

# Part C State Performance Plan (SPP) for 2005-2010 SOUTH CAROLINA

## Overview of System

BabyNet is South Carolina's IDEA Part C early intervention program. The state health agency – South Carolina Department of Health and Environmental control (DHEC) -- serves as lead agency.

Seven state agencies are signatories to a Memorandum of Agreement outlining roles within the IDEA Part C program.

- Department of Health and Environmental Control  
BabyNet is housed in the DHEC Maternal and Child Health Bureau, Division of Children with Special Health Care Needs (CSHCN) along with Title V MCH programs and services for this population. Twelve DHEC offices in the eight DHEC administrative Regions serve as system points of entry. DHEC staff provide on-going service coordination and direct care. All service providers (PT, OT, speech) are contracted through DHEC.
- Department of Disabilities and Special Needs  
DDSN serves people of all ages with mental retardation and related disabilities, autism, traumatic brain injury, and/or spinal cord injuries, as well as children under 36 months of age who meet BabyNet eligibility criteria. Approximately two thirds of BabyNet eligible children receive their early intervention services through DDSN. BabyNet services are coordinated by the DDSN Children's Services Supervisor and provided through contracts with autonomous county Disabilities and Special Needs Boards in each of the state's 46 counties. Within the BabyNet system, DDSN serves children with qualifying diagnoses, including many make them eligible for DDSN services beyond age three.
- SC School for the Deaf and Blind  
SCSDB provides or assists with all BabyNet services for children with suspected or confirmed sensory impairment – about 10% of infants and toddlers served. Services are coordinated through the School's outreach program.
- State Department of Education  
The SDE Office of Exceptional Children is an active participant in the BabyNet program. The state Part B coordinator is the SDE representative to the BabyNet "program managers" group (described below).
- Department of Health and Human Services  
DHHS is the state Medicaid agency. Over 60% of children served by BabyNet are Medicaid eligible, so Medicaid policy is a critical factor in planning program services.
- Department of Mental Health  
DMH regional community mental health centers are a referral source when social/emotional concerns are identified. DMH staff work with DHEC social work staff to plan and coordinate infant mental health services.
- Department of Social Services  
Recent CAPTA legislation mandating referral of children in families/households where child maltreatment has been substantiated has strengthened longstanding DSS ties to BabyNet.

## Compliance Agreement

South Carolina entered a Compliance Agreement with the US Department of Education, Office of Special Education Programs (OSEP) on May 31, 2003 as a means of ensuring a continued Part C funding during development and implementation of a structured plan to assure adherence to all federal requirements. The three-year agreement ends September 30, 2006. BabyNet program planning and implementation activities have been organized around Compliance Agreement requirements. They are summarized below to provide context to SC preparation of the State Performance Plan.

- A. General Supervision (Expected outcome is appropriate monitoring of all aspects of program implementation.)
  1. Develop and implement policies, procedures, and instruments to promptly identify and correct instances of failure to comply with applicable state and federal legislative and/or regulatory requirements in all aspects of service delivery.
  2. Establish and maintain a system for adequate training, consultation and technical assistance for all agency staff and contractors that provide BabyNet services to be sure that they are aware of, and in full compliance with, all applicable policies and procedures.
  3. Develop and enforce appropriate (graduated) sanctions as necessary to assure that problems are corrected.
  4. Implement a formal complaint process for all providers and recipients of program services.

