-directed assessment, which is completed as part of MDEs, as a tool to be used to improve family outcomes.

Describe the specific strategies implemented to engage stakeholders in key improvement efforts.

SSIP Advisory Group

The SSIP advisory group was established during Year 1 of SSIP. The SSIP Advisory Group included Department staff, parents, representatives of the EICC and Early Childhood Advisory Council (ECAC), parent representatives, State agency partners, NYS EIP local program staff, and service provider representatives. The original SSIP Advisory Group was responsible for advising and assisting the Department in all aspects of implementation of the SSIP. BEI has convened a new Advisory Group to help with the next stage of the SSIP (2021–2025), which is focused on the FOS and FDAs. BEI contacted original Advisory Group members, as well as recruited new members, to form the new group, as many original members no longer work in the EIP, and BEI wanted to engage with new parents and providers. The Advisory Group will continue to provide advice and stakeholder feedback on the plan, progress, and implementation of the SSIP. The group will also review family outcomes data (Indicators 4 and 11), as well as advise and assist with SPP/APR target setting, review and provide feedback on Department developed materials related to the SSIP and support the Department in efforts to increase FDAs as part of MDEs. The SSIP Advisory Group met on May 24, 2023, November 7, 2023, and May 9, 2024.

Parents as Partners Training (leadership and advocacy skills training for parents)

The Department also engaged with families during the Parents as Partners training, which is the Department's family leadership and advocacy skills training for parents of children in the EIP, to understand families' perspectives and to collaborate on State policy and procedural changes. Parents provide stakeholder feedback on the plan, progress, and implementation of the SSIP. Parents review the family outcomes data (Indicators 4 and 11), as well as advise and assist the Department with SPP/APR target setting, and review and provide feedback on Department developed materials related to the SSIP, including the Family Outcomes Survey, Family-Directed Assessment and Transition out of the EIP scripts to support the Department in efforts to improve outcomes for families. The Department met with parents on September 22, 2023 and April 19, 2024.

EICC Meetings

For this reporting period, the Department engaged with the EICC (providers, municipal staff who administer the local EIPs, parents) on September 14, 2023, December 14, 2023, March 14, 2024, June 13, 2024, and December 18, 2024. The Department shared and obtained feedback on the plan, phases, implementation, improvement strategies, data collected, challenges/successes, State scale-up efforts based on successful local IFaCT projects, and next steps of the SSIP. The Department shared data related to FDAs and FOS collected in the State data system, and also sought specific feedback on FDA initiatives, and proposed future improvement strategies to increase the number of FDAs completed in the NYS EIP and how to increase representativeness in the FOS. In addition, EICC members provided feedback on the decision to create Transition and Family-Directed Assessment videos.

Presentations and Collaborations

- BEI hosted a booth to promote the EIP and engage with stakeholders, including parents at the Early Childhood Oral Health Summit (October 27, 2023), Hannaford Kids Expo (March 2, 2024), Albany City Schools Autism Fair (March 26, 2024), NYS Department of Labor Dr. King Career Fair (April 10, 2024), Hudson Valley Region Perinatal Conference (November 11, 2023), NYS Perinatal Association Conference (June 6-7, 2024), North Country Prenatal/Perinatal Council (July 24, 2024), Nazareth University Spring Job & Internship Fair (March 27, 2024),

Parent to Parent of NYS Meet and Greet (July 25, 2023), and the State University of New York (SUNY) Schenectady County Community College Career Outreach event (August 24, 2023).

All County Conference Calls

The Department engaged with local program administrators (municipal EIOs), during bi-monthly All County Conference Calls to share SSIP information (data, projects, updates, etc.) and garner feedback on SSIP implementation on July 20, 2023, January 24, 2024, and July 25, 2024.

The Early Intervention Program and Children and Youth with Special Health Care Needs (CYSHCN) Summit Statewide Meeting was held in person on May 21–22, 2024. BEI engaged with the local EIP county administrators and their CYSHCN staff. The Department sought stakeholder feedback on policies and disseminated information on the Program. The CYSHCN Program seeks to improve the system of care for children and youth with special health care needs from birth to 21 years of age and their families. The Program helps to shape public policy so families can get the best health care for their children. NYS also provides financial supports and technical assistance to programs in most counties in the state that help families of CYSHCN, by giving them information on health insurance and connecting them with health care providers. These programs will also work with families to help them meet the medical and non-medical needs of their children. NYSDOH contracts with three HRSA-designated University Centers for Excellence in Developmental Disabilities (UCEDDs), also known as Regional Support Centers (RSCs). RSCs provide technical assistance, training, mentorship and coaching to improve Local Health Department's ability to support families with CYSHCN and engage with CYSHCN families to continue to assess and support their needs. The three RSCs are geographically distributed to provide support statewide.

County Collaborations

The Department collaborated with a county who had selected to work on FDAs, as part of their IFaCT project to improve family outcomes. The county provided the Department with their newly developed materials, based on anecdotal data gathered from parents and providers, and discussions with their LEICC about FDAs and the name change. BEI also shared newly developed materials with another county who expressed interest in assisting with the

SSIP and the goal of increasing the number of FDAs completed. The Department intends to partner with these counties and others in the future materials.

Were there any concerns expressed by stakeholders during engagement activities? (yes/no)

YES

Describe how the State addressed the concerns expressed by stakeholders.

During the Partners training parent panels, families expressed some concerns about the FOS script. Some families found the script confusing, felt that it might include too much information, should be more family friendly, and less wordy. Based on the feedback received to address stakeholder concerns, BEI developed an abbreviated FOS script with family-friendly language and graphics.

EICC – members expressed the need for the Department to promote the FOS to families. In response, DOH developed an FOS brochure for families which was initially disseminated in March 2023. Additionally, the FOS script and video were developed. Based upon stakeholder feedback about the FDA Form, which is currently translated into 6 languages, it will now be translated into 8 additional languages. This form provides a family-friendly explanation about what the FDA is and how it can help improve family outcomes. In addition, it captures a parent's consent or declination to participate in the FDA and can also be used as the "tool" to gather the family's resources, priorities, and concerns.

Additional Implementation Activities

List any activities not already described that the State intends to implement in the next fiscal year that are related to the SiMR.

The Department implemented an Early Intervention Promotional campaign. Part one of the campaign was targeted towards high schools, colleges, and universities, to promote the Program and recruit future providers to the Program. Part two of the campaign was designed to advertise and create awareness of the Program for families in underserved communities and to increase referrals. The goal of the promotional campaign is to grow the Program, improve equity and representativeness, and help with provider capacity issues. In doing so, the Department believes this will improve the family experience and SiMR. The Department will continue to seek stakeholder feedback from parents on the materials developed for the print and social media campaigns, to ensure the messages/images will resonate with families of young children with delays and disabilities.

The Department will collaborate with the NYS Parent Centers to promote the parent training developed through the NYS SSIP and to ensure Statewide dissemination to parents of young children with disabilities.

