

SC Part C

FFY2016 State Performance Plan / Annual Performance Report

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Introduction to the State Performance Plan (SPP)/Annual Performance Report (APR)

Executive Summary:

Introduction

South Carolina's implementation of the IDEA Part C system has historically been fragmented, resourced asymmetrically, and poorly managed. As a result, it has a poor reputation nationally and among the referring provider community. Performance improvement efforts have been focused at minor, low-return, or already reasonably well-functioning components of the system instead of the foundational infrastructure the program needs to succeed. SCDHHS intends to reverse this trend with aggressive actions related to personnel assignment, staff development, financial and systems process improvement, contracts with partner agencies, and an unwavering commitment to treat programmatic failure as an unacceptable outcome among program leadership. BabyNet will not be fixed overnight, or even in a single year, and the agency cannot provide such an assurance. Rather, the agency commits to sustained improvement over 1 to 3 fiscal years, with specific targets designed to improve both overall performance and specific compliance ratings.

In addition to the infrastructure improvements noted in the Annual Performance Report for FFY 2016, SCDHHS is planning follow-up activities for the next phase of compliance- and performance-focused activities for Fiscal Years 2018-19 and 2019-20. Some of these activities have been scheduled for later implementation because they are contingent upon successful completion of the initiatives detailed earlier in this report. Others are scheduled for later implementation because SCDHHS believes they are useful initiatives, but will ultimately have a lower return on initial investment than others.

Family Outcomes Data Collection

One of 11 standard indicators – indicator 4 - measures how a family feels about its outcomes after engagement with the BabyNet system. As with others, South Carolina experiences both a low response rate and poor marks on the outcomes data. Some of this is believed to be a selection bias where families who have particularly strong feelings about the program tend to be the most responsive. Other elements of data reliability are believed to be the result of the data collection process as families are contacted through physical mail to provide responses a full three months after the child has exited the program. SCDHHS believes there is an opportunity to improve indicator 4 performance by first improving the data collection process.

In a related compliance need, South Carolina is currently delayed in completing activities for Phase III of indicator 11 – the State Systemic Improvement Plan (SSIP). The SSIP is not a comprehensive, nor systemic, improvement plan, but is rather a requirement for states to engage in targeted and iterative improvements focused on child and family outcomes. Previously, South Carolina selected a highly-focused child outcomes project for its SSIP that, while an important effort, may no longer be viable following the July 1, 2017 lead agency change. Accordingly, SCDHHS intends to leverage at least one national TA provider and the Team for Early Childhood Solutions (TECS) at the University of South Carolina (USC) to re-focus the indicator 11 SSIP on improving indicator 4 family outcomes data.

Alignment of Medicaid and BabyNet reimbursement policies

As previously stated, there are differences between Medicaid and BabyNet billing policies for the same services including rates, frequency limitations, third-party insurance information, and allowable or disallowable activities for each. Following the comprehensive integration of payment processes, SCDHHS will also issue policies unifying billing practices for BabyNet and Medicaid authorized services to create a consistent and stable market across both programs.

Discontinuing service coordination activity by SPOE staff

Currently, some SPOE staff engage in ongoing service coordination activities after initial eligibility decisions. SCDHHS has determined the primary rationale for this practice is derived more from a need to accommodate a third-party's billing behavior than from a need to provide high-quality services to children. The agency intends to put a stop to this practice as soon as the appropriate Medicaid policy manual changes and payment coding can be put into place.

Regional integrated eligibility and service coordination pilots

Several members of the provider community have expressed interest in piloting a model where ongoing service coordination begins at referral, and not in the middle of the 45-day eligibility process as it is today. This model is in practice in other states, and could be a successful way to hold providers accountable for timely and accurate eligibility determinations, IFSP development, and ongoing service coordination. SCDHHS is in discussion with OSEP about the nature and scope of such a pilot, and will issue either a Request for Expression of Interest or Request for Proposal for a regional pilot in 2018.

Expanded use of natural environment settings for evaluation and service

It is among SCDHHS's goals to support provision of early intervention services in a child's natural environment. Once the agency believes that SPOE capacity is at a sustainable and compliant level, it intends to expand the use of in-home and natural environment eligibility determinations and will, in conjunction with Medicaid Health programs, issue common policies that incentivize early intervention services provided in a child's natural environment.

Deployment of standard service calendars statewide

Contingent upon a successful implementation of the Central Referral Team, SCDHHS intends to implement standard service-availability schedules statewide, to improve access and predictability both for parents and children, but also for service providers that have to participate both in eligibility and IFSP processes.

Attachments

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General Supervision System:

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

Overview

First authorized in 1986 as an amendment to the Education of the Handicapped Act, the current iteration of a federally-sponsored early intervention system for children from infancy through their 3rd birthday is authorized by Part C of the Individuals with Disabilities Education Act (IDEA) of 2004 (PL 108-446). The purpose of the IDEA Part C program is the timely and accurate identification and evaluation of children under the age of 3 with developmental delays, appropriate referrals to service, and ongoing service coordination necessary to aid the child's ongoing social, emotional, and educational development. At the federal level, the IDEA Part C program is overseen by the Office of Special Education Programs (OSEP) within the United States Department of Education.

Effective July 1, lead agency responsibilities for the South Carolina system of early intervention known as "BabyNet" transitioned from South Carolina First Steps to School Readiness (SCFSSR) to the South Carolina Department of Health and Human Services (SCDHHS) pursuant to Executive Order 2016-20, issued by Governor Nikki R. Haley on September 14, 2016.

Noncompliance

Federal Evaluations of Program Performance

South Carolina's Part C program has a history of comprehensive and longstanding noncompliance with federal Part C performance indicators, with 11 of the last 14 federal determinations indicating that the state needs some form of intervention.

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Fiscal year	Determination Status	Enforcement Action
2002/03	Needs Substantial Intervention	Findings of Non-Compliance
2003/04	Needs Substantial Intervention	Compliance Agreement
2004/05	Needs Substantial Intervention	Compliance Agreement
2005/06	Needs Intervention	Compliance Agreement
2006/07	Needs Intervention	Special Conditions
2007/08	Needs Assistance	Special Conditions
2008/09	Needs Assistance	Special Conditions
2009/10	Needs Intervention	Special Conditions
2010/11	Needs Intervention	Special Conditions
2011/12	Needs Intervention	Special Conditions
2012/13	Needs Intervention	Corrective Action Plan
2013/14	Needs Intervention	Corrective Action Plan
2014/15	Needs Intervention	Corrective Action Plan
2015/16	Needs Assistance	Special Conditions

Measures of Results

Child outcomes are evaluated based on data quality and completeness (4 points), on reported outcomes relative to other states (2 points), and improvements to outcomes on a percentage basis (2 points). Child outcomes are determined by yes/no answers to two summary statements applied across several of the child's domains:

- o Summary Statement 1: Has the child substantially improved growth in this domain?
- o Summary Statement 2: Is the child performing at age level in this domain?

Although South Carolina's data has historically been judged as unreliable or incomplete, the state currently has sufficient data quality and completeness to achieve 3 or 4 of 4 possible points for completeness and quality, and typically receives 2 of 4 possible points for the child outcomes indicators. While ongoing improvement to child outcomes is an underlying goal of the program, receiving additional points for child outcomes would require the state to perform in the top decile in the nation. SCDDHS believes it is unlikely this is attainable in the next one to three years of program improvement.

Measures of Compliance

The IDEA Part C Compliance Matrix for FY 2015-16 evaluated 7 performance indicators, each worth a possible 2 points. South Carolina received:

- o 0 of 2 points for timely provision of services
- o 0 of 2 points for timely commencement of an Individual Family Service Plan (IFSP)
- o 0 of 2 points due to longstanding noncompliance
- o 1 of 2 points for accurate and timely state-reported data

These scores indicate the primary driver of BabyNet's non-compliance is associated with processes either directly under System Point of Entry (SPOE) staff control, or under the control of SCDDSN-contracted service coordinators.

Evaluation of Internal and External Assessments

The reputation of the BabyNet program both locally and nationally is one of persistent non-compliance and poor performance. Given that such performance warrants increased scrutiny by grantors and oversight bodies, South Carolina's Part C program has been one of the most-studied programs in South Carolina state government since 2007. As a result, there is extensive documentation from the U.S. Department of Education, South Carolina Legislative Audit Council, Education Oversight Committee, Office of the Governor of South Carolina, special and ad-hoc study committees, technical assistance (TA) providers, and various other external stakeholders that, although in different ways, largely restate the same 3 common deficiencies:

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- The program is ineffective at the timely identification and assessment of children who may have developmental delays;
- The program's structural division between the lead agency and the South Carolina Department of Disabilities and Special Needs (SCDDSN) in the middle of the 45-day eligibility process results in impaired hand-offs that further result in service delays;
- The program's lack of core infrastructure across all domains including management, physical facilities, information technology, analytical capacity, and others has resulted in a fragmented system that is inconsistent, highly localized, and ultimately not accountable to a central authority.

Although the state's federal partners have indicated a willingness to assist South Carolina with performance improvement, the tools offered by OSEP seem limited to withdrawal of grant funding and/or intensive technical assistance. Given that the Part C grant finances as much as one-quarter of the system's operations and services and that its loss would not eliminate the state's desire to provide high-quality early intervention services, elimination of the grant would only result in a cost-shift to state revenues, not performance improvement.

Historically, TA engagements have not proven effective, as nearly two decades of such efforts have resulted in a program substantially no nearer compliance in FY 2016 than in FY 2003. A preliminary evaluation of the state's TA engagements reveal they have largely not been used to address the foundational issues driving poor performance, or the TA provider engaged is more suited for helping a higher-functioning program improve specific policies or operations.

South Carolina's needs are much more basic in nature and SCDHHS believes that the program needs the "re-boot" that was intended when the program moved to SCFSSR, but never received. Accordingly, the activities described in the remainder of this report focus on foundational improvements needed to turn South Carolina's Part C program around.

Prioritizing Internal Process Improvement

Some elements of the program's non-compliance must eventually be addressed through cooperation with agency partners and the provider community. However, SCDHHS believes that initial performance improvement and compliance activities should be focused on the foundations of internal operations and infrastructure. Given that the first 22 days of the 45-day referral, intake, eligibility, and IFSP origination process is within direct control of SPOE staff, SCDHHS believes that focusing on the front-end processes within agency control will have near-term impacts to the overall quality and timeliness of the system.

The fidelity of future external performance improvement efforts will be directly related to state staff's ability to implement program standards and policies with consistency and authority. Ultimately, it is SCDHHS' responsibility to rebuild functional units of the Part C system from the ground-up to ensure the system serves South Carolina's earliest learners.

Accordingly, SCDHHS is focusing program compliance and improvement efforts at the following activities:

- Program leadership and culture
- Referral intake and case assignment
- SPOE staffing, education, and performance monitoring
- Payment system integration

As each of these areas demonstrate success, the second iteration of performance improvement initiatives are:

- Family outcomes data collection
- Alignment of Medicaid and BabyNet reimbursement policies
- Discontinuing service coordination activity by SPOE staff
- Regional integrated eligibility and service coordination pilots
- Deployment of standard service calendars statewide
- Expanded use of natural environment settings for evaluation and service.

Near-Term Performance Improvement (FY 2018, 2019)

Leadership and Culture

BabyNet senior management has long suffered from a culture of failure acceptance and non-compliance that anchored the program to low expectations both internally and externally. Further, the program's state-office team has traditionally been insular and disconnected from the operations of field staff. Policies were developed centrally and by a handful of individuals with little input from the field, not published on the agency's website and were not readily available to field staff. Senior roles in the central organization have traditionally been ill-defined and the formal management of field staff resulted in a 11:1 ratio of field supervisors to a single central office supervisor. Further a "meetings culture", in which nearly all program staff regularly engaged in hours-long unstructured collective conversation about program topics without clear objectives, assignment of responsibility, or calls to action has paralyzed decision-making and execution processes.

