

**State Performance Plan / Annual Performance Report: Part C**

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

**For reporting on  
FFY 2019**

**Michigan**



**PART C DUE  
February 1, 2021**

**U.S. DEPARTMENT OF EDUCATION  
WASHINGTON, DC 20202**

## Introduction

### Instructions

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

### Intro - Indicator Data

#### Executive Summary

The Lead Agency for Part C, or Early On®, is Michigan's State Education Agency, the Michigan Department of Education (MDE). The MDE provides oversight to the 56 intermediate school districts (ISDs) responsible for the administration of Early On across the state. Each local early intervention system (LEIS) is required to have a Local Interagency Coordinating Council (LICC) to provide an advisory body for its system of services. The LICCs are patterned after the Michigan Interagency Coordinating Council (MICC) requiring representative stakeholders and parent membership.

Since program inception, Michigan's early intervention system has coordinated and collaborated with the Michigan Department of Human Services, the child well-being agency, and the Michigan Department of Community Health, which houses both mental health and public health, to implement the early intervention system for infants and toddlers with disabilities or developmental delays and their families. These state-level service partners are part of one agency, which is the Michigan Department of Health and Human Services (MDHHS). These state level partners coordinate and collaborate with the MDE to collect and analyze program data, as well as implement improvement activities to improve outcomes.

The Annual Performance Report (APR) development process included input and analysis of data from MDE, MDHHS, program partners, families, and a review by the MICC. Contractors and MDE's state-level data collection entity ensured that indicator-specific data were collected, certified, and submitted to MDE for final confirmation. LEIS submitted data to the Michigan Student Data System (MSDS), which were then analyzed by the Part C 618 data coordinator. Data were also collected and analyzed by Wayne State University. A series of meetings were held to review and utilize confirmed data to develop program improvement activities. Data coordination meetings have aligned efforts and decreased redundancy. New this year, the MDE developed a data ad hoc committee, which both worked to inform a state-level group of stakeholders on data collection and reporting elements and to inform the SPP/APR movement process moving forward.

In Michigan, Parts B and C have been engaged in the development of Catamaran, a comprehensive online monitoring/accountability system. The monitoring system has gone through various iterations to respond to requirements within the 2004 Reauthorization of the Individuals with Disabilities Education Improvement Act. Continuous improvement is a constant goal, so enhancements were initiated to the monitoring/accountability system in response to needs of the users. There are three monitoring components to Catamaran: (1) focused monitoring; (2) data analysis, which includes a process for notifying LEISs of findings which require corrective action plans for compliance indicators; and (3) verification.

Verification that each LEIS is correctly implementing a specific regulatory requirement starts with MDE reviewing MSDS data submitted by each LEIS. If data submitted and reviewed by MDE in response to corrective action plans indicate correction, then verification is complete. If a deeper analysis is required, MDE will request the LEIS submit a random sample of 10% of the most recent local child count or a minimum of ten records, whichever is greater, from the local program child files within the reporting period. MDE uses an indicator-specific checklist based upon the federal and state standards when reviewing each set of local program files. This ensures that local programs are correctly implementing the specific regulatory requirements. Notification of noncompliance is made in the Catamaran system. For all child-level noncompliance and/or related requirements, citations are provided to the LEIS through a child-level corrective action form in Catamaran. The LEISs are given a deadline by which they must correct the noncompliance for each child record. The state verifies child-level correction of noncompliance by reviewing individual child records using the same indicator-specific checklist noted earlier. This review certifies that the specific missing component that caused noncompliance has been provided to that child and/or family.

A copy of the Michigan Part C of IDEA State Performance Plan/Annual Performance Report (SPP/APR) can be downloaded at [www.michigan.gov/earlyon](http://www.michigan.gov/earlyon).

#### Additional information related to data collection and reporting

When Michigan issued a stay-at-home order in March 2020 in response to COVID-19, local Part C service areas struggled with child find, child outcome data collection, and assessments in a virtual environment or when they could not meet with families in person. This pandemic had the potential to impact the completeness and validity of SPP/APR indicator data. If providers found themselves unable to collect data or complete assessments, both compliance and results indicator data were impacted.

The following steps were taken to mitigate the impact of COVID-19:

- Webinars were offered either bi-weekly or monthly from the beginning of the pandemic to the end of the program year. The combined Early On and ECSE webinars provided a regular open two-way communication loop between Michigan's IDEA Part C program staff, Early On Training and Technical Assistance (EOT&TA), and local administrators and providers.
- Community of Practice (CoP) meetings held by EOT&TA provided opportunities for local administrators to problem-solve with each other and with state technical assistance specialists.
- Technical assistance specialists attended national technical assistance offerings and gathered resources. Information and resources were then used to support local service areas during the pandemic.
- Resources were posted on EOT&TA's website to provide continuous access.

These strategies provided support to local early intervention service areas to avert the impact on completeness and validity of data. These proactive steps allowed Michigan to collect complete and valid data to the fullest extent possible.

#### 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.**

Michigan's Part C comprehensive general supervision system is in place to assist in achieving improved results for infants and toddlers with disabilities and/or a developmental delay and their families. Various components of the system are briefly discussed below.

MDE is the lead agency for the implementation of Part C of the Individuals with Disabilities Education Act (IDEA). Part C of IDEA is commonly known as Early On in Michigan. Leadership for Early On is located in the Office of Great Start/Early Childhood Development and Family Education (OGS/ECD&FE). There are 56 ISDs responsible for the administration of Early On across the state. Each LEIS is required to have an LICC to provide

advice for its system of services. The LICCs are patterned after the MICC, requiring representative stakeholders as well as parent membership.

Early On partners and collaborates with the MICC, the state interagency coordinating council. MDE staff reviewed available data along with statewide contractors, members of the MICC Executive Committee, and the Parent Involvement Committee (PIC). After several data review meetings, target recommendations were presented to the MICC at their November 2014 meeting. Each November, the MICC reviews current data in comparison to the previously set targets.

Data collection for Part C reporting requirements are collected from three sources: 1) the Michigan Electronic Grants System Plus (MEGS+); 2) the Michigan Student Data System (MSDS); and 3) the Qualitative Compliance Information Project (QCIP), Michigan's confidential system for reporting family outcomes. Local lead agencies collect basic demographic data on all children enrolled in Early On, assigning a unique identification code (UIC) to each child. Those data are then uploaded from individual local data management systems into MSDS. MSDS builds a secure, confidential record of elements needed for federal reporting.

Fiscal management of LEIS and statewide contracts is controlled using MEGS+. All fiscal agents must apply for Part C funds through this system. Budgets and subsequent amendments are approved by lead agency staff. Distribution of reimbursement payments are conducted and final expenditure reports are filed via the Cash Management System.

An effective dispute resolution system is in place with the support of Michigan's Office of Special Education (OSE), the lead office for Part B of IDEA. OSE provides oversight and administration for mediation, complaints, and due process hearings for both Part C and Part B of IDEA.

State mediation requests are processed by Special Education Mediation Services (SEMS), formerly known as Michigan Special Education Mediation Program (mikids1st.org). SEMS provides mediation, facilitation, and training services for working through disagreements so that children with disabilities promptly receive the services they need to develop and succeed in school. SEMS provides services through a network of 18 conflict resolution centers across the state. The project uses mediation, facilitation, and training services for working through disputes. The mediation process is intended to resolve disputes by sharing ideas on what the child needs. The process helps participants find solutions for the good of the child and family in a non-legal way, thereby avoiding a lengthy and expensive court process. The use of mediation is voluntary and has to be agreed to by both the parent and the local early intervention system.

Complaints filed with the state are processed by OSE. OSE has a very organized system to track and process complaints. OSE utilizes a single-tier complaint system. All state complaints are completed using this system. This single-tier system allows the early intervention systems and OSE to jointly investigate complaints resulting in the opportunity to encourage and support the use of local resolution and methods of alternative dispute resolution.

Due process hearings in Michigan are processed in a single-tier system that uses hearing officers who are administrative law judges. The hearing officers are salaried state employees employed by a state department separate from MDE. It is required that the hearing officers are knowledgeable and understand the provisions of IDEA, federal and state regulations, and all relevant legal interpretations. This separate agency is the Michigan Administrative Hearing System (MAHS).