The Department will work to increase representativeness in the FOS, to ensure that all families' voices are heard and help improve the Program for all infants, toddlers, and their families. In addition, the FOS brochure was translated into eight additional languages and was mailed to families with their survey and reminder letters to encourage family participation and improve family outcomes. Included in the reminder letter was a URL that brings viewers to the FOS video. In the next reporting period, the URL to the FOS video will be included with all initial and reminder survey letters to families. In addition, the NYC EIP has included a link to the FOS video in the text reminders sent out to families as another way to promote the survey and try to increase response rates.

The Department revised and redesigned the Early Help Makes a Difference Brochure (EHMD), which is used by every county in the EIP. The EHMD brochure was originally published in 2011. When the American Academy of Pediatrics (AAP) and the Centers for Disease Control and Prevention (CDC) made changes to existing developmental milestones to be more helpful for parents and caregivers to understand, the Department decided to align its brochure for families. The changes to the brochure eliminate some of the former vague language such as "may or begins" and duplicate milestones that may have led to a "wait and see" approach. The revised developmental milestones will improve family outcomes by improving early identification of children with developmental delays, disorders, and disabilities. The department worked with the Division of Family Health's Medical Director to revise the brochure, which now aligns with AAP Bright Future's recommendations and include social-emotional developmental milestones beginning at four-months. The revised developmental milestones brochure was written in plain, family-friendly language, and redesigned to make it more appealing to families. It was also translated into 28 languages. This brochure is posted on the BEI webpage and can either be downloaded or ordered for free from our distribution center.

In collaboration with the Council of Children and Families, the EIP will work towards having the EHMD brochure added to the NYS Early Childhood Services Baby Bundle, which is provided by all birthing hospitals in NYS to parents of newborns. Currently, the EIP email address and a link to our website are included in a booklet included in the bundle.

Provide a timeline, anticipated data collection and measures, and expected outcomes for these activities that are related to the SiMR.

SSIP Advisory Group – The group will continue to meet quarterly in 2025.

Parents as Partners Training - The Department will continue to engage with parents at Session I Training (Friday nights).

The new contract will provide for a Parents as Partners training in all 5 regions of the state in 2024/2025. In addition, deliverables in the new contract will include having the contractor conduct 3 virtual Parent Panels/Focus Groups each year, for the purpose of gathering parent/family feedback on various EI topics and to increase family engagement in the EIP. The parent panels or focus groups are to be comprised of parents who are current participants in a program or service delivery system. The EIP Parent Panels/Focus Groups will convene to identify Program strengths and challenges, discuss various Program initiatives, and provide feedback on Department developed materials for EIP families. This work will help to inform the Department's State Systemic Improvement Plan (SSIP) initiative to improve family outcomes in the EIP by increasing family-centeredness and increasing family engagement.

Another new parent engagement activity conducted by the contractor will include promotion of the Overview of the EIP parent information sessions to underserved areas, as well as outreach in communities to programs, organizations and businesses who serve young children and their families across New York State.

FDA Training (providers) - The FDA training will be promoted to providers and local EIP administrators (EIO/Ds). The FDA training will be revised to include the new FDA Form and instructions for completion. The Department will review the current training requirements in the NYS Provider Agreement and consider making this a required training for all providers, including Service Coordinators to take (ongoing).

New EI State Data System (EI Hub) –The FDA fields in the Hub will be developed to match the new FDA form for ease of data entry for providers completing the FDA with families. Information on data entry will be included in the User Guide, job aids, and training (Fall 2024).

FDA Resource Guide (providers) – A comprehensive compendium of local, State, and national resources was developed and included in the new FDA

training. This resource will be added to the FDA Form tool kit (Summer 2025). This Guide will be revised to include any new resources and will be promoted via BEI's communication channels and can be shared with families as applicable.

FDA Infographic (families) - BEI will develop an infographic to highlight the benefits of participating in the FDA and how it can improve the Program for all children and families (Spring 2025).

FDA - Frequently Asked Questions (parents) - BEI developed a FAQ based on stakeholder feedback about the FDA and its purpose. This document will be added to the BEI family webpage and promoted via BEI's communication channels (listservs, Facebook, ACCCs, webpages, etc.) (Summer 2025).

FDA Script (evaluators) - BEI developed a script with talking points to assist providers in their discussions with families about the FDA. Both cohorts and the training needs assessment identified these knowledge gaps. This script was included in the new FDA training, but will now be disseminated as stand-alone documents to stakeholders and promoted via BEI's communication channels (listservs, Facebook, ACCCs, webpages, etc.) (Winter 2024).

FDA Form (providers) - BEI will add the new FDA Form developed during this reporting period, to the FDA training, for providers to document the information collected from families as part of the FDA, to improve the consistency of completed FDAs across the State (Winter 2023).

FDA Form Tool Kit - A tool kit for providers will be developed to assist providers with sharing information about the FDA with families, as well as completing the FDA Form (Fall 2025)

Family Outcomes Infographic (providers) - BEI will develop an infographic to share the importance of the FOS and how to encourage parent participation (Spring 2025).

Transition script - will be developed into a short video for parents to help explain their child's transition out of EIP. We anticipate, with a better understanding of the transition process, families will report positively on their experience in the EIP.

Update the Parent's Basic Guide to the EIP - FOS information will be added to the Guide that all families receive in the EIP. The Department will be working with stakeholder groups to gather feedback on the information to be added to a section which will be included in the new guide. The FDA section will also be updated to include additional information for families on the importance of the FDA. This newly revised publication will be translated into 16 languages (Summer 2025).

Anticipated Data Collection - through surveys

This next year will be spent promoting newly developed resources/training/guidance, and developing additional resources, Program guidance, and trainings for providers in terms of the importance of and recommendations regarding how to conduct the FDA. Given the time needed for the Department to develop and disseminate this information to the field, and for providers to implement these practices, it is not expected that there will initially be a large increase on the Impact on Families Scores. Therefore, the State's target for the SiMR will be conservative for FFY 2024-2025, at 87.5%. In the future, this target will increase as the family-directed assessment is more widely used to increase family-centeredness and improve family outcomes once the guidance and training have been released. The State will set additional targets for the expected percent increase of FDAs completed.

Expected Outcomes of these additional implementation activities are to increase parents' knowledge and access to resources to improve family outcomes. Additionally, these activities will allow the Department to gather parent and provider feedback on the Program, SSIP, and State data.

Describe any newly identified barriers and include steps to address these barriers.

As the State continues to focus on FDA for FFY 2024-2025, one potential barrier continues to be the current payment structure for the FDA. The FDA is not a separately reimbursable service in NYS, but rather it is included in the MDE rate. The Department plans to issue revised guidance to the field on best practices for completing FDAs and provide training to EI providers to increase the number of FDAs completed. The Department recognizes that it may be necessary to reevaluate the reimbursement structure if policy guidance and training do not result in a significant increase in the rate of completed FDAs.