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- B. Child Evaluation (Expected outcome is appropriate and timely evaluation of all children referred for BabyNet services.)
1. Implement a system to assure that the eligibility determination process includes appropriate assessment of each of the following developmental domains as required by IDEA Part C: cognitive development; physical development (including vision and hearing); communication development; social or emotional development; and adaptive development.
  2. Complete necessary evaluations and assessments within the 45 days of the initial referral as required by IDEA Part C.
- C. Transition (Expected outcome is early and appropriate planning for transition out of BabyNet to pre-school and/or other services.)
1. Notify the local education agency (LEA, school district) of children served by BabyNet who are approaching the age for transition.
  2. Offer family and arrange for transition meetings in accordance with IDEA Part C requirements.
  3. Work with families, providers and other agencies to develop and implement appropriate transition plans prior to the child's third birthday.
  4. With parent consent, track children leaving Part C who are eligible for Part B services to determine if they are receiving special education and related services by their third birthday.
- D. Individualized Family Service Plan (Expected outcome is development and implementation of IFSPs for all eligible children and their families in a timely manner.)
1. All IFSPs will contain the required components in accordance with Part C.
  2. All children and their families will receive all services identified on their IFSP in a timely manner.
- E. Child Find / Public Awareness (Expected outcome is development and implementation of a comprehensive, coordinated public awareness/child find system that results in the identification, evaluation, and assessment of all eligible infants and toddlers.)
1. The percentage of infants and toddlers determined eligible for Part C will be comparable to current national demographic data for percentage of infants and toddlers with developmental delays.
  2. The percentage of infants and toddlers determined eligible for Part C will be comparable to State race/ethnicity data for percentage of infants and toddlers.
  3. Families will have access to culturally relevant materials that inform and promote referral of eligible infants and toddlers to the Part C system.

Early intervention and/or children's services program managers from each of these agencies comprise the working interagency planning ("program managers") group. Service area performance on Compliance Agreement "benchmark" is reviewed monthly at the state level by the program manager group (representatives of all collaborating agencies), and within each of the service areas by local (county) counterparts of the program manager groups along with parent representatives and service providers. These measures are similar to the monitoring indicators. This information is reviewed with ICC members at each quarterly meeting.

### *System Management and Oversight*

BabyNet services are provided within 12 geographic ("SPOE") areas with three to ten counties each. A "BabyNet systems manager" is designated in each SPOE area to facilitate communication on systems issues among all service providers. Regional management staff are responsible for hiring and supervising the system managers.

Complete description of monitoring protocol with Indicator 9 information.

### *Eligibility Criteria*

South Carolina falls into the group of states with "narrow" eligibility criteria. In addition to state residency and appropriate age, children served through BabyNet must have:

- A diagnosed condition associated with developmental delay;
- Evidence of developmental delay based on approved curriculum-based developmental assessment of the five required domains; and/or
- Specific parental concerns that might be addressed through early intervention services.

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### *Service Delivery System*

All BabyNet referrals will be routed through the 12 SPOE offices. An Intake Coordinator will be assigned to each child referred to work with the family through development of the IFSP based on family needs and desires. The Intake Coordinator is responsible for providing or arranging family orientation to program services, vision and hearing screening, completion of a curriculum-based assessment (CBA), compiling required information about the child's health and developmental history; and presenting this information to an interdisciplinary eligibility determination team. Parent-to-parent or other parent/family-oriented services are available at any time during the process.

Full implementation of the system described here is in process pursuant to the Compliance Agreement. Transition to this system will officially begin on January 3, 2006. Full implementation will be completed by June 30, 2006.

Children with potentially eligible based on diagnosed conditions are referred to DDSN for eligibility determination and completion of a CBA. If the diagnosed condition involves confirmed or suspected sensory impairment, the child is referred to the SCSSDB for eligibility determination and completion of CBA.

Once the CBA is completed, the Intake Coordinator identifies and convenes an IFSP development team for eligible children. That team includes the Intake Coordinator, CBA provider, parents and/or other family member or caretakers, providers. During that meeting, an on-going service coordinator is identified. Usually, the agency providing the CBA will be responsible for on going service coordination.

Transition activities are incorporated into the IFSP to the extent possible. Service coordinators are responsible for notifying appropriate LEAs when children receiving early intervention services reach their second birthday (LEA notification). At 27 months of age, the service coordinator completes a LEA (or other) referral depending on family interest in pre-school services. Service coordinators participate in LEA transition conferences with parental consent. (Detailed description with Indicator 8 information.)

Service coordination is done by DHEC, DDSN and/or SCSSDB staff or contractors. Special therapy service providers (PO/OT, speech) are contracted through DHEC. DDSN local board staff or contractors provide special instruction services.

