

Mississippi's Early Intervention System



FFY 2012 Part C Annual Performance Report & Improvement Activities

PREPARED FOR
THE UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION PROGRAMS

Submitted by
Mississippi State Department of Health
Health Services
Office of Child and Adolescent Health
Early Intervention Division

**ANNUAL REPORT CERTIFICATION OF THE
INTERAGENCY COORDINATING COUNCIL
UNDER PART C OF THE
INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA)**

Under IDEA Section 641(e)(1)(D) and 34 CFR §303.604(c), the Interagency Coordinating Council (ICC) of each jurisdiction that receives funds under Part C of the IDEA must prepare and submit to the Secretary of the U.S. Department of Education (Department) and to the Governor of its jurisdiction an annual report on the status of the early intervention programs for infants and toddlers with disabilities and their families operated within the State. The ICC may either: (1) prepare and submit its own annual report to the Department and the Governor, or (2) provide this certification with the State lead agency's Annual Performance Report (APR)¹ under Part C of the IDEA. This certification (including the annual report or APR) is due no later than February 3, 2014.

On behalf of the ICC of the State/jurisdiction of _____, I hereby certify that the ICC is: [please check one]

1. Submitting its own annual report for FFY 2012 (which is attached); or
2. Using the State's Part C APR for FFY 2012 in lieu of submitting the ICC's own annual report. By completing this certification, the ICC confirms that it has reviewed the State's Part C APR for accuracy and completeness.²

I hereby further confirm that a copy of this Annual Report Certification and the annual report or APR has been provided to our Governor.



Signature of ICC Chairperson

1-17-2014

Date

Smiller@mac.dmh.ma.gov

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¹ Under IDEA Sections 616(b)(2)(C)(ii)(II) and 642 and under 34 CFR §80.40, the lead agency's APR must report on the State's performance under its State performance plan and contain information about the activities and accomplishments of the grant period for a particular Federal fiscal year (FFY).

² If the ICC is using the State's Part C APR and it disagrees with data or other information presented in the State's Part C APR, the ICC must attach to this certification an explanation of the ICC's disagreement and submit the certification and explanation no later than February 3, 2014.

**FFY 2012
Part C Annual Performance Report (APR) &
State Performance Plan/Improvement Activities**

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February 3, 2014

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

Overview of the Annual Performance Report Development:

Mississippi's Annual Performance Report (APR) was developed in collaboration with the lead agency staff, the State Interagency Coordinating Council (SICC) members, and stakeholders representing service providers, families, childcare centers, Head Start, and other community leaders. The information was gathered through both informal and formal meetings; during Health District staff meetings; at training sessions; through conversations with parents, staff, service providers, and other stakeholders; during technical assistance (TA) and monitoring visits; and through a comment section added to the Early Intervention Program's (EIP) family survey. Based on the informal and formal information, SICC members/Stakeholders reviewed data and approved revisions to the improvement activities/strategies. The core team of individuals from the lead agency, who compiled the information for the APR, attended the Office of Special Education Programs (OSEP) sponsored conferences, participated in the conference calls, or sought guidance from the Southeast Regional Resource Center (SERRC), Early Childhood Technical Assistance (ECTA) Center, Infant and Toddler Coordinator Association (ITCA), The National Center for Appropriate Dispute Resolution and Special Education (CADRE), Dispute Resolution Group, and the National Early Childhood Technical Assistance Center (NECTAC). The OSEP state contact, Kate Moran, provided technical support and direction.

The guidance and support necessary to design and implement needed changes are being provided by OSEP, SERRC, NECTAC, CADRE, ECTA, and other state agencies. The technical assistance has addressed program improvement activities/strategies, Primary Service Provider Model, general supervision strategies, transition components, child and family outcomes, data validity/quality, and fiscal management.

Data reported for this APR were gathered primarily through the First Steps Information System (FSIS) database. Improvements to the database have (1) made data entry more comprehensive; (2) provided tools to assist Central Office (CO) when monitoring district staff; and (3) assisted district staff in managing their data entry and case management.

The SICC reviews the final draft of the APR document each year and provides feedback suggestions for improvement activities and approval for submission to OSEP. In addition, data compiled for the APR has been and will continue to be shared with the SICC quarterly. The SICC meeting held on January 17, 2014, reviewed the final FFY 2012 APR before submission to OSEP.

The MS Early Intervention Program's (EIP) APR and State Performance Plan (SPP) are published on the MS State Department of Health's (MSDH) website, http://msdh.ms.gov/msdhsite/_static/41,0,74,63.html, upon its completion and submission to OSEP. The MS EIP reported the FFY 2011 APR to the public on performance of each early intervention services (EIS) program in the State against the State's targets in its Part C – SPP on November 30, 2012. The 2012 SPP was reviewed and revised to include improvement activities/strategies required by OSEP for this last reporting cycle of the five year APR/grant period.

As per OSEP requirements, MS EIP reported to the public on the performance of each EI program in meeting the measurable and rigorous targets found in the Part C SPP. The status of their "determination" was based on criteria assigned to each of the four levels of determination, i.e., Meets Requirements, Needs Assistance, Needs Intervention, or Needs Substantial Intervention. Notification of determination was made to each EI program and follow-up provided as required. Progress Report data and Result Focus information were also presented to the SICC during quarterly meetings.

The MS EIP worked diligently to remove all findings from FFY 2011 and is no longer under "Special Conditions" with OSEP during this current reporting period. MS EIP was able to report compliance data on the provision of the timely services requirement (Indicator 1) and is no longer required to submit progress reports to OSEP. However, the 2012 APR requires the program to include improvement activities/strategies in its annual SPP.

**Part C State Annual Performance Report (APR) for FFY 2012
OVERVIEW OF THE ANNUAL PERFORMANCE REPORT DEVELOPMENT:**

See page 1 above.

Monitoring Priority: Early Intervention Services in Natural Environments

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

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

Measurement:

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

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

FFY	Measurable Rigorous Target	Actual Data for FFY 2012:	
2012	100%	<p>Number:</p> <p>477 infants and toddlers received the early intervention services on their IFSPs in a timely manner out of 555 infants and toddlers.</p> <p>57 infants' and toddlers' early intervention services on their IFSPs had documented delays attributable to exceptional family circumstances and were included in the numerator and denominator.</p> <p>21 infants' and toddlers' early intervention services were not delivered in a timely manner due to program issues and were subtracted from the numerator above.</p> <p>Calculation: $(534 \div 555 \times 100 = 96.2\%)$</p> <p style="text-align: center;">96%</p>	<p>Target:</p> <p>Not Met</p>

<i>REPORT OF PROGRESS - INDICATOR 1</i>				
	Actual Data 2009 – 2010	Actual Data 2010 – 2011	Actual Data 2011 – 2012	Actual Data 2012 – 2013
<p>Indicator 1: Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner</p>	76%	87%	95%	96%

The quarterly data collection (April 1, 2013 through June 30, 2013) accurately reflects the population that MS EIP serves and the activities that occurred throughout the year. The MS EIP has collected the data and reported in Progress Reports during this fiscal year to OSEP. The MS EIP timely data averaged 96% for the complete year.

DISCUSSION OF IMPROVEMENT ACTIVITIES COMPLETED AND EXPLANATION OF PROGRESS OR SLIPPAGE THAT OCCURRED FOR FFY 2012:

MS EIP has made significant progress toward the target of 100% over the last few years; however, the program has not met the target of 100%. The percent of children with all new services on time increased from 95% to 96%. This includes all new early intervention services from both initial IFSPs and subsequent IFSPs during FFY 2012 (April 1, 2013 – June 30, 2013). Timely service data entries have improved and show valid and reliable documentation statewide. Intense on-sight record reviews and data pulls were completed by Technical Assistants to ensure that data was reported accurately and timely. This contributed to an additional percentage increase in timely provision of services.

Central Office (CO) staff, including a Quality Monitor, drilled down on the high numbers of family based circumstances and reviewed children’s records in the nine health districts to verify justifications. Family based justifications, which were valid reasons, in the child’s record and in the First Steps Information System (FSIS) included the following: family moved or relocated without a forwarding address, missed appointments, hospitalization of the child, death of family member, catastrophic events (house fire, etc.), or delayed services based upon the family’s request.

Tickler reports continue to be available in the child database to remind district staff to secure services for children in a timely manner. MS EIP continues to implement strategies in each health district to secure needed services. The above activities contribute to the increase in services being initiated in a timely manner. Improvement strategies were implemented to secure paperwork necessary for Insurance and Medicaid, which contribute to timely services. Health Districts’ staff continues to collaborate with physicians to stress the importance of completing the Certificate of Medical Necessity (CMN) forms or prescriptions in a timely manner for initiation of services. Completed CMN forms or prescriptions are required before therapists can initiate services.