Another barrier to family directed assessment completion rates may be that the FDA is voluntary on the part of the family. Therefore, some families may not want to complete an FDA. The Department will address this barrier by providing comprehensive training to evaluators on completing FDAs, which may improve providers' confidence in explaining the benefits to families. If families better understand the importance of completing a FDA and how it can positively impact the development of the IFSP, families may be more willing to agree to the completion of an FDA during their child's MDE.

A barrier previously identified by stakeholders is having the fields to capture the FDA information in the State Data System match the fields on the FDA Form for providers. For ease of data entry, the Department created a new fillable FDA Form and the fields in the new State's new data system (EI HUB) will match, for ease of data entry. During this reporting period, the EI HUB was not yet available to providers.

Provide additional information about this indicator (optional).

n/a

11 - Prior FFY Required Actions

None

11 - OSEP Response

11 - Required Actions

Indicator 12: General Supervision

Instructions and Measurement

Monitoring Priority: General Supervision

Compliance indicator: This SPP/APR indicator focuses on the State lead agency's exercise of its general supervision responsibility to monitor its Early Intervention Service (EIS) Providers and EIS Programs for requirements under Part C of the Individuals with Disabilities Act (IDEA) through the State's reporting on timely correction of noncompliance (20 U.S.C. 1416(a) and 1435(a)(10); 34 C.F.R. §§ 303.120 and 303.700). In reporting on findings under this indicator, the State must include findings from data collected through all components of the State's general supervision system that are used to identify noncompliance. This includes, but is not limited to, information collected through State monitoring, State database/data system dispute resolution, and fiscal management systems as well as other mechanisms through which noncompliance is identified by the State.

Data Source

The State must include findings from data collected through all components of the State's general supervision system that are used to identify noncompliance. This includes, but is not limited to, information collected through State monitoring, State database/data system, dispute resolution, and fiscal management systems as well as other mechanisms through which noncompliance is identified by the State. Provide the actual numbers used in the calculation. Include all findings of noncompliance regardless of the specific type and extent of noncompliance.

Measurement

This SPP/APR indicator requires the reporting on the percent of findings of noncompliance corrected within one year of identification:

- # of findings of noncompliance issued the prior Federal fiscal year (FFY) (e.g., for the FFY 2023 submission, use FFY 2022, July 1, 2022 – June 30, 2023)
- # of findings of noncompliance the State verified were corrected no later than one year after the State's written notification of findings of noncompliance

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

States are required to complete the General Supervision Data Table within the online reporting tool.

Instructions

Baseline Data: The State must provide baseline data expressed as a percentage. OSEP assumes that the State's FFY 2023 data for this indicator is the State's baseline data unless the State provides an explanation for using other baseline data.

Targets must be 100%.

Report in Column A the total number of findings of noncompliance made in FFY 2022 (July 1, 2022 – June 30, 2023) and report in Column B the number of those findings which were timely corrected, as soon as possible and in no case later than one year after the State's written notification of noncompliance.

Starting with the FFY 2023 SPP/APR, States are required to report on the correction of noncompliance related to compliance indicators 1, 7, 8a, 8b, and 8c based on findings issued in FFY 2022. Under each compliance indicator, States report on the correction of noncompliance for that specific indicator. However, in this general supervision Indicator 12, States report on both those findings as well as any additional findings that the State issued related to that compliance indicator.

In the last row of this General Supervision Data Table, States may also provide additional information related to other findings of noncompliance that are not specific to the compliance indicators. This row would include reporting on all other findings of noncompliance that were not reported by the State under the compliance indicators (e.g., Results indicators (including related requirements), Fiscal, Dispute Resolution, etc.). In future years (e.g., with the FFY 2026 SPP/APR), States may be required to further disaggregate findings by results indicators (2, 3, 4, 5, 6, 9, 10, and 11), fiscal and other areas.

If the State did not ensure timely correction of previous findings of noncompliance, provide information on the nature of any continuing noncompliance and the actions that have been taken, or will be taken, to ensure the subsequent correction of the outstanding noncompliance, to address areas in need of improvement, and any sanctions or enforcement actions used, as necessary and consistent with IDEA's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

12 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2023	81.00%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

Indicator 1. Percent of infants and toddlers with Individual Family Service Plans (IFSPs) who receive the early intervention services on their IFSPs in a timely manner. (20 U.S.C. 1416(a)(3)(A) and 1442)

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
95	1	62	1	33

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 1 due to various factors (e.g., additional findings related to other IDEA requirements).

In FFY 2023, in addition to the 95 findings of noncompliance among municipalities and providers, the State identified 1 additional finding that had noncompliance with other IDEA requirements. This additional finding was timely corrected.
 Services provided in accordance with the IFSP. [34 C.F.R. §303.340(a)], [34 C.F.R. § 303.344(d)], [34 C.F.R. §303.344(f)(1)]
 Services provided by qualified personnel. [34 C.F.R. § 303.13(c)]

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

To verify that the programs were correctly implementing regulatory requirements, the State reviewed data from the State's data system, which was dated after the corrective actions taken by programs to improve compliance. The review included all new services on initial and subsequent IFSPs for each program that had findings. The State verified that 63 programs demonstrated 100% compliance within the one-year timely correction period. 33 programs did not achieve 100% compliance and were asked to implement improvement plans. 31 programs demonstrated compliance in the subsequent year. 2 programs have not yet demonstrated correction. Correction status will be reported in the next reporting period.

Please describe, consistent with OSEP QA 23-01, how the State verified that each individual case of noncompliance was corrected:

The State found 5,006 cases of noncompliance among 96 municipalities and providers. The State reviewed the records of each of the 5,006 children and determined that 4,916 had received their services, although late, or the child was no longer in the program's jurisdiction. 90 cases of noncompliance have not been corrected. The 2 programs that have these uncorrected cases of noncompliance were asked to review and report on these cases. Correction status will be reported in the next reporting period if it has not been resolved.

Indicator 7. Percent of eligible infants and toddlers with IFSPs for whom initial evaluation, initial assessment, and the initial IFSP meeting were conducted within Part C's 45-day timeline. (20 U.S.C. 1416(a)(3)(B) and 1442)

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
35	0	35	0	0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 7 due to various factors (e.g., additional findings related to other IDEA requirements).

n/a

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

To verify that the programs were correctly implementing regulatory requirements, the State reviewed data from the State's data system, which was dated after the corrective actions taken by programs to improve compliance. The review included all new referrals for each program that had findings. The State verified that 35 programs demonstrated 100% compliance within the one-year timely correction period.

Please describe, consistent with OSEP QA 23-01, how the State verified that each individual case of noncompliance was corrected:

The State found 653 cases of noncompliance among 35 municipalities and providers. The State reviewed the records of each of the 653 children and determined that all had received their ISFPs, although late, or the child was no longer in the program's jurisdiction.