### **Overview of the State Performance Plan Development:**

SPP included participation of many of the stakeholders that worked with DHEC and collaborating agencies on Compliance Agreement issues over the last two and a half years. For South Carolina, the SPP serves as the next logical step in the BabyNet "retooling" process, though Compliance Agreement and SPP expectations will overlap through the end of FFY 2006. The SPP development process began with a series of presentations following the OSEP Summer Institute to the State ICC [date], DHEC program management staff (on-going), and field staff (beginning with the [date] BabyNet system manager meeting.

Consultation was sought from MidSouth regarding options for preparation based on current resources and circumstances. On October 31, 2005 a stakeholder meeting was conducted to gather input on improvement activities and targets. The 40 participants included representatives from the State ICC (including the Chair), parent groups, service providers, and each of the collaborating agencies. During the daylong meeting we reviewed content and purpose of the SPP, each of the indicators, current performance on the indicators, and relationship of the SPP to the on-going Compliance Agreement. Discussion was focused on Indicators 1 through 8 since Compliance Agreement contains requirements related to General Supervision are quite specific, and are completely consistent with Indicators 9 through 14. Feedback from the group was used to develop overall improvement plans and annual targets.

The final approved State Performance Plan will be posted on the agency website.

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## Monitoring Priority: Early Intervention Services In Natural Environments

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

(20 USC 1416(a)(3)(A) and 1442)

### Measurement:

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

Account for untimely receipt of services.

### Overview of Issue/Description of System or Process:

Described previously.

### Baseline Data for FFY 2004 (2004-2005):

	Description		Baseline Values
	OSEP	SC	
Indicator	Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.	Percent of enrolled infants and toddlers who received IFSP service(s) within 30 days of completion of IFSP	94.3%
Numerator	# infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	# infants and toddlers whose BabyTrac "actual" start date for IFSP services is no later than 30 days after "planned" start date (i.e. IFSP completion date)	2,995
Denominator	total # infants and toddlers with IFSPs	total # enrolled infants and toddlers	3,176

Data Source: BabyTrac 11/01/05

### Discussion of Baseline Data:

Data quality remains an issue. Date entry responsibility was recently changed so that all service coordinators can enter required data for children on their caseload. (Previously hard copies were sent to DHEC offices for all data entry.)

The primary systemic reason for delayed delivery of services is availability of adequate number of service providers (especially PT/OT, and speech). This problem varies by location. Some providers that might be able and willing to provide BabyNet services have become disenchanted with program for one or more of the following reasons (as reported before and during October 31 stakeholder meeting in preparation for SPP submission):

1. Time required (~3 months) to get BabyNet contract;
2. Central office responsiveness to provider questions and concerns;
3. Reimbursement for services;
4. Difficulty and extra provider expense to provider services in natural environment.
5. Timely reimbursement (currently BabyNet fiscal agent reimbursement averages 45 days from submission of all required documentation).

Each of these issues will be addressed in order to assure consistently timely delivery of services.

"Timely" defined as services initiated within 30 calendar days of the "planned start date" recorded in BabyTrac. This is the date of IFSP completion (parental sign off) unless the IFSP team agrees to (and documents) a different start date.

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	<b>Measurable and Rigorous Target</b>	Numerator	Denominator
<b>FFY</b>	Percent of enrolled infants and toddlers who received IFSP service(s) within 30 days of completion of IFSP	# "actual" start date for IFSP services is no later than 30 days after "planned" start date	total # enrolled
<b>2005</b> (2005-2006)	<b>95%</b>	3,030	3,190
<b>2006</b> (2006-2007)	<b>100%</b>	3,190	3,190
<b>2007</b> (2007-2008)	<b>100%</b>	3,350	3,350
<b>2008</b> (2008-2009)	<b>100%</b>	3,350	3,350
<b>2009</b> (2009-2010)	<b>100%</b>	3,510	3,510
<b>2010</b> (2010-2011)	<b>100%</b>	3,510	3,510