CORRECTION OF FFY 2011 FINDINGS OF NONCOMPLIANCE (IF STATE REPORTED LESS THAN 100% COMPLIANCE):

Level of compliance (actual data) State reported for FFY 2011 for this indicator: 95%

1. Number of findings of noncompliance the State made during FFY 2011 (the period from July 1, 2011, through June 30, 2012)	9
2. Number of FFY 2011 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	9
3. Number of FFY 2011 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	0

CORRECTION OF FFY 2011 FINDINGS OF NONCOMPLIANCE NOT TIMELY CORRECTED (CORRECTED MORE THAN ONE YEAR FROM IDENTIFICATION OF THE NONCOMPLIANCE):

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

VERIFICATION OF CORRECTION OF FFY2011 FINDINGS:

Verification of correction was completed in all nine Health Districts within the one year timeline. These Health Districts (1) are correctly implementing the timely service provision requirements (i.e., achieved 100% compliance) in 34 CFR §§303.340(c), 303.342(e), and 303.344(f)(1) based on updated data subsequently collected through on-site monitoring or the State data system; and (2) have initiated services, although late, for any child whose services were not initiated in a timely manner, unless the child is no longer within the jurisdiction of the EI program, consistent with OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02).

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

Verification of correction was done using data collected through on-site monitoring or submission of documentation to the Central Office for verification. Documentation for verification is determined by the Central Office and must be submitted to the Central Office within 48 hours of the request. Data was collected and reviewed on 10% of randomly selected records within each Health District that should have had services initiated within 2-3 months prior to the correction of verification visit. In smaller Health Districts, at least 5 records were reviewed, even if that number exceeded the ten percent. The verification of correction process ensured that the corrective action plan was being implemented and verified that the Health District had initiated services, although late, for any child whose services were not initiated in a timely manner, unless the child is no longer within the jurisdiction of the EI program. Intense technical assistance (TA) on timely service delivery was also provided by Technical Assistants to districts with low percentages of meeting the 30 day timeline for service delivery.

Additional Information Required by the OSEP APR Response Table for this Indicator:

Statement from the Response Table	State's Response
<p>Because the State reported less than 100% compliance for FFY 2011, the State must report on the status of correction of noncompliance identified in FFY 2011 for this indicator. When reporting on the correction of noncompliance, the State must report, in its FFY 2012 APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2011 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2012 APR, the State must describe the specific actions that were taken to verify the correction.</p>	<p>Mississippi verified correction of non-compliance through record reviews, updated data, and focused on-site monitoring, consistent with OSEP 09-02. Health District I corrected non-compliance on March 19, 2013, Health Districts II & III on April 13, 2013, Health District IV on March 27, 2013, Health District V on May 31, 2013, Health District VI on April 11, 2013, Health District VII on April 15, 2013, Health District VIII on April 22, 2013, and Health District IX on April 17, 2013.</p> <p>The percent of children with all new services on time or delayed due to exceptional family circumstances increased from 95% to 96%. Clearance of these FFY 2011 finding was verified by OSEP.</p> <p>The State revised the improvement activities for FFY 2012 for this indicator and OSEP accepted those revisions. The timely service provision requirements under this indicator were the subject of Special Conditions on Mississippi's FFY 2012 IDEA Part C grant award. In a memorandum to the State, dated June 12, 2013, OSEP informed the State that the Department was removing the Special Conditions on the State's FFY 2012 grant under Part C of IDEA, effective as of the June 12, 2013 date of OSEP's memorandum.</p>

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2012 (if applicable).

Please see the Improvement Activities attached.

**Part C State Annual Performance Report (APR) for FFY 2012
OVERVIEW OF THE ANNUAL PERFORMANCE REPORT DEVELOPMENT:**

See page 1 above.

Monitoring Priority: Early Intervention Services in Natural Environments

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

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

Measurement:

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

FFY 2012	Measurable Rigorous Target	Actual Target Data for FFY 2012:	
	95%	<p>Number: 1840 children out of 1967 received services in the home or community based settings.</p> <p>Calculation: (1840 ÷ 1967 x 100 = 94%)</p> <p>Explanation of numbers from Section 618 report:</p> <p style="margin-left: 40px;">173 Number in community-based settings + 1667 Number in home <u>1840 Total in home & community-based settings</u> 1967 Total served overall</p> <p align="center">94%</p>	<p>Target: Not Met</p>

REPORT OF PROGRESS - INDICATOR 2				
	Actual Data 2009 – 2010	Actual Data 2010 – 2011	Actual Data 2011 – 2012	Actual Data 2012 – 2013
Indicator 2: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	97%	97%	95%	94%

DISCUSSION OF IMPROVEMENT ACTIVITIES COMPLETED AND EXPLANATION OF PROGRESS OR SLIPPAGE THAT OCCURRED FOR FFY 2012:

While MS EIP did not meet the target of 95% in providing services to children in the natural environment, MS EIP is at 94% for infants and toddlers who received early intervention services primarily in the home or a community setting. Monitoring and TA staff (at the Central Office and local level) reviewed justifications of services provided in other settings, through drill downs of the data to identify barriers and non-compliance. Tools that were used to verify the validity of the data included data reviews/verification, desk top audits, and/or record reviews that were completed during field visits. Slippage from 95% in FFY 2011 to 94% in FFY 2012 continues to be contributed to difficulties in maintaining service providers who are willing to provide services in natural environments. The MS Delta (rural area) is one of the most critical areas in the state that lacks providers in the natural environment. Efforts continue to be made in these areas to sustain providers as well as recruit new providers.

MS EIP continues to partner with Excel by Five to increase services in natural environments. Excel by Five serves Health Districts IV, VII, VIII, & IX, and is expanding into other Health Districts to provide services in natural environments. MS EIP also continues its collaboration with Early Head Start and childcare programs regarding EIP providers serving children in those community settings. Outreach activities to recruit service providers (students who could be potential providers) have been ongoing statewide with universities and colleges with PT, OT, SLP, and SI programs. MS EIP continues to strategize and implement activities to potentially increase services in the natural environment.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2012 (if applicable).

Please see the Improvement Activities attached.

**Part C State Annual Performance Report (APR) for FFY 2012
OVERVIEW OF THE ANNUAL PERFORMANCE REPORT DEVELOPMENT:**

See page 1 above.

Monitoring Priority: Early Intervention Services in Natural Environments

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

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

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

Measurement:

Progress categories for A, B and C:

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

Summary Statements for Each of the Three Outcomes (use for FFY 2011-2012 reporting):

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

Measurement for Summary Statement 1: Percent = $[\# \text{ of infants and toddlers reported in progress category (c) plus } \# \text{ of infants and toddlers reported in category (d)}] \div [\# \text{ of infants and toddlers reported in progress category (a) plus } \# \text{ of infants and toddlers reported in progress category (b) plus } \# \text{ of infants and toddlers reported in progress category (c) plus } \# \text{ of infants and toddlers reported in progress category (d)}] \times 100$.

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 = $[\# \text{ of infants and toddlers reported in progress category (d) plus } \# \text{ of infants and toddlers reported in progress category (e)}] \div [\text{total } \# \text{ of infants and toddlers reported in progress categories (a) + (b) + (c) + (d) + (e)}] \times 100$.

MEASURABLE AND RIGOROUS TARGETS FOR INFANTS AND TODDLERS EXITING IN FFY2012 (2011-12) AND ACTUAL DATA

Summary Statements	Target %	Actual FFY 2010 (% of children)	Actual FFY 2011 (% of children)	Actual FFY 2012 (% of children)
Outcome A: Positive social-emotional skills (including social relationships)				
1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they exited the program. Formula: c+d/ a+b+c+d	78%	90%	83%	88%
2. The percent of children who were functioning within age expectations in Outcome A by the time they exited the program. Formula: d+e/ a+b+c+d+e	68%	64%	65%	64%
Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)				
1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they exited the program. Formula: c+d/ a+b+c+d	84%	88%	82%	86%
2. The percent of children who were functioning within age expectations in Outcome B by the time they exited the program. Formula: d+e/ a+b+c+d+e	70%	63%	66%	64%
Outcome C: Use of appropriate behaviors to meet their needs				
1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they exited the program. Formula: c+d/ a+b+c+d	86%	89%	82%	86%
2. The percent of children who were functioning within age expectations in Outcome C by the time they exited the program. Formula: d+e/ a+b+c+d+e	75%	69%	65%	63%

Progress Data for Part C Children FFY 2012:

A. Positive social-emotional skills (including social relationships):	FFY 2012 Number of children	FFY 2012 % of children
a. Percent of children who did not improve functioning	5	0.5%
b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	87	7.8%
c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach	313	28.2%
d. Percent of children who improved functioning to reach a level comparable to same-aged peers	377	34.0%
e. Percent of children who maintained functioning at a level comparable to same-aged peers	327	29.5%
Total	N=1109	100%
B. Acquisition and use of knowledge and skills (including early language/communication and early literacy):	FFY 2012 Number of children	FFY 2012 % of children
a. Percent of children who did not improve functioning	6	0.5%
b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	98	8.8%
c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach	301	27.1%
d. Percent of children who improved functioning to reach a level comparable to same-aged peers	354	31.9%
e. Percent of children who maintained functioning at a level comparable to same-aged peers	350	31.6%
Total	N=1109	100%
C. Use of appropriate behaviors to meet their needs:	FFY 2012 Number of children	FFY 2012 % of children
a. Percent of children who did not improve functioning	10	0.9%
b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	104	9.4%
c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach	301	27.1%
d. Percent of children who improved functioning to reach a level comparable to same-aged peers	411	37.1%
e. Percent of children who maintained functioning at a level comparable to same-aged peers	283	25.5%
Total	N=1109	100%

Discussion of Summary Statements and a-e Progress Data for FFY 2012:

- Data in FFY 2012 compared to data in FFY 2011 showed progress in summary statements A1 (5% increase), B1 (4% increase), and C1 (4% increase). In FFY 2012, an additional 131 children were served compared to FFY 2011. This data provides an accurate representation of the children that the MS EIP serves.