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

A. Developed an IFSP with transition steps and services at least 90 days (and, at the discretion of all parties, not more than nine months) prior to the toddler's third birthday. (20 U.S.C. 1416(a)(3)(B) and 1442).

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
15	2	13	2	2

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 8A due to various factors (e.g., additional findings related to other IDEA requirements).

In FFY 2023, in addition to the 15 findings of noncompliance among municipalities and providers, the State identified 2 additional findings that had noncompliance with other IDEA requirements.

Transition Services provided in accordance with the IFSP. [34 C.F.R. §303.340(a)], [34 C.F.R. § 303.344(d)], [34 C.F.R. §303.344(f)(1)]
 Transition Services provided by qualified personnel. [34 C.F.R. § 303.13(c)]

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

To verify that the programs were correctly implementing regulatory requirements, the State reviewed data from the State's data system, which was dated after the corrective actions taken by programs to improve compliance. The review included all new transition discussions for each program that had findings. The State verified that 15 programs demonstrated 100% compliance within the one-year timely correction period. Two (2) programs did not achieve 100% timely compliance but have demonstrated subsequent compliance.

Please describe, consistent with OSEP QA 23-01, how the State verified that each individual case of noncompliance was corrected:

The State found 45 cases of noncompliance among 17 municipalities and providers. The State reviewed the records of each of the 45 children and determined that all 45 children had received their transition discussion, although late, or the child was no longer in the program's jurisdiction.

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

B. Notified (consistent with any opt-out policy) the SEA and LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services. (20 U.S.C. 1416(a)(3)(B) and 1442)

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
30	2	29	2	1

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 8B due to various factors (e.g., additional findings related to other IDEA requirements).

In FFY 2023, in addition to the 30 findings of noncompliance among municipalities and providers, the State identified 2 additional findings that had noncompliance with other IDEA requirements.

Transition Services provided in accordance with the IFSP. [34 C.F.R. §303.340(a)], [34 C.F.R. § 303.344(d)], [34 C.F.R. §303.344(f)(1)]
 Transition Services provided by qualified personnel. [34 C.F.R. § 303.13(c)]

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

To verify that the programs were correctly implementing regulatory requirements, the State reviewed data from the State's data system, which was dated after the corrective actions taken by programs to improve compliance. The review included all new transition notifications to the LEA for each program that had findings. The State verified that 31 programs demonstrated 100% compliance within the one-year timely correction period. One (1) program did not achieve 100% timely compliance but have demonstrated subsequent compliance.

Please describe, consistent with OSEP QA 23-01, how the State verified that each individual case of noncompliance was corrected:

The State found 342 cases of noncompliance across 32 municipalities and providers. The State reviewed the records of each of the 342 children and determined that all had received their transition notification, although late, or the child was no longer in the program's jurisdiction.

Indicator 8C. The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

C. Conducted the transition conference held with the approval of the family at least 90 days (and, at the discretion of all parties, not more than nine months) prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services. (20 U.S.C. 1416(a)(3)(B) and 1442)

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
20	0	18	0	2

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 8C due to various factors (e.g., additional findings related to other IDEA requirements).

n/a

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

To verify that the programs were correctly implementing regulatory requirements, the State reviewed data from the State's data system, which was dated after the corrective actions taken by programs to improve compliance. The review included all new transition conference dates for each program that had

findings. The State verified that 18 programs demonstrated 100% compliance within the one-year timely correction period. Two (2) programs did not achieve 100% timely compliance but have demonstrated subsequent compliance.

Please describe, consistent with OSEP QA 23-01, how the State verified that each individual case of noncompliance was corrected:

The State found 57 cases of noncompliance across 20 municipalities and providers. The State reviewed the records of each of the 57 children and determined that all had received their transition conference, although late, or the child was no longer in the program's jurisdiction.

Optional for FFY 2023, 2024, and 2025:

Other Areas - All other findings: States may report here on all other findings of noncompliance that were not reported under the compliance indicators listed above (e.g., Results indicators (including related requirements), Fiscal, Dispute Resolution, etc.).

Column B: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Column B for which correction was not completed or timely corrected
0	0	0

Explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any findings reported in this section:

n/a

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

n/a

Please describe, consistent with OSEP QA 23-01, how the State verified that each individual case of noncompliance was corrected:

n/a

Total for All Noncompliance Identified (Indicators 1, 7, 8A, 8B, 8C, and Optional Areas):

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
195	5	157	5	38

FFY 2023 SPP/APR Data

Number of findings of Noncompliance that were timely corrected	Number of findings of Noncompliance that were identified in FFY 2022	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
162	200		100%	81.00%	N/A	N/A

Percent of findings of noncompliance not corrected or not verified as corrected within one year of identification	19.00%
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Provide additional information about this indicator (optional)

Summary of Findings of Noncompliance identified in FFY 2022 Corrected in FFY 2023 (corrected within one year from identification of the noncompliance):

1. Number of findings of noncompliance the State identified during FFY 2022 (the period from July 1, 2022 through June 30, 2023).	200
2. Number of findings the State verified as timely corrected (corrected within one year from the date of written notification to the EIS program/provider of the finding)	162
3. Number of findings <u>not</u> verified as corrected within one year	38

Subsequent Correction: Summary of All Outstanding Findings of Noncompliance identified in FFY 2022 Not Timely Corrected in FFY 2023 (corrected more than one year from identification of the noncompliance):

4. Number of findings of noncompliance not timely corrected	38
5. Number of written findings of noncompliance (Col. A) the State has verified as corrected beyond the one-year timeline ("subsequent correction") - as reported in Indicator 1, 7, 8A, 8B, 8C	36
6a. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 1	0
6b. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 7	0
6c. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 8A	0
6d. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 8B	0
6e. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 8C	0
6f. (optional) Number of written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Other Areas - <u>All other findings</u>	0
7. Number of findings <u>not</u> yet verified as corrected	2

Subsequent correction: If the State did not ensure timely correction of previous findings of noncompliance, provide information on the nature of any continuing noncompliance and the actions that have been taken, or will be taken, to ensure the subsequent correction of the outstanding noncompliance, to address areas in need of improvement, and any sanctions or enforcement actions used, as necessary and consistent with IDEA's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

The State identified two Indicator 1 findings from the 2022 program year that have not yet been corrected. These 2 programs have 90 uncorrected cases of noncompliance and were asked to review and report on these cases to determine that the services had been provided late, or the child was no longer in the program's jurisdiction. Correction status will be reported in the next reporting period if it has not been resolved.

12 - OSEP Response

The State has established the baseline for this indicator, using data from FFY 2023, and OSEP accepts that baseline.