**Improvement Activities/Timelines/Resources:**

<b>Activity</b>	<b>Lead Person or Agency</b>	<b>Completion Date</b>	<b>Resources Needed / NOTES</b>
Monitor need for training, consultation or technical assistance for staff or contractors responsible for entering data into BabyTrac.	DHEC	On-going	
BabyTrac train-the-trainer session for District system managers.	BabyNet data manager	January 2006	Completed BabyTrac programming,
District/Regional BabyTrac training for data entry staff in collaborating agencies.	DHEC	February 2006	
Request for additional DHEC central office staff to improve ability to respond to District/Region and provider issues.	DHEC	In progress	Pending agency approval for positions.
Streamline contract approval procedures as part of web-based contract and service authorization system.	DHEC	July 2007	
Increase fiscal agent staffing to assure reimbursement within 30 days of complete and accurate submission of all required documentation.	DHEC	In progress	Contract increase to reflect current program enrollment. Additional staff member to be hired by contractor.

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

**Indicator 2:** Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children.

**Measurement:**

Percent = # of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children divided by the total # of infants and toddlers with IFSPs times 100.

**Overview of Issue/Description of System or Process:**

Described previously.

**Baseline Data for FFY 2004 (2004-2005):**

<b>Primary Service Setting</b> (December 1, 2004)		
<b>NATURAL ENVIRONMENT</b>		<b>95.9%</b>
Community activity or place	0.1%	
Family child care facility	1.2%	
Child's home	90.3%	
Program for typically developing children	4.4%	
<b>OTHER SETTINGS</b>		<b>4.1%</b>
Hospital	--	
Program for children with developmental disabilities	0.2%	
Service provider location	3.7%	
All other	0.2%	

**Discussion of Baseline Data:**

Over 95% of BabyNet services are primarily delivered in natural environments. This reflects efforts to date to identify, retain and support natural environment providers. SC will work to maintain this level of performance.

<b>FFY</b>	<b>Measurable and Rigorous Target</b> (% infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children.)
<b>2005</b> (2005-2006)	<b>96%</b>
<b>2006</b> (2006-2007)	<b>96%</b>
<b>2007</b> (2007-2008)	<b>96%</b>
<b>2008</b> (2008-2009)	<b>96%</b>
<b>2009</b> (2009-2010)	<b>96%</b>
<b>2010</b> (2010-2011)	<b>96%</b>

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## Improvement Activities/Timelines/Resources:

Activity	Lead Person or Agency	Completion Date	NOTES (including Resources Needed)
Work with state ICC to create task force/subcommittee to develop specific recommendations for development and on-going support of natural environment providers.	DHEC/ICC chair	December 2006	Recommend that this be on-going responsibility of appropriate ICC committee or sub-committee based on ICC recommendations.
Begin analysis of primary setting data by SPOE area.	DHEC, program managers	On-going	
Continue to support develop and implementation of Medicaid incentives for	DHEC, DHHS	On-going	

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

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

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

(20 USC 1416(a)(3)(A) and 1442)

**Measurement:**

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

- a. Percent of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers = # of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers divided by # of infants and toddlers with IFSPs assessed times 100.
- b. Percent of infants and toddlers who improve functioning = # of infants and toddlers who improved functioning divided by # of infants and toddlers with IFSPs assessed times 100.
- c. 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.

If children meet the criteria for a, report them in a. Do not include children reported in a in b or c. If a + b + c does not sum to 100%, explain the difference.

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

- a. Percent of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers = # of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers divided by # of infants and toddlers with IFSPs assessed times 100.
- b. Percent of infants and toddlers who improved functioning = # of infants and toddlers who improved functioning divided by # of infants and toddlers with IFSPs assessed times 100.
- c. 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.

If children meet the criteria for a, report them in a. Do not include children reported in a in b or c. If a + b + c does not sum to 100%, explain the difference.

C. Use of appropriate behaviors to meet their needs:

- a. Percent of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers = # of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers divided by # of infants and toddlers with IFSPs assessed times 100.
- b. Percent of infants and toddlers who improved functioning = # of infants and toddlers who improved functioning divided by # of infants and toddlers with IFSPs assessed times 100.
- c. 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.

If children meet the criteria for a, report them in a. Do not include children reported in a in b or c. If a + b + c does not sum to 100%, explain the difference.