To address basic deficiencies in program design and management, reporting structures, and delineation of responsibility, SCDHHS is taking the following steps:

- Appointment of an interim Part C Program Manager and immediate action to hire a durable replacement. A qualified candidate pool applied for the position and the agency is actively engaged in interviews. Hiring actions are expected mid- to late-January.
- State office staff have been re-assessed for skills and interest, and new position descriptions are being drafted and deployed. Expected completion of this effort is March 2018.
- Starting in October 2017, the Interim Part C Program Manager shortened program manager meetings, and instituted discipline regarding formal agendas issued in advance, clearer requirements for decisions and updates, and assignment of responsibility for follow-up activities.
- Part C program leadership now periodically trains SCDHHS support staff in legal, finance, compliance, and civil rights departments on the unique aspects of the IDEA and differences between Part C and Medicaid to fully integrate the program into SCDHHS.
- Staff have been assigned responsibility for the completion of individual tasks, including tasks that require stakeholder input.
- Central office staffing is being restructured to reduce the role of senior consultant and coordinator positions to instead focus on individual responsibility and productivity.

Referral Intake and Case Assignment

A review of current agency caseloads and activity indicates that BabyNet:

- Receives between 11,000 and 12,000 referrals annually to the program, but loses nearly half of those to parent withdrawal, unsuccessful contact, and other administrative reasons.
- Performs over 6,000 eligibility determinations at a rate of nearly 75% positive eligibility.
- Currently, the program maintains just over 5,000 active beneficiaries.

Anecdotal evidence suggests that some volume of referrals is not documented in the program's case management system, BRIDGES,

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but no data is available to indicate what volume of activity this would represent. The current system of local referral intake results in a general lack of central case management activity and inconsistent methods for case assignment across SPOE regions. In order to improve timely and accurate identification and eligibility determinations for children with developmental delays, SCDHHS is:

- Deploying a centralized, web-based referral form to allow improved electronic submission of referrals
- Staffing a 5-member centralized referral team to validate referrals and perform necessary follow-up inquiries and calls prior to eligibility determination
- Implementing an electronic document management system to improve organization of and access to beneficiary records
- Centralizing scheduling of eligibility determinations to ensure more uniform distribution of caseloads among SPOE staff

Payment System Integration

Pursuant to Part C of the IDEA and relevant regulations, each state must have policies and procedures in-place to create a system of payment that:

- Details services covered by an IFSP in accordance with 34 CFR 303.13
- Provides for timely provision of and payment for services to providers in accordance with 34 CFR 303.511(c)
- Ensures compliance with payer of last resort provisions in accordance with 34 CFR 303.510 et. seq. and payment coordination with public insurance such as Medicaid and private insurance.

The BabyNet program currently uses a combination of BRIDGES, a highly-customized case management system, and the Jasper County Board of Disabilities and Special Needs (DSN) to generate payment for services performed by enrolled BabyNet providers for BabyNet beneficiaries. Under this system, providers must first bill private insurance, then Medicaid, then BabyNet for services. It is manual, paper-intensive, fragmented across several payment systems, and generally lacks effective controls. There are several single points of failure throughout the payment process, and elements of the payment system that require providers to submit evidentiary documentation lack document accountability and auditability. Finally, the policies, contract vehicles, and training in-place to ensure that Jasper DSN complies with payer of last resort requirements are inadequate.

SCDHHS does not believe that the current process can be modernized without significant investment from its vendors, and that the current system of processes is incapable of fully integrating with the state's Medicaid Management Information System (MMIS). Accordingly, the state is engaging in a comprehensive redesign of the Part C payment system to include comprehensive integration into MMIS and using BRIDGES as a related case management module.

In the most basic sense, payment in the system should occur when a qualified and enrolled provider provides an authorized service to an eligible BabyNet beneficiary and the details of the claim are applied against and pass a set of payment rules. SCDHHS' approach to payment system integration is designed to address each one of these elements in-kind to ensure that the state's system of payments complies with all state and federal standards. The following efforts are underway:

- Creation of a unique category for non-Medicaid, BabyNet-only beneficiaries has been added to the agency's member eligibility system, completed Summer 2017.
- Development to add separate unique identifiers to BabyNet beneficiaries that are/are not Medicaid eligible in the MMIS system.
- Gathering requirements to implement the direct enrollment of Service Coordinators, currently under contract with the South Carolina Department of Disabilities and Special Needs (SCDDSN).

In addition to member and provider enrollment activities, the agency is preparing for electronic claims processing:

- SCDHHS is in discussions with the BRIDGES vendor to add electronic claims and remittance advice submission to the existing service contract. The vendor will also have to add the ability to receive standard member and provider enrollment files.
- The SCDHHS Medicaid Operations and Finance Divisions are designing the payment logic and accounting rules that will be necessary to comply with the provisions for 34 CFR 303.510 regarding payer of last resort.
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- SCDHHS is separately engaging its Quality Improvement Organization (QIO) vendor to develop standard and repeatable workflows to translate agency-approved service requests into MMIS-usable service authorizations. Once complete, this process will be used to translate IFSPs into discrete service authorizations in MMIS.

Once payment system redesign is complete, BabyNet providers will be able to bill SCDHHS a single time for payment, not twice – once for Medicaid and once for Part C – as is the current system. The payment logic programmed into the MMIS system is designed to satisfy federally-required payment coordination activities in the background, without active effort by service providers.

Of all process improvement initiatives, payment integration is the one at greatest risk for delay because of its complexity, reliance on contract amendments and vendor negotiations, potential conflict with other MMIS replacement activities currently underway, and the extensive change management and provider outreach necessary for a smooth transition. This effort will also require significant cooperation and resourcing (financed by SCDHHS, but executed through the agency) from the SCDDSN and Clemson University.

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Technical Assistance System:

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

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SPOE Staffing, Education, and Performance Monitoring

The initial focus of the state's technical assistance system will be on supporting staffing, education and performance monitoring of the BabyNet System Point of Entry (SPOE) personnel Accounting for reasonable utilization leave, training, and meetings, and assuming a uniform distribution of caseloads, initial evaluations by SCDHHS indicate that between 35 and 40 SPOE staff statewide should be sufficient to meet timely eligibility standards if their time is utilized effectively and on higher-skilled efforts. BabyNet currently employs 33 line SPOE staff, nearly equal to the amount required. SCDHHS is performing regional analysis of workload to account for regional variations to ensure appropriate resource distribution appropriately. The agency will undertake hiring actions throughout Spring 2018 to staff each region to an appropriate level.

In addition to staffing levels, SCDHHS is structuring appropriate regional supervision to improve the line supervisor to regional/state supervisory ratio. Currently, regional coordinators serve in an advisory, consulting, and performance management capacity. As those positions become available, they will be repurposed to serve in direct supervisory roles so that performance management is integrated with the SPOE supervisory chain.

In addition to appropriate staffing levels and structure, SCDHHS expects to see productivity gains associated with shifting county office work to the centralized referral team. The underlying objective of this new staffing model is to reduce the time experienced SPOE staff spend on pursuing dead-end referrals and intakes.

Along with resource allocation, SCDHHS realizes that SPOE staff cannot be held accountable for performance standards that they are unaware of and had no input in crafting. SCDHHS has initiated a comprehensive revision of BabyNet manuals, including policies that must be approved by OSEP; operating procedure manuals to be deployed into county offices and among BabyNet enrolled service providers, as well as the creation of job-aids and reference guides to help drive consistency among field offices. Revised policy and procedure manuals are being drafted in sections, and section-by-section posting for review and comment by SPOE staff will begin January 2018. Public posting for review and comment will begin in March 2018.

Certain aspects of the process will not change with a new manual, including use of the Battelle Developmental Inventory (BDI), an evidence-based tool employed to assist with eligibility determinations. SCDHHS has authorized intensive re-training of all SPOE staff on the BDI, contracted with the tool's publisher in November 2017 to conduct this training, and expects to be complete by Spring 2018. During this training exercise, SCDHHS will also identify and qualify internal trainers to perform ongoing refreshers on the appropriate use of the BDI.

Once staff have been resourced, provided with clear and transparent policies they aided in writing, and trained on the tools they use, they will be held accountable for the quality and timeliness of eligibility determinations. To ensure performance monitoring occurs in an objective and data-driven manner, SCDHHS is relocating the position of Data Manager, currently vacant, from a contracted entity to state staff. Traditionally used to prepare data for state and federal reporting, the Data Manager will also be tasked with the design, preparation, and analysis of BRIDGES data to evaluate the timeliness and completeness of SPOE eligibility determinations. This data will be used both to assist program management with resource allocation and and field management with evaluation of their team and individual staff.

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Professional Development System:

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

Under the previous state lead agency and under the direction of the state coordinator for the Comprehensive System of Personnel Development (CSPD), extensive cross-discipline stakeholder input identified a number of revisions and changes to the state's early intervention professional development system. In light of the anticipated state lead agency change and revisions to the state policies and procedures, implementing the CSPD changes will occur in tandem with implementation of revised policies and procedures, and corresponding staffing, education, and performance monitoring.

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Stakeholder Involvement: apply this to all Part C results indicators

The mechanism for soliciting broad stakeholder input on targets in the SPP, including revisions to targets.

The South Carolina Interagency Coordinating Council for the BabyNet early intervention system currently has 15 appointed members. It is anticipated that additional appointments will be made in FFY 2017. In addition to appointed members, the ICC meetings are typically attended by family members, service coordinators, service providers, Participating State Agency Program Managers, the Parent Training and Information Center, Early Head Start, inclusion initiatives. The ICC and other interested members of the public provided input on targets for the Annual Performance Report for FFY 2016 in meetings of January 2018.

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Reporting to the Public:

How and where the State reported to the public on the FFY 2015 performance of each EIS Program or Provider located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2015 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its Web site, a complete copy of the State's SPP, including any revision if the State has revised the SPP that it submitted with its FFY 2015 APR in 2017, is available.

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and Human Services at:

<https://msp.scdhhs.gov/babynet/site-page/babynet-state-and-federal-reporting>

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Actions required in FFY 2015 response

OSEP Response

South Carolina has had three State lead agencies in the past ten years under Part C of the IDEA. On July 1, 2017, SCDHHS became the lead agency and South Carolina's IDEA Part C FFY 2017 grant is subject to conditions to ensure compliance with IDEA Part C timely service provision, 45-day timeline, and timely correction requirements.

The 2017 letter required the State to submit a corrective action plan (CAP) to ensure compliance with these requirements. OSEP visited the State on February 28, 2018 to provide technical assistance on developing a CAP. The State submitted, and OSEP approved on June 1, 2018, the CAP responding to OSEP's December 2017 monitoring letter. The State must submit in a timely manner all items required under the CAP.

The State has not publicly reported on the FFY 2015 (July 1, 2015-June 30, 2016) and FFY 2014 (July 1, 2014-June 30, 2015) performance of each EIS program or provider located in the State on the targets in the State's performance plan as required by section 616(b)(2)(C)(ii)(I) of IDEA.

OSEP has received the revised State Systemic Improvement Plan (SSIP) Phase I report for FFY 2016. In the FFY 2017 APR, the State must report FFY data for the State-identified Measurable Result (SiMR). In the FFY 2017 APR, the State must include in the SSIP submission a Phase II plan that includes (1) coherent improvement strategies to support infrastructure development and implementation of evidence-based practices; and (2) evaluation activities and timelines consistent with the Phase II Indicator 11 reporting requirements. The State must submit in a timely manner all items required under the June 1, 2018 corrective action plan to address non-compliance identified in OSEP's December 17, 2017 letter.

Required Actions

The State has not publicly reported on the FFY 2015 (July 1, 2015-June 30, 2016) and FFY 2014 (July 1, 2014-June 30, 2015) performance of each EIS program or provider located in the State on the targets in the State's performance plan as required by section 616(b)(2)(C)(ii)(I) of IDEA. With its FFY 2017 SPP/APR, the State must provide a Web link demonstrating that the State reported to the public on the performance of each early intervention service program or provider located in the State on the targets in the SPP/APR for FFY 2015. In addition, the State must report with its FFY 2017 SPP/APR, how and where the State reported to the public on the FFY 2016 performance of each early intervention service program or provider located in the State on the targets in the SPP/APR.

In addition, the State must submit in a timely manner all items required under the June 1, 2018 corrective action plan to address the noncompliance identified in OSEP's December 17, 2017 letter.

The State's IDEA Part C determination for both 2017 and 2018 is Needs Assistance. In the State's 2018 determination letter, the Department advised the State of available sources of technical assistance, including OSEP-funded technical assistance centers, and required the State to work with appropriate entities. The Department directed the State to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance. The State must report, with its FFY 2017 SPP/APR submission, due February 1, 2019, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance.

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Indicator 1: Timely provision of services

Monitoring Priority: Early Intervention Services In Natural Environments

Compliance indicator: Percent of infants and toddlers with Individual Family Service Plans (IFSPs) who receive the early intervention services on their IFSPs in a timely manner.