12 - Required Actions

The State must demonstrate, in the FFY 2024 SPP/APR, that the remaining two uncorrected findings of noncompliance identified in FFY 2022 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2023 and each EIS program or provider with remaining noncompliance identified in FFY 2022: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

Certification

Instructions

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

Certify

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

Select the certifier's role

Lead Agency Director

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

Name:

Raymond Pierce

Title:

Part C Coordinator

Email:

raymond.pierce@health.ny.gov

Phone:

7743641213

Submitted on:

04/22/25 3:27:44 PM

Determination Enclosures

RDA Matrix

New York

2025 Part C Results-Driven Accountability Matrix

Results-Driven Accountability Percentage and Determination (1)

Percentage (%)	Determination
84.38%	Meets Requirements

Results and Compliance Overall Scoring

Section	Total Points Available	Points Earned	Score (%)
Results	8	7	87.50%
Compliance	16	13	81.25%

2025 Part C Results Matrix

I. Data Quality

(a) Data Completeness: The percent of children included in your State's 2023 Outcomes Data (Indicator C3)

Number of Children Reported in Indicator C3 (i.e., outcome data)	5,182
Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data)	31,398
Percentage of Children Exiting who are Included in Outcome Data (%)	N/A
Data Completeness Score (please see Appendix A for a detailed description of this calculation)	2

(b) Data Anomalies: Anomalies in your State's FFY 2023 Outcomes Data

Data Anomalies Score (please see Appendix B for a detailed description of this calculation)	2
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II. Child Performance

(a) Data Comparison: Comparing your State's 2023 Outcomes Data to other States' 2023 Outcomes Data

Data Comparison Score (please see Appendix C for a detailed description of this calculation)	1
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(b) Performance Change Over Time: Comparing your State's FFY 2023 data to your State's FFY 2022 data

Performance Change Score (please see Appendix D for a detailed description of this calculation)	2
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Summary Statement Performance	Outcome A: Positive Social Relationships SS1 (%)	Outcome A: Positive Social Relationships SS2 (%)	Outcome B: Knowledge and Skills SS1 (%)	Outcome B: Knowledge and Skills SS2 (%)	Outcome C: Actions to Meet Needs SS1 (%)	Outcome C: Actions to Meet Needs SS2 (%)
FFY 2023	79.22%	41.10%	83.55%	38.32%	81.20%	36.61%
FFY 2022	76.57%	40.46%	81.36%	36.76%	81.67%	34.25%

(1) For a detailed explanation of how the Compliance Score, Results Score, and the Results-Driven Accountability Percentage and Determination were calculated, review "How the Department Made Determinations under Section 616(d) of the *Individuals with Disabilities Education Act* in 2025: Part C."

2025 Part C Compliance Matrix

Part C Compliance Indicator (2)	Performance (%)	Full Correction of Findings of Noncompliance Identified in FFY 2022 (3)	Score
Indicator 1: Timely service provision	61.45%	NO	0
Indicator 7: 45-day timeline	93.22%	YES	2
Indicator 8A: Timely transition plan	99.81%	YES	2
Indicator 8B: Transition notification	90.14%	YES	2
Indicator 8C: Timely transition conference	95.10%	YES	2
Indicator 12: General Supervision	81.00%	NO	1
Timely and Accurate State-Reported Data	100.00%		2
Timely State Complaint Decisions	N/A		N/A
Timely Due Process Hearing Decisions	N/A		N/A
Longstanding Noncompliance			2
Programmatic Specific Conditions	None		
Uncorrected identified noncompliance	None		

(2) The complete language for each indicator is located in the Part C SPP/APR Indicator Measurement Table at:

<https://sites.ed.gov/idea/files/FFY2023-Part-C-SPP-APR-Reformatted-Measurement-Table.pdf>

(3) This column reflects full correction, which is factored into the scoring only when the compliance data are $\geq 90\%$ and $< 95\%$ for an indicator.

Appendix A

I. (a) Data Completeness:

The Percent of Children Included in your State's 2023 Outcomes Data (Indicator C3)

Data completeness was calculated using the total number of Part C children who were included in your State's FFY 2023 Outcomes Data (C3) and the total number of children your State reported in its FFY 2023 IDEA Section 618 data. A percentage for your State was computed by dividing the number of children reported in your State's Indicator C3 data by the number of children your State reported exited during FFY 2023 in the State's FFY 2023 IDEA Section 618 Exit Data.

Data Completeness Score	Percent of Part C Children included in Outcomes Data (C3) and 618 Data
0	Lower than 34%
1	34% through 64%
2	65% and above

Appendix B

I. (b) Data Quality:

Anomalies in Your State's FFY 2023 Outcomes Data

This score represents a summary of the data anomalies in the FFY 2023 Indicator 3 Outcomes Data reported by your State. Publicly available data for the preceding four years reported by and across all States for each of 15 progress categories under Indicator 3 (in the FFY 2019 – FFY 2022 APRs) were used to determine an expected range of responses for each progress category under Outcomes A, B, and C. For each of the 15 progress categories, a mean was calculated using the publicly available data and a lower and upper scoring percentage was set 1 standard deviation above and below the mean for category a, and 2 standard deviations above and below the mean for categories b through e (numbers are shown as rounded for display purposes, and values are based on data for States with summary statement denominator greater than 199 exiters). In any case where the low scoring percentage set from 1 or 2 standard deviations below the mean resulted in a negative number, the low scoring percentage is equal to 0.

If your State's FFY 2023 data reported in a progress category fell below the calculated "low percentage" or above the "high percentage" for that progress category for all States, the data in that particular category are statistically improbable outliers and considered an anomaly for that progress category. If your State's data in a particular progress category was identified as an anomaly, the State received a 0 for that category. A percentage that is equal to or between the low percentage and high percentage for each progress category received 1 point. A State could receive a total number of points between 0 and 15. Thus, a point total of 0 indicates that all 15 progress categories contained data anomalies and a point total of 15 indicates that there were no data anomalies in all 15 progress categories in the State's data. An overall data anomaly score of 0, 1, or 2 is based on the total points awarded.