**Overview of Issue/Description of System or Process:**

University of South Carolina Center of Excellence (DHEC contractor) is serving as lead for developing, conducting and evaluating processes and outcomes related to this indicator based on OSEP guidance to assure that SC data collection is done in a manner reflective of best practices and, to the extent possible, consistent with approach taken by other states to allow comparison. Plans and options have been discussed with interagency representatives at regularly scheduled meetings.

There is consensus that a “before” and “after” comparison of development assessment findings would be the most straightforward means of data collection, although means of using qualitative data from service providers remains under consideration. Currently BabyNet allows use of multiple assessment tools. These have been



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reviewed and the number of recommended tools has been reduced to two, although providers will be allowed to use remaining stock of all tools currently in use.

The contractor has developed a scoring and reporting system for CBA results. Plans are underway to modify the BabyNet management information system (BabyTrac) to allow computerized data collection with minimal additional time and effort.

Data collection will begin in July 2006. The current plan is for statewide data collection to determine baseline. SC will continue to monitor OSEP, NCSEAM and ECO recommendations regarding best practices related to collection, analysis and reporting of child and family outcome data.

### **Baseline Data for FFY 2004 (2004-2005):**

Not available

### **Discussion of Baseline Data:**

Not applicable.

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

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

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

(20 USC 1416(a)(3)(A) and 1442)

**Measurement:**

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

**Overview of Issue/Description of System or Process:**

The lead agency contractor at the University of South Carolina Center of Excellence (TECS) is serving as lead for developing, conducting and evaluating processes and outcomes related to this indicator based on OSEP guidance to assure that SC data collection is done in a manner reflective of best practices and, to the extent possible, consistent with approach taken by other states to allow comparison. Plans and options have been discussed with interagency representatives at regularly scheduled meetings.

There is consensus that the NCSEAM family survey will best meet BabyNet program needs. The contractor is currently developing sampling options for interagency and SICC review in order to determine most effective data collection method.

Data collection will begin in July 2006. The current plan is for statewide data collection to determine baseline. SC will continue to monitor OSEP, NCSEAM and ECO recommendations regarding best practices related to collection, analysis and reporting of child and family outcome data.

**Baseline Data for FFY 2004 (2004-2005):**

Not available

**Discussion of Baseline Data:**

Not applicable

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

**Indicator 5:** Percent of infants and toddlers birth to 1 with IFSPs compared to:

- A. Other States with similar eligibility definitions; and
- B. National data.

(20 USC 1416(a)(3)(B) and 1442)

**Measurement:**

- A. Percent = # of infants and toddlers birth to 1 with IFSPs divided by the population of infants and toddlers birth to 1 times 100 compared to the same percent calculated for other States with similar (narrow, moderate or broad) eligibility definitions.
- B. Percent = # of infants and toddlers birth to 1 with IFSPs divided by the population of infants and toddlers birth to 1 times 100 compared to National data.

**Overview of Issue/Description of System or Process:**

Same as previous description.

**Baseline Data for FFY 2004 (2004-2005):**

SUMMARY TABLE Indicator #5					
	Compliance Agreement		SPP Baseline		
	Baseline	Target	Narrow Elig States	National Data	State Data
	2003	2006	2004	2004	2004
0 - 1 total pop*	55,461	55,461		3,805,648	55,461
# 0 - 1 with IFSP	284	1,595		40,236	374
# 0-3 with IFSP	1,722	3,190		279,154	2,289
% total IFSP 0 - 1	16%	50%	16%	14%	16%
% pop 0 - 1 with IFSP	0.5%	2.8%		1.1%	0.7%

Data Source(s): BabyTrac, OSEP, 2000 Census and state projections

South Carolina Population Projections  
(US Census Bureau, April 2005)

	2000	2005	2010	2015
Total Population	4,012,012	4,239,310	4,446,704	4,642,137
< 5 years	264,679	282,406	287,544	293,725
% change		+5%	+5%	+4%

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## Discussion of Baseline Data:

South Carolina performance on this indicator is same as state comparison group and above national average. Baseline data is roughly in line with national data and comparison states with narrow eligibility criteria. SPP targets have been calculated based on these comparisons rather than Compliance Agreement targets which were far above actual performance at the national level. SC should be able to meet or exceed national averages and performance of states with similar eligibility criteria as indicated in the annual targets for the next six years.