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		95.00%	92.00%	76.00%	74.50%	85.00%	73.00%	83.00%	87.00%	85.32%	NVR

FFY	2015
Target	100%
Data	32.20%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target	100%	100%	100%

FFY 2016 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
2086	6025	32.20%	100%	40.63%

<p>Number of documented delays attributable to exceptional family circumstances <i>This number will be added to the "Number of infants and toddlers with IFSPs who receive their early intervention services on their IFSPs in a timely manner" field above to calculate the numerator for this indicator.</i></p>	362
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Include your State's criteria for "timely" receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).

The South Carolina early intervention system defines timely receipt as initiation of all new IFSP services within thirty calendar days of parent signature on the plan.

In FFY 2016, two new features were added to the state's early intervention data system (BRIDGES: *BabyNet Reporting and Intervention Data Gathering Electronic System*) for this indicator: four sets of late reasons (parent, service provider, service coordinator, and system), and assignment of documentation of late reasons to the primary service coordinator in keeping with 34 CFR 303.34(b)(6) – 34 CFR 303.34(b)(7). The service provider must enter a service log in the child's record documenting the first date of service delivery. If the service log date is more than 30 days from the date of the IFSP to which the service was newly added, the primary service coordinator is alerted of a late service **through** a Manage Service Delay Report. This report requires the service coordinator to contact the provider to determine the late reason, then input the appropriate late reason into the data system. BabyNet state staff can then access this data to identify sources of non-compliance with both data reporting and timeliness of services, local and regional trends in provider availability, and target resources and technical assistance as necessary.

Using these tools, data for FFY 2016 are as follows:

Total new services added to IFSPs: 19187

Total children for whom new services were started in FFY 2016: 6025

Children with:	Percent	Number of Children¹	Number of Services
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all services delivered within 30 days of addition to any IFSP	34.75%	2086 ²	11056
late services and complete provider and service coordinator documentation	24.87%	1480	2045
missing provider and or service coordinator documentation (i.e., timeliness cannot be determined)	40.39%	2609	5035

¹ duplicated count

² includes 6 children for whom therapist's services were untimely but therapeutic assistant's services were prompt.

Late services and analysis of late reasons: With input from the BabyNet Interagency Program Managers' workgroup, the following late reasons were identified for use beginning with FFY 2016:

1. Parent: Initial prescription for treatment missing; parent cancellation; or, unable to contact family;
2. Service Provider: Provider cancellation; provider accepted referral but did not meet timeline for starting services; or, no coverage during provider absence;
3. Service Coordinator: Failure to refer to provider within seven days of plan; or, plan transferred to new service coordinator with late services; and
4. State Lead Agency: No provider in county; or, no provider openings in county.

Extensive training was provided to service coordinators in use of these late reasons. Analysis of late reasons yielded the following information:

Source of Service Delay	Number of Children	Number of Services
All parent reasons	544 children	655 services
All provider reasons	256 children	302 services
All service coordination reasons	134 children	165 services
All State Lead Agency reasons	573 children	735 services

For services late due to State Lead Agency reasons, data reveal the following:

No provider in county: 59 children, 72 services events. Documentation in the *BRIDGES* shows that although late, all children in this category did receive the services in question. Geographic distribution and type of provider shortage is as follows:

BabyNet Region	Number of Services	Service Type
Anderson	8	Audiology, physical therapy, occupation therapy, special instruction, speech-language pathology
Charleston	17	Early intensive behavioral intervention, physical therapy, occupation therapy, speech-language pathology
Colleton	3	Early intensive behavioral intervention
Horry	7	Audiology, physical therapy, special instruction, speech-language pathology
Richland	4	Physical therapy, occupation therapy, speech-language pathology

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Spartanburg	25	Audiology, early intensive behavioral intervention, physical therapy, occupation therapy, speech-language pathology
York	8	Early intensive behavioral intervention, physical therapy, occupation therapy, speech-language pathology

No provider openings in county:

533 children, 677 services. Documentation in the *BRIDGES* shows that although late, all children in this category did receive the services in question. Geographic distribution and type of provider shortage is as follows:

BabyNet Region	Number of Services	Service Type
Anderson	50	Audiology, occupation therapy, physical therapy, speech-language pathology
Charleston	114	Assistive technology, early intensive behavioral intervention, occupation therapy, physical therapy, speech-language pathology
Colleton	8	Assistive technology, early intensive behavioral intervention, occupation therapy, physical therapy, speech-language pathology
Horry	168	Early intensive behavioral intervention, occupation therapy, physical therapy, special instruction, speech-language pathology
Richland	44	Early intensive behavioral intervention, occupation therapy, physical therapy, speech-language pathology
Spartanburg	283	Audiology, early intensive behavioral intervention, occupation therapy, physical therapy, special instruction, speech-language pathology
York	10	Early intensive behavioral intervention, occupation therapy, physical therapy

Missing documentation and analysis:

In addition to late service delivery and provider accessibility, examination of the data for this indicator shows challenges related to documentation of service delivery. Shortly after the training for service coordinators in the use of the late reasons, training was initiated by the four BabyNet Regional Part C Coordinators with local early intervention system personnel regarding how the State Lead Agency uses data for state to federal reporting, identification and correction of non-compliance, state-to-local reporting, and the roles and responsibilities of service coordinators in these efforts. Repeated requests were made to both service coordinators and service providers to supply missing data for FFY 2016. Despite those efforts, the calculations for Indicator 1 are incomplete with regard to both the number and percentage of timely services, and reasons for late services.

Type of Missing Documentation	Number of Service Events	Number of Children	Number of Vendors
Service Provider Vendors	5035	2836	234
Service Coordination Vendors	1042	846	69

State leadership has identified a number of potential causes for failure of system personnel to enter documentation regarding timely provision of early intervention services. In the majority of instances of missing data, two key variables have been identified: first, that providers and service coordinators enter service documentation in multiple systems, and second, that providers and service coordinators are paid regardless of whether their data is entered into the *BRIDGES*. The use of multiple methods by which providers remit invoices for services on IFSPs has supported provider practices of billing for Part C services paid by Medicaid in a manner that bypasses BabyNet and the state's early intervention data system. The new lead agency has actively working with the data system vendor to streamline the documentation options available to service providers and service coordinators; when the single billing and documentation mechanisms are in place, the State Lead Agency will be better positioned to enforce reimbursement contingent upon documentation.

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

- State monitoring
- State database

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

The reporting period for this indicator was July 1, 2016 - June 30, 2017.

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

The data for timely services have been validated based on submission of service logs by BabyNet service providers, and includes only those children for whom a service initiation date was reported. As described above, South Carolina has engaged in extensive revision to the state's data system for this indicator, training of service coordinators, and technical assistance to service providers regarding input of services data in BRIDGES during FFY 2016. In addition, BabyNet state office staff provided several weeks of support to the Jasper Board of Disabilities and Special Needs in their role of BabyNet fiscal agent verifying remittance of invoices for services and provider payment following the State Lead Agency transition, the majority of which was for services rendered during the FFY 2016 reporting period. While a significant proportion of data remains missing as of this report, current and planned efforts within SCDHHS to integrate BabyNet and Medicaid payment systems, intensification of oversight activities regarding timely provision of services and data reporting responsibilities of service coordinators and service providers, and the ability to conduct deeper analysis of late reasons and missing data now positions SCDHHS continue to show progress with this indicator.

Provide additional information about this indicator (optional)

Since FFY 2013, the BabyNet Early Intervention System under Part C of the Individuals with Disabilities Education Act has identified instances of non-compliance and reported to OSEP findings of non-compliance for Performance Indicators 1, 7, and 8, but did not issue findings.

Factors:

- During this time frame, the system operated with a federally- but not a state-approved policy and procedure manual. The State Lead Agency at the time did not publicly post nor provide training in updated policies and procedures after 2011.
- Without policies and procedures reflecting the 2011 amendments to the federal regulations for Part C, and without state regulations in lieu of policies and procedures, the authority to enforce regulations pertaining to compliance (including issuing findings of non-compliance, state-to-local determinations of performance, and public reporting of local performance) was in dispute.

Progress made in South Carolina:

In 2013, staff of the state lead agency began using a new early intervention data system which better supported tracking of performance by service coordinators and service providers specific to the compliance indicators. The state was able to identify barriers to systemic compliance as well as barriers encountered by service coordinators and service providers in submission of valid and reliable data. Refinements to the data system were made as needed, and training/technical assistance provided regarding the State Performance Plan indicators and the data system's functions relative to federal reporting. This training was provided to ensure that system personnel were aware of the Part C requirements. With the designation of the South Carolina Department of Health and Human Services in September 2016 as the new Lead Agency for BabyNet, an analysis of the BabyNet program has begun. BabyNet state office staff are assessing the current status of those barriers and identifying strategies to address South Carolina's failure to execute appropriate general supervision measures and its longstanding non-compliance. A more detailed report of these efforts are described in the SCDHHS Report on BabyNet Federal Compliance Efforts of December 31, 2017 [http://www.scstatehouse.gov/reports/DHHS/\(2017-12-31\)%20BabyNet%20Compliance%20Reporting%2033.24.pdf](http://www.scstatehouse.gov/reports/DHHS/(2017-12-31)%20BabyNet%20Compliance%20Reporting%2033.24.pdf)

SCDHHS is committing the necessary resources, guidance, and training to resolve these systemic deficiencies in FFY 2017 and beyond.

Actions required in FFY 2015 response

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

Correction of Findings of Noncompliance Identified in FFY 2015

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
63	0	7	56

FFY 2015 Findings of Noncompliance Verified as Corrected

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

For FFY 2015, the State has identified 63 findings of non-compliance for this Indicator for the services of special instruction, special instruction by a teacher of the deaf/hard of hearing, and special instruction by a teacher of the visually impaired.

For those findings, the state used the early intervention data system (BRIDGES) to include a review of individual service logs and reports specific to Indicator 1 over the reporting periods of FFY 2015 and FFY 2016. Of the 63 findings, Prong 1 of correction was verified for four findings. For Prong 2, zero findings were verified as corrected during FFY 2015; seven were verified as corrected in FFY 2016 (i.e., no findings of non-compliance were identified for those providers in FFY 2016). It is critical to note, however, that these verified corrections represent eleven different findings

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

Special instruction services were identified by the data system as untimely for 632 children in FFY 2015. Of those, sufficient information was available to determine that for 193 children, the service was documented as delivered 2/3/2020

FFY 2015 Findings Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

As noted in this report and in previous Annual Performance Reports, the State has experienced significant challenges in collection of data for this indicator. Providers of special instruction through the SC Department of Disabilities and Special Needs and the SC School for the Deaf and the Blind enter billing data in intra-agency data applications, which is then uploaded to the BRIDGES data system as service logs. This allows the service coordinator and other members of the IFSP team to view the special instructors' notes; however, uploading the documentation does not create the discreet service log necessary for capture in the timely services report. To address this issue, in FFY 2014 the State required all providers of special instruction services to enter only the service log for the first date of delivery directly into BRIDGES, so that the lead agency would be able to capture the timeliness of special instruction services; in FFY 2016, late reasons were added to Indicator 1 reporting so the State could trends in service delays as well as report any delays attributable to exceptional family circumstances. For other Part C services and for the reasons described elsewhere in this report, the State does not yet have sufficient data that are reliable and valid to provide an accurate report at this time.

For Prong 1 of the remaining 56 findings, the first delivery dates are missing from the data system for 439 children for special instruction services. Until such time as this information is provided, the State unable to verify if the services were delivered; if delivered, if the services were timely or late; and, the reason for services that were late or not delivered. Verification of Prong 2 is also dependent upon provision of first delivery dates for all children for FFY 2015 and FFY 2016. BabyNet State Office staff continue to work with providers to ensure the data is complete, and the State will revise this report as additional data is gathered.

FFY 2014 Findings of Noncompliance Verified as Corrected

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

The State is requesting to revise the status of correction of non-compliance for FFY 2014 as follows for the services of special instruction, special instruction by a teacher of the deaf/hard of hearing, and special instruction by a teacher of the visually impaired. For other Part C services and for the reasons described elsewhere in this report, the State does not yet have sufficient data that are reliable and valid to provide an accurate report at this time. Again, BabyNet State Office staff continue to work with providers to ensure the data is complete, and the State will revise this report as additional data is gathered.

Findings: 63

Correction of Prong 1: Two findings in FFY 2014

Correction of Prong 2: 0 findings in FFY 2014, four findings in FFY 2015, and seven findings in 2016.