Outcome A	Positive Social Relationships
Outcome B	Knowledge and Skills
Outcome C	Actions to Meet Needs

Category a	Percent of infants and toddlers who did not improve functioning
Category b	Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers
Category c	Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it
Category d	Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers
Category e	Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers

Expected Range of Responses for Each Outcome and Category, FFY 2023

Outcome\ Category	Mean	StDev	-1SD	+1SD
Outcome A\ Category a	1.52	3.25	-1.74	4.77
Outcome B\ Category a	1.34	2.98	-1.64	4.32
Outcome C\ Category a	1.25	2.62	-1.37	3.87

Outcome\ Category	Mean	StDev	-2SD	+2SD
Outcome A\ Category b	24.44	8.87	6.69	42.19
Outcome A\ Category c	21.76	13.64	-5.52	49.04
Outcome A\ Category d	26.56	9.69	7.17	45.94
Outcome A\ Category e	25.72	15.93	-6.14	57.59
Outcome B\ Category b	26.16	9.47	7.23	45.1
Outcome B\ Category c	30.12	12.97	4.17	56.07
Outcome B\ Category d	30.25	8.17	13.92	46.59
Outcome B\ Category e	12.12	8.46	-4.79	29.04
Outcome C\ Category b	21.94	9.15	3.64	40.24
Outcome C\ Category c	23.99	13.89	-3.8	51.77
Outcome C\ Category d	32.49	8.51	15.48	49.51
Outcome C\ Category e	20.33	14.99	-9.66	50.31

Data Anomalies Score	Total Points Received in All Progress Areas
0	0 through 9 points
1	10 through 12 points
2	13 through 15 points

Anomalies in Your State's Outcomes Data FFY 2023

Number of Infants and Toddlers with IFSP's Assessed in your State	5,182
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Outcome A — Positive Social Relationships	Category a	Category b	Category c	Category d	Category e
State Performance	69	887	2,096	1,549	581
Performance (%)	1.33%	17.12%	40.45%	29.89%	11.21%
Scores	1	1	1	1	1

Outcome B — Knowledge and Skills	Category a	Category b	Category c	Category d	Category e
State Performance	79	716	2,401	1,637	349
Performance (%)	1.52%	13.82%	46.33%	31.59%	6.73%
Scores	1	1	1	1	1

Outcome C — Actions to Meet Needs	Category a	Category b	Category c	Category d	Category e
State Performance	99	835	2,351	1,683	214
Performance (%)	1.91%	16.11%	45.37%	32.48%	4.13%
Scores	1	1	1	1	1

	Total Score
Outcome A	5
Outcome B	5
Outcome C	5
Outcomes A-C	15

Data Anomalies Score	2
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Appendix C

II. (a) Data Comparison:

Comparing Your State’s 2023 Outcomes Data to Other States’ 2023 Outcome Data

This score represents how your State’s FFY 2023 Outcomes data compares to other States’ FFY 2023 Outcomes Data. Your State received a score for the distribution of the 6 Summary Statements for your State compared to the distribution of the 6 Summary Statements in all other States. The 10th and 90th percentile for each of the 6 Summary Statements was identified and used to assign points to performance outcome data for each Summary Statement (values are based on data for States with a summary statement denominator greater than 199 exiters). Each Summary Statement outcome was assigned 0, 1, or 2 points. If your State’s Summary Statement value fell at or below the 10th percentile, that Summary Statement was assigned 0 points. If your State’s Summary Statement value fell between the 10th and 90th percentile, the Summary Statement was assigned 1 point, and if your State’s Summary Statement value fell at or above the 90th percentile the Summary Statement was assigned 2 points. The points were added up across the 6 Summary Statements. A State can receive a total number of points between 0 and 12, with 0 points indicating all 6 Summary Statement values were at or below the 10th percentile and 12 points indicating all 6 Summary Statements were at or above the 90th percentile. An overall comparison Summary Statement score of 0, 1, or 2 was based on the total points awarded.

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.

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.

Scoring Percentages for the 10th and 90th Percentile for Each Outcome and Summary Statement, FFY 2023

Percentiles	Outcome A SS1	Outcome A SS2	Outcome B SS1	Outcome B SS2	Outcome C SS1	Outcome C SS2
10	46.08%	34.56%	54.67%	27.46%	53.10%	33.55%
90	80.98%	70.42%	82.41%	58.27%	84.63%	73.68%

Data Comparison Score	Total Points Received Across SS1 and SS2
0	0 through 4 points
1	5 through 8 points
2	9 through 12 points

Your State’s Summary Statement Performance FFY 2023

Summary Statement (SS)	Outcome A: Positive Social Relationships SS1	Outcome A: Positive Social Relationships SS2	Outcome B: Knowledge and Skills SS1	Outcome B: Knowledge and Skills SS2	Outcome C: Actions to meet needs SS1	Outcome C: Actions to meet needs SS2
Performance (%)	79.22%	41.10%	83.55%	38.32%	81.20%	36.61%
Points	1	1	2	1	1	1

Total Points Across SS1 and SS2	7
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Your State’s Data Comparison Score	1
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Appendix D

II. (b) Performance Change Over Time:

Comparing your State's FFY 2023 data to your State's FFY 2022 data

The Summary Statement percentages in each Outcomes Area from the previous year's reporting (FFY 2022) is compared to the current year (FFY 2023) using the test of proportional difference to determine whether there is a statistically significant (or meaningful) growth or decline in child achievement based upon a significance level of $p \leq .05$. The data in each Outcome Area is assigned a value of 0 if there was a statistically significant decrease from one year to the next, a value of 1 if there was no significant change, and a value of 2 if there was a statistically significant increase across the years. The scores from all 6 Outcome Areas are totaled, resulting in a score from 0 – 12. The Overall Performance Change Score for this results element of '0', '1', or '2' for each State is based on the total points awarded. Where OSEP has approved a State's reestablishment of its Indicator C3 Outcome Area baseline data the State received a score of 'N/A' for this element.

Test of Proportional Difference Calculation Overview

The summary statement percentages from the previous year's reporting were compared to the current year using an accepted formula (test of proportional difference) to determine whether the difference between the two percentages is statistically significant (or meaningful), based upon a significance level of $p \leq .05$. The statistical test has several steps. All values are shown as rounded for display purposes.

Step 1: Compute the difference between the FFY 2023 and FFY 2022 summary statements.

e.g., C3A FFY2023% - C3A FFY2022% = Difference in proportions

Step 2: Compute the standard error of the difference in proportions using the following formula which takes into account the value of the summary statement from both years and the number of children that the summary statement is based on

$$\text{Sqrt}[(\text{FFY2022\%} * (1-\text{FFY2022\%}) / \text{FFY2022N}) + ((\text{FFY2023\%} * (1-\text{FFY2023\%}) / \text{FFY2023N})] = \text{Standard Error of Difference in Proportions}$$

Step 3: The difference in proportions is then divided by the standard error of the difference to compute a z score.

Difference in proportions /standard error of the difference in proportions = z score

Step 4: The statistical significance of the z score is located within a table and the p value is determined.

Step 5: The difference in proportions is coded as statistically significant if the p value is less than or equal to .05.