- Targets were met for summary statements A1, B1, and C1. The targets were not met for summary statements A2, B2, and C2. The validity and reliability of the data were improved through ongoing training with the EIP staff and providers statewide. The MS EIP is in line with the national data averages.
- This year the MS EIP captured child outcome ratings on 1109 children, which is an increase of 13% in comparison to last year's reporting of data. The state continues to collect entry and exit data on children that are enrolled in the program for at least six (6) months.

DISCUSSION OF IMPROVEMENT ACTIVITIES COMPLETED AND EXPLANATION OF PROGRESS OR SLIPPAGE THAT OCCURRED FOR FFY 2012:

The MS EIP met its targets for summary statements A1, B1, and C1. The program did not meet targets for summary statements A2, B2, or C2. However, the validity and the reliability of the entry and exit data increased compared to last year's data. Central Office staff is drilling down on child outcomes data in each district to identify and address issues regarding summary statements A2, B2, and C2. One of the barriers identified is an increase in children not meeting the child's functioning level to age expectation before exiting the program. This is a result of the MS EIP changing its eligibility criteria from a 25% delay in one or more areas to a 33% delay in one area or a 25% delay in two or more areas. The criteria change was fully implemented in FFY 2012 and more children with substantial delays and/or disabilities (potentially may not meet developmental milestones) were identified and served by the MS EIP.

In FFY 2012 and FFY 2013, the MS EIP district level staff continued providing Child Outcome and Child Development trainings to address methods and best practices for enhancing the outcomes of children and families. In FFY 2013, ongoing technical assistance and staff meetings also continue to be provided to new Service Coordinators, new service providers, and to existing staff and providers (as needed) to emphasize the importance of entering entry and exit data accurately. Central Office and District staff continues to clean-up reports to remind Service Coordinators to enter entry and exit child outcomes data in the database. Child Outcomes ratings and Present Level of Developments (PLOD) are also embedded within the IFSP development.

The "Results Focus Improvement Plan" was established in MS in FFY 2011 to focus on improving child outcomes. The program's intent continues to be improvement in the overall development of all children by improving the service delivery model. Activities were developed and have been implemented statewide. In FFY 2012, Primary Service Provider Model workshops were held statewide. These workshops reiterated the importance of evidence based practices on how to develop a primary service provider model to enhance the development of children. Also in FFY 2012, a CD was developed by the University of MS to educate potential service providers and universities/colleges that have PT, OT, ST, Special Education Programs, and early childhood programs on early intervention services. In FFY 2013, these CDs were disseminated to universities/colleges to distribute to students that may become potential EI service providers. These activities promoted public awareness of EIP and the program's efforts to obtain and retain quality service providers to enhance the results of child outcomes.

In the Spring of 2014, the Early Childhood Technical Assistance (ECTA) Center will provide training to SCs, evaluation teams, and service providers on how to correlate PLOD ratings/scores into the child outcomes, goals, and activities in the IFSP development. Ongoing training will continue to be provided by TAs to enhance competency of district staff and service providers in rating PLOD for infants/toddlers that may be potentially eligible for early intervention services.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2012 (if applicable).

Please see the Improvement Activities attached.

**Part C State Annual Performance Report (APR) for FFY 2012
OVERVIEW OF THE ANNUAL PERFORMANCE REPORT DEVELOPMENT:**

See page 1 above.

Monitoring Priority: Early Intervention Services in Natural Environments

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

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

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

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.

Measurable and Rigorous Target and Actual Target Data	FFY 2012 Baseline Target	FFY 2012 Actual	
		#	%
A. Know their rights	95%	842	93%
B. Effectively communicate their children's needs	95%	841	96%
C. Help their children develop and learn	95%	841	94%

Some families did not answer all of the questions on the survey; therefore, there was a difference in the "total" number of responses.

Actual Target Data	FFY 2009	FFY 2010	FFY 2011	FFY 2012
A. Know their rights	83%	85%	92%	93%
B. Effectively communicate their children's needs	86%	88%	92%	96%
C. Help their children develop and learn	88%	85%	89%	94%

4 (A) Know their rights

Questions Q1- Q5- 93% of the 842 families participating in Part C reported on the survey that they “know their rights” regarding early intervention services. Mississippi improved its percentage by 1%; however, the state did not meet the target of 95%.

4(B) Effectively communicate their children’s needs

Questions Q6-Q11- 96% of the 841 families (participating in Part C) reported on the survey that they can “effectively communicate their children’s needs” regarding early intervention services. Mississippi met the state’s target and has improved the target by 4% from FFY 2011.

4 (C) Help their children develop and learn

Questions Q12-Q17- 94% of the 841 families (participating in Part C) reported on the survey that early intervention services have “helped their children develop and learn”. Mississippi did not meet the state’s target of 95%; however, there was a substantial increase from 89% in FFY 2011 to 94% in FFY 2012.

Survey Procedure:

Surveys were mailed to SCs from Central Office on February 28, 2013. SCs hand delivered the surveys in March 2013 to every family who had a child active in the program on February 1, 2013. Thirty-five percent (35%) of surveys (843 out of 2,414) were returned to CO with responses. CO staff correctly entered returned surveys and double-checked the data to ensure its validity and reliability. There was a 1% increase in the number of surveys returned this FFY 2012 compared to last FFY 2011. The chart (below) details the numbers and percentages of elements captured on the survey.

Comparison of response rates among families in target population and families who responded by race/ethnicity

Race/Ethnicity	Number of surveys given to families	% of EI population	Number of families who responded	% of EI survey return rate	Response rate
American Indian or Alaskan	8	.3%	2	.2%	25%
Asian	27	1.1%	7	.8%	26%
Black or African American	1100	45.6%	416	49.3%	38%
Hawaiian Islander	1	.04%	1	0.1	100%
Hispanic	56	2.3%	33	3.9%	59%
White	1178	48.8%	369	43.8%	31%
2 or more races	44	1.8%	15	1.8%	34%
State Total	2414		843		35%

DISCUSSION OF IMPROVEMENT ACTIVITIES COMPLETED AND EXPLANATION OF PROGRESS OR SLIPPAGE THAT OCCURRED FOR FFY 2012:

MS implemented improvement strategies to enhance the response and return rates of the Family Outcome Surveys. MS will continue to implement these strategies in an attempt to meet all targets. In comparison of data reported in FFY 2011 and FFY 2012, there was (a.) 1% increase in families that reported early intervention services have assisted them in knowing their rights; (b.) 4% increase in families that reported early intervention services have assisted their family in effectively communicating their children's needs; and (c.) 5% increase in families who reported that early intervention services have educated them to help their children develop and learn.

MS EIP accomplished an increase of 1% in the return rate of the surveys. Family Outcome Surveys were hand delivered by SCs to families and the SCs explained the importance of completing the surveys and returning the surveys to Central Office in a self addressed envelope. The cover letter included contact information for the Mississippi Parent Training and Information Center (MS PTI) as well as for Hispanic and Native American interpreters. These resources were provided to families for assistance in completing the survey (if needed). The rate of return is 45% among the races and ethnic groups in the State.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2012 (if applicable).

Please see the Improvement Activities attached.

**Part C State Annual Performance Report (APR) for FFY 2012
OVERVIEW OF THE ANNUAL PERFORMANCE REPORT DEVELOPMENT:**

See page 1 above.

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Measurement:

Percent = [(# of infants and toddlers birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to1)] times 100 compared to national data.

618 Data for DECEMBER 1, 2012			
FFY 2011	Population of Infants/Toddlers <1	Infants/Toddlers <1 with an IFSP	
		#	%
State	39,651	212	.53%
Measurable Rigorous Target			0.75%
National Data			1.06%

REPORT OF PROGRESS - INDICATOR 5			
	Actual Data 2010 - 2011	Actual Data 2011 - 2012	Actual Data 2012 - 2013
Percent of infants and toddlers birth to 1 with IFSPs compared to national data	.74%	.57%	.53%

EI Children served Birth through One FFY 2012

District	FFY 2011 #	FFY 2012 #
I	28	19
II	34	17
III	17	18
IV	36	27
V	32	35
VI	25	12
VII	26	29
VIII	28	24
IX	48	31
State Total	230	212

DISCUSSION OF IMPROVEMENT ACTIVITIES COMPLETED AND EXPLANATION OF PROGRESS OR SLIPPAGE THAT OCCURRED FOR FFY 2012:

The MS EIP did not meet its target for serving infants/toddlers from birth through one. Each calendar year there continues to be a decrease in the birth population in Mississippi. MS EIP conducted a drill down of the data to identify other potential reasons for the reduction in referrals to the program.