Prong 1, Uncorrected: 61

Prong 2, Uncorrected: 52

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

Special instruction services were identified by the data system as untimely for 745 children in FFY 2014. Of those, sufficient information was available to determine that for 237 children, the service was documented as delivered by calculating the difference between the date of the IFSP to which the service was first added and the first delivery date as input by the provider.

OSEP Response

The State did not provide valid and reliable data for this indicator. These data are not valid and reliable because the State reported that its FFY 2016 calculations for Indicator 1 are incomplete. Specifically, the State reported both the "number and percentage of timely services, and reasons for late services" are incomplete because system personnel failed to enter documentation. Therefore, OSEP could not determine whether the State met its target.

OSEP's June 29, 2017 determination letter and Conditions on South Carolina's IDEA Part C FFY 2017 grant award required the State to submit with its FFY 2016 IDEA Part C APR data demonstrating compliance with the timely service provision requirements. Specifically, the State was required to ensure: (1) compliance with the timely service provision requirements and if the data did not demonstrate compliance, SCDHHS's plan to ensure compliance; (2) correction of the State's 13 remaining FFY 2014 findings reported as uncorrected in the State's FFY 2015 APR, and (3) correction of the State's FFY 2015 findings of noncompliance. OSEP's December 2017 monitoring letter identified noncompliance with the ability to submit valid and reliable data and required the State to submit a corrective action plan (CAP) to ensure compliance. The State submitted, and OSEP approved on June 1, 2018, the CAP submitted in response to OSEP's December 2017 monitoring letter. The State must submit in a timely manner all items required under the CAP.

Required Actions

The State did not provide valid and reliable data for FFY 2016. The State must provide valid and reliable data for FFY 2017 in the FFY 2017 SPP/APR and submit in a timely manner all items required under the CAP.

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 2: Services in Natural Environments**

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥			96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	99.00%	99.00%	99.00%
Data		86.00%	86.00%	82.00%	84.00%	99.00%	99.00%	99.00%	99.00%	99.40%	NVR

FFY	2015
Target ≥	97.64%
Data	97.64%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target ≥	97.64%	97.64%	99.00%

Key:

Targets: Description of Stakeholder Input

The South Carolina Interagency Coordinating Council and interested members of the public met in January 2018 to review state performance and set targets for all results indicators. Following review and revision of the targets to Indicator 2 with the FFY 2015 Annual Performance Report, the recommendation of the ICC was to leave the target for services in natural environments to those set last year.

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2016-17 Child Count/Educational Environment Data Groups	7/12/2017	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	4,259	
SY 2016-17 Child Count/Educational Environment Data Groups	7/12/2017	Total number of infants and toddlers with IFSPs	4,376	

FFY 2016 SPP/APR Data

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of infants and toddlers with IFSPs	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
4,259	4,376	97.64%	97.64%	97.33%

Provide additional information about this indicator (optional)

The BabyNet Early Intervention System continues to serve the vast majority of children in home and community settings as documented by the service delivery location required in the IFSP for each service identified as needed by the child or family to address the plan's outcomes. While performance failed to meet the state-set target for FFY 2016, it is reasonable to expect that the state's current eligibility criteria for Part C would result in appropriate justification for services outside the natural environment for a small percentage of children.

The state's early intervention data system (BRIDGES) provides the state with detailed information regarding the number of services per child received in the home, the family's community, and in non-natural environment settings, the percentage of services in each setting, and the total hours of service for each child based on the current IFSP. This permits staff of the State Lead Agency, the South Carolina Department of Health and Human Services, to monitor service coordinators' activities regarding requirements for appropriate justification for services outside of natural environments and period review of this justification by IFSP teams.

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Actions required in FFY 2015 response

none

OSEP Response

Required Actions

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Indicator 3: Early Childhood Outcomes

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

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

Historical Data

	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
A1	2008	Target ≥						80.00%	80.00%	85.00%		80.00%	80.00%
		Data					80.00%	80.00%	85.00%	81.00%	82.00%	79.56%	79.86%
A2	2013	Target ≥						67.00%	65.00%	66.00%		59.00%	59.00%
		Data					67.00%	65.00%	66.00%	63.00%	59.00%	59.25%	53.46%
B1	2008	Target ≥						82.00%	81.00%	85.00%		82.00%	82.00%
		Data					82.00%	81.00%	85.00%	82.00%	82.00%	80.53%	81.90%
B2	2013	Target ≥						64.00%	63.00%	63.00%		54.00%	54.00%
		Data					64.00%	63.00%	63.00%	60.00%	56.00%	54.54%	49.94%
C1	2008	Target ≥						82.00%	81.00%	86.00%		82.00%	82.00%
		Data					82.00%	81.00%	86.00%	82.00%	82.00%	82.01%	81.90%
C2	2013	Target ≥						69.00%	66.00%	66.00%		57.00%	57.00%
		Data					69.00%	66.00%	66.00%	65.00%	59.00%	57.71%	53.63%

	FFY	2015
A1	Target ≥	78.00%
	Data	78.40%
A2	Target ≥	54.00%
	Data	53.99%
B1	Target ≥	81.00%
	Data	80.99%
B2	Target ≥	50.00%
	Data	49.94%
C1	Target ≥	82.00%
	Data	81.51%
C2	Target ≥	51.00%
	Data	51.74%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target A1 ≥	78.00%	78.00%	82.00%
Target A2 ≥	54.00%	54.00%	60.00%
Target B1 ≥	81.00%	81.00%	85.00%
Target B2 ≥	50.00%	50.00%	55.00%
Target C1 ≥	82.00%	82.00%	86.00%
Target C2 ≥	51.00%	51.00%	60.00%

Key:

Targets: Description of Stakeholder Input

The South Carolina Interagency Coordinating Council and interested members of the public met in January 2018 to review state performance and set targets for all results indicators. Following review and revision of the targets to Indicator 3 with the FFY 2015 Annual Performance Report, the recommendation of the ICC was to leave the target for early childhood outcomes to those set last year.

FFY 2016 SPP/APR Data

Number of infants and toddlers with IFSPs assessed	2785.00
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FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Outcome A: Positive social-emotional skills (including social relationships)

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	43.00	1.55%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	464.00	16.67%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	865.00	31.08%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	951.00	34.17%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	460.00	16.53%

	Numerator	Denominator	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program (c+d)/(a+b+c+d).	1816.00	2323.00	78.40%	78.00%	78.17%
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program (d+e)/(a+b+c+d+e).	1411.00	2783.00	53.99%	54.00%	50.70%

Reasons for A2 Slippage

Slippage in the performance for this Indicator is attributed in part to an increase in the number of children for whom the state has reportable data. Additionally, analysis of the participants in the Child Outcome Summary Process, as reported by the child's service coordinator at time of exit, indicates the ratings are completed without full participation of the IFSP team.

Family	2288 of 2785 children with Early Childhood Outcomes entry and exit data
Child Care	4 (n size unknown)
LEA	66 (exit rating only)
Early Intensive Behavior Interventionist	20 of 116 children identified with ASD
Speech Language Pathologist	555 of 2377 of children receiving this service at exit
Physical Therapist	165 of 986 of children receiving this service at exit
Occupational Therapist	232 of 1171 of children receiving this service at exit
Primary Service Coordinator	2721 of 2785

Actions to address the persistent systemic issues identified by the State Lead Agency include the following for FFY 2017 and beyond:

1. Training for initial service coordinators in the Child Outcomes Summary Process as members of the initial IFSP team;
2. Sustainable periodic training and coaching of new initial and primary service coordinators and service providers in the Child Outcomes Summary Process, to include training in typical child development;
3. Ongoing service coordinator training and coaching to reduce the number of data input errors and impossible combinations of outcome and progress ratings;
4. Increase in the number of families providing input into the entry and exit ratings;
5. Increase in the number of service providers participating in the Child Outcomes Summary Process

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

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	41.00	1.47%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	417.00	14.98%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1002.00	36.00%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1040.00	37.37%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	283.00	10.17%

	Numerator	Denominator	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program (c+d)/(a+b+c+d).	2042.00	2500.00	80.99%	81.00%	81.68%
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program (d+e)/(a+b+c+d+e).	1323.00	2783.00	49.94%	50.00%	47.54%

Slippage in the performance for this Indicator is attributed in part to an increase in the number of children for whom the state has reportable data. Additionally, analysis of the participants in the Child Outcome Summary Process, as reported by the child's service coordinator at time of exit, indicates the ratings are completed without full participation of the IFSP team.

Family	2288 of 2785 children with Early Childhood Outcomes entry and exit data
Child Care	4 (n size unknown)
LEA	66 (exit rating only)
Early Intensive Behavior Interventionist	20 of 116 children identified with ASD
Speech Language Pathologist	555 of 2377 of children receiving this service at exit
Physical Therapist	165 of 986 of children receiving this service at exit
Occupational Therapist	232 of 1171 of children receiving this service at exit
Primary Service Coordinator	2721 of 2785

Actions to address the persistent systemic issues identified by the State Lead Agency include the following for FFY 2017 and beyond:

1. Training for initial service coordinators in the Child Outcomes Summary Process as members of the initial IFSP team;
2. Sustainable periodic training and coaching of new initial and primary service coordinators and service providers in the Child Outcomes Summary Process, to include training in typical child development;
3. Ongoing service coordinator training and coaching to reduce the number of data input errors and impossible combinations of outcome and progress ratings;
4. Increase in the number of families providing input into the entry and exit ratings;
5. Increase in the number of service providers participating in the Child Outcomes Summary Process

Outcome C: Use of appropriate behaviors to meet their needs

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	38.00	1.36%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	449.00	16.13%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	921.00	33.08%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1061.00	38.11%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	315.00	11.31%

	Numerator	Denominator	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program $(c+d)/(a+b+c+d)$.	1982.00	2469.00	81.51%	82.00%	80.28%
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program $(d+e)/(a+b+c+d+e)$.	1376.00	2784.00	51.74%	51.00%	49.43%

Reasons for C1 Slippage

Slippage in the performance for this Indicator is attributed in part to an increase in the number of children for whom the state has reportable data. Additionally, analysis of the participants in the Child Outcome Summary Process, as reported by the child's service coordinator at time of exit, indicates the ratings are completed without full

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participation of the IFSP team.

Family	2288 of 2785 children with Early Childhood Outcomes entry and exit data
Child Care	4 (n size unknown)
LEA	66 (exit rating only)
Early Intensive Behavior Interventionist	20 of 116 children identified with ASD
Speech Language Pathologist	555 of 2377 of children receiving this service at exit
Physical Therapist	165 of 986 of children receiving this service at exit
Occupational Therapist	232 of 1171 of children receiving this service at exit
Primary Service Coordinator	2721 of 2785

Actions to address the persistent systemic issues identified by the State Lead Agency include the following for FFY 2017 and beyond:

1. Training for initial service coordinators in the Child Outcomes Summary Process as members of the initial IFSP team;
2. Sustainable periodic training and coaching of new initial and primary service coordinators and service providers in the Child Outcomes Summary Process, to include training in typical child development;
3. Ongoing service coordinator training and coaching to reduce the number of data input errors and impossible combinations of outcome and progress ratings;
4. Increase in the number of families providing input into the entry and exit ratings;
5. Increase in the number of service providers participating in the Child Outcomes Summary Process

Reasons for C2 Slippage

Slippage in the performance for this Indicator is attributed in part to an increase in the number of children for whom the state has reportable data. Additionally, analysis of the participants in the Child Outcome Summary Process, as reported by the child's service coordinator at time of exit, indicates the ratings are completed without full participation of the IFSP team.

Family	2288 of 2785 children with Early Childhood Outcomes entry and exit data
Child Care	4 (n size unknown)
LEA	66 (exit rating only)
Early Intensive Behavior Interventionist	20 of 116 children identified with ASD
Speech Language Pathologist	555 of 2377 of children receiving this service at exit
Physical Therapist	165 of 986 of children receiving this service at exit
Occupational Therapist	232 of 1171 of children receiving this service at exit

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Primary Service Coordinator

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Actions to address the persistent systemic issues identified by the State Lead Agency include the following for FFY 2017 and beyond:

1. Training for initial service coordinators in the Child Outcomes Summary Process as members of the initial IFSP team;
2. Sustainable periodic training and coaching of new initial and primary service coordinators and service providers in the Child Outcomes Summary Process, to include training in typical child development;
3. Ongoing service coordinator training and coaching to reduce the number of data input errors and impossible combinations of outcome and progress ratings;
4. Increase in the number of families providing input into the entry and exit ratings;
5. Increase in the number of service providers participating in the Child Outcomes Summary Process

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

The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's part C exiting 618 data	
The number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.	523

Please note that this data about the number of infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program is optional in this FFY16 submission. It will be required in the FFY17 submission.