<b>Measurable and Rigorous Targets</b>					
Percent of infants and toddlers birth to 1 with IFSPs compared to: (A) other States with similar eligibility definitions; and (B) national data.					
<b>FFY</b>	<b>(A)</b>	<b>(B)</b>	<b>Estimated Values</b>		
	% toddlers birth to 1 with IFSPs compared to other States with similar eligibility definitions	% infants and toddlers birth to 1 with IFSPs compared to national data	# infants & toddlers birth to 1 with IFSPs	state pop birth to 1	%infants and toddlers birth to 1 with IFSPs
<b>2005</b> (2005-2006)	<b>Meet or exceed comparison state average</b>	<b>Meet or exceed national %</b>	479	55,461	0.9%
<b>2006</b> (2006-2007)	<b>Meet or exceed comparison state average</b>	<b>Meet or exceed national %</b>	510	55,461	0.9%
<b>2007</b> (2007-2008)	<b>Meet or exceed comparison state average</b>	<b>Meet or exceed national %</b>	570	58,234	1.0%
<b>2008</b> (2008-2009)	<b>Meet or exceed comparison state average</b>	<b>Meet or exceed national %</b>	570	58,234	1.0%
<b>2009</b> (2009-2010)	<b>Meet or exceed comparison state average</b>	<b>Meet or exceed national %</b>	630	61,146	1.0%
<b>2010</b> (2010-2011)	<b>Meet or exceed comparison state average</b>	<b>Meet or exceed national %</b>	630	61,146	1.0%

Data Source(s): BabyTrac, OSEP, Census data and projections

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## Improvement Activities/Timelines/Resources:

SC will continue current activities, and systematically analyze child find and public awareness activities to be sure that sources of newborn referrals are appropriately covered. Specific activities described below (see also Indicator #6).

Activity	Lead Person or Agency	Completion Date	NOTES (including Resources Needed)
On-going assessment of local resources to identify referral resources	Local coordination teams with support and assistance of lead agency central office staff	On-going	
Develop and update informational materials to increase public awareness of Part C (BabyNet) target population, services and benefits.	DHEC< State ICC, collaborating agencies.	On-going	
Promotion of state toll-free information and resource line (CARELINE), which provides direct referral to local BabyNet offices.	DHEC CARELINE	On-going	
Pre-service, in-service and continuing education presentation to health care providers serving children with special needs about BabyNet program purpose, services and benefits.	TECS (SC Center for Disabilities Services -- DHEC contractor), DHEC, collaborating agencies	On-going	
Regular BabyNet updates for lead agency (and other) medical advisory groups dealing with broad child health issues including perinatal and neonatal services.	DHEC	Request time as needed during on quarterly meetings of agency pediatric advisory group.	Plan to restructure and strengthen Division CSHCN advisory committees.
Strengthen intra-agency links between Divisions of Children with Special Health Care Needs (where BabyNet is housed) and Perinatal Services to improve NICU linkages to BabyNet services.	DHEC	General discussions have begun. Specific plans to be developed and implemented throughout SFY 06 and 07. Restructuring and improved staffing within MCH Bureau will greatly facilitate this intra-agency collaboration.	
Maintenance and enhancement of state ICC child find committee activities.	Lead agency, state ICC	On-going	

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

**Indicator 6:** Percent of infants and toddlers birth to 3 with IFSPs compared to:

- A. Other States with similar eligibility definitions; and
- B. National data.

(20 USC 1416(a)(3)(B) and 1442)

**Measurement:**

- A. Percent = # of infants and toddlers birth to 3 with IFSPs divided by the population of infants and toddlers birth to 3 times 100 compared to the same percent calculated for other States with similar (narrow, moderate or broad) eligibility definitions.
- B. Percent = # of infants and toddlers birth to 3 with IFSPs divided by the population of infants and toddlers birth to 3 times 100 compared to National data.