The monitoring system used by OSE and OGS/ECD&FE is an interactive online system entitled Catamaran. The state uses this system to ensure compliance with IDEA and any state rule and to promote outcomes. This system was designed to help the state and ISDs analyze and interpret data, as well as record all monitoring activities in a single location. It reflects the priorities of IDEA and the State Performance Plan (SPP). In assessing the performance of its locals, the state monitors data collected through focused monitoring activities (on-site, state-verified desk audit or state-verified self-review), data reviews, and other activities.

Michigan evaluates the performance of each local early intervention system, relative to the SPP indicator targets. If areas of noncompliance are identified, the state issues a finding of noncompliance to the LEIS.

A finding is a dated, written notification that includes both the citation of the statute, rule or regulation, and a description of the data supporting the state's conclusion that there is noncompliance with that statute or regulation. There are two prongs of verification of correction used by the state: Prong 1 – The local has corrected each individual case of noncompliance, and Prong 2 – The local is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on the state's review of new data per established indicator timeframes.

All identified noncompliance must be corrected as soon as possible, but in no case later than one year, including verification.

Policies, procedures, and the SPP/APR are in place to provide guidance to the field. A Michigan State Plan for Part C of IDEA provides a general overview to the federal requirements. The State Plan, additional guidance, and implementation can be found on the MDE, Early On, and Early On Training and Technical Assistance websites; which are available to the public. The three website addresses are below:

Michigan Department of Education: [www.michigan.gov/earlyon](http://www.michigan.gov/earlyon)

Early On: [www.1800EarlyOn.org](http://www.1800EarlyOn.org)

Early On Training and Technical Assistance: [www.eotta.ccesa.org](http://www.eotta.ccesa.org)

#### **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.**

Technical Assistance (TA) is provided by a statewide contractor, Early On Training and Technical Assistance (EOT&TA), at Clinton County Regional Educational Service Agency. Technical assistance is a component of the comprehensive system of personnel development provided by this same contractor. Staff of EOT&TA participate in numerous national initiatives and activities to stay abreast of current practices. The contractor provides TA to local early intervention systems through a variety of methods including guidance documents, phone contacts, email, one-on-one technical assistance for each of the local systems, and onsite meetings. A daily toll-free line is available for early intervention personnel to ask questions. This contractor also provides TA after state monitoring to assist the LEIS to come into compliance.

Each LEIS also receives TA from state lead agency staff. Three state Education Consultants (Civil Service classification title for professional employees) are assigned a cohort of local systems to provide TA in addition to support from EOT&TA. State staff and EOT&TA work closely to coordinate support to the local systems. State staff technical assistance is at the policy level to clarify guidance where needed at the local level.

#### **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.**

Comprehensive system of personnel development: Through issuance of a mandated activities project contract, Michigan has developed a comprehensive system of personnel development, including the training of providers, paraprofessionals and the training of primary referral sources with respect to the basic components of an early intervention system available in the state that includes training personnel in implementing innovative strategies and activities for the recruitment and retention of Early On service providers, promoting the preparation of Early On service providers who are fully and appropriately qualified to provide early intervention services under Part C, and training personnel to coordinate transition services for infants and toddlers in geographic areas throughout the state.

This contractor also has the responsibility of providing timely delivery of high quality, evidenced-based technical assistance and support to LEIS. Supports to the field include a resourceful website, online and in-person trainings, webinars, system updates sessions, conferences, communities of practice, and book studies with national TA experts. Participation in national communities of practice and TA events provide contractors the most current and up-to-date information.

A self-paced, five-part training module for personnel development entitled the Essentials for Early On is available to support providers in the field to understand expectations for those evaluating infants and toddlers. State staff worked to enable continuing education credits for those completing the on-line course.

The Early On Center for Higher Education is Michigan's pre-service initiative to support the development of highly qualified early intervention personnel to work with infants and toddlers, birth to three, with disabilities and/or special needs, and their families. The Early On Center works with faculty to strengthen learning experiences for 2-year and 4-year college students so they are knowledgeable of Early On Michigan and competent in their future work with families of infants and toddlers.

Each LEIS also receives TA from state staff. Three state consultants are assigned a cohort of ISDs to provide TA in addition to support from EOT&TA. State staff and EOT&TA work closely to coordinate support to the local systems. State staff TA is at the policy level to clarify guidance where needed at the local level.

#### **Stakeholder Involvement:**

**The mechanism for soliciting broad stakeholder input on targets in the SPP/APR, and any subsequent revisions that the State has made to those targets, and the development and implementation of Indicator 11, the State Systemic Improvement Plan (SSIP).**

Michigan Part C collaborates extensively with the MICC, a governor-appointed advisory council. The MICC includes multiple stakeholders from various perspectives around the state. Issues are addressed through various ad hoc and standing committees. The Executive and Parent Involvement committees provide a great deal of advice to the lead agency. When targets need to be established or revised, these committees, along with statewide contractors, review data and make recommendations for the targets. After several data review meetings, target recommendations were presented to the MICC at their November 2014 meeting. Each November the MICC reviews current data in comparison to the previously set targets. The MICC recommended the results indicator targets remain the same through FFY 2019. The MICC has also convened a Data Ad Hoc Committee to advise MDE around target setting through FFY 2025 and have held several meetings to establish common goals, visions, and to begin efforts in target setting for the FY 2020 SPP/APR.

#### **Apply stakeholder involvement from introduction to all Part C results indicators (y/n)**

YES

#### **Reporting to the Public:**

**How and where the State reported to the public on the FFY 2018 performance of each EIS Program located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2018 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State's SPP/APR, including any revision if the State has revised the targets that it submitted with its FFY 2018 APR in 2020, is available.**

The FFY 2018 public report on the performance of each LEIS for all of the required indicators was posted on the three websites for Early On listed below:

Michigan Department of Education: [www.michigan.gov/earlyon](http://www.michigan.gov/earlyon) or [www.MiSchoolData.org](http://www.MiSchoolData.org), and Early On: [www.1800EarlyOn.org](http://www.1800EarlyOn.org).  
A communication was released by MDE's Office of Public and Government Affairs directing stakeholders to MDE's site.

#### **Intro - Prior FFY Required Actions**

In the FFY 2019 SPP/APR, the State must report FFY 2019 data for the State-identified Measurable Result (SiMR). Additionally, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress in implementing the SSIP. Specifically, the State must provide: (1) a narrative or graphic representation of the principal activities implemented in Phase III, Year Five; (2) measures and outcomes that were implemented and achieved since the State's last SSIP submission (i.e., April 1, 2020); (3) a summary of the SSIP's coherent improvement strategies, including infrastructure improvement strategies and evidence-based practices that were implemented and progress toward short-term and long-term outcomes that are intended to impact the SiMR; and (4) any supporting data that demonstrates that implementation of these activities is impacting the State's capacity to improve its SiMR data.

The State's IDEA Part C determination for both 2019 and 2020 is Needs Assistance. In the State's 2020 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 2019 SPP/APR submission, due February 1, 2021, 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.

#### **Response to actions required in FFY 2018 SPP/APR**

#### **Intro - OSEP Response**

The State's determinations for both 2019 and 2020 were Needs Assistance. Pursuant to sections 616(e)(1) and 642 of the IDEA and 34 C.F.R. § 303.704(a), OSEP's June 23, 2020 determination letter informed the State that it must report with its FFY 2019 SPP/APR submission, due February 1,

2021, 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. The State provided the required information.

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

## **Intro - Required Actions**

# Indicator 1: Timely Provision of Services

## Instructions and Measurement

**Monitoring Priority:** Early Intervention Services In Natural Environments

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

### Data Source

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

### Measurement

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

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

### Instructions

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

Targets must be 100%.

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2019 SPP/APR, the data for FFY 2018), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 1 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2006	47.80%

FFY	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%
Data	99.07%	99.60%	99.84%	99.86%	99.89%

### Targets

FFY	2019
Target	100%

### FFY 2019 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 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
18,010	18,281	99.89%	100%	99.92%	Did Not Meet Target	No Slippage

### Number of documented delays attributable to exceptional family circumstances

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

256

**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).**

Thirty calendar days from consent for the services

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

State database

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

Full reporting period - July 1, 2019-June 30, 2020

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

Data from the full reporting period are included.