The MS EIP changed its eligibility criteria during late FFY 2011 from a 25% delay in one or more areas of development to a 33% delay in one area of development or a 25% delay in two or more areas. FFY 2012 was the first complete fiscal year that the program fully implemented its new eligibility criteria. The program saw a decline in the number of infants birth to one. The MS EIP continues to receive fewer referrals from Head Start, LEAs, Mental Health EIPs, medical health clinics, and pediatricians. Pediatricians still remain the largest referral source for the program. The MS EIP continues to collaborate with pediatric clinics regarding referrals of children and their families to the program and is building Child Find capacity statewide with other entities. The program is establishing additional relationships with internal and external partners (universities, colleges, pediatric clinics, daycare facilities, and others) to promote awareness of the program through joint health fairs, collaborative trainings, etc.

In FFY 2012, the MS EIP met twice with administrative staff, which included pediatricians and neonatologists, at the University of MS Medical Center (UMMC) regarding the importance of early intervention services for infants/toddlers with potential developmental delays. UMMC is the primary training program in the state of MS for pediatricians and neonatologists. A pediatrician is now included on the University of Southern MS's (USM) evaluation team to provide expertise during assessments and eligibility determinations of infants/toddlers. This pediatrician will also be a resource to other pediatricians and neonatologists statewide regarding the referral process to the MS EIP.

The program partners internally with the Genetics Program and the Children's Medical Program (CMP) regarding sharing information and providing each other's resources to families of children with disabilities. The Early Hearing Detection and Intervention (EHDI) Program is under the umbrella of the EIP and refers infants/toddlers with hearing loss and/or other developmental delays/disabilities to the program. The EHDI staff works closely with the EIP staff in providing services and resources to families of children with hearing loss.

Strategies and activities (joint health fairs, collaborative trainings, in-service trainings at local entities, and increased visits with medical clinics, etc.) have been developed and are being implemented in the Health Districts to enhance performance on this indicator. District Coordinators and Service Coordinators have begun to submit quarterly reports of public awareness activities to the Central Office. The CO staff tracks Child Find activities to assist with efforts in identifying infants/toddlers with special needs and also provides TA, as needed. According to the EIP December 1, 2013 child count, the number of referrals has increased and the program expects the numbers to steadily increase due to enhanced Child Find activities.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2012 (if applicable).

Please see the Improvement Activities attached.

**Part C State Annual Performance Report (APR) for FFY 2012
OVERVIEW OF THE ANNUAL PERFORMANCE REPORT DEVELOPMENT:**

See page 1 above.

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Measurement:

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

618 Data for DECEMBER 1, 2012			
FFY 2011	Population of Infants/Toddlers <3	Infants/Toddlers <3 with an IFSP	
		#	%
State	119,190	1,967	1.65%
Measurable Rigorous Target			1.98%
National Data			2.77%

REPORT OF PROGRESS - INDICATOR 6			
	Actual Data 2009 – 2010	Actual Data 2011 – 2012	Actual Data 2012 – 2013
Percent of infants and toddlers birth to 3 with IFSPs compared to national data	1.66%	1.74%	1.65%

EI Children served Birth through Two FFY 2011 and FFY 2012

District	FFY 2011	FFY 2012
I	219	212
II	236	239
III	149	139
IV	206	174
V	347	308
VI	182	165
VII	190	176
VIII	241	244
IX	352	310
State Total	2122	1967

DISCUSSION OF IMPROVEMENT ACTIVITIES COMPLETED AND EXPLANATION OF PROGRESS OR SLIPPAGE THAT OCCURRED FOR FFY 2012:

The MS EIP did not meet its target for serving infants/toddlers from birth through two. MS EIP did conduct a drill down of the data to identify other potential reasons for the reduction in referrals to the program.

The MS EIP changed its eligibility criteria during late FFY 2011 from a 25% delay in one or more areas of development to a 33% delay in one area of development or a 25% delay in two or more areas. FFY 2012 was the first complete fiscal year that the program implemented its new eligibility criteria. The MS EIP continues to receive fewer referrals from Head Start, LEAs, Mental Health EIPs, medical health clinics, and pediatricians. Pediatricians still remain the largest referral source for the program. The MS EIP continues to collaborate with pediatric clinics regarding referring children and their families to the program and also is building Child Find capacity statewide with other entities. The program is establishing additional relationships with internal and external partners (universities, colleges, pediatric clinics, daycare facilities, and others) to promote awareness of the program through joint health fairs, collaborative trainings, etc.

In FFY 2012, the MS EIP met twice with administrative staff, which included pediatricians and neonatologists, at the University of MS Medical Center (UMMC) regarding the importance of early intervention services for infants/toddlers with potential developmental delays. UMMC is the primary training program in the state of MS for pediatricians and neonatologists. A pediatrician is now included on the University of Southern MS's (USM) evaluation team to provide expertise during assessments and eligibility determinations of infants/toddlers. This pediatrician will also be a resource to other pediatricians and neonatologists statewide regarding the referral process to the MS EIP.

The program partners internally with the Genetics Program and the Children's Medical Program (CMP) regarding sharing information and providing each other's resources to families of children with disabilities. The Early Hearing Detection and Intervention (EHDI) Program is under the umbrella of the EIP and refers infants/toddlers with hearing loss and/or other developmental delays/disabilities to the program. The EHDI staff works closely with the EIP staff in providing services and resources to families of children with hearing loss.

Strategies and activities (joint health fairs, collaborative trainings, in-service trainings at local entities, and increased visits with medical clinics, etc.) have been developed and are being implemented in the Health Districts to enhance performance on this indicator. District Coordinators and Service Coordinators have begun to submit quarterly reports of public awareness activities to the Central Office. The CO staff tracks Child Find activities to assist with efforts in identifying infants/toddlers with special needs and also provides TA, as needed. According to the EIP December 1, 2013 child count, the number of referrals has increased and the program expects the numbers to steadily increase due to enhanced Child Find activities.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2012 (if applicable).

Please see the Improvement Activities attached.

**Part C State Annual Performance Report (APR) for FFY 2012
OVERVIEW OF THE ANNUAL PERFORMANCE REPORT DEVELOPMENT:**

See page 1 above.

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Measurement:

Percent = [(# of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline) divided by the (# of eligible infants and toddlers evaluated and assessed] times 100. Account for untimely evaluations, assessments, and initial IFSP meetings, including the reasons for delays.

FFY	Measurable Rigorous Target	Actual Data for FFY 2012:	
2012	100%	<p>Number: 267 eligible infants/toddlers had E/As & initial IFSPs <u>required</u> within 45 days, out of 340 total eligible infants and toddlers for whom the initial IFSP meeting was required during the reporting period.</p> <p>64 IFSPs had exceptional family circumstances and are included in the numerator and denominator above.</p> <p>9 IFSPs were over 45 days due to a program delay.</p> <p>Calculation: $(331 \div 340 \times 100 = 97\%)$</p> <p align="center">97%</p>	<p>Target: Not Met</p>

REPORT OF PROGRESS - INDICATOR 7				
	Actual Data 2009 – 2010	Actual Data 2010 – 2011	Actual Data 2011 – 2012	Actual Data 2012 – 2013
Indicator 7: Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	92%	94%	96%	97%

The quarterly data collection (April 1, 2013 through June 30, 2013) accurately reflects the population that MS EIP serves and the activities that occurred throughout the year. The MS EIP has collected the data and reported in Progress Reports during this fiscal year to OSEP. The MS EIP percentage of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline was 97%.

DISCUSSION OF IMPROVEMENT ACTIVITIES COMPLETED AND EXPLANATION OF PROGRESS OR SLIPPAGE THAT OCCURRED FOR FFY 2012:

The state's percentage of eligible infants/toddlers who had an initial IFSP meeting implemented in a timely manner increased from 96% in FFY 2011 to 97% in FFY 2012. The state did not meet its target of 100%; however, intense on-sight record reviews and data pulls were completed by Technical Assistants (TAs) to ensure that data was reported accurately and timely. During FFY 2012, this indicator was maintained at 97% or above throughout the year.

Central Office (CO) staff including a Quality Monitor (QM) drilled down on high numbers of family based circumstances and reviewed children's records in the nine Health Districts to verify justifications. Family based justifications, which were valid reasons, in the child's record and in the First Steps Information System (FSIS) included the following: family moved or relocated without a forwarding address, missed appointments, hospitalization of the child, death of family member, catastrophic events (house fire, etc.), or delayed services upon the family's request.