**Overview of Issue/Description of System or Process:**

Service delivery system described previously.

**Baseline Data for FFY 2004 (2004-2005):**

	Compliance Agreement		SPP Baseline Data	
	Baseline	Target	National	SC
	2003	2006	2004	2004
total pop 0-3	159,387	159,387		159,387
# 0-3 with IFSP	1,722	3,190	279,154	2,289
% pop 0 - 3 with IFSP	1.1%	2.0%		1.4%

Data Source(s): BabyTrac, OSEP, 2000 Census and state population projections

**Discussion of Baseline Data:**

SC has worked on increasing total number of children served through BabyNet as part of the Compliance Agreement that ends September 2006. The Compliance Agreement target is 3,190 – 2% of the state birth to three population based on the 2000 US Census. This is equal to evidence-based estimates of the prevalence of developmental delays in this population group, and thus represents a reasonable guess as to the total number of children in need of early intervention services.

This target was met in November 2005. All efforts to reach this level will be continued, and we have no reason to believe that SC cannot maintain this level of service. This effectively sets the SPP target for this indicator.

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<b>Measurable and Rigorous Targets</b>					
Percent of infants and toddlers birth to 1 with IFSPs compared to: (A) other States with similar eligibility definitions; and (B) national data.					
	(A)	(B)	Estimated Values		
FFY	% state pop birth to 3 with IFSPs compared to States with "narrow" eligibility criteria	% state pop birth to 3 with IFSPs compared to national data	# infants & toddlers birth to 3 with IFSPs	State population birth - three	% birth-three population with IFP
<b>2005</b> (2005-2006)	<b>Meet or exceed comparison state average</b>	<b>Meet or exceed national %</b>	3,190	159,387	2.0%
<b>2006</b> (2006-2007)	<b>Meet or exceed comparison state average</b>	<b>Meet or exceed national %</b>	3,190	159,387	2.0%
<b>2007</b> (2007-2008)	<b>Meet or exceed comparison state average</b>	<b>Meet or exceed national %</b>	3,350	167,356	2.0%
<b>2008</b> (2008-2009)	<b>Meet or exceed comparison state average</b>	<b>Meet or exceed national %</b>	3,350	167,356	2.0%
<b>2009</b> (2009-2010)	<b>Meet or exceed comparison state average</b>	<b>Meet or exceed national %</b>	3,510	175,724	2.0%
<b>2010</b> (2010-2011)	<b>Meet or exceed comparison state average</b>	<b>Meet or exceed national %</b>	3,510	175,724	2.0%

**Improvement Activities/Timelines/Resources:**

SC will continue to serve at least 2% of the birth to three population. Targets calculated based on population projections -- adjustments will be made based on actual and provisional population estimates in coming years.

Activity	Lead Person or Agency	Completion Date	NOTES (including Resources Needed)
On-going assessment of local resources to identify referral resources.	Local coordination teams with support and assistance of lead agency central office staff	On-going	
Develop and update informational materials to increase public awareness of Part C (BabyNet) target population, services and benefits.	DHEC< State ICC, collaborating agencies.	On-going	
Promotion of state toll-free information and resource line (CARELINE), which provides direct referral to local BabyNet offices.	DHEC CARELINE	On-going	
Regular (at least monthly) review of state and regional enrollment statistics to assure that caseload is maintained at or near state and regional targets.	System manager, local coordination teams, program managers	On-going	
Specific targeted outreach as indicated to assure that the population served is reflective of the state 0-3 population in terms of race, ethnicity, geography, etc.	Lead agency coordinates	On-going	This includes state and regional review of BabyTrac client characteristics will guide these efforts.