**If needed, provide additional information about this indicator here.**

Data were collected through the Michigan Student Data System (MSDS). All local early intervention systems (LEIS) submitted data regarding all children served to the state database at three designated points during the program year (July 1, 2019 - June 30, 2020). Data from the three collections were aggregated to provide data from the full reporting period.

Data for this indicator reflect a total of 18,281 children's records include new services on either initial or subsequent IFSPs. This number was used as the denominator for calculation of Indicator 1 data. Reported data reflect that for 18,010 children all new services listed on their IFSP were initiated within the required timeline of 30 calendar days from consent for the services. An additional 256 records indicated delays to the initiation of services were attributable to documented exceptional family circumstances. The number of records with documented exceptional family circumstances (256) was added to the timely records (18,010) resulting in a total of 18,266 records. This number was used as the numerator for the calculation. The resulting percentage of compliance is 99.92%.

$$(18,010+256)/18,281=.9992$$

Both the numerator and denominator include 256 children for whom services were not timely, but whose records indicated that the delays were attributable to documented exceptional family circumstances. 99.92% compliance falls slightly below the target of 100% for this indicator. This compliance level is higher than the 99.89% compliance level reported in the FFY 2018 SPP/APR.

Twenty-nine of the 56 LEISs had a total of 256 records with delays to the start of services that had documented exceptional family circumstances. Reasons for these delays include child or family illness, accommodating family schedules, appointments being cancelled and rescheduled by parents, documented multiple attempts to contact parents for scheduling, family not being at home at scheduled appointment times, family moving, parent not providing consent, and other child or parent reasons.

Nine of the 56 LEISs had a total of 15 records with delays to the start of services for which exceptional family circumstances did not exist or were not documented. Reasons for these delays include provider availability, lack of training/knowledge on the part of personnel, and other provider reasons.

Six of the nine LEISs with delays to the start of services for which exceptional family circumstances did not exist or were not documented were issued Findings of noncompliance and required to develop corrective action plans (CAPs) during FFY 2020 based on these FFY 2019 data. Three of the nine LEISs with delays to the start of services for which exceptional family circumstances did not exist or were not documented were not issued new findings, as they had open findings and CAPs for Indicator 1 or a review of more recent data during verification and closeout of previously issued findings and CAPs for Indicator 1 indicated 100% compliance.

Findings resulting from FFY 2019 data are based on the full reporting period; therefore, findings based on FFY 2019 data are issued in FFY 2020.

**Correction of Findings of Noncompliance Identified in FFY 2018**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
3	3	0	0

**FFY 2018 Findings of Noncompliance Verified as Corrected**

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

The FFY2017 SPP/APR reported that nine of 56 LEISs had a total of 28 records with delays to the start of services for which exceptional family circumstances did not exist or were not documented. Three of the nine LEISs were issued findings in FFY2018 based on FFY2017 data. Six of the nine LEISs were not issued findings of noncompliance for this indicator because they were in their year of correction from findings issued in the previous data cycle.

Each of the three LEISs issued a finding for Indicator 1 in FFY 2018 developed a CAP in Catamaran that detailed strategies that the LEIS would take to correct noncompliance, as soon as possible, but no later than one year from notification of the finding, including verification by the State. As part of the corrective action planning process, progress reports were submitted. Progress reports required the LEIS to conduct file reviews.

When CAP activities had been completed and local data indicated compliance had been achieved, the LEIS requested CAP closeout and MDE conducted verification activities. MDE reviewed the most recent data submitted to MSDS to determine whether the LEIS had achieved 100% compliance. All records for each LEIS were found to be in compliance resulting in a 100% compliance level.

Documentation was also collected from the LEISs and from the state TA providers to demonstrate that all CAP activities had been completed. Each LEIS was notified of the verification of correction of noncompliance through a formal letter closing the CAP.

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

For each of the children for whom services were not initiated within the 30-day timeline from consent for services, it was verified by the state as part of the verification of correction process that all services on the IFSP were indeed initiated, though not timely, or that the child was no longer under the jurisdiction of the local early intervention system. During the corrective action plan process within the Catamaran system, the LEIS was required to provide documentation for the initiation of all services on the IFSP for each of the children for whom services had not been initiated within the 30-day timeline from consent for services. For these children, no further child level correction was possible because timeliness cannot be corrected. The LEIS could also indicate that the child had been exited and was no longer under the jurisdiction of the LEIS. For these children, correction was not possible.

**Correction of Findings of Noncompliance Identified Prior to FFY 2018**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

**1 - Prior FFY Required Actions**

None

**1 - OSEP Response**

In its FFY 2017 SPP/APR submission, the State reported it identified four findings of noncompliance for this indicator in FFY 2018 based on FFY 2017 data. However, in its FFY 2019 SPP/APR submission, the State reported on the correction of three findings identified in FFY 2018. Therefore OSEP cannot determine the number of findings the State made in FFY 2018.

**1 - Required Actions**

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. In addition, the State must demonstrate, in the FFY 2020 SPP/APR, that the remaining four uncorrected findings of noncompliance identified in FFY 2018, based on FFY 2017 data were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2019 and each EIS program or provider with remaining noncompliance identified in FFY 2018, based on FFY 2017 data: (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 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.



## Indicator 2: Services in Natural Environments

### Instructions and Measurement

**Monitoring Priority:** Early Intervention Services In Natural Environments

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

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

## 2 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	84.20%

FFY	2014	2015	2016	2017	2018
Target>=	93.50%	93.50%	94.00%	94.00%	94.00%
Data	95.00%	95.28%	96.47%	97.10%	96.95%

### Targets

FFY	2019
Target>=	94.00%

### Targets: Description of Stakeholder Input

Michigan Part C collaborates extensively with the MICC, a governor-appointed advisory council. The MICC includes multiple stakeholders from various perspectives around the state. Issues are addressed through various ad hoc and standing committees. The Executive and Parent Involvement committees provide a great deal of advice to the lead agency. When targets need to be established or revised, these committees, along with statewide contractors, review data and make recommendations for the targets. After several data review meetings, target recommendations were presented to the MICC at their November 2014 meeting. Each November the MICC reviews current data in comparison to the previously set targets. The MICC recommended the results indicator targets remain the same through FFY 2019. The MICC has also convened a Data Ad Hoc Committee to advise MDE around target setting through FFY 2025 and have held several meetings to establish common goals, visions, and to begin efforts in target setting for the FY 2020 SPP/APR.

### Prepopulated Data

Source	Date	Description	Data
SY 2019-20 Child Count/Educational Environment Data Groups	07/08/2020	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	11,221
SY 2019-20 Child Count/Educational Environment Data Groups	07/08/2020	Total number of infants and toddlers with IFSPs	11,615

**FFY 2019 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 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
11,221	11,615	96.95%	94.00%	96.61%	Met Target	No Slippage

**Provide additional information about this indicator (optional)**

Provision of services in natural environments was impacted by the stay-at-home order and had the potential to be impacted further by both restrictions on in-person contact and comfort level of families for participation in in-person visits when the stay-at-home order was lifted. Provision of services in natural environments through use of remote services was impacted by available technology and internet access for some families.

**2 - Prior FFY Required Actions**

None

**2 - OSEP Response**

**2 - Required Actions**

## Indicator 3: Early Childhood Outcomes

### Instructions and Measurement

**Monitoring Priority:** Early Intervention Services In Natural Environments

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

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

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

#### Data Source

State selected data source.

#### Measurement

Outcomes:

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

Progress categories for A, B and C:

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

#### Summary Statements for Each of the Three Outcomes:

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

##### Measurement for Summary Statement 1:

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

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

##### Measurement for Summary Statement 2:

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

#### Instructions

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

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

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

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

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

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

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

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

### 3 - Indicator Data

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

NO

#### Targets: Description of Stakeholder Input

Michigan Part C collaborates extensively with the MICC, a governor-appointed advisory council. The MICC includes multiple stakeholders from various perspectives around the state. Issues are addressed through various ad hoc and standing committees. The Executive and Parent Involvement committees provide a great deal of advice to the lead agency. When targets need to be established or revised, these committees, along with statewide contractors, review data and make recommendations for the targets. After several data review meetings, target recommendations were presented to the MICC at their November 2014 meeting. Each November the MICC reviews current data in comparison to the previously set targets. The MICC recommended the results indicator targets remain the same through FFY 2019. The MICC has also convened a Data Ad Hoc Committee to advise MDE around target setting through FFY 2025 and have held several meetings to establish common goals, visions, and to begin efforts in target setting for the FY 2020 SPP/APR.