Timely IFSP development was emphasized during field visits/district meetings by CO staff, TAs, and the QM. MS EIP also monitored timely IFSP development through more intense data reviews, data verification, and follow-up (when needed) with field visits. MS EIP will continue to implement these strategies to ensure that children receive timely evaluations and IFSP development.

CORRECTION OF FFY 2011 FINDINGS OF NONCOMPLIANCE (IF STATE REPORTED LESS THAN 100% COMPLIANCE):

Level of compliance (actual data) State reported for FFY 2011 for this indicator: 97%.

1. Number of findings of noncompliance the State made during FFY 2011 (the period from a. (July 1, 2011 thru June 30, 2012)	8
2. Number of FFY 2011 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	8
3. Number of FFY 2011 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	0

CORRECTION OF FFY 2011 FINDINGS OF NONCOMPLIANCE NOT TIMELY CORRECTED

(CORRECTED MORE THAN ONE YEAR FROM IDENTIFICATION OF THE NONCOMPLIANCE):

4. Number of FFY2011 findings not timely corrected (same as the number from (3) above)	0
5. Number of FFY 2011 findings the State has verified as corrected beyond the one-year timeline ("subsequent correction")	0
6. Number of FFY 2011 findings <u>not</u> verified as corrected [(4) minus (5)]	0

VERIFICATION OF CORRECTION OF FFY 2011 FINDINGS:

Verification of correction was completed in eight Health Districts within the one year timeline. These Health Districts (1) are correctly implementing the 45-day timeline requirements (i.e., achieved 100% compliance) in 34 CFR §§303.321(e)(2), 303.322(e)(1), and 303.342(a) based on a review of updated data subsequently collected through on-site monitoring or the FSIS database; and (2) have conducted the initial evaluation, assessment, and IFSP meeting, although late, for any child for whom the 45-day timeline was not met, unless the child is no longer within the jurisdiction of the EI program, consistent with OSEP Memo 09-02.

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

Verification of correction was done using data collected through on-site monitoring or submission of documentation to the CO for verification. Required documentation is selected by CO staff and must be submitted to CO within 48 hours of the request. Data was collected and reviewed on 10% of randomly selected records within Health Districts that should have had an evaluation and assessment and an initial IFSP meeting conducted within Part C's 45-day timeline. In the smaller Health Di

stricts, at least 5 records were reviewed even if that number exceeded the ten percent. The verification of correction process ensured that the corrective action plan was being implemented and verified that the Health District had completed an evaluation and assessment and an initial IFSP, although late, for any child whose services were not initiated in a timely manner, unless the child is no longer within the jurisdiction of the EI program.

Additional Information Required by the OSEP APR Response Table for this Indicator:

Statement from the Response Table	State's Response
<p>Because the State reported less than 100% compliance for FFY 2011, the State must report on the status of correction of noncompliance identified in FFY 2011 for this indicator. When reporting on the correction of noncompliance, the State must report, in its FFY 2012 APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2011 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2012 APR, the State must describe the specific actions that were taken to verify the correction.</p>	<p>MS verified correction of non-compliance through record reviews, updated data and focused on-site monitoring, in accordance to OSEP Memo 09-02.</p> <p>Verification of correction was completed in Health District II on March 20, 2013, Health District III on March 26, 2013, Health District IV on March 14, 2013, Health District V on April 11, 2013, Health District VI on June 29, 2013, Health District VII on March 20, 2013, Health District VIII on April 18, 2013, and Health District IX on April 2, 2013.</p> <p>These Health Districts (1) are correctly implementing the 45-day timeline requirements (i.e., achieved 100% compliance) in 34 CFR §§303.321(e)(2), 303.322(e)(1), and 303.342(a) based on a review of updated data subsequently collected through on-site monitoring or a State data system; and (2) have conducted the initial evaluation, assessment, and IFSP meeting, although late, for any child for whom the 45-day timeline was not met, unless the child is no longer within the jurisdiction of the EI program, consistent with OSEP Memo 09-02.</p> <p>The percent of children with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline or delayed due to exceptional family circumstances increased from 96% to 97%. Correction of FFY 2011 findings was verified consistent to OSEP Memo 09-02.</p> <p>The State revised the improvement activities for FFY 2012 for this indicator and OSEP accepted those revisions.</p>

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2012 (if applicable).

Please see the Improvement Activities attached.

Part C State Annual Performance Report (APR) for FFY 2012
OVERVIEW OF THE ANNUAL PERFORMANCE REPORT DEVELOPMENT:

See page 1 above.

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Measurement:

- A. Percent = [(# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (#of toddlers with disabilities exiting Part C)] times 100.
- B. Percent = [(# of toddlers exiting Part C and potentially eligible for Part B where notification to the LEA occurred) divided by the (# of toddlers exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100. **Account for untimely transition conferences, including reasons for delays.**

FFY 2012	Measurable Rigorous Target	Actual Data for FFY 2012:		
	A. 100%	a. Number of children exiting Part C who have an IFSP with transition steps and services: 102 (One child's steps and services were late due to a family based justification)	Target: Met	
		b. Number of children exiting Part C: 102		
		Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday (Percent = [(a) divided by (b)] times 100) 100%		
	B. 100%	a. Number of children exiting Part C and potentially eligible for Part B where the notification to LEA occurred: 102	Target: Met	
		b. Number of children exiting Part C and potentially eligible for Part B: 102		
		Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday (Notification of LEA) (Percent = [(a) divided by (b)] times 100) 100%		
	C. 100%	a. The number of children exiting Part C and potentially eligible for Part B where the transition conference occurred: 101 # of children who had the transition conference on time: 96 # of children with late transition conferences due to family based justifications: 5 # of children with a late transition conference due to a system based reason: 1	Target: Not Met	
		b. Number of children exiting Part C who were potentially eligible for Part B: 102		
		Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday (Transition Conference) (Percent = [(a) divided by (b)] times 100) 99%		

REPORT OF PROGRESS - INDICATOR 8A				
	Actual Data 2009 – 2010	Actual Data 2010 – 2011	Actual Data 2011 – 2012	Actual Data 2012 – 2013
Indicator 8A: Percent of children exiting Part C who have an IFSP with transition steps and services	100%	100%	100%	100%

REPORT OF PROGRESS – INDICATOR 8B				
	Actual Data 2009 – 2010	Actual Data 2010 – 2011	Actual Data 2011 – 2012	Actual Data 2012 – 2013
Indicator 8B: Percent of children exiting Part C and potentially eligible for Part B where the notification to the LEA occurred	98%	100%	100%	100%

REPORT OF PROGRESS – INDICATOR 8C				
	Actual Data 2009 – 2010	Actual Data 2010 – 2011	Actual Data 2011 – 2012	Actual Data 2012 – 2013
Indicator 8C: Percent of children exiting Part C and potentially eligible for Part B where the transition conference occurred	79%	98%	100%	99%

The quarterly data collection (April 1, 2013 through June 30, 2013) accurately reflects the population that MS EIP serves and the activities that occurred throughout the year. During this quarter, children exiting Part C who had an IFSP with transition steps and services, notification to the LEA of exiting Part C, and transition conference were verified as all children potentially eligible for Part B services. There were no families who declined a transition conference.

DISCUSSION OF IMPROVEMENT ACTIVITIES COMPLETED AND EXPLANATION OF PROGRESS OR SLIPPAGE THAT OCCURRED FOR FFY 2012:

MS EIP continues to meet the target and achieved 100% in Indicators 8A and 8B. MS EIP did not meet its target in Indicator 8C. There was a slight slippage from 100% in FFY 2011 to 99% in FFY 2012. MS EIP conducted a drill down of the data and identified a system based justification for one case where the transition conference occurred after the child was 33 months of age.

Improvements to the database system continue to be made and implemented for the collection of reliable and valid data. Technical Assistance and Central Office staff continue to provide one-on-one TA in the Health Districts, as needed.

Indicator 8 B

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

Level of compliance (actual target data) State reported for FFY 2011 for this indicator: 8 B 100%

1. Number of findings of noncompliance the State made during FFY 2010 (the period from July 1, 2011, through June 30, 2012)	0
2. Number of FFY 2011 findings the State verified as timely corrected (corrected within one year from the date of notification to the EI program of the finding)	0
3. Number of FFY 2011 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	0

CORRECTION OF FFY 2011 FINDINGS OF NONCOMPLIANCE NOT TIMELY CORRECTED (CORRECTED MORE THAN ONE YEAR FROM IDENTIFICATION OF THE NONCOMPLIANCE):

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

VERIFICATION OF CORRECTION FROM FFY 2011 (EITHER TIMELY OR SUBSEQUENT):

Verification of correction was not needed due to no findings within the one year timeline. Each Health District has provided timely notification to the LEA of potentially eligible children for Part B (i.e., achieved 100% compliance) in 34 CFR §§303.340(c), 303.342(e), and 303.344(f)(1) based on updated data subsequently collected through on-site monitoring or the State data system; and (2) have received LEA notification, although late, for any child potentially eligible for Part B who did not receive LEA notification in a timely manner, unless the child is no longer within the jurisdiction of the EI program, consistent with OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02).