Was sampling used? No

Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary (COS) process? Yes

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

Using the Child Outcome Summary Process, service coordinators reported the following sources of information were used to gather data for each of the early childhood outcomes:

Instrument	Type	Number of Children
Assessment, Evaluation and Programming System (AEPS)	Curriculum-Based Assessment	256
Battelle Developmental Inventory, Second Edition (BDI-2)	Norm-reference, standardized	57
Hawaii Early Learning Profile (HELP)	Curriculum-Based Assessment	1325
The Carolina Curriculum for Infants and Toddlers with Special Needs (CCITSN), Third Edition (Birth to 24 months), or The Carolina Curriculum for Preschoolers with Special Needs (CCPSN), Second Edition (24 to 60 months)	Curriculum-Based Assessment	1184
Special Instruction	Documentation of service delivery	252
Other IFSP Services	Documentation of evaluation, assessment, and/or service delivery	269

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Provide additional information about this indicator (optional)

For the reporting period of July 1, 2016 through June 30, 2017, measurement of the Early Childhood Outcomes occurred at entry and exit from BabyNet for all children with an IFSP who were thirty months of age or younger at entry for 2785 children (i.e., there was no interim or formative measures of the outcomes). The child's primary service coordinator, assigned after the child's BabyNet eligibility has been determined, is responsible for ensuring the family and other members of the child's IFSP team contribute the entry and exit ratings for the child using the Child Outcomes Summary Process (COSP) and forms.

To ensure completeness of data, service coordinators are notified each month if any Early Childhood Outcomes data is missing for children on their caseload, by matching the Early Childhood Outcomes data with reports of children who entered BabyNet at 30 months of age or younger, and all children who have exited with at least six months of services. Data management follow-up is also provided to service coordinators who are missing either entry or exit data, or who have provided incomplete data. The State Lead Agency has determined the former is most likely to occur when there have been one or more transfers of service coordination after the initial IFSP is developed. The collection portal for the Early Childhood Outcomes data is now integrated with the *BRIDGES*, so service coordinators no longer have to input data into multiple BabyNet data systems. The State also now has the capacity to match the Early Childhood Outcomes ratings to results of the Family Outcomes surveys. Through the Center for Early Childhood Data System (DaSy) Data Sharing Cohort, the primary service coordinator is required to send the exit and progress ratings to each Local Education Agency (LEA) as part of the transition process, and the Local Education Agency Individualized Education Plan (IEP) team uses the Part C exit ratings as a source of information for the Part B/619 preschool entry ratings.

Actions required in FFY 2015 response

none

OSEP Response

States must report the following data starting with the FFY 2017 SPP/APR submission, due February 2019: (1) the number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting data under Section 618 of the IDEA; and (2) the number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.

Required Actions

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 4: Family Involvement**

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Historical Data

	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
A	2012	Target ≥					87.00%	91.00%	76.00%	79.00%	82.00%	86.00%	86.00%
		Data			76.00%	69.00%	73.00%	76.00%	79.00%	81.00%	86.00%	91.67%	85.91%
B	2012	Target ≥					82.00%	86.00%	71.00%	77.00%	80.00%	86.00%	86.00%
		Data			69.00%	64.00%	67.00%	71.00%	77.00%	81.00%	86.00%	90.91%	81.82%
C	2012	Target ≥					95.00%	95.00%	86.00%	89.00%	92.00%	86.00%	86.00%
		Data			85.00%	82.00%	84.00%	86.00%	89.00%	82.00%	86.00%	92.36%	87.73%

	FFY	2015
A	Target ≥	74.00%
	Data	74.06%
B	Target ≥	72.00%
	Data	72.18%
C	Target ≥	75.00%
	Data	75.94%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target A ≥	74.00%	74.00%	87.00%
Target B ≥	72.00%	72.00%	87.00%
Target C ≥	75.00%	75.00%	87.00%

Key:

Targets: Description of Stakeholder Input

The South Carolina Interagency Coordinating Council and interested members of the public met January 2018 to review state performance and set targets for all results indicators. Recommendations based on stakeholder input were to leave the targets for this indicator to those set in FFY 2015.

FFY 2016 SPP/APR Data

Number of families to whom surveys were distributed	2785.00
Number of respondent families participating in Part C	11.60% 323.00
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	201.00
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	318.00
B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	191.00
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	313.00
C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn	201.00
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	311.00

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights	74.06%	74.00%	63.21%
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	72.18%	72.00%	61.02%
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn	75.94%	75.00%	64.63%

Reasons for A Slippage

Slippage is attributed to two primary factors: the low length of early intervention services may have impacted how parents answered the survey; and, the extent to which service coordinators and service providers remind families of the pending receipt and importance of the survey prior to the child's transition or exit from BabyNet.

Several strategies are under consideration to improve opportunities for family feedback, increase survey response rate, and enhance family engagement by focusing on service coordinator and service provider practices. As the South Carolina Department of Health and Human Services reorganizes under new leadership, one key action includes revision of policies and procedure to address the quality of interactions with parents, as well as familiarize service coordinators and practitioners with evidence-based practices that positively impact family outcomes.

Reasons for B Slippage

Slippage is attributed to two primary factors: the low length of early intervention services may have impacted how parents answered the survey; and, the extent to which service coordinators and service providers remind families of the pending receipt and importance of the survey prior to the child's transition or exit from BabyNet.

Several strategies are under consideration to improve opportunities for family feedback, increase survey response rate, and enhance family engagement by focusing on service coordinator and service provider practices. As the South Carolina Department of Health and Human Services reorganizes under new leadership, one key action includes revision of policies and procedure to address the quality of interactions with parents, as well as familiarize service coordinators and practitioners with evidence-based practices that positively impact family outcomes.

Reasons for C Slippage

Slippage is attributed to two primary factors: the low length of early intervention services may have impacted how parents answered the survey; and, the extent to which service coordinators and service providers remind families of the pending receipt and importance of the survey prior to the child's transition or exit from BabyNet.

Several strategies are under consideration to improve opportunities for family feedback, increase survey response rate, and enhance family engagement by focusing on service coordinator and service provider practices. As the South Carolina Department of Health and Human Services reorganizes under new leadership, one key action includes revision of policies and procedure to address the quality of interactions with parents, as well as familiarize service coordinators and practitioners with evidence-based practices that positively impact family outcomes.

Was sampling used? No

Was a collection tool used? Yes

Is it a new or revised collection tool? No

The demographics of the families responding are representative of the demographics of infants, toddlers, and families enrolled in the Part C program.

Yes

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

South Carolina uses the "Impact of Early Intervention Services on the Family" survey, developed by the National Center on Special Education Accountability Monitoring (NCSEAM), with Rasch analysis for measurement of the Family Outcomes. For the reporting period of July 1, 2016 – June 30, 2017, the distribution of families above the cut score for the survey items were as follows:

Number and percent of families who strongly agreed or very strongly agreed that early intervention services have helped the family:

Family Outcome Indicator	Number of Respondents	Percentage of Respondents	Impact of Early Intervention Services
Indicator 4A	201 of 323	63%	Know their rights
Indicator 4B	191 of 323	61%	Effectively communicate their children's needs
Indicator 4C	201 of 323	65%	Help their child develop and learn

When responses were analyzed to include families at or above the cut score the survey items, the results were:

Number and percent of families who agreed, strongly agreed, or very strongly agreed that early intervention services have helped the family:

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Family Outcome Indicator	Number of Respondents	Percentage of Respondents	Impact of Early Intervention Services
Indicator 4A	298 of 323	92.2%	Know their rights
Indicator 4B	291 of 323	90.0%	Effectively communicate their children's needs
Indicator 4C	295 of 323	91.3%	Help their child develop and learn

The survey is mailed to all families whose child has received at least six months of early intervention services, during the month of the child's exit from the system; i.e., the family receives the survey only once during the child's Part C eligibility period. Surveys are available with Spanish translation, and both versions of the survey are available online. For the reporting period July 1, 2016 – June 30, 2017, 2505 surveys were disseminated to 2505 families, and 323 were received for a response rate of 13%. 100% of respondents answered the race/ethnicity questions with the distribution of responses is as follows:

Race/Ethnicity	# Survey Respondents	Percent Survey Respondents	Percent all South Carolina Residents*
American Indian or Alaskan Native	6	1.33%	0.5%
Asian	10	0.03%	1.6%
Black or African-American	77	24.00%	27.5%
Native Hawaiian or Other Pacific Islander	2	.006%	0.1%
White	243	75.23%	68.5%
Hispanic	30	9.29%	5.5%
Non-Hispanic	293	90.71%	94.5%

*Per United States Census Bureau Population Estimates of July 1, 2017 (<https://www.census.gov/quickfacts/SC>)

The collected data is representative of state population data, with a 95% confidence level with a +/-5.55% confidence interval based on the population of 2,505 children and families. The largest percentage of children were enrolled in early intervention services for 6-12 months (43.4%, n=140), with the next largest percentage enrolled for 13-18 months (18.3%, n=59). The survey further revealed that a limited number of these families (30%, n=98) received additional family support services from our Parent Training and Information Center or other parent supports, which may have had an impact on survey responses.

Actions required in FFY 2015 response

In the FFY 2016 SPP/APR, the State must report whether its FFY 2016 response data represent the demographics of the State, and, if not, the actions the State is taking to address this issue.

Responses to actions required in FFY 2015 OSEP response

The survey is mailed to all families whose child has received at least six months of early intervention services, during the month of the child's exit from the system; i.e., the family receives the survey only once during the child's

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Part C eligibility period. Surveys are available with Spanish translation, and both versions of the survey are available online. For the reporting period July 1, 2016 – June 30, 2017, 2505 surveys were disseminated to 2505 families, and 323 were received for a response rate of 13%. 100% of respondents answered the race/ethnicity questions with the distribution of responses is as follows:

Race/Ethnicity	# Survey Respondents	Percent Survey Respondents	Percent all South Carolina Residents*
American Indian or Alaskan Native	6	1.33%	0.5%
Asian	10	0.03%	1.6%
Black or African-American	77	24.00%	27.5%
Native Hawaiian or Other Pacific Islander	2	.006%	0.1%
White	243	75.23%	68.5%
Hispanic	30	9.29%	5.5%
Non-Hispanic	293	90.71%	94.5%

*Per United States Census Bureau Population Estimates of July 1, 2017 (<https://www.census.gov/quickfacts/SC>)

The collected data is representative of state population data, with a 95% confidence level with a +/-5.55% confidence interval based on the population of 2,505 children and families. The largest percentage of children were enrolled in early intervention services for 6-12 months (43.4%, n=140), with the next largest percentage enrolled for 13-18 months (18.3%, n=59) The survey further revealed that a limited number of these families (30%, n=98) received additional family support services from our Parent Training and Information Center or other parent supports, which may have had an impact on survey responses.

OSEP Response

Required Actions

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 5: Child Find (Birth to One)**

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥			0.90%	1.00%	1.04%	1.03%	1.03%	1.03%	1.06%	0.84%	0.89%
Data		0.92%	0.82%	0.97%	0.97%	0.80%	0.57%	0.43%	0.81%	0.79%	0.66%

FFY	2015
Target ≥	0.74%
Data	0.74%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target ≥	0.95%	0.98%	1.00%

Key:

Explanation of Changes

Targets were revised by SCICC as noted below; however the state failed to revise the targets in the table above.