#### Historical Data

Outcome	Baseline	FFY	2014	2015	2016	2017	2018
A1	2008	Target>=	75.30%	75.60%	75.90%	76.20%	76.50%
A1	74.00%	Data	64.00%	74.82%	76.49%	75.19%	76.74%
A2	2008	Target>=	60.50%	60.60%	60.70%	60.80%	60.90%
A2	59.20%	Data	54.79%	54.26%	54.06%	52.15%	53.24%
B1	2008	Target>=	79.70%	79.90%	80.10%	80.30%	80.50%
B1	79.10%	Data	67.60%	79.08%	80.04%	78.72%	79.33%
B2	2008	Target>=	51.80%	52.40%	53.00%	53.60%	54.10%
B2	54.00%	Data	49.04%	48.79%	48.33%	47.27%	48.12%
C1	2008	Target>=	79.00%	79.20%	79.40%	79.60%	79.80%
C1	78.10%	Data	68.17%	78.30%	80.40%	78.24%	78.67%
C2	2008	Target>=	59.40%	59.60%	59.80%	60.00%	60.20%
C2	59.40%	Data	51.95%	49.89%	50.29%	47.54%	50.65%

#### Targets

FFY	2019
Target A1>=	76.50%
Target A2>=	60.90%
Target B1>=	80.50%
Target B2>=	54.10%
Target C1>=	79.80%
Target C2>=	60.20%

#### FFY 2019 SPP/APR Data

Number of infants and toddlers with IFSPs assessed

6,492

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

Outcome A Progress Category	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	16	0.25%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,161	17.88%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1,741	26.82%

<b>Outcome A Progress Category</b>	<b>Number of children</b>	<b>Percentage of Total</b>
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2,367	36.46%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	1,207	18.59%

<b>Outcome A</b>	<b>Numerator</b>	<b>Denominator</b>	<b>FFY 2018 Data</b>	<b>FFY 2019 Target</b>	<b>FFY 2019 Data</b>	<b>Status</b>	<b>Slippage</b>
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	4,108	5,285	76.74%	76.50%	77.73%	Met Target	No Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	3,574	6,492	53.24%	60.90%	55.05%	Did Not Meet Target	No Slippage

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

<b>Outcome B Progress Category</b>	<b>Number of Children</b>	<b>Percentage of Total</b>
a. Infants and toddlers who did not improve functioning	14	0.22%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,158	17.84%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	2,166	33.36%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2,590	39.90%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	564	8.69%

<b>Outcome B</b>	<b>Numerator</b>	<b>Denominator</b>	<b>FFY 2018 Data</b>	<b>FFY 2019 Target</b>	<b>FFY 2019 Data</b>	<b>Status</b>	<b>Slippage</b>
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	4,756	5,928	79.33%	80.50%	80.23%	Did Not Meet Target	No Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	3,154	6,492	48.12%	54.10%	48.58%	Did Not Meet Target	No Slippage

**Outcome C: Use of appropriate behaviors to meet their needs**

Outcome C Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	18	0.28%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,182	18.21%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	2,016	31.05%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2,588	39.86%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	688	10.60%

Outcome C	Numerator	Denominator	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
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	4,604	5,804	78.67%	79.80%	79.32%	Did Not Meet Target	No Slippage
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	3,276	6,492	50.65%	60.20%	50.46%	Did Not Meet Target	No Slippage

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

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's part C exiting 618 data	11,230
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.	2,973

Sampling Question	Yes / No
Was sampling used?	NO

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

YES

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

Every child is rated on each of the three child outcome functional areas using the Child Outcome Summary (COS) seven-point rating scale. Impact is based upon the child's progress by comparing his/her developmental status between the entry (collected within 90 days of the referral date) and the exit ratings (collected within 90 days prior to exit date and after at least six months of continuous service). Rating differences between the two data points measure change or progress. At exit, the service provider(s) not only rate the child on the seven-point rating scale, but also answer the question with a "yes" or "no" about whether the child acquired any new skills or behaviors. Entry ratings, exit ratings, and answers to the "new skill" questions are all required. If the child's record is missing any of this information, the progress data will not be available for this child. Using the Early Childhood Outcomes (ECO) Center Calculator, progress for each child is then converted into one of the five OSEP categories (A-E), indicating the degree to which the child's status has changed between the time he or she entered and exited Early On. Local service areas submitted demographic and assessment information on child entry or exit in Early On through the MSDS. Multiple sources of information, such as assessments, IFSPs, and parent input are collected to help determine the child's functioning across the three outcomes to determine the COS ratings. The COS is a standardized method of reporting a child's developmental status using the seven-point COS rating scale. Ongoing assessment information and/or state-approved assessment tool results are used when establishing COS ratings.

A variety of tools are used to gather information to assist in determining entry and exit COS ratings. Below is a list of the most common tools used. This is not an exhaustive list.

Assessment, Evaluation, and Programming System for Infants and Children (AEPS)  
 Battelle Developmental Inventory  
 Bayley  
 Brigance

Carolina  
Early Learning Intervention Developmental Profile Revised Edition (EIDP)  
Early Learning Accomplishment Profile Kit (E-LAP)  
Hawaii Early Learning Profile (HELP)  
Infant-Toddler Developmental Assessment Kit (IDA)  
Other: An assessment tool not listed above

**Provide additional information about this indicator (optional)**

When Michigan issued a stay-at-home order in March 2020 in response to COVID-19, local service areas struggled with how to complete COS ratings and assessments in a virtual environment or when they could not meet with families in person. This pandemic had the potential to impact the completeness and validity of COS rating data. If providers found themselves unable to complete the child outcomes assessments, the completeness of entry and exit ratings would be impacted. If providers did not have tools and procedures that provided valid and reliable ratings when completed with remote methods, the validity and reliability of data would be impacted.

The following steps were taken to mitigate the impact of COVID-19:

- Bi-weekly or monthly webinars starting at the beginning of program closures and for the remainder of the program year offered a regular open two-way communication loop between Michigan’s IDEA Part C program staff, Early On Training and Technical Assistance (EOT&TA), and local administrators and providers.
- Community of Practice (CoP) meetings held by EOT&TA provided opportunities for local administrators to problem-solve with each other and with state technical assistance specialists.
- Technical assistance specialists attended national technical assistance offerings and gathered resources. Information and resources were then used to support local service areas during the pandemic.
- Resources were posted on EOT&TA’s website to provide continuous access.

These strategies provided support to local early intervention service areas to avert the impact on completeness and validity of data. These proactive steps allowed Michigan to collect complete and valid data.

**3 - Prior FFY Required Actions**

None

**3 - OSEP Response**

**3 - Required Actions**

## Indicator 4: Family Involvement

### Instructions and Measurement

**Monitoring Priority:** Early Intervention Services In Natural Environments

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

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

Provide the actual numbers used in the calculation.

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

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

Report the number of families to whom the surveys were distributed.

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. States should consider categories such as race and ethnicity, age of the infant or toddler, and geographic location in the State.

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

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

## 4 - Indicator Data

### Historical Data

Measure	Baseline	FFY	2014	2015	2016	2017	2018
A	2005	Target>=	58.60%	58.80%	59.00%	59.20%	59.40%
A	56.00%	Data	70.65%	69.07%	69.21%	71.12%	71.20%
B	2005	Target>=	53.60%	53.80%	54.00%	54.20%	54.40%
B	51.00%	Data	63.75%	62.81%	62.73%	64.75%	64.86%
C	2005	Target>=	77.60%	77.80%	78.00%	78.20%	78.40%
C	73.00%	Data	84.05%	83.98%	84.14%	84.06%	85.33%

### Targets

FFY	2019
Target A>=	59.40%
Target B>=	54.40%
Target C>=	78.40%

### Targets: Description of Stakeholder Input



Michigan Part C collaborates extensively with the MICC, a governor-appointed advisory council. The MICC includes multiple stakeholders from various perspectives around the state. Issues are addressed through various ad hoc and standing committees. The Executive and Parent Involvement committees provide a great deal of advice to the lead agency. When targets need to be established or revised, these committees, along with statewide contractors, review data and make recommendations for the targets. After several data review meetings, target recommendations were presented to the MICC at their November 2014 meeting. Each November the MICC reviews current data in comparison to the previously set targets. The MICC recommended the results indicator targets remain the same through FFY 2019. The MICC has also convened a Data Ad Hoc Committee to advise MDE around target setting through FFY 2025 and have held several meetings to establish common goals, visions, and to begin efforts in target setting for the FY 2020 SPP/APR.