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

Verification of correction was not needed as identified in the above statement.

Indicator 8 C

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

Level of compliance (actual data) State reported for FFY 2011 for this indicator: 8 C 100%

1. Number of findings of noncompliance the State made during FFY 2011 (the period from July 1, 2011, through June 30, 2012)	6
2. Number of FFY 2011 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	6
3. Number of FFY 2011 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	0

CORRECTION OF FFY 2011 FINDINGS OF NONCOMPLIANCE NOT TIMELY CORRECTED (CORRECTED MORE THAN ONE YEAR FROM IDENTIFICATION OF THE NONCOMPLIANCE):

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

VERIFICATION OF CORRECTION FROM FFY2011 (EITHER TIMELY OR SUBSEQUENT):

Verification of correction was completed in six Health Districts within the one year timeline. These Health Districts (1) are correctly implementing the timely transition conference requirements in 34 CFR §303.148(b)(2)(i) (as modified by IDEA section 637(a)(9)(A)(ii)(II)) (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 conducted a transition conference, although late, for any child potentially eligible for Part B whose transition conference was not timely, unless the child was no longer within the jurisdiction of the EI program, consistent with OSEP Memo 09-02.

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

Verification of correction was done using data collected through on-site monitoring. Data was collected and reviewed on 10% of randomly selected records within Health Districts that should have had a transition conference on children exiting Part C services and potentially eligible for Part B services. In the smaller Health Districts, at least 5 records were reviewed even if that number exceeded the ten percent.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2012 (if applicable).

Please see the Improvement Activities attached.

**Part C State Annual Performance Report (APR) for FFY 2012
OVERVIEW OF THE ANNUAL PERFORMANCE REPORT DEVELOPMENT:**

See page 1 above.

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

Measurement:

Percent of noncompliance corrected within one year of identification:

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

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

States are required to use the “Indicator C 9 Worksheet” to report data for this indicator (see Attachment 1).

FFY	Measurable Rigorous Target	Actual Data for FFY 2011	
		2012	100%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that Occurred for FFY 2012¹:

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

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

1. Number of findings of noncompliance the State identified in FFY 2011 (the period from July 1, 2011, through June 30, 2012) (Sum of Column a on the Indicator C9 Worksheet)	28
2. Number of findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS programs of the finding) (Sum of Column b on the Indicator C9 Worksheet)	28
3. Number of findings <u>not</u> verified as corrected within one year [(1) minus (2)]	0

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

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

¹ In an effort to reduce reporting burden, in the FFY 2012 APR, States: 1) Are not required to provide an explanation of: a) progress; b) no change in actual target data from the data for FFY 2011; or c) slippage if the State meets its target. 2) Are not required to discuss improvement activities for: a) compliance indicators where the State reports 100% compliance for FFY 2012; and b) results indicators where the State has met its FFY 2012 target. 3) May provide one set of improvement activities for the entire APR as long as the Improvement Activities are indexed back to reference the relevant indicators.

Verification of Correction for findings of noncompliance identified in FFY 2011 (either timely or subsequent):

As specified in OSEP's FFY 2011 SPP/APR Response Table, the State must, when reporting the correction of noncompliance for Indicator 9, report that it verified that each EIS program with findings of noncompliance identified in FFY 2011: (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, consistent with OSEP Memo 09-02, dated October 17, 2008.

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

MS verified correction of findings of non-compliance through record reviews during focused onsite monitoring, data reviews through the FSIS database, and desk top audits (submission of documentation to the CO for verification). Documentation for verification is determined by the CO and must be submitted to CO within 48 hours of the request. Data was collected and reviewed on 10% of randomly selected records within Health Districts that should have had services initiated within 2-3 months prior to the correction of verification visit and/or had an evaluation and assessment and an initial IFSP meeting conducted within Part C's 45-day timeline. In smaller Health Districts, at least 5 records were reviewed, even if that number exceeded the ten percent. The verification of correction process ensured that the corrective action plan was being implemented and verified that the Health District(s) had initiated services within the 30 day timeline and/or had an evaluation and assessment and an initial IFSP meeting conducted within Part C's 45-day timeline, although late, for any child whose services were not initiated in a timely manner and unless the child is no longer within the jurisdiction of the EI program. Intense technical assistance on timely service delivery and 45 day timeline was also provided by TA staff to districts with low percentages of meeting the 30 day timeline for service delivery and meeting the 45 day timeline for an evaluation and assessment and an initial IFSP meeting.

In FFY 2012, the MS EIP's General Supervision Manual was developed in partnership with technical assistance from the South Eastern Regional Resource Center (SERRC) and the Early Childhood Technical Assistance (ECTA) Center. In FFY 2013, the MS EIP staff made revisions to the General Supervision Manual and these revisions are currently being implemented by the MS EIP's Quality Monitor and Technical Assistants.

Actions Taken if Noncompliance Not Corrected:

For findings of noncompliance identified in FFY 2011 for which the State has not yet verified correction, explain the actions the State has taken to revise its general supervision system to ensure timely correction of noncompliance or to identify the root cause(s) of continuing noncompliance within EIS programs, and what the State is doing about the continued lack of compliance, including, as appropriate, enforcement actions taken against an EIS program that continues to show noncompliance.

This is not applicable to MS EIP.

Correction of Remaining FFY 2010 Findings of Noncompliance (if applicable)

If the State reported less than 100% for this indicator in its FFY 2011 APR and did not report in the FFY 2011 APR that the remaining FFY 2010 findings were subsequently corrected, provide the information below:

1. Number of remaining FFY 2010 findings noted in OSEP's July 1, 2013 FFY 2010 APR response table for this indicator	0
2. Number of remaining FFY 2010 findings the State has verified as corrected	0
3. Number of remaining FFY 2010 findings the State has NOT verified as corrected [(1) minus (2)]	0

For FFY 2010 findings that the State has not yet corrected (these are findings of noncompliance identified in FFY 2010 and not reported as corrected in the FFY 2011 APR that remain uncorrected), explain the actions the State has completed to revise its general supervision system to ensure timely correction of noncompliance or to identify the root cause(s) of continuing noncompliance within EIS programs, and what the State is doing about the continued lack of compliance, including, as appropriate, enforcement actions taken against an EIS program that continues to show noncompliance.

Correction of Any Remaining Findings of Noncompliance identified in FFY 2009 or Earlier (if applicable)

This is not applicable to MS EIP.

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

Statement from the Response Table	State's Response
<p>When reporting in the FFY 2012 APR on the correction of findings of noncompliance, the State must report that it verified that each EIS program or provider with findings of noncompliance identified in FFY 2011; (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated 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, consistent with OSEP Memo 09-02. In the FFY 2012 APR, the State must describe the specific actions that were taken to verify the correction. In addition, in reporting on Indicator 9 in the FFY 2012 APR, the State must use and submit the Indicator 9 Worksheet.</p> <p>In addition, in responding to Indicators 1 and 7 in the FFY 2012 APR, the State must report on correction of the noncompliance described in this table under those indicators.</p>	<p>MS verified correction of findings of non-compliance through record reviews during focused onsite monitoring, data reviews through the FSIS database, and desk top reviews, in accordance to OSEP Memo 09-02.</p> <p>Verification of correction was completed in all Health Districts. These Health Districts (1) are correctly implementing the timeline requirements (i.e., 100% compliance) in 34 CFR §§303.321(e)(2), 303.322(e)(1), and 303.342(a) based on an onsite review of EI records and updated/corrected data entered in the FSIS database; and (2) have conducted the necessary requirements, although late, unless the child is no longer within the jurisdiction of the EI program, consistent with OSEP Memo 09-02.</p> <p>Please refer to the Indicator 9 Worksheet and the sections in this indicator for additional information.</p>

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2012 (if applicable).

Please see the Improvement Activities attached.

INDICATOR C-9 WORKSHEET

Indicator/Indicator Clusters	General Supervision System Components	# of EI Programs Issued Findings in FFY 2011 (7/1/11 through 6/30/12)	(a) # of Findings of noncompliance identified in FFY 2011 (7/1/11 through 6/30/12)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
1. Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	9	9	9
	Dispute Resolution: Complaints, Hearings	1	1	1
2. Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0
3. Percent of infants and toddlers with IFSPs who demonstrate improved outcomes	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0
4. Percent of families participating in Part C who report that early intervention services have helped the family	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0
5. Percent of infants and toddlers birth to 1 with IFSPs	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
6. Percent of infants and toddlers birth to 3 with IFSPs	Dispute Resolution: Complaints, Hearings	0	0	0
7. Percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	8	8	8
	Dispute Resolution: Complaints, Hearings	1	1	1

<p>8. The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:</p>	<p>Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other</p>	0	0	0
<p>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;</p>	<p>Dispute Resolution: Complaints, Hearings</p>	0	0	0
<p>8. The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:</p>	<p>Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other</p>	0	0	0
<p>B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and</p>	<p>Dispute Resolution: Complaints, Hearings</p>	0	0	0
<p>8. The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:</p>	<p>Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other</p>	6	6	6
<p>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.</p>	<p>Dispute Resolution: Complaints, Hearings</p>	0	0	0
<p>OTHER AREAS OF NONCOMPLIANCE:</p>	<p>Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other</p>	3	3	3
	<p>Dispute Resolution: Complaints, Hearings</p>	0	0	0

OTHER AREAS OF NONCOMPLIANCE:	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0
OTHER AREAS OF NONCOMPLIANCE: Data Entry	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0
Sum the numbers down Column a and Column b			28	28
Percent of noncompliance corrected within one year of identification = (column (b) sum divided by column (a) sum) times 100.			(b) / (a) X 100 =	100.00%

Note: To add more rows for Other areas of noncompliance, highlight row 25, right click and choose Insert.