Targets: Description of Stakeholder Input

The South Carolina Interagency Coordinating Council and interested members of the public met January 2018 to review state performance and set targets for all results indicators. Recommendations based on stakeholder input were to change the targets for this indicator as follows:

	2015	2016	2017	2018
Target ≥	0.74%	0.95%	0.98%	1.00%

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2016-17 Child Count/Educational Environment Data Groups	7/12/2017	Number of infants and toddlers birth to 1 with IFSPs	551	null
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2016	6/22/2017	Population of infants and toddlers birth to 1	58,245	null
TBD			null	

FFY 2016 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
551	58,245	0.74%	0.95%	0.95%

Compare your results to the national data

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Four variables have been identified that are believed to have contributed to the increase in children served. First, the addition of 18 staff to system point of entry offices in FFY 2015 through FFY 2016 allowed BabyNet intake supervisors to focus on community-level connections with primary referral sources, an activity inhibited in past reporting periods due to staffing shortages. Second, changes in leadership and membership of the State Interagency Coordinating Council, especially representatives of child serving state agencies and organizations, resulted in a renewed awareness of shared responsibilities for early identification and referral. At least one organization, the state Parent Training and Information Center, is now directly referring to local system point of entry offices as opposed to simply informing parents or family members how to make a referral. Third, several BabyNet State Office staff were designated as Regional Part C Coordinators at the beginning of FFY 2016. Their responsibilities include convening providers and service coordinators within local early intervention systems on a regular basis for the purposes of data review, identification of local issues or needs, and provision of training and technical assistance. In these roles, the Regional Part C Coordinators are often in contact with primary referral sources in the course of their work.

Finally, the Executive Order of September 2016 designating the South Carolina Department of Health and Human Services as the State Lead Agency for BabyNet effective July 1, 2017, impacted a different population of providers and partners than were within the sphere of influence of the previous State Lead Agency, thus allowing for education of a broader cross-section of the provider community. Early identification and referral to BabyNet can now be tracked by examining provider billing records of children birth to three receiving typically thought of as Part C services. BabyNet eligibility processes are in the process of integration with applications for Medicaid eligibility, so that a bidirectional referral and eligibility mechanism can be established. While the state has not met the national average of 1.24% for this indicator based on 2016 Child Count Data, FFY 2018 state targets were met or nearly met in FFY 2016 and anticipate the trend to continue with full implementation of revised policies and procedures under the new State Lead Agency.

Actions required in FFY 2015 response

none

OSEP Response

The State revised its targets for FFYs 2016, 2017, and 2018 for this indicator, and OSEP accepts those targets.

Required Actions

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 6: Child Find (Birth to Three)**

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥			2.00%	2.00%	2.66%	2.67%	2.82%	2.79%	2.77%	2.24%	2.13%
Data		2.07%	1.98%	2.21%	2.38%	2.44%	2.57%	2.46%	2.17%	2.13%	2.12%

FFY	2015
Target ≥	2.30%
Data	2.30%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target ≥	2.49%	2.49%	2.50%

Key:

Explanation of Changes

Targets were revised by SCICC as noted below; however the state failed to revise the targets in the table above.

Targets: Description of Stakeholder Input

The South Carolina Interagency Coordinating Council and interested members of the public met January 2018 to review state performance and set targets for all results indicators. Recommendations based on stakeholder input were to change the targets for this indicator as follows:

	2015	2016	2017	2018
Target ≥	2.30%	2.49%	2.49%	2.50%

Prepopulated Data

Source	Date	Description	Data	Override Data
SY 2016-17 Child Count/Educational Environment Data Groups	7/12/2017	Number of infants and toddlers birth to 3 with IFSPs	4,376	
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2016	6/22/2017	Population of infants and toddlers birth to 3	175,732	
TBD			null	

FFY 2016 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
4,376	175,732	2.30%	2.49%	2.49%

Compare your results to the national data

Four variables have been identified that are believed to have contributed to the increase in children served. First, the addition of 18 staff to system point of entry offices in FFY 2015 through FFY 2016 allowed BabyNet intake supervisors to focus on community-level connections with primary referral sources, an activity inhibited in past reporting periods due to staffing shortages. Second, changes in leadership and membership of the State Interagency Coordinating Council, especially representatives of child serving state agencies and organizations, resulted in a renewed awareness of shared responsibilities for early identification and referral. At least one organization, the state Parent Training and Information Center, is now directly referring to local system point of entry offices as opposed to simply informing parents or family members how to make a referral. Third, several BabyNet State Office staff were designated as Regional Part C Coordinators at the beginning of FFY 2016. Their responsibilities include convening providers and service coordinators within local early intervention systems on a regular basis for the purposes of data review, identification of local issues or needs, and provision of training and technical assistance. In these roles, the Regional Part C Coordinators are often in contact with primary

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

referral sources in the course of their work.

Finally, the Executive Order of September 2016 designating the South Carolina Department of Health and Human Services as the State Lead Agency for BabyNet effective July 1, 2017, impacted a different population of providers and partners than were within the sphere of influence of the previous State Lead Agency, thus allowing for education of a broader cross-section of the provider community. Early identification and referral to BabyNet can now be tracked by examining provider billing records of children birth to three receiving typically thought of as Part C services. BabyNet eligibility processes are in the process of integration with applications for Medicaid eligibility, so that a bidirectional referral and eligibility mechanism can be established. While the state has not met the national average of 3.12% for this indicator based on the 2016 Child Count Data, FFY 2018 state targets were met or nearly met in FFY 2016 and anticipate the trend to continue with full implementation of revised policies and procedures under the new State Lead Agency.

Actions required in FFY 2015 response

none

OSEP Response

The State revised its targets for FFYs 2016, 2017, and 2018 for this indicator, and OSEP accepts those targets.

Required Actions

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 7: 45-day timeline**

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		97.90%	82.00%	95.28%	95.00%	93.00%	13.00%	22.00%	88.00%	81.85%	65.16%

FFY	2015
Target	100%
Data	72.40%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target	100%	100%	100%

FFY 2016 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
2,277	3,530	72.40%	100%	83.46%

<p>Number of documented delays attributable to exceptional family circumstances <i>This number will be added to the "Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline" field above to calculate the numerator for this indicator.</i></p>	669
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What is the source of the data provided for this indicator?

- State monitoring
- State database

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

The data collection period for Indicator 7 was July 1, 2016 - June 30, 2017.

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

Throughout the reporting period, data validation activities included checks for missing and/or invalid data (e.g., incorrect dates). Additionally, each service coordinator is responsible for entering his or her own data, thus reducing the possibility of data transfer error. Data quality issues continue to be addressed with ongoing training and technical assistance, and monthly reminders of missing/invalid data

To better pinpoint breakdowns in the 45-day process and isolate sources of delay, the state data system was revised for FFY 2017 to calculate the number of days between:

1. referral and intake,
2. intake and transfer to primary service coordination,
3. transfer to primary service coordination and when the primary service coordinator was added to Planned Services in *BRIDGES*, and
4. referral and parental signature on and consent to the IFSP.

These data points will be used as an interim measure until such time as the system infrastructure is redesigned to yield compliance for this indicator.

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Provide additional information about this indicator (optional)

Historic non-compliance with this indicator is predicated on two key structural design flaws:

- The program is ineffective at the timely identification and assessment of children who may have developmental delays;
- The program's structural division between the lead agency and the South Carolina Department of Disabilities and Special Needs (SCDDSN) in the middle of the 45-day eligibility process results in impaired hand-offs that further result in service delays;

Measures of Compliance

The IDEA Part C Compliance Matrix for FY 2015-16 evaluated 7 performance indicators, each worth a possible 2 points. South Carolina received:

- 0 of 2 points for timely provision of services
- 0 of 2 points for timely commencement of an Individual Family Service Plan (IFSP)
- 0 of 2 points due to longstanding noncompliance
- 1 of 2 points for accurate and timely state-reported data

These scores indicate the primary driver of BabyNet's non-compliance is associated with processes either directly under System Point of Entry (SPOE) staff control, or under the control of SCDDSN-contracted service coordinators.

Referral Intake and Case Assignment

A review of current agency caseloads and activity indicates that BabyNet:

- Receives between 11,000 and 12,000 referrals annually to the program, but loses nearly half of those to parent withdrawal, unsuccessful contact, and other administrative reasons.
- Performs over 6,000 eligibility determinations at a rate of nearly 75% positive eligibility.
- Currently, the program maintains just over 5,000 active beneficiaries.

Anecdotal evidence suggests that some volume of referrals is not documented in the program's case management system, BRIDGES, but no data is available to indicate what volume of activity this would represent. The current system of local referral intake results in a general lack of central case management activity and inconsistent methods for case assignment across SPOE regions. In order to improve timely and accurate identification and eligibility determinations for children with developmental delays, SCDHHS is:

- Deploying a centralized, web-based referral form to allow improved electronic submission of referrals
- Staffing a 5-member centralized referral team to validate referrals and perform necessary follow-up inquiries and calls prior to eligibility determination
- Implementing an electronic document management system to improve organization of and access to beneficiary records
- Centralizing scheduling of eligibility determinations to ensure more uniform distribution of caseloads among SPOE staff

SPOE Staffing, Education, and Performance Monitoring

Accounting for reasonable utilization leave, training, and meetings, and assuming a uniform distribution of caseloads, initial evaluations by SCDHHS indicate that between 35 and 40 SPOE staff statewide should be sufficient to meet timely eligibility standards if their time is utilized effectively and on higher-skilled efforts. BabyNet currently employs 33 line SPOE staff, nearly equal to the amount required. SCDHHS is performing regional analysis of workload to account for regional variations to ensure appropriate resource distribution appropriately. The agency will undertake hiring actions throughout Spring 2018 to staff each region to an appropriate level.

In addition to staffing levels, SCDHHS is structuring appropriate regional supervision to improve the line supervisor to regional/state supervisory ratio. Currently, regional coordinators serve in an advisory, consulting, and performance management capacity. As those positions become available, they will be repurposed to serve in direct supervisory roles so that performance management is integrated with the SPOE supervisory chain.

In addition to appropriate staffing levels and structure, SCDHHS expects to see productivity gains associated with shifting county office work to the centralized referral team. The underlying objective of this new staffing model is to reduce the time experienced SPOE staff spend on pursuing dead-end referrals and intakes.

Along with resource allocation, SCDHHS realizes that SPOE staff cannot be held accountable for performance standards that they are unaware of and had no input in crafting. SCDHHS has initiated a comprehensive revision of BabyNet manuals, including policies that must be approved by OSEP, operating procedure manuals to be deployed into county offices and among BabyNet enrolled service providers, as well as the creation of job-aids and reference guides to help drive consistency among field offices. Revised policy and procedure manuals are being drafted in sections, and section-by-section posting for review and comment by SPOE staff will begin January 2018. Public posting for review and comment will begin in March 2018.

Certain aspects of the process will not change with a new manual, including use of the Battelle Developmental Inventory (BDI), an evidence-based tool employed to assist with eligibility determinations. SCDHHS has authorized intensive re-training of all SPOE staff on the BDI, contracted with the tool's publisher in November 2017 to conduct this training, and expects to be complete by Spring 2018. During this training exercise, SCDHHS will also identify and qualify internal trainers to perform ongoing refreshers on the appropriate use of the BDI.

Once staff have been resourced, provided with clear and transparent policies they aided in writing, and trained on the tools they use, they will be held accountable for the quality and timeliness of eligibility determinations. To ensure performance monitoring occurs in an objective and data-driven manner, SCDHHS is relocating the position of Data Manager, currently vacant, from a contracted entity to state staff. Traditionally used to prepare data for state and federal reporting, the Data Manager will also be tasked with the design, preparation, and analysis of BRIDGES data to evaluate the timeliness and completeness of SPOE eligibility determinations. This data will be used both to assist program management with resource allocation and field management with evaluation of their team and individual staff.

Additional Information-added April 24, 2018

Since FFY 2013, the BabyNet Early Intervention System under Part C of the Individuals with Disabilities Education Act has identified instances of non-compliance and reported to OSEP findings of non-compliance for Performance Indicators 1, 7, and 8, but did not issue findings.

Factors:

- During this time frame, the system operated with a federally- but not a state-approved policy and procedure manual. The State Lead Agency at the time did not publicly post nor provide training in updated policies and procedures after 2011.
- Without policies and procedures reflecting the 2011 amendments to the federal regulations for Part C, and without state regulations in lieu of policies and procedures, the authority to enforce regulations pertaining to compliance (including issuing findings of non-compliance, state-to-local determinations of performance, and public reporting of local performance) was in dispute.