**FFY 2019 SPP/APR Data**

The number of families to whom surveys were distributed	7,702
Number of respondent families participating in Part C	2,957
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	2,169
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	2,957
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	1,969
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	2,957
C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn	2,579
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	2,957

Measure	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	71.20%	59.40%	73.35%	Met Target	No Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)	64.86%	54.40%	66.59%	Met Target	No Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	85.33%	78.40%	87.22%	Met Target	No Slippage

Sampling Question	Yes / No
Was sampling used?	NO

Question	Yes / No
Was a collection tool used?	YES
If yes, is it a new or revised collection tool?	NO
The demographics of the families responding are representative of the demographics of infants, toddlers, and families enrolled in the Part C program.	NO

**If not, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.**

This year's data represent the state Part C population well in terms of children's age, gender, and peer group but are not representative of the population in terms of ethnicity. White children were over-represented in the sample (70.8% of Part C population and 72.9% in the respondents), and all ethnic groups were slightly under-represented.

African American children were under-represented (16.5% in Part C population and 15.6% in the respondents).

Hispanic children were under-represented (6.6% in Part C population and 6.1% in the respondents).

Asian children were under-represented (2.7% in Part C population and 2.3% in the respondents).

Two or more races were under-represented (2.7% in Part C population and 2.5% in the respondents).

To improve the sample representativeness, several measures were undertaken this year and will be used again in future years, to maximize the number of respondents and to ensure adequate representation of ethnicity throughout the state.

Past and current activities include:

Closely monitor the response rate to address any under-representation around ethnicity and to conduct additional follow up efforts with subgroups who are under-represented. 1-800 hotlines were created to help families who speak Spanish or Arabic, including phone follow up with interpreters speaking Spanish and Arabic to assist parents.

Mail parents a survey notification brochure, sharing the family survey results from the previous year, and explaining the procedure of the current survey. Offer an online option for completing the survey.

Mail postcard reminders, approximately two weeks after the survey was sent to families, to those who have not yet completed the survey. Hard copies of the survey and reminder postcards were also sent to under-represented groups as well as areas with low responding rates.

Phone calls to non-respondents were made at different times of the day and of the week, including evenings and weekends. Interviewers were trained to ensure that appropriate consideration was given to cultural and ethnic diversity, and that invasion of privacy for the family was minimal. Training also included measures to maintain the reliability of the data and to reduce bias in the data set.

Ideas to explore for upcoming year:

Consider the possibility of translating the online survey to Spanish and Arabic.

Work with a focus group consisting of members from the Parent Involvement Committee and additional families in under-represented ethnic groups to co-create a plan to ensure equitable representation within the survey responses.

#### **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.**

Survey data were collected through multiple modes: online, mail, and telephone interview. The online survey data were stored in a secure server as respondents completed the surveys via the web. Completed mail surveys were processed using a data scanning software, also stored in a secure server. Surveys completed by telephone were stored through the Computer Assisted Telephone Interview (CATI) software and in a secure server. All completed surveys were then merged into a statistical package database, and several levels of data quality control measures (audit, verification, deduping, etc.) were performed.

This year's data represent the State Part C population well in terms of children's age, gender, and peer group but are not representative of the population in terms of ethnicity. To determine if the difference of sample representativeness made a significant impact on the results, statistical weights were applied to adjust the sample sizes for each subgroup. After weighting, there was virtually no difference in the results. It suggests that even if the sample is not representative in terms of eligibility and ethnicity, it does not measurably affect Indicator 4 results, so unweighted results are reported.

#### **Provide additional information about this indicator (optional)**

Compared to other states that have also adopted the National Center for Special Education Accountability Monitoring (NCSEAM) 22-Item Scale, Rasch analysis, and the three standards, Michigan's results have been consistent with those states.

Michigan selected the NCSEAM Impact of Early Intervention Services on Your Family Scale to collect data on Indicator 4. The Scale has two important qualities necessary for use as a measure of Indicator 4: validity and high reliability.

The Scale exhibits evidence of both content and construct validity. To ensure good content validity, the items in the scale were suggested by parents and other key stakeholders in early intervention and special education and then reviewed by experts in the field. Rasch analysis was used to ensure the items formed a unidimensional scale so that all items address the same construct.

In the NCSEAM pilot study, the Impact on Family Scale (IFS) had a reliability coefficient of .90. The reliability coefficient found in Michigan's administration of the scale was 0.93 for the 2020 survey (FFY 2019). Another form of reliability is assessed by the margin of error or confidence interval. Using a 95% confidence interval, the margin of error was  $\pm 1.43$  for 2020 (FFY 2019).

Per the recommendation of the NCSEAM researchers who developed the Scale, and since the Scale was constructed using the Rasch measurement framework, "a Rasch analysis provides an estimate of the reliability of both the calibration values (related to the items) and the measures (related to people's responses)." In addition, the measure (average result based on Rasch) can be directly interpreted with respect to the items defining the Scale – that is, one can identify specific items to guide improvement activities.

Implementation of the family survey was impacted by the stay-at-home order and had the potential to be impacted further by restrictions on in-person contact when the stay-at-home order was lifted. The pandemic impacted the ability to achieve a desired response rate.

#### **4 - Prior FFY Required Actions**

None

#### **4 - OSEP Response**

#### **4 - Required Actions**

In the FFY 2020 SPP/APR, the State must report whether its FFY 2020 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

## Indicator 5: Child Find (Birth to One)

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Child Find

**Results indicator:** Percent of infants and toddlers birth to 1 with IFSPs compared to national data. (20 U.S.C. 1416(a)(3)(B) and 1442)

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

## 5 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	1.03%

FFY	2014	2015	2016	2017	2018
Target >=	1.24%	1.24%	1.25%	1.26%	1.27%
Data	1.16%	1.13%	1.30%	1.38%	1.27%

### Targets

FFY	2019
Target >=	1.27%

### Targets: Description of Stakeholder Input

Michigan Part C collaborates extensively with the MICC, a governor-appointed advisory council. The MICC includes multiple stakeholders from various perspectives around the state. Issues are addressed through various ad hoc and standing committees. The Executive and Parent Involvement committees provide a great deal of advice to the lead agency. When targets need to be established or revised, these committees, along with statewide contractors, review data and make recommendations for the targets. After several data review meetings, target recommendations were presented to the MICC at their November 2014 meeting. Each November the MICC reviews current data in comparison to the previously set targets. The MICC recommended the results indicator targets remain the same through FFY 2019. The MICC has also convened a Data Ad Hoc Committee to advise MDE around target setting through FFY 2025 and have held several meetings to establish common goals, visions, and to begin efforts in target setting for the FY 2020 SPP/APR.