Repeat - there are now two new rows. Highlight rows 26 and 27. Copy these rows.

Highlight rows 25 and 26. Paste. Following these steps will allow the calculation to work correctly.

**Part C State Annual Performance Report (APR) for FFY 2012
OVERVIEW OF THE ANNUAL PERFORMANCE REPORT DEVELOPMENT:**

See page 1 above.

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

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

FFY 2012	Measurable and Rigorous Target/ Actual Target Data for FFY 2012:
	This indicator is not applicable to the Part C program in MS. MS EIP has not adopted the Part B Due Process procedures.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2012 (if applicable).

Please see the Improvement Activities attached.

**Part C State Annual Performance Report (APR) for FFY 2012
OVERVIEW OF THE ANNUAL PERFORMANCE REPORT DEVELOPMENT:**

See page 1 above.

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

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

FFY 2012	Measurable and Rigorous Target/ Actual Target Data for FFY 2011:
	<p>Based on OSEP guidance, States should not set targets for Indicator 13 unless its baseline data reflect that it has received a minimum threshold of 10 mediation requests.</p> <p>Number: 0 mediations held that resulted in mediation agreements. Percentage: No mediations were requested.</p>

DISCUSSION OF IMPROVEMENT ACTIVITIES COMPLETED AND EXPLANATION OF PROGRESS OR SLIPPAGE THAT OCCURRED FOR FFY 2012:

There were no mediation requests during FFY 2012. In FFY 2013, MS EIP continues to implement strategies/activities listed in the Improvement Activities (attached) to strengthen families, staff, and providers' knowledge of how to effectively advocate for the rights of children eligible for early intervention services and their families.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2012 (if applicable).

Please see the Improvement Activities attached.

Improvement Activities

Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Reason/Impact	Indicators
Definition of “timely services”				
1. The definition of “timely” provision of services was changed in April FFY 2011, to “thirty business days of the parent giving permission for the proposed service, unless the team (including the parent) proposes an initiation date of greater than 30 business days for developmental and/or therapeutic reasons.”	Completed FFY 2011	Part C Coordinator	This definition improved the timeframe for timely services without counting weekend days and holidays.	1
2. In FFY 2011, guidance was given to service providers and service coordinators regarding the 30 business days. The guidance protocol includes: after an IFSP has been signed by the parent, the expected date of service delivery or service must start within 30 business days.	Completed FFY 2011	SC DC	The revised guidance and definition of timely services increased collaboration with consultants. This guidance continues to be enforced as needed to improve timely services.	1
Database Changes				
1. In FFY 2012, reviews of the FSIS child database and EI record reviews were conducted to address each Health District’s missing data. In FFY 2013, the program will continue to review and revise the FSIS child database to add more fields as needed.	FFY 2012 FFY 2013	CO Staff Data Manager Monitor/TA DC SC	<p>This process facilitates proper data entry and monitoring of data validity and timely entry. Data changes have allowed MS EIP to streamline the procedures to enhance user friendliness and efficiency.</p> <p>Due to the FSIS database and EI record reviews, all data was improved and non-compliance was reduced in the Health Districts.</p> <p>Additional fields in the database will allow the program to capture more information as required by OSEP/Part C.</p>	1, 2, 3, 5, 6, 7, 8, 9

Improvement Activities

Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Reason/Impact	Indicators
<p>2. In FFY 2012, the FSIS database reports were refined, which resulted in increased usefulness and easier access to staff.</p> <p>In FFY 2013, these database reports will continue to be used and updated as needed to improve entry of data and to improve the quality and validity of the data.</p>	FFY 2012 FFY 2013	Data Manager DC SC	The refined reports allow for more efficient data review and data correction. Previous data reports were located in several different modules. These reports will be modified to be more concise and allow easy accessibility for staff.	1,2, 3, 5, 6, 7,8, 9
<p>3. In FFY 2013, the electronic MI*FORM IFSP has been loaded statewide on the tablet PCs for SCs to use. In FFY 2013, other required forms will also be developed and electronically accessible on the SCs' PC tablets. Training has been provided to all SCs statewide on the electronic MI*FORM and will continue as needed.</p>	FFY 2013	CO Staff DC SC	This will decrease time being spent on data entry and increase time dedicated to service coordination. Also, this will decrease incorrect data entry, due to transposing incorrect dates/information into the database fields. Data quality should continue to improve by using the new electronic forms developed by MI*FORM.	1, 2, 3, 7, 8
Provider Recruitment & Training				
<p>1. In FFY 2012, a CD was developed by the University of MS for the purpose of educating potential providers and universities/colleges that have PT, OT, ST, special education programs, and early childhood programs about early intervention services.</p> <p>In FFY 2013, these CDs were disseminated to the Health Districts for distribution to the universities/colleges within their areas (to the programs mentioned above) to share with students that may become potential EI providers.</p>	Completed FFY 2013	CO Staff DC	This activity promoted public awareness of the EIP and recruitment of EI providers.	1, 2, 3, 5,6, 7, 8

Improvement Activities

Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Reason/Impact	Indicators
2. In FFY 2012, Coastal ICC group (which originated in District IX) began contracting with providers in District VII and VIII to facilitate processing of paperwork required for billing of Insurance and Medicaid. In FFY 2013, this group will expand its services to District VI. This group will potentially expand its services to the additional districts.	FFY 2011 FFY 2012 FFY 2013	District VI District VII District VIII District IX	This group's services have resulted in increasing the pool of service providers within these Health District. The Coastal ICC is expected to expand into other Health Districts, which will result in an increase in EI services/providers in those areas.	1, 2, 3, 7, 8
Retention & Recruitment of District Staff				
1. In FFY 2013, reclassification of the District Coordinator position has not been accomplished due to lack of funding. However, other avenues continue to be explored to identify additional funding for reclassifications in order to increase their salaries.	FFY 2011 FFY 2012 FFY 2013	CO Staff District Staff	This activity is ongoing with attempts to reclassify DCs for an increased salary.	9
Policies & Procedures				
1. In FFY 2013, the final policies have been written and submitted to OSEP for approval. Procedures have been written and are being finalized in order to train EI staff and providers statewide.	FFY 2011 FFY 2012 FFY 2013	CO Staff	Having policies and procedures in place will result in clarity to DCs, SCs, and EI service providers regarding program implementation, thus resulting in program improvement.	1 – 9, 12 - 14
2. In FFY 2012, data verification tools were refined to increase the ability to identify barriers/needs within the district. In FFY 2013, these tools will continue to be used and will be revised, as needed.	FFY 2012 FFY 2013	CO Staff	The revisions to the data verification forms are expected to enhance efficiency, thus making the MS EIP data verification process a more effective tool to identify training and TA needs.	1, 2, 3, 7, 8
3. In FFY 2013, the eligibility criteria remain the same.	Completed FFY 2013	CO Staff	The current eligibility criteria meet the revised Part C regulations and allow the EIP to serve more children who have substantial delays or disabilities.	1 - 8

Improvement Activities

Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Reason/Impact	Indicators
Training/TA for staff & providers				
<p>1. In FFY 2011 and FFY 2012, IFSP training (included MI*FORMs) continued to be provided for each new Service Coordinator. Additional follow-up and coaching were provided on an individualized basis within each Health District.</p> <p>In FFY 2013, the above procedures will continue. TAs and seasoned SCs will continue to provide IFSP and database training to new SCs.</p>	FFY 2011 FFY 2012 FFY 2013	CO Staff	IFSP training within the Health Districts is open to all Service Coordinators and service providers. The training affords current staff with opportunities to enhance their skills. Updates and continual trainings are provided (as needed) to ensure staff/service providers correctly complete the paper and electronic IFSPs and accurately enter data in the database.	1,2, 3, 7, 8
<p>2. In FFY 2013, the Early Childhood Technical Assistance (ECTA) Center and SERRC will continue to assist the MS EIP in identifying improvement strategies to address timely service issues, 45 day timelines, natural environment requirements, child outcomes, child count, and transition.</p>	FFY 2013	CO Staff ECTA SERRC	Technical assistance continues to be requested and provided as needed for program improvement.	1 – 9
<p>3. In FFY 2012, statewide training occurred in 4 locations to train EIP staff on the screening tool, Ages & Stages. In FFY 2014, the ECTA Center will provide training statewide on how to develop appropriate IFSP goals/activities related to the Present Level of Development (PLOD) scores.</p>	FFY 2012 FFY 2013	CO Staff ECTA	<p>The training on the Ages and Stages Screening tool provided staff with knowledge on how to complete the screener protocol.</p> <p>The PLOD trainings will educate staff on how to write appropriate goals/activities on the IFSP by using PLOD scores.</p>	1, 3, 7
<p>4. In FFY 2013, CO staff drilled down on the high numbers of family based circumstances and visited the nine Health Districts to review records to verify justifications. The justifications</p>	FFY 2013	CO Staff	Expected impact includes reducing the high number of family based circumstances by implementing family-friendly strategies to meet timelines and include more services in natural	1,2, 7, 9