Step 6: Information about the statistical significance of the change and the direction of the change are combined to arrive at a score for the summary statement using the following criteria

0 = statistically significant decrease from FFY 2022 to FFY 2023

1 = No statistically significant change

2= statistically significant increase from FFY 2022 to FFY 2023

Step 7: The score for each summary statement and outcome is summed to create a total score with a minimum of 0 and a maximum of 12. The score for the test of proportional difference is assigned a score for the Indicator 3 Overall Performance Change Score based on the following cut points:

Indicator 3 Overall Performance Change Score	Cut Points for Change Over Time in Summary Statements Total Score
0	Lowest score through 3
1	4 through 7
2	8 through highest

Summary Statement/ Child Outcome	FFY 2022 N	FFY 2022 Summary Statement (%)	FFY 2023 N	FFY 2023 Summary Statement (%)	Difference between Percentages (%)	Std Error	z value	p-value	p<=.05	Score: 0 = significant decrease; 1 = no significant change; 2 = significant increase
SS1/Outcome A: Positive Social Relationships	3,491	76.57%	4,601	79.22%	2.65	0.0093	2.8422	0.0045	YES	2
SS1/Outcome B: Knowledge and Skills	3,723	81.36%	4,833	83.55%	2.19	0.0083	2.6349	0.0084	YES	2
SS1/Outcome C: Actions to meet needs	3,825	81.67%	4,968	81.20%	-0.47	0.0084	-0.5665	0.571	NO	1
SS2/Outcome A: Positive Social Relationships	4,029	40.46%	5,182	41.10%	0.65	0.0103	0.6271	0.5306	NO	1
SS2/Outcome B: Knowledge and Skills	4,029	36.76%	5,182	38.32%	1.57	0.0102	1.5412	0.1233	NO	1
SS2/Outcome C: Actions to meet needs	4,029	34.25%	5,182	36.61%	2.36	0.0100	2.3479	0.0189	YES	2

Total Points Across SS1 and SS2	9
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Your State's Performance Change Score	2
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Data Rubric

New York

FFY 2023 APR (1)

Part C Timely and Accurate Data -- SPP/APR Data

APR Indicator	Valid and Reliable	Total
1	1	1
2	1	1
3	1	1
4	1	1
5	1	1
6	1	1
7	1	1
8A	1	1
8B	1	1
8C	1	1
9	N/A	0
10	1	1
11	1	1
12	1	1

APR Score Calculation

Subtotal	13
Timely Submission Points - If the FFY 2023 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) =	18

(1) In the SPP/APR Data table, where there is an N/A in the Valid and Reliable column, the Total column will display a 0. This is a change from prior years in display only; all calculation methods are unchanged. An N/A does not negatively affect a State's score; this is because 1 point is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the SPP/APR Data table.

618 Data (2)

Table	Timely	Complete Data	Passed Edit Check	Total
Child Count/Settings Due Date: 7/31/24	1	1	1	3
Exiting Due Date: 3/5/25	1	1	1	3
Dispute Resolution Due Date: 11/13/24	1	1	1	3

618 Score Calculation

Subtotal	9
Grand Total (Subtotal X 2.11111111) =	19.00

Indicator Calculation

A. APR Grand Total	18
B. 618 Grand Total	19.00
C. APR Grand Total (A) + 618 Grand Total (B) =	37.00
Total N/A Points in APR Data Table Subtracted from Denominator	1
Total N/A Points in 618 Data Table Subtracted from Denominator	0.00
Denominator	37.00
D. Subtotal (C divided by Denominator) (3) =	1.0000
E. Indicator Score (Subtotal D x 100) =	100.00

(2) In the 618 Data table, when calculating the value in the Total column, any N/As in the Timely, Complete Data, or Passed Edit Checks columns are treated as a '0'. An N/A does not negatively affect a State's score; this is because 2.11111111 points are subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the 618 Data table.

(3) Note that any cell marked as N/A in the APR Data Table will decrease the denominator by 1, and any cell marked as N/A in the 618 Data Table will decrease the denominator by 2.11111111.

APR and 618 -Timely and Accurate State Reported Data

DATE: February 2025 Submission

SPP/APR Data

1) Valid and Reliable Data - Data provided are from the correct time period, are consistent with 618 (when appropriate) and the measurement and are consistent with previous indicator data (unless explained).

Part C 618 Data

1) Timely – A State will receive one point if it submits all ED*Facts* files or the entire EMAPS survey associated with the IDEA Section 618 data collection to ED by the initial due date for that collection (as described in the table below).

618 Data Collection	ED <i>Facts</i> Files/ EMAPS Survey	Due Date
Part C Child Count and Setting	Part C Child Count and Settings in EMAPS	7/31/2024
Part C Exiting	FS901	3/5/2025
Part C Dispute Resolution	Part C Dispute Resolution Survey in EMAPS	11/13/2024

2) Complete Data – A State will receive one point if it submits data for all data elements, subtotals, totals as well as responses to all questions associated with a specific data collection by the initial due date. No data is reported as missing. No placeholder data is submitted. State-level data include data from all districts or agencies.

3) Passed Edit Check – A State will receive one point if it submits data that meets all the edit checks related to the specific data collection by the initial due date. The counts included in 618 data submissions are internally consistent within a data collection.

Dispute Resolution

IDEA Part C

New York

Year 2023-24

Section A: Written, Signed Complaints

(1) Total number of written signed complaints filed.	8
(1.1) Complaints with reports issued.	8
(1.1) (a) Reports with findings of noncompliance.	5
(1.1) (b) Reports within timelines.	6
(1.1) (c) Reports within extended timelines.	0
(1.2) Complaints pending.	0
(1.2) (a) Complaints pending a due process hearing.	0
(1.3) Complaints withdrawn or dismissed.	0

Section B: Mediation Requests

(2) Total number of mediation requests received through all dispute resolution processes.	50
(2.1) Mediations held.	27
(2.1) (a) Mediations held related to due process complaints.	2
(2.1) (a) (i) Mediation agreements related to due process complaints.	1
(2.1) (b) Mediations held not related to due process complaints.	25
(2.1) (b) (i) Mediation agreements not related to due process complaints.	19
(2.2) Mediations pending.	0
(2.3) Mediations not held.	23

Section C: Due Process Complaints

(3) Total number of due process complaints filed.	8
Has your state adopted Part C due process hearing procedures under 34 CFR 303.430(d)(1) or Part B due process hearing procedures under 34 CFR 303.430(d)(2)?	PARTC
(3.1) Resolution meetings (applicable ONLY for states using Part B due process hearing procedures).	N/A
(3.1) (a) Written settlement agreements reached through resolution meetings.	N/A
(3.2) Hearings fully adjudicated.	2
(3.2) (a) Decisions within timeline.	0
(3.2) (b) Decisions within extended timeline.	1
(3.3) Hearings pending.	1
(3.4) Due process complaints withdrawn or dismissed (including resolved without a hearing).	5

This report shows the most recent data that was entered by:

New York

These data were extracted on the close date:

11/13/2024

How the Department Made Determinations

Below is the location of How the Department Made Determinations (HTDMD) on OSEP's IDEA Website. How the Department Made Determinations in 2025 will be posted in June 2025. Copy and paste the link below into a browser to view.