### Prepopulated Data

Source	Date	Description	Data
SY 2019-20 Child Count/Educational Environment Data Groups	07/08/2020	Number of infants and toddlers birth to 1 with IFSPs	1,533
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin	06/25/2020	Population of infants and toddlers birth to 1	109,018

### FFY 2019 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
1,533	109,018	1.27%	1.27%	1.41%	Met Target	No Slippage

### Compare your results to the national data

The national average for FY 2019 was 1.37%, Michigan's data for this indicator was .04 percentage points above the national average.  
**Provide additional information about this indicator (optional)**

**5 - Prior FFY Required Actions**

None

**5 - OSEP Response**

**5 - Required Actions**

## Indicator 6: Child Find (Birth to Three)

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Child Find

**Results indicator:** Percent of infants and toddlers birth to 3 with IFSPs compared to national data. (20 U.S.C. 1416(a)(3)(B) and 1442)

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

## 6 - Indicator Data

Baseline Year	Baseline Data
2005	2.20%

FFY	2014	2015	2016	2017	2018
Target >=	2.70%	2.70%	2.80%	2.90%	3.00%
Data	2.62%	2.60%	2.86%	3.08%	3.26%

#### Targets

FFY	2019
Target >=	3.00%

#### Targets: Description of Stakeholder Input

Michigan Part C collaborates extensively with the MICC, a governor-appointed advisory council. The MICC includes multiple stakeholders from various perspectives around the state. Issues are addressed through various ad hoc and standing committees. The Executive and Parent Involvement committees provide a great deal of advice to the lead agency. When targets need to be established or revised, these committees, along with statewide contractors, review data and make recommendations for the targets. After several data review meetings, target recommendations were presented to the MICC at their November 2014 meeting. Each November the MICC reviews current data in comparison to the previously set targets. The MICC recommended the results indicator targets remain the same through FFY 2019. The MICC has also convened a Data Ad Hoc Committee to advise MDE around target setting through FFY 2025 and have held several meetings to establish common goals, visions, and to begin efforts in target setting for the FY 2020 SPP/APR.

#### Prepopulated Data

Source	Date	Description	Data
SY 2019-20 Child Count/Educational Environment Data Groups	07/08/2020	Number of infants and toddlers birth to 3 with IFSPs	11,615
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin	06/25/2020	Population of infants and toddlers birth to 3	333,798

#### FFY 2019 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
11,615	333,798	3.26%	3.00%	3.48%	Met Target	No Slippage

#### Compare your results to the national data

The national average for FY 2019 was 3.70%, Michigan's data for this indicator was .22 percentage points below the national average.  
**Provide additional information about this indicator (optional)**

**6 - Prior FFY Required Actions**

None

**6 - OSEP Response**

**6 - Required Actions**

## Indicator 7: 45-Day Timeline

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Child Find

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

#### Data Source

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

#### Measurement

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

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

#### Instructions

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

Targets must be 100%.

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2019 SPP/APR, the data for FFY 2018), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 7 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2006	63.10%

FFY	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%
Data	95.07%	96.81%	99.12%	98.97%	99.20%

### Targets

FFY	2019
Target	100%

### FFY 2019 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 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
7,617	9,654	99.20%	100%	99.62%	Did Not Meet Target	No Slippage

### Number of documented delays attributable to exceptional family circumstances

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

2,000

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

State database

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

Full reporting period - July 1, 2019 - June 30, 2020

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

Data from the full reporting period are included.

**Provide additional information about this indicator (optional)**

Data were collected through the Michigan Student Data System (MSDS). All local early intervention systems (LEISs) submitted data regarding all children served to the state database at three designated points during the program year (July 1, 2019 - June 30, 2020). Data from the three collections were aggregated to provide data for the full reporting period.

Data reported for this indicator reflect that a total of 9,654 records included eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted. This number was used as the denominator for calculation of Indicator 7 data. Data reported reflect that 7,617 of the records documented that an initial evaluation, an initial assessment, and the initial IFSP meeting were completed within the 45-day timeline. An additional 2,000 records contained documentation that the delays to the completion of the initial evaluation, initial assessment, and initial IFSP meeting were attributable to exceptional family circumstances. The number of records with documented exceptional family circumstances (2,000) was added to the timely records (7,617) resulting in a total of 9,617 records. This number was used as the numerator for the calculation. The resulting percentage compliance is 99.62%.

$$(7,617+2,000)/9,654=.9962$$

Both the numerator and the denominator include 2,000 children for whom completion of the initial evaluation, initial assessment, and initial IFSP meeting was not timely, but whose records contained documentation that the delays were attributable to exceptional family circumstances. 99.62% compliance falls below the target of 100% for this indicator. This compliance level is higher than the 99.20% compliance level reported in the FFY 2018 APR.

Fifty-two of 56 LEISs had a total of 2,000 records with delays attributable to documented exceptional family circumstances. Reasons for these delays include illness of the child or a family member, appointments being cancelled and rescheduled by parents, parents requesting a delay to the evaluation or IFSP meeting to accommodate family schedules, documented multiple attempts to contact parents for scheduling, family moved, family not being at home at scheduled appointment times, or other child or family reasons.

Thirteen of 56 LEISs had a total of 37 records with untimely completion of initial evaluations, initial assessments, and initial IFSP meetings for which exceptional family circumstances did not exist or were not documented. Reasons for these delays include provider availability, confusion regarding requirements, or other provider reasons.

Eight of the 13 LEISs with untimely completion of initial evaluations, initial assessments, and initial IFSP meetings for which exceptional family circumstances did not exist or were not documented were issued Findings of noncompliance and were required to develop Corrective Action Plans (CAPs) during FFY 2020 based on this FFY 2019 data. The remaining five of the 13 local service areas were not issued new Findings, as they had open Findings and CAPs for Indicator 7, or a review of more recent data during verification and closeout of previously issued Findings and CAPs for Indicator 7 indicated 100% compliance.

Findings resulting from FFY 2019 data are based on the full reporting period; therefore, Findings based on FFY 2019 data are issued in FFY 2020.

**Correction of Findings of Noncompliance Identified in FFY 2018**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
5	5	0	0

**FFY 2018 Findings of Noncompliance Verified as Corrected**

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

Five of 56 LEISs were issued Findings for Indicator 7 in FFY 2018 based on a review of their data submitted within MSDS.

Each of the 5 LEISs developed a CAP in Catamaran that detailed strategies that the LEIS would take to correct noncompliance, as soon as possible, but no later than one year from notification of the finding, including verification by the state. As part of the CAP planning process, progress reports were submitted. Progress reports required the LEIS to conduct file reviews.

When CAP activities had been completed and local data indicated compliance, the LEIS requested CAP closeout and MDE conducted verification activities. MDE reviewed the most recent data submitted to MSDS to determine whether the LEIS had achieved 100% compliance. All records for each LEIS were found to be in compliance resulting in a 100% compliance level within one year of notification of the noncompliance.

Documentation was also collected from each LEIS and from the state technical assistance providers to demonstrate that all CAP activities had been completed. Each LEIS was notified of the verification of correction of noncompliance through a formal letter closing the CAP.

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

For each of the children for whom MSDS data revealed that the IFSP was not completed within the 45 calendar-day timeline, it was verified as part of the data review that an IFSP was completed for each of the children, though not within the 45-day timeline. No further child level correction was possible because timeliness cannot be corrected.

**Correction of Findings of Noncompliance Identified Prior to FFY 2018**



Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

**7 - Prior FFY Required Actions**

None

**7 - OSEP Response**

**7 - Required Actions**

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

## Indicator 8A: Early Childhood Transition

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Effective Transition

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

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

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

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

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

#### Instructions

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

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

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

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

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

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2019 SPP/APR, the data for FFY 2018), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8A - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	59.28%

FFY	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%
Data	99.45%	92.89%	95.91%	97.70%	98.96%

#### Targets

FFY	2019
Target	100%

#### FFY 2019 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)

YES

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
7,639	8,436	98.96%	100%	99.25%	Did Not Meet Target	No Slippage

#### Number of documented delays attributable to exceptional family circumstances

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

734

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

State database

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

Full reporting period - July 1, 2019-June 30, 2020

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

Data from full reporting period are included.

#### Provide additional information about this indicator (optional)

Data were collected through the Michigan Student Data System (MSDS). All local early intervention systems (LEISs) submitted data regarding all children served to the state database at three designated points during the program year (July 1, 2019 – June 30, 2020). Data from the three collections were aggregated to provide data from the full reporting period.

Data reported for this indicator reflect that the total of 8,436 records included eligible infants and toddlers for whom transition planning, including an IFSP developed with transition steps and services, was required to be conducted. This number was used as the denominator for calculation of Indicator 8a data. Data reported for this indicator reflect that 7,639 of the records documented timely transition planning including an IFSP developed with transition steps and services. An additional 734 records contained documentation that delays to the completion of transition planning, including an IFSP developed with transition steps and services, were attributable to exceptional family circumstances. The number of records with documented exceptional family circumstances (734) was added to the timely records (7,639) resulting in a total of 8,373 records. This number was used as the numerator for the calculation. The resulting percentage of compliance is 99.25%.

$$(7,639+734)/8,436=.9925$$

Both the numerator and the denominator include 734 children for whom IFSPs with transition steps and services were not timely, but whose records contained documentation that the delays were attributable to exceptional family circumstances. 99.25% compliance falls below the target of 100% compliance for this indicator. These data reflect an increase for this indicator from the 98.96% compliance level reported in the FFY 2018 APR.