Progress made in South Carolina:

In 2013, staff of the state lead agency began using a new early intervention data system which better supported tracking of performance by service coordinators and service providers specific to the compliance indicators. The
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FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

state was able to identify barriers to systemic compliance as well as barriers encountered by service coordinators and service providers in submission of valid and reliable data. Refinements to the data system were made as needed, and training/technical assistance provided regarding the State Performance Plan indicators and the data system's functions relative to federal reporting. This training was provided to ensure that system personnel were aware of the Part C requirements. With the designation of the South Carolina Department of Health and Human Services in September 2016 as the new Lead Agency for BabyNet, an analysis of the BabyNet program has begun. BabyNet state office staff are assessing the current status of those barriers and identifying strategies to address South Carolina's failure to execute appropriate general supervision measures and its longstanding non-compliance. A more detailed report of these efforts are described in the SCDHHS Report on BabyNet Federal Compliance Efforts of December 31, 2017 [http://www.scstatehouse.gov/reports/DHHS\(2017-12-31\)%20BabyNet%20Compliance%20Reporting%2033.24.pdf](http://www.scstatehouse.gov/reports/DHHS(2017-12-31)%20BabyNet%20Compliance%20Reporting%2033.24.pdf)

SCDHHS is committing the necessary resources, guidance, and training to resolve these systemic deficiencies in FFY 2017 and beyond.

Actions required in FFY 2015 response

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

Correction of Findings of Noncompliance Identified in FFY 2015

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
63	23	5	35

FFY 2015 Findings of Noncompliance Verified as Corrected

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

For FFY 2015, the State has identified 63 findings of non-compliance for this Indicator. For those findings, the state used the early intervention data system (*BRIDGES*) to include a review of individual service logs and reports specific to Indicator 7 over the reporting periods of FFY 2015 and FFY 2016. Of the 63 findings, Prong 1 of correction was verified in all instances for all findings. For Prong 2, 23 findings were verified as corrected during FFY 2015; Prong 2 for five additional findings were verified as corrected in FFY 2016. Prong 2 remains unverified for 35 findings.

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

Using the data system reports specific to the 45-day process, the state verified that for each the 1263 children with late IFSPs, the plan was in fact developed and in place. This was accomplished using ad hoc reports and individual file reviews to verify the prepared report for this indicator.

FFY 2015 Findings Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

South Carolina continues to use a two tier system of service coordination. Initial service coordinators, assigned at referral to BabyNet, are responsible for orientation and intake, consents, and the initial eligibility evaluation, and have 25 calendar days to complete these activities. If eligible for Part C services, the family selects a primary service coordinator who is responsible for assessment of the child, assessment of the family, and development of the initial IFSP.

Analysis of the data for FFY 2015 indicate that non-compliance (i.e., more than 25 days for the initial service coordinator and/or more than 20 days for the primary service coordinator) was distributed as follows:

Initial service coordination only: 406 instances of non-compliance, average number of days 53

Primary service coordination only: 183 instance of non-compliance, average number of days 42

Initial and primary service coordination: 673 instances of non-compliance.

Actions identified by SCDHHS to address these issues in FFY 2017 and beyond are described in detail in the FFY 2016 Data section of the report for Indicator 7.

OSEP Response

OSEP's June 29, 2017 determination letter and the Conditions on South Carolina's IDEA Part C FFY 2017 grant award required the State to submit with its FFY 2016 IDEA Part C APR data demonstrating compliance with the timely evaluation, assessment, and initial Individualized Family Service Plan or IFSP meeting within 45 days of referral and demonstrate correction of the State's FFY 2015 findings of noncompliance.

The State did not demonstrate that the EIS program or provider corrected the findings of noncompliance identified in FFY 2015 because it did not report that it verified correction of those findings, consistent with the requirements in OSEP Memo 09-02. Specifically, the State did not report that that it verified that each EIS program or provider with noncompliance identified in FFY 2015 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. Instead, the State reports that, for 63 findings, "...the 2/3/2020

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State used the early intervention data system (BRIDGES) to include a review of individual service logs and reports specific to Indicator 7 over the reporting periods of FFY 2015 and FFY 2016. Of the 63 findings, Prong 1 of correction was verified in all instances for all findings." However, the State also reports that 35 of the 63 findings of noncompliance are not yet verified.

OSEP's December 2017 monitoring letter identified noncompliance with the State's monitoring system and required the State to submit a corrective action plan (CAP) to ensure compliance. The State submitted, and OSEP approved on June 1, 2018, the CAP submitted in response to OSEP's December 2017 monitoring letter. The State must submit in a timely manner all items required under the CAP.

Because the State reported less than 100% compliance for FFY 2016, the State must report on the status of correction of noncompliance identified in FFY 2016 for this indicator. In addition, the State must demonstrate, in the FFY 2017 SPP/APR, that the uncorrected noncompliance identified in FFY 2015 was corrected. If the data do not demonstrate compliance, the State must submit a plan to ensure compliance.

When reporting on the correction of noncompliance, the State must report, in the FFY 2017 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2016 and each EIS program or provider with the remaining 35 findings of noncompliance identified in FFY 2015: (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 2017 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

Required Actions

The State must submit in a timely manner all items required under the CAP.

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 8A: Early Childhood Transition**

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data			88.00%	100%	100%	100%	60.00%	60.00%	72.00%	70.94%	100%

FFY	2015
Target	100%
Data	100%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target	100%	100%	100%

FFY 2016 SPP/APR Data

Data include only those toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday.

- Yes
- No

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
2,505	2,505	100%	100%	100%

Number of documented delays attributable to exceptional family circumstances <i>This number will be added to the "Number of children exiting Part C who have an IFSP with transition steps and services" field to calculate the numerator for this indicator.</i>	0
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What is the source of the data provided for this indicator?

- State monitoring
- State database

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

Data for this indicator were collected from the full reporting period of July 1, 2016 through June 30, 2017.

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

The BRIDGES system, requires transition planning with the initial and each subsequent 6-month review or evaluation of the IFSP. Service coordinators cannot save the IFSP in the data system without a completed transition plan.

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Actions required in FFY 2015 response

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

Correction of Findings of Noncompliance Identified in FFY 2015

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

OSEP Response

Required Actions

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 8B: Early Childhood Transition**

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

FFY	2015
Target	100%
Data	100%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target	100%	100%	100%

FFY 2016 SPP/APR Data

Data include notification to both the SEA and LEA

- Yes
- No

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
2,505	2,505	100%	100%	100%

Number of parents who opted out <i>This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.</i>	0
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Describe the method used to collect these data

Using data from the BRIDGES data system, the Part C Data Manager on a monthly basis sends data reports to the SEA and each of the state's 80 LEAs as follows: a) "24 Month Report" from BRIDGES of children who turned 24 months (2 years) of age in the previous month and for whom an initial IFSP was developed; b) "Over 24 Report" from BRIDGES of children who were 24 months (2 years) of age during the previous month and for whom an initial IFSP was developed; c) "30 Month Report" from BRIDGES of children who turned 30 months (2.5 years) of age or and for whom an initial IFSP was developed at age 30 months (2.5 years) during the previous month; d) "Over 33 Month Report" from BRIDGES of children with an initial IFSP developed between age 33 months (2 years 9months) and 34.5 months (2 year, 10.5 months); and e) "Over 34.5 Month Report" from BRIDGES of children referred to BabyNet over 34.5 months of age in the assigned geographic area.

Each report includes directory information (child's name, date of birth, address, and telephone number) for children in

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

the assigned geographic area for the LEA. If no children in a school district qualify for notification, a "Zero Report" is made which notifies the SCDE and LEA that there are no children to report in the specific month range.

Do you have a written opt-out policy? No

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

- State monitoring
- State database

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

Data for this indicator were collected from the full reporting period of July 1, 2016 - June 30, 2017.

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

Because the notification to the State Education Agency (SEA) and each Local Education Agency (LEA) is completed electronically as described above, the state has ensured 100% compliance with Indicator 8b.

Actions required in FFY 2015 response

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

Correction of Findings of Noncompliance Identified in FFY 2015

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

OSEP Response

Required Actions

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 8C: Early Childhood Transition**

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		93.00%	68.00%	64.89%	83.00%	84.00%	87.00%	75.00%	91.00%	88.06%	84.72%

FFY	2015
Target	100%
Data	96.47%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target	100%	100%	100%

FFY 2016 SPP/APR Data

Explanation of Alternate Data

Alternate data is submitted after capturing additional data entered by BN Service Coordinators.

Data reflect only those toddlers for whom the Lead Agency has conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services

- Yes
- No

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
1,899	2,522	96.47%	100%	85.97%

Number of toddlers for whom the parent did not provide approval for the transition conference <i>This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.</i>	313
Number of documented delays attributable to exceptional family circumstances <i>This number will be added to the "Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B" field to calculate the numerator for this indicator.</i>	null

Reasons for Slippage

Slippage is attributable to a number of factors including staff turnover and general lack of understanding of requirements. BabyNet is partnering with South Carolina Department of Education's Office of Special Education to develop interagency guidance and train staff.

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

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

- State monitoring
- State database

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

Data for this indicator were collected for the full reporting period of July 1, 2016 - June 30, 2017.

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

In FFY 2016, there were 2522 children who exited who were potentially eligible for Part B preschool services. Of these, 1899 received a transition timely transition conference not more than nine months and not less than three months prior to their third birthday.

With the monthly data reminders for missing and/or invalid data, service coordinators have been particularly responsive to requests to enter both transition and exit data in the BRIDGES, including instances when parents decline the transition conference process and when the conference was delayed due to parent reasons. Thus, Indicator 8c includes 313 children whose parent/guardian did not give approval for the transition conference (subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B).

Provide additional information about this indicator (optional)

Since FFY 2013, the BabyNet Early Intervention System under Part C of the Individuals with Disabilities Education Act has identified instances of non-compliance and reported to OSEP findings of non-compliance for Performance Indicators 1, 7, and 8, but did not issue findings.

Factors:

- During this time frame, the system operated with a federally- but not a state-approved policy and procedure manual. The State Lead Agency at the time did not publicly post nor provide training in updated policies and procedures after 2011.
- Without policies and procedures reflecting the 2011 amendments to the federal regulations for Part C, and without state regulations in lieu of policies and procedures, the authority to enforce regulations pertaining to compliance (including issuing findings of non-compliance, state-to-local determinations of performance, and public reporting of local performance) was in dispute.

Progress made in South Carolina:

In 2013, staff of the state lead agency began using a new early intervention data system which better supported tracking of performance by service coordinators and service providers specific to the compliance indicators. The state was able to identify barriers to systemic compliance as well as barriers encountered by service coordinators and service providers in submission of valid and reliable data. Refinements to the data system were made as needed, and training/technical assistance provided regarding the State Performance Plan indicators and the data system's functions relative to federal reporting. This training was provided to ensure that system personnel were aware of the Part C requirements. With the designation of the South Carolina Department of Health and Human Services in September 2016 as the new Lead Agency for BabyNet, an analysis of the BabyNet program has begun. BabyNet state office staff are assessing the current status of those barriers and identifying strategies to address South Carolina's failure to execute appropriate general supervision measures and its longstanding non-compliance. A more detailed report of these efforts are described in the *SCDHHS Report on BabyNet Federal Compliance Efforts* of December 31, 2017 <http://www.scstatehouse.gov/reports/DHHS/2017-12-31%20BabyNet%20Compliance%20Reporting%2033.24.pdf>

SCDHHS is committing the necessary resources, guidance, and training to resolve these systemic deficiencies in FFY 2017 and beyond.

Actions required in FFY 2015 response

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

Correction of Findings of Noncompliance Identified in FFY 2015

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
34	26	3	5

FFY 2015 Findings of Noncompliance Verified as Corrected

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

For FFY 2015, the State has identified 34 findings of non-compliance attributable to service coordinator delays for this Indicator. For those findings, the state used the early intervention data system (BRIDGES) to include a review of individual service logs and reports specific to Indicator 8c over the reporting periods of FFY 2015 and FFY 2016. Of the 34 findings, Prong 1 of correction was verified in all instances for all findings. For Prong 2, 26 findings were verified as corrected during FFY 2015; three additional findings were verified as corrected in FFY 2016.

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

Using the data system reports specific to the transition conference, the state verified that for each the 144 children with late transition conferenes attributable to service coordinator delays, the conference was in fact held, and that transition conference for children served subsequent to the non-compliance was timely. This was accomplished using ad hoc reports and individual file reviews to verify the prepared report for this indicator.

FFY 2015 Findings Not Yet Verified as Corrected

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Actions taken if noncompliance not corrected

The State is conducting additional analyses of the data for this indicator to determine if there are any trends related to service coordination vendors, regions of the state, or local education agencies before identifying specific actions.

FFY 2014 Findings of Noncompliance Verified as Corrected

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

The state used the early intervention data system (*BRIDGES*) to include a review of individual service logs and reports specific to Indicator 8c over the reporting periods of FFY 2014 and FFY 2015.