<https://sites.ed.gov/idea/how-the-department-made-determinations/>



United States Department of Education Office of Special Education and Rehabilitative Services

Final Determination Letter

June 18, 2025

Honorable James V. McDonald, MD
Commissioner
New York State Department of Health
14th Floor Empire State Plaza
Albany, NY 12237

Dear Dr. McDonald:

I am writing to advise you of the U.S. Department of Education's (Department) 2025 determination under Sections 616 and 642 of the Individuals with Disabilities Education Act (IDEA). The Department has determined that New York meets the requirements and purposes of Part C of the IDEA. This determination is based on the totality of New York's data and information, including the Federal fiscal year (FFY) 2023 State Performance Plan/Annual Performance Report (SPP/APR), other State-reported data, and other publicly available information.

New York's 2025 determination is based on the data reflected in New York's "2025 Part C Results-Driven Accountability Matrix" (RDA Matrix). The RDA Matrix is individualized for New York and consists of:

- (1) a Compliance Matrix that includes scoring on Compliance Indicators and other compliance factors;
- (2) a Results Matrix (including Components and Appendices) that include scoring on Results Elements;
- (3) a Compliance Score and a Results Score;
- (4) an RDA Percentage based on both the Compliance Score and the Results Score; and
- (5) New York's Determination.

The RDA Matrix is further explained in a document, entitled "[How the Department Made Determinations under Sections 616\(d\) and 642 of the Individuals with Disabilities Education Act in 2025: Part C](#)" (HTDMD-C).

The Office of Special Education Programs (OSEP) is continuing to use both results data and compliance data in making the Department's determinations in 2025, as it did for Part C determinations in 2016-2024. (The specifics of the determination procedures and criteria are set forth in the HTDMD-C document and reflected in the RDA Matrix for New York.) For the 2025 IDEA Part C determinations, OSEP also considered performance on timely correction of noncompliance requirements in Indicator 12. While the State's performance on timely correction of noncompliance was a factor in each State or Entity's 2025 Part C Compliance Matrix, no State or Entity received a Needs Intervention determination in 2025 due solely to this criterion. However, this criterion will be fully incorporated beginning with the 2026 determinations. For 2025, the Department's IDEA Part C determinations continue to include consideration of each State's Child Outcomes data, which measure how children who receive Part C services are improving functioning in three outcome areas that are critical to school readiness:

- positive social-emotional skills;
- acquisition and use of knowledge and skills (including early language/communication); and
- use of appropriate behaviors to meet their needs.

Specifically, the Department considered the data quality, and the child performance levels in each State's Child Outcomes FFY 2023 data. You may access the results of OSEP's review of New York's SPP/APR and other relevant data by accessing the EMAPS SPP/APR reporting tool using your State-specific log-on information at <https://emaps.ed.gov/suite/>. When you access New York's SPP/APR on the site, you will find, in Indicators 1 through 12, the OSEP Response to the indicator and any actions that New York is required to take. The actions that New York is required to take are in the "Required Actions" section of the indicator.

It is important for your State to review the Introduction to the SPP/APR, which may also include language in the "OSEP Response" and/or "Required Actions" sections.

Your State will also find the following important documents in the Determinations Enclosures section:

- (1) New York's RDA Matrix;
- (2) the HTDMD link;
- (3) "2025 Data Rubric Part C," which shows how OSEP calculated the State's "Timely and Accurate State-Reported Data" score in the Compliance Matrix; and

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The Department of Education's mission is to promote student achievement and preparation for global competitiveness by fostering educational excellence and ensuring equal access.

- (4) "Dispute Resolution 2023-2024," which includes the IDEA Section 618 data that OSEP used to calculate the State's "Timely State Complaint Decisions" and "Timely Due Process Hearing Decisions" scores in the Compliance Matrix.

As noted above, New York's 2025 determination is Meets Requirements. A State's 2025 RDA Determination is Meets Requirements if the RDA Percentage is at least 80%, unless the Department has imposed Specific Conditions on the State's last three IDEA Part C grant awards (for FFYs 2022, 2023, and 2024), and those Specific Conditions are in effect at the time of the 2025 determination.

The Secretary is considering modifying the factors the Department will use in making its determinations in June 2026 and beyond, as part of the Administration's priority to empower States in taking the lead in developing and implementing policies that best serve children with disabilities, and empowering parents with school choice options. As we consider changes to data collection and how we use the data reported to the Department in making annual IDEA determinations, OSEP will provide parents, States, entities, and other stakeholders with an opportunity to comment and provide input through a variety of mechanisms.

For the FFY 2024 SPP/APR submission due on February 1, 2026, OSEP is providing the following information about the IDEA Section 618 data. The 2024-25 IDEA Section 618 Part C data submitted as of the due date will be used for the FFY 2024 SPP/APR and the 2026 IDEA Part C Results Matrix and data submitted during correction opportunities will not be used for these purposes. States will not be able to resubmit their IDEA Section 618 data after the due date. The 2024-25 IDEA Section 618 Part C data that States submit will automatically be prepopulated in the SPP/APR reporting platform for Part C SPP/APR Indicators 2, 5, 6, 9, and 10 (as they have in the past). Under EDFacts Modernization, States are expected to submit high-quality IDEA Section 618 Part C data that can be published and used by the Department as of the due date. States are expected to conduct data quality reviews prior to the applicable due date. OSEP expects States to take one of the following actions for all business rules that are triggered in the appropriate EDFacts system prior to the applicable due date: 1) revise the uploaded data to address the edit; or 2) provide a data note addressing why the data submission triggered the business rule. States will be unable to submit the IDEA Section 618 Part C data without taking one of these two actions. There will not be a resubmission period for the IDEA Section 618 Part C data.

As a reminder, New York must report annually to the public, by posting on the State lead agency's website, on the performance of each early intervention service (EIS) program located in New York on the targets in the SPP/APR as soon as practicable, but no later than 120 days after New York's submission of its FFY 2023 SPP/APR. In addition, New York must:

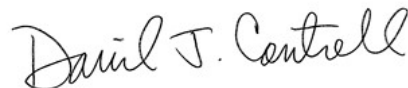
- (1) review EIS program performance against targets in New York's SPP/APR;
- (2) determine if each EIS program "meets the requirements" of Part C, or "needs assistance," "needs intervention," or "needs substantial intervention" in implementing Part C of the IDEA;
- (3) take appropriate enforcement action; and
- (4) inform each EIS program of its determination.

Further, New York must make its SPP/APR available to the public by posting it on the State lead agency's website. Within the upcoming weeks, OSEP will be finalizing a State Profile that:

- (1) includes New York's determination letter and SPP/APR, OSEP attachments, and all State attachments that are accessible in accordance with Section 508 of the Rehabilitation Act of 1973; and
- (2) will be accessible to the public via the ed.gov website.

OSEP appreciates New York's efforts to improve results for infants and toddlers with disabilities and their families and looks forward to working with New York over the next year as we continue our important work of improving the lives of children with disabilities and their families. Please contact your OSEP State Lead if you have any questions, would like to discuss this further, or want to request technical assistance.

Sincerely,



David J. Cantrell
Deputy Director
Office of Special Education Programs

cc: State Part C Coordinator