Forty-three of 56 LEISs reported delays attributable to exceptional family circumstances for a total of 734 children. Documented reasons for these delays include illness or hospitalization of child or family members, multiple unsuccessful attempts to contact family to set appointment, accommodating family schedule, meetings being rescheduled at parent request, cancellation or family not being home at scheduled appointment times, family moved, and other child or parent reasons.

Twenty-two of 56 LEISs reported delays that were not attributable to exceptional family circumstances for a total of 63 children. Reasons for these delays include provider availability, lack of personnel training/knowledge, other provider reasons, and failure to report transition plan timeliness data.

Nineteen of the 22 LEISs with reported delays that were not attributable to exceptional family circumstance were issued Findings of noncompliance and required to develop Corrective Action Plans (CAPs) during FFY 2020 based on this FFY 2019 data. The remaining three of the 22 LEISs were not issued new Findings, as they had open Findings and CAPs for Indicator 8a or a review of more recent data during verification and closeout of previously issued Findings and CAPs for Indicator 8a indicated 100% compliance.

Findings resulting from FFY 2019 data are based on the full reporting period; therefore, Findings based on FFY 2019 data are issued in FFY 2020.

**Correction of Findings of Noncompliance Identified in FFY 2018**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
17	17	0	0

**FFY 2018 Findings of Noncompliance Verified as Corrected**

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

Seventeen LEISs were issued a finding related to Indicator 8a in FFY 2018 based on a review of data submitted within MSDS.

Each LEIS developed a CAP in Catamaran that detailed strategies the LEIS would take to correct noncompliance, as soon as possible, but no later than one year from notification of the finding, including verification by the state. As part of the corrective action planning process, progress reports were submitted. Progress reports required the LEIS to conduct file reviews.

When CAP activities had been completed and local data indicated compliance, the LEIS requested CAP closeout and MDE conducted verification activities. MDE reviewed the most recent data submitted in MSDS to determine whether the LEIS had achieved 100% compliance. Records for all 17 LEISs were found to be in compliance resulting in a 100% compliance level within one year of notification of the noncompliance.

Documentation was also collected from the LEISs and from the state technical assistance (TA) providers to demonstrate that all CAP activities had been completed.

The LEISs were notified of the verification of correction of noncompliance through a formal letter closing the CAP.

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

For some of the children, transition planning including an IFSP developed with transition steps and services did take place but not within the required timeline. For these children, the LEIS was required to provide documentation that transition planning including an IFSP developed with transition steps and services, was indeed completed. No further child level correction is possible because timeliness cannot be corrected. The other impacted children were no longer under the jurisdiction of the local early intervention system. Child level correction was not possible.

**Correction of Findings of Noncompliance Identified Prior to FFY 2018**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2016	1	1	0

**FFY 2016**

**Findings of Noncompliance Verified as Corrected**

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

One LEIS which was issued a Finding related to Indicator 8a in FFY 2016 based on a review of data submitted within MSDS had not corrected as of the FFY 2018 SPP/APR.

At the time the Finding was identified, the LEIS developed a CAP in Catamaran that detailed strategies the LEIS would take to correct noncompliance, as soon as possible, but no later than one year from notification of the Finding, including verification by the state. As part of the corrective action planning process, progress reports were submitted. Progress reports required the LEIS to conduct file reviews.

At the time the FFY 2018 SPP/APR was submitted, data demonstrated continued improvement but remained below the required 100% compliance level. This LEIS was provided additional TA and was required to develop additional CAP activities. Check-in calls were conducted between MDE and the LEIS coordinator periodically. Data submissions were reviewed to monitor compliance level.

When the additional CAP activities had been completed and local data indicated compliance, the LEIS requested CAP closeout and MDE conducted verification activities. MDE reviewed the most recent data submitted in MSDS to determine whether the LEIS had achieved 100% compliance. Records for the LEIS were found to be in compliance resulting in a 100% compliance level though not within one year of notification of the noncompliance.

Documentation was also collected from the LEIS and from the state technical assistance (TA) providers to demonstrate that all CAP activities had been completed.

The LEIS was notified of the verification of correction of noncompliance through a formal letter closing the CAP.

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

For some of the children, transition planning including an IFSP developed with transition steps and services did take place but not within the required timeline. For these children, the LEIS was required to provide documentation that transition planning including an IFSP developed with transition steps and services, was indeed completed. No further child level correction is possible because timeliness cannot be corrected. The other impacted children were no longer under the jurisdiction of the local early intervention system. Child level correction was not possible.

## **8A - Prior FFY Required Actions**

None

## **8A - OSEP Response**

### **8A - Required Actions**

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

## Indicator 8B: Early Childhood Transition

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Effective Transition

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

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

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

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

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

#### Instructions

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

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

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

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

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

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2019 SPP/APR, the data for FFY 2018), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8B - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	100.00%

FFY	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%
Data	100.00%	100.00%	100.00%	100.00%	100.00%

**Targets**

FFY	2019
Target	100%

**FFY 2019 SPP/APR Data**

Data include notification to both the SEA and LEA

YES

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
3,755	3,755	100.00%	100%	100.00%	Met Target	No Slippage

**Number of parents who opted out**

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

0

**Describe the method used to collect these data**

Michigan does not have an opt-out policy so no opt-out data is collected.

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

NO

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

State database

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

Full reporting period - July 1, 2019-June 30, 2020

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

Data from full reporting period are included.

**Provide additional information about this indicator (optional)**

In Michigan, the Michigan Department of Education (MDE) is the State Education Agency (SEA) with intermediate school districts (ISDs) acting as local lead agencies. Given that Michigan is a birth mandate state (the term used is Michigan Mandatory Special Education (MMSE)) and the Part C local lead agency is the ISD, notification from Part C to the SEA and local education agency (LEA) is internal and takes place as the child is identified as eligible for MMSE at any time from birth to age three. Michigan defines potentially eligible for Part B preschool services as any child found eligible and receiving MMSE prior to two years, nine months while receiving services under Part C. Any toddler potentially eligible for Part B preschool services is transitioned by age three. "The school district of residence is responsible for conducting the initial individualized education program team meeting involving a student in its district and shall conduct, or authorize the operating district to conduct, each subsequent individualized education program team meeting at a mutually agreed upon time and place." Michigan Special Education Rule R 340.1721c. As specified in the Transition Intra-agency Agreement, each resident LEA (or its designee) will act on behalf of the SEA for the receipt of SEA notifications regarding a toddler exiting Part C and potentially eligible for Part B section 619. Therefore, the SEA and LEAs are notified of 100% of children potentially eligible for Part B.

**Correction of Findings of Noncompliance Identified in FFY 2018**

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

**Correction of Findings of Noncompliance Identified Prior to FFY 2018**

<b>Year Findings of Noncompliance Were Identified</b>	<b>Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR</b>	<b>Findings of Noncompliance Verified as Corrected</b>	<b>Findings Not Yet Verified as Corrected</b>

**8B - Prior FFY Required Actions**

None

**8B - OSEP Response**

**8B - Required Actions**



## Indicator 8C: Early Childhood Transition

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Effective Transition

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

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

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

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

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

#### Instructions

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

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

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

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

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

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2019 SPP/APR, the data for FFY 2018), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8C - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	84.40%

FFY	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%
Data	99.29%	94.31%	96.23%	96.99%	98.52%

**Targets**

FFY	2019
Target	100%

**FFY 2019 SPP/APR Data**

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)

YES

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
3,457	3,755	98.52%	100%	98.58%	Did Not Meet Target	No Slippage

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

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

24

**Number of documented delays attributable to exceptional family circumstances**

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

221

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

State database

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

Full reporting period - July 1, 2019-June 30, 2020

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

Data from full reporting period are included.

**Provide additional information about this indicator (optional)**

Data were collected through the Michigan Student Data System (MSDS). All local early intervention systems (LEISs) submitted data regarding all children served to the state database at three designated points during the program year (July 1, 2019 - June 30, 2020). Data from the three collections were aggregated to provide data from the full reporting period.