## Part C State Performance Plan (SPP) for 2005-2010 SOUTH CAROLINA

Pre-service, in-service and continuing education presentation to health care providers serving children with special needs about BabyNet program purpose, services and benefits.	TECS (SC Center for Disabilities Services -- DHEC contractor), DHEC, collaborating agencies	On-going	
Regular BabyNet updates for lead agency (and other) medical advisory groups dealing with broad child health issues.	DHEC	Request time as needed during on quarterly meetings of agency pediatric advisory group.	Plans to restructure and strengthen Division CSHCN advisory committees.
Strengthen intra-agency links between Divisions of Children with Special Health Care Needs (where BabyNet is housed) and Perinatal Services to improve NICU linkages to BabyNet services	DHEC	General discussions have begun. Specific plans to be developed and implemented throughout SFY 06 and 07. Restructuring and improved staffing within MCH Bureau will greatly facilitate this intra-agency collaboration.	
Maintenance and enhancement of state ICC child find committee activities	Lead agency, state ICC	On-going	
Outreach to child care facilities to facilitate early identification of children in need of early intervention services.	Collaborating agencies, family support services contractors, DHEC parent liaison staff members	On-going	Most activities planned and implemented at the regional (SPOE) level.



# Part C State Performance Plan (SPP) for 2005-2010 SOUTH CAROLINA

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

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

(20 USC 1416(a)(3)(B) and 1442)

**Measurement:**

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

Account for untimely evaluations.

**Overview of Issue/Description of System or Process:**

Service delivery system described previously.

**Baseline Data for FFY 2004 (2004-2005):**

	#	%
Eligible infants and toddlers evaluated and assessed	3,176	
Eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	3,035	95.5%
Eligible infants and toddlers with overdue IFSPs	141	4.5%
Number of days overdue	87	

Data Source(s): BabyTrac (11/01/05)

**Discussion of Baseline Data:**

This is one of the benchmarks monitored by OSEP through the Compliance Agreement. Significant improvement has been documented over the course of the Compliance Agreement. A coordinated consistently applied system for completion of activities between referral and completion of initial IFSP are being finalized for implementation beginning January 2006

# Part C State Performance Plan (SPP) for 2005-2010 SOUTH CAROLINA

FFY	<b>Measurable and Rigorous Target</b> Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline
<b>2005</b> (2005-2006)	<b>95%</b>
<b>2006</b> (2006-2007)	<b>100%</b>
<b>2007</b> (2007-2008)	<b>100%</b>
<b>2008</b> (2008-2009)	<b>100%</b>
<b>2009</b> (2009-2010)	<b>100%</b>
<b>2010</b> (2010-2011)	<b>100%</b>

**Improvement Activities/Timelines/Resources:**

The primary activity will be full implementation of system point of entry system that included streamlined policies governing activities required from referral to IFSP completion. This has been a key focus through out the Compliance Agreement. Transition to the SPOE system will be completed during CY 2006. DHEC is the lead for guiding this transition. Policies and procedures have been developed with stakeholder input. This includes revisions to several forms. Improvement in this indicator depends on successful implementation of the SPOE system that has been delayed for 15-18 months.

# Part C State Performance Plan (SPP) for 2005-2010 SOUTH CAROLINA

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

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

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

(20 USC 1416(a)(3)(B) and 1442)

### Measurement:

- A. Percent = # of children exiting Part C who have an IFSP with transition steps and services divided by # of children exiting Part C times 100.
- B. Percent = # of children exiting Part C and potentially eligible for Part B where notification to the LEA occurred divided by the # of children exiting Part C who were potentially eligible for Part B times 100.
- C. Percent = # of children exiting Part C and potentially eligible for Part B where the transition conference occurred divided by the # of children exiting Part C who were potentially eligible for Part B times 100.

### Overview of Issue/Description of System or Process:

South Carolina's Early Intervention System, BabyNet, has developed Policies and Procedures for transition planning. Transition planning begins during the initial intake visit, when the Service Coordinator first meets with the family. The Service Coordinator discusses all BabyNet services and activities with the family to include the transition process. Many transitions are addressed in the Policy and Procedure manual to include transition out of the NICU, transition to new service coordinators/service providers as well as transition out of the BabyNet system.

Strong emphasis on transition planning out of the BabyNet system begins at the IFSP meeting closest to the child's second birthday. The transition-planning page of the IFSP is completed and the Service Coordinator begins to discuss transition options with the