Improvement Activities

Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Reason/Impact	Indicators
<p>were valid. Written summaries of the EI record reviews and recommendations were sent to district staff to encourage staff to implement strategies developed by CO staff in order to meet timelines, with fewer family circumstance justifications.</p>			environments.	
<p>5. In FFY 2013, the University of Southern MS (USM) contracted with First Steps EIP to develop EI training modules. Introductory modules on enrollment and services in the natural environment have been developed for EI families. Additional for training modules will include Part C of IDEA, the Primary Service Provider Model, Service Coordination, Family Rights, Dispute Resolution, Transition, etc.</p>	FFY 2013	CO Staff	<p>The EI modules developed by USM will be used as an introductory presentation for families during the initial enrollment and will enhance the understanding of the EIP and Natural Environments.</p> <p>These additional modules will be used as required testing protocols to assess and enhance the knowledge of new and existing EIP staff and providers on the EIP.</p>	1, 2, 3, 7,8, 9
<p>6. In FFY 2011 and FFY 2012, a provider workgroup was established to address Medicaid issues. This workgroup has compiled a list of state Medicaid “Carve Out” plans to determine if any would meet FS EIP needs. In FFY 2013, this provider workgroup will continue to address Medicaid issues. The Part C Coordinator met with the Division of Medicaid and Central Office staff, including Dr. Dzidielac, Director, to discuss a Medicaid carve-out for EIP.</p>	FFY 2011 FFY 2012 FFY 2013	CO Staff	<p>Current Medicaid issues/problems specific and unique to each Health District are identified and addressed through appropriate processes. The Division of Medicaid will look into other state plans to see if a carve-out can be implemented in MS. This will provide more therapy coverage and a payment source for these EI services.</p>	1, 2, 7
<p>7. In FFY 2012 and 2013, efforts were and continue to be made to increase the understanding of the EIP through Child Find activities and to identify potential referral sources to explain their responsibility to refer all children who may need early intervention services.</p>	FFY 2012 FFY 2013	CO Staff DC SC	<p>Renewed efforts to increase child find activities and referrals are on-going to improve the number of children identified and served by the EIP.</p>	5, 6

Improvement Activities

Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Reason/Impact	Indicators
8. In FFY 2012 and FFY 2013, MS EIP ensures through monitoring, training, and coaching that the multidisciplinary evaluation team includes the members needed to identify and address the unique needs of the child and his/her family.	FFY 2012 FFY 2013	CO Staff	This combination of strategies serves to strengthen the multidisciplinary evaluation teams' skills and enhance results for children and families.	7, 9
SICC				
1. In FFY 2013, a physician with a young child who has developmental delays has been identified to potentially serve on the SICC.	FFY 2011 FFY 2012 FFY 2013	SICC	This will give MS EIP a voice with the medical community, which will help with program requirements related to CMNs or Prescriptions needed for timely service delivery.	1, 7
2. In FFY 2013, the FS EIP will continue to report its APR data to the SICC during quarterly meetings and will report its final APR document before submission to OSEP. The program will also continue to post its annual APR on its website for the public to review.	FFY 2013	CO Staff SICC	The SICC reviews the EIP APR data quarterly and the final draft of the APR document each year to provide feedback and suggestions for improvement activities and approval for submission to OSEP.	1-9, 12 – 13
Child Find Activities				
1. In FFY 2012 & 2013, efforts increased to collaborate more effectively with referral sources from both the state and local levels. Referral sources include: local physicians, medical clinics, parents/family members, childcare centers, clinics, PHRM teams, Head Start Center, CAPTA, and school districts. In FFY 2013, district staff also began reporting quarterly Child Find activities to CO staff.	FFY 2011 FFY 2012 FFY 2013	CO Staff DC SC	The EIP continues to identify and collaborate with primary and other referral sources regarding Child Find activities to increase the number of referrals to EIP, and continues efforts to identify other potential referral sources in order to identify and serve more children with developmental delays and/or disabilities.	5, 6

Improvement Activities

Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Reason/Impact	Indicators
2. In FFY 2012 & 2013, Child Find materials were and will continue to be disseminated at professional meetings, conferences, and health fairs. The Child Development brochures and tear-off sheets (1-12, 13-24, 25-36 months) are available in English, Spanish, and Vietnamese.	FFY 2012 FFY 2013	CO Staff DC SC	The EI staff continues to promote awareness of the EIP within the communities to enhance the knowledge of families and encourage referral sources to refer infants/toddlers with potential developmental delays/disabilities to the EIP.	5, 6
3. In FFY 2012 & 2013, state and local level staff continue to visit hospitals and Neonatal Intensive Care Units (NICUs) to discuss processes and procedures for making referrals and further develop relationships between First Steps EIP and hospital personnel who have contact with infants and their families.	FFY 2012 FFY 2013	CO Staff DC SC	This practice continues at the Health District level and serves to increase referrals.	5, 6
Child Outcomes				
1. In FFY 2012 and FFY 2013, Health Districts continue to use data reports for self check to determine entry and exit data that have not been entered into the database.	FFY 2012 FFY 2013	CO Staff DC SC	These reports continue to be used at both the state and local levels to enhance the timely data entry of both entry and exit outcome data.	3
2. In FFY 2012 and FFY 2013, the Data Manager, Quality Monitor, and Technical Assistants continue to monitor the quality and completeness of the child outcome data as part of data verifications. In 2013, TA and training will continue to be provided for SCs, evaluation teams, and service providers on rating the PLOD and developing IFSP goals and activities according to PLOD scores.	FFY 2012 FFY 2013	Data Manager Quality Monitor Technical Assistants	Continual and consistent monitoring of the child outcome data enhances the SC's skills regarding the importance of entering accurate and timely data. Ongoing training provided to district staff enhances PLOD ratings and child outcomes.	3, 9
3. In FFY 2013, CO staff will drill down statewide on child outcomes and the PLOD scores to better serve children and families.	FFY 2013	CO Staff	This drill down will allow staff to identify and address weaknesses and strengths in PLOD scores and to improve the results of child outcomes for children	3, 4

Improvement Activities

Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Reason/Impact	Indicators
			and families.	
Mediations				
1. In FFY 2013, MS EIP continues to partnership with the MSPTI to identify parents that would represent Health Districts at the SICC meetings and pay the cost for parents to attend these meetings.	FFY 2012 FFY 2013	CO Staff MSPTI District Staff	This will provide more input from parents into SICC meetings, will increase parents' knowledge of Part C of IDEA/First Steps EIP, and assist families to better understand how to help their children develop. This will also give parents an opportunity to network with other service providers/agencies that may serve their children.	4, 12, 13
2. In FFY 2013, TAs/QM and MSPTI will begin providing quarterly meetings and trainings at the local level with parents to continue linking parents with advocacy groups, provide training on Child and Family Rights/Procedural Safeguards, and provide technical assistance to staff, when needed.	FFY 2012 FFY 2013	CO Staff Quality Monitor District Staff	Trainings/meetings on Child and Family Rights/Procedural Safeguards will allow families to become more empowered to meet the EI needs of their children and become knowledgeable of how to advocate for their children's improved outcomes. These trainings/meetings will also enhance collaboration between families and the EIP.	1 – 9, 12 - 13
3. In FFY 2012 and 2013, MS EIP continued to collaborate with MS PTI on revising the EIP Manual to include the revised Part C regulations. The updated manual will be disseminated to families by SCs.	FFY 2012 FFY 2013	MSPTI CO Staff SCs	The updated EIP Manual meets the qualifications of the revised Part C regulations and will provide valuable information of IDEA Part C in family friendly language.	1 – 9, 12 -13
4. In FFY 2013, the System of Payments (SOP) form was developed and the Child and Family Rights/Procedural Safeguards were updated to reflect the revised Part C Regulations.	FFY 2013	CO Staff	The SOP form will provide a comprehensive review of payment requirements/restrictions. The revised Child and Family Rights/Procedural Safeguards will update families on their Rights/ Procedural Safeguards, including the dispute resolution processes.	1 – 9, 12 - 13