Data reported for this indicator reflect that a total of 3,755 records included toddlers potentially eligible for Part B preschool services for whom a transition conference was required to be conducted. Parents of 24 of these children did not provide approval for a transition conference. This number was subtracted from the 3,755 toddlers potentially eligible for Part B preschool services and the resulting 3,731 was used as the denominator for calculation of Indicator 8c data. Data reported for this indicator reflect that 3,457 of the records documented timely transition conferences. Two hundred twenty-one additional records contained documentation that the delay to the completion of a transition conference was attributable to exceptional family circumstances. The number of records with documented exceptional family circumstances (221) was added to the timely records (3,457) resulting in a total of 3,678 records. This number was used as the numerator for the calculation. The resulting percentage of compliance is 98.58%.

$$(3,457+221)/(3,755-24)=.9858$$

Both the numerator and the denominator include 221 children for whom the transition conference was not timely, but whose file contained documentation that the delay was attributable to exceptional family circumstances. 98.58% compliance falls below the target of 100% compliance for this indicator. These data reflect a slightly increased level of compliance for this indicator from the 98.52% compliance level reported in the FFY 2018 APR.

Twenty-nine of 56 LEISs reported delays attributable to exceptional family circumstances for 221 children. Documented reasons for these delays include sickness or hospitalization of child or family members, multiple unsuccessful attempts to contact family to set appointment, meeting cancellations or family not being home at scheduled appointment times, meetings being rescheduled to accommodate family schedules, family moved, and other child or parent reasons.

Sixteen of 56 LEISs reported delays that were not attributable to exceptional family circumstances for a total of 53 children. Reasons for these delays include provider availability, personnel lack of training/knowledge, failure to report timeliness of transition conferences, or other provider reasons.

Fifteen of the 16 LEISs with delays that were not attributable to exceptional family circumstances were issued Findings of noncompliance and required to develop Corrective Action Plans (CAPs) during FFY 2020 based on this FFY 2019 data. The remaining one of the 16 LEISs was not issued a new Finding, as they had open Findings and CAPs for Indicator 8c or a review of more recent data during verification and closeout of previously issued Findings and CAPs for Indicator 8c indicated 100% compliance.

Findings resulting from FFY 2019 data are based on the full reporting period; therefore, Findings based on FFY 2019 data were issued in FFY 2020.

**Correction of Findings of Noncompliance Identified in FFY 2018**

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

**FFY 2018 Findings of Noncompliance Verified as Corrected**

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

Eighteen LEISs were issued a finding of noncompliance related to Indicator 8c in FFY 2018 based on a review of data submitted within MSDS.

Each LEIS developed a CAP in the electronic monitoring system that detailed strategies that the LEIS would take to correct noncompliance, as soon as possible, but no later than one year from notification of the finding, including verification by the state. As part of the corrective action planning process, progress reports were submitted. Progress reports required the LEIS to conduct file reviews.

Data submissions were reviewed to monitor compliance level. When CAP activities had been completed and local data indicated compliance, the LEIS requested CAP closeout and MDE conducted verification activities. MDE reviewed the most recent data submitted to MSDS to determine whether the LEIS had achieved 100% compliance. Records for all 18 LEISs were found to be in compliance resulting in a 100% compliance level within one year of notification of the noncompliance.

Documentation was also collected from the LEIS and state technical assistance (TA) providers to demonstrate that all CAP activities had been completed.

The LEISs were notified of the verification of correction of noncompliance through a formal letter closing the CAP.

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

For some of the children, a transition conference with all required participants was conducted but not at least 90 days prior to the child's third birthday. For these children, the LEIS was required to provide documentation that a transition conference with all required participants was indeed conducted. No further child level correction is possible because timeliness cannot be corrected. The other impacted children were no longer under the jurisdiction of the local early intervention system. Child level correction was not possible.

**Correction of Findings of Noncompliance Identified Prior to FFY 2018**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

**8C - Prior FFY Required Actions**

None

**8C - OSEP Response**

**8C - Required Actions**

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

## Indicator 9: Resolution Sessions

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / General Supervision

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

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

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

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

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

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

### 9 - Indicator Data

#### Not Applicable

**Select yes if this indicator is not applicable.**

NO

**Select yes to use target ranges.**

Target Range not used

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

NO

#### Prepopulated Data

Source	Date	Description	Data
SY 2019-20 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/04/2020	3.1 Number of resolution sessions	0
SY 2019-20 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/04/2020	3.1(a) Number resolution sessions resolved through settlement agreements	0

#### Targets: Description of Stakeholder Input

Michigan Part C collaborates extensively with the MICC, a governor-appointed advisory council. The MICC includes multiple stakeholders from various perspectives around the state. Issues are addressed through various ad hoc and standing committees. The Executive and Parent Involvement committees provide a great deal of advice to the lead agency. When targets need to be established or revised, these committees, along with statewide contractors, review data and make recommendations for the targets. After several data review meetings, target recommendations were presented to the MICC at their November 2014 meeting. Each November the MICC reviews current data in comparison to the previously set targets. The MICC recommended the results indicator targets remain the same through FFY 2019. The MICC has also convened a Data Ad Hoc Committee to advise MDE around target setting through FFY 2025 and have held several meetings to establish common goals, visions, and to begin efforts in target setting for the FY 2020 SPP/APR.

#### Historical Data

Baseline Year	Baseline Data

FFY	2014	2015	2016	2017	2018
Target >=					
Data	0.00%				

#### Targets

FFY	2019

Target>=	
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**FFY 2019 SPP/APR Data**

3.1(a) Number resolutions sessions resolved through settlement agreements	3.1 Number of resolutions sessions	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
0	0				N/A	N/A

Provide additional information about this indicator (optional)

**9 - Prior FFY Required Actions**

None

**9 - OSEP Response**

The State reported fewer than ten resolution sessions held in FFY 2019. The State is not required to provide targets until any fiscal year in which ten or more resolution sessions were held

**9 - Required Actions**

## Indicator 10: Mediation

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / General Supervision

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

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

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

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

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

### 10 - Indicator Data

#### Select yes to use target ranges

Target Range not used

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

NO

#### Prepopulated Data

Source	Date	Description	Data
SY 2019-20 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/04/2020	2.1 Mediations held	0
SY 2019-20 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/04/2020	2.1.a.i Mediations agreements related to due process complaints	0
SY 2019-20 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/04/2020	2.1.b.i Mediations agreements not related to due process complaints	0

#### Targets: Description of Stakeholder Input

Michigan Part C collaborates extensively with the MICC, a governor-appointed advisory council. The MICC includes multiple stakeholders from various perspectives around the state. Issues are addressed through various ad hoc and standing committees. The Executive and Parent Involvement committees provide a great deal of advice to the lead agency. When targets need to be established or revised, these committees, along with statewide contractors, review data and make recommendations for the targets. After several data review meetings, target recommendations were presented to the MICC at their November 2014 meeting. Each November the MICC reviews current data in comparison to the previously set targets. The MICC recommended the results indicator targets remain the same through FFY 2019. The MICC has also convened a Data Ad Hoc Committee to advise MDE around target setting through FFY 2025 and have held several meetings to establish common goals, visions, and to begin efforts in target setting for the FY 2020 SPP/APR.

#### Historical Data

Baseline Year	Baseline Data
2005	0.00%

FFY	2014	2015	2016	2017	2018
Target>=					
Data	0.00%				100.00%

#### Targets

FFY	2019
Target>=	

#### FFY 2019 SPP/APR Data

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
0	0	0	100.00%			N/A	N/A

Provide additional information about this indicator (optional)

**10 - Prior FFY Required Actions**

None

**10 - OSEP Response**

The State reported fewer than ten mediations held in FFY 2019. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

**10 - Required Actions**

## **Certification**

### **Instructions**

Choose the appropriate selection and complete all the certification information fields. Then click the "Submit" button to submit your APR.

### **Certify**

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

### **Select the certifier's role**

Lead Agency Director

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

### **Name:**

Noel Kelty

### **Title:**

Director, Early Childhood Development and Family Education

### **Email:**

kelty@michigan.gov

### **Phone:**

517-388-3431

### **Submitted on:**

04/26/21 4:35:41 PM