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

Using the data system reports specific to the transition conference, the state verified that for each the 144 children with late transition conferences attributable to service coordinator delays, the conference was in fact held, and that transition conference for children served subsequent to the non-compliance was timely. This was accomplished using ad hoc reports and individual file reviews to verify the prepared report for this indicator.

OSEP Response

The State did not demonstrate that the EIS program or provider corrected the findings of noncompliance identified in FFYs 2015 and 2014 because it did not report that it verified correction of those findings, consistent with the requirements in OSEP Memo 09-02. Specifically, the State did not report that it verified that each EIS program or provider with noncompliance identified in FFY 2015 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. The State reports that "Of the 34 findings, Prong 1 of correction was verified in all instances for all findings." However, the State also reports that five of the 34 findings of noncompliance are not yet verified.

Because the State reported less than 100% compliance for FFY 2016, the State must report on the status of correction of noncompliance identified in FFY 2016 for this indicator. In addition, the State must demonstrate, in the FFY 2017 SPP/APR, that the remaining five uncorrected findings of noncompliance identified in FFY 2015 were corrected. If the data do not demonstrate compliance, the State must submit a plan to ensure compliance.

When reporting on the correction of noncompliance, the State must report, in the FFY 2017 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2016 and each EIS program or provider with noncompliance identified in FFY 2015 findings: (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 2017 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

Required Actions

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 9: Resolution Sessions**

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures under section 615 of the IDEA are adopted).

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

Historical Data

Baseline Data:

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥											
Data											

FFY	2015
Target ≥	
Data	

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target ≥			

Key:

Targets: Description of Stakeholder Input

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2016-17 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/1/2017	3.1(a) Number resolution sessions resolved through settlement agreements	n	null
SY 2016-17 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/1/2017	3.1 Number of resolution sessions	n	null

FFY 2016 SPP/APR Data

3.1(a) Number resolution sessions resolved through settlement agreements	3.1 Number of resolution sessions	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
0	0			0%

Provide additional information about this indicator (optional)

South Carolina reported a total of three complaints in FFY 2016. Two complaints were withdrawn or dismissed; one complaint was investigated and a report issued within required timelines but did not rise to the level of a due process resolution session. All complaints involved issues about access to or timeliness of services.

Actions required in FFY 2015 response

none

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

OSEP Response

This Indicator is not applicable to the State.

Required Actions

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 10: Mediation**

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: Percent of mediations held that resulted in mediation agreements.

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥									100%		
Data											

FFY	2015
Target ≥	
Data	

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target ≥			

Key:

Targets: Description of Stakeholder Input

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2016-17 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/1/2017	2.1.a.i Mediations agreements related to due process complaints	n	null
SY 2016-17 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/1/2017	2.1.b.i Mediations agreements not related to due process complaints	n	null
SY 2016-17 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/1/2017	2.1 Mediations held	n	null

FFY 2016 SPP/APR Data

2.1.a.i Mediations agreements related to due process complaints	2.1.b.i Mediations agreements not related to due process complaints	2.1 Mediations held	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
0	0	0			

Provide additional information about this indicator (optional)

South Carolina reported a total of three complaints in FFY 2016. Two complaints were withdrawn or dismissed; one complaint was investigated and a report issued within required timelines but did not rise to the level of a due process mediation agreement. All complaints involved issues about access to or timeliness of services.

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Actions required in FFY 2015 response

none

OSEP Response

The State reported fewer than ten mediations held in FFY 2016. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

Required Actions

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 11: State Systemic Improvement Plan**

Monitoring Priority: General Supervision

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

Reported Data

Baseline Data:

FFY	2013	2014	2015	2016
Target				
Data				

Key: Gray – Data Prior to Baseline Yellow – Baseline
Blue – Data Update

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target		

Key:

Description of Measure

Targets: Description of Stakeholder Input

Overview

Data Analysis

A description of how the State identified and analyzed key data, including data from SPP/APR indicators, 618 data collections, and other available data as applicable, to: (1) select the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families, and (2) identify root causes contributing to low performance. The description must include information about how the data were disaggregated by multiple variables (e.g., EIS program and/or EIS provider, geographic region, race/ethnicity, socioeconomic status, gender, etc.) As part of its data analysis, the State should also consider compliance data and whether those data present potential barriers to improvement. In addition, if the State identifies any concerns about the quality of the data, the description must include how the State will address these concerns. Finally, if additional data are needed, the description should include the methods and timelines to collect and analyze the additional data.

Analysis of State Infrastructure to Support Improvement and Build Capacity

A description of how the State analyzed the capacity of its current infrastructure to support improvement and build capacity in EIS programs and/or EIS providers to implement, scale up, and sustain the use of evidence-based practices to improve results for infants and toddlers with disabilities and their families. State systems that make up its infrastructure include, at a minimum: governance, fiscal, quality standards, professional development, data, technical assistance, and accountability/monitoring. The description must include current strengths of the systems, the extent the systems are coordinated, and areas for improvement of functioning within and across the systems. The State must also identify current State-level improvement plans and other early learning initiatives, such as Race to the Top-Early Learning Challenge and the Home Visiting program and describe the extent that these new initiatives are aligned, and how they are, or could be, integrated with, the SSIP. Finally, the State should identify representatives (e.g., offices, agencies, positions, individuals, and other stakeholders) that were involved in developing Phase I of the SSIP and that will be involved in developing and implementing Phase II of the SSIP.

State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and Their Families

A statement of the result(s) the State intends to achieve through the implementation of the SSIP. The State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families must be aligned to an SPP/APR indicator or a component of an SPP/APR indicator. The State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families must be clearly based on the Data and State Infrastructure

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Analyses and must be a child- or family-level outcome in contrast to a process outcome. The State may select a single result (e.g., increase the rate of growth in infants and toddlers demonstrating positive social-emotional skills) or a cluster of related results (e.g., increase the percentage reported under child outcome B under Indicator 3 of the SPP/APR (knowledge and skills) and increase the percentage trend reported for families under Indicator 4 (helping their child develop and learn)).

Statement

Description

Selection of Coherent Improvement Strategies

An explanation of how the improvement strategies were selected, and why they are sound, logical and aligned, and will lead to a measurable improvement in the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. The improvement strategies should include the strategies, identified through the Data and State Infrastructure Analyses, that are needed to improve the State infrastructure and to support EIS program and/or EIS provider implementation of evidence-based practices to improve the State-identified result(s) for infants and toddlers with disabilities and their families. The State must describe how implementation of the improvement strategies will address identified root causes for low performance and ultimately build EIS program and/or EIS provider capacity to achieve the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

Theory of Action

A graphic illustration that shows the rationale of how implementing the coherent set of improvement strategies selected will increase the State's capacity to lead meaningful change in EIS programs and/or EIS providers, and achieve improvement in the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

Submitted Theory of Action: No Theory of Action Submitted

 Provide a description of the provided graphic illustration (optional)

Infrastructure Development

- Specify improvements that will be made to the State infrastructure to better support EIS programs and providers to implement and scale up EBPs to improve results for infants and toddlers with disabilities and their families.
- Identify the steps the State will take to further align and leverage current improvement plans and other early learning initiatives and programs in the State, including Race to the Top-Early Learning Challenge, Home Visiting Program, Early Head Start and others which impact infants and toddlers with disabilities and their families.
- Identify who will be in charge of implementing the changes to infrastructure, resources needed, expected outcomes, and timelines for completing improvement efforts.
- Specify how the State will involve multiple offices within the State Lead Agency, as well as other State agencies and stakeholders in the improvement of its infrastructure.

Support for EIS programs and providers Implementation of Evidence-Based Practices

- Specify how the State will support EIS providers in implementing the evidence-based practices that will result in changes in Lead Agency, EIS program, and EIS provider practices to achieve the SIMR(s) for infants and toddlers with disabilities and their families.
- Identify steps and specific activities needed to implement the coherent improvement strategies, including communication strategies and stakeholder involvement; how identified barriers will be addressed; who will be in charge of implementing; how the activities will be implemented with fidelity; the resources that will be used to implement them; and timelines for completion.
- Specify how the State will involve multiple offices within the Lead Agency (and other State agencies such as the SEA) to support EIS providers in scaling up and sustaining the implementation of the evidence-based practices once they have been implemented with fidelity.

Evaluation

- Specify how the evaluation is aligned to the theory of action and other components of the SSIP and the extent to which it includes short-term and long-term objectives to measure implementation of the SSIP and its impact on achieving measurable improvement in SIMR(s) for infants and toddlers with disabilities and their families.
- Specify how the evaluation includes stakeholders and how information from the evaluation will be disseminated to stakeholders.
- Specify the methods that the State will use to collect and analyze data to evaluate implementation and outcomes of the SSIP and the progress toward achieving intended improvements in the SIMR(s).
- Specify how the State will use the evaluation data to examine the effectiveness of the implementation; assess the State's progress toward achieving intended improvements; and to make modifications to the SSIP as necessary.

Technical Assistance and Support

Describe the support the State needs to develop and implement an effective SSIP. Areas to consider include: Infrastructure development; Support for EIS programs and providers implementation of EBP; Evaluation; and Stakeholder involvement in Phase II.

Phase III submissions should include:

- Data-based justifications for any changes in implementation activities.
- Data to support that the State is on the right path, if no adjustments are being proposed.
- Descriptions of how stakeholders have been involved, including in decision-making.

A. Summary of Phase 3

1. Theory of action or logic model for the SSIP, including the SiMR.
2. The coherent improvement strategies or principle activities employed during the year, including infrastructure improvement strategies.
3. The specific evidence-based practices that have been implemented to date.
4. Brief overview of the year's evaluation activities, measures, and outcomes.
5. Highlights of changes to implementation and improvement strategies.

South Carolina has not submitted its SSIP as of the start of clarification.

B. Progress in Implementing the SSIP

1. Description of the State's SSIP implementation progress: (a) Description of extent to which the State has carried out its planned activities with fidelity—what has been accomplished, what milestones have been met, and whether the intended timeline has been followed and (b) Intended outputs that have been accomplished as a result of the implementation activities.
2. Stakeholder involvement in SSIP implementation: (a) How stakeholders have been informed of the ongoing implementation of the SSIP and (b) How stakeholders have had a voice and been involved in decision-making regarding the ongoing implementation of the SSIP.

C. Data on Implementation and Outcomes

1. How the State monitored and measured outputs to assess the effectiveness of the implementation plan: (a) How evaluation measures align with the theory of action, (b) Data sources for each key measure, (c) Description of baseline data for key measures, (d) Data collection procedures and associated timelines, (e) [If applicable] Sampling procedures, (f) [If appropriate] Planned data comparisons, and (g) How data management and data analysis procedures allow for assessment of progress toward achieving intended improvements
2. How the State has demonstrated progress and made modifications to the SSIP as necessary: (a) How the State has reviewed key data that provide evidence regarding progress toward achieving intended improvements to infrastructure and the SiMR, (b) Evidence of change to baseline data for key measures, (c) How data support changes that have been made to implementation and improvement strategies, (d) How data are informing next steps in the SSIP implementation, and (e) How data support planned modifications to intended outcomes (including the SiMR)—rationale or justification for the changes or how data support that the SSIP is on the right path
3. Stakeholder involvement in the SSIP evaluation: (a) How stakeholders have been informed of the ongoing evaluation of the SSIP and (b) How stakeholders have had a voice and been involved in decision-making regarding the ongoing evaluation of the SSIP

D. Data Quality Issues: Data limitations that affected reports of progress in implementing the SSIP and achieving the SiMR

1. Concern or limitations related to the quality or quantity of the data used to report progress or results
2. Implications for assessing progress or results
3. Plans for improving data quality

E. Progress Toward Achieving Intended Improvements

1. Infrastructure changes that support SSIP initiatives, including how system changes support achievement of the SiMR, sustainability, and scale-up
2. Evidence that SSIP's evidence-based practices are being carried out with fidelity and having the desired effects
3. Outcomes regarding progress toward short-term and long-term objectives that are necessary steps toward achieving the SiMR
4. Measurable improvements in the SiMR in relation to targets

F. Plans for Next Year

1. Additional activities to be implemented next year, with timeline
2. Planned evaluation activities including data collection, measures, and expected outcomes
3. Anticipated barriers and steps to address those barriers
4. The State describes any needs for additional support and/or technical assistance

OSEP Response

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Certify and Submit your SPP/APR**

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

Selected: Designated by the Lead Agency Director to certify

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

Name: Kristie K. Musick

Title: Policy and Compliance Coordinator

Email: Kristie.Musick@scdhhs.gov

Phone: 803-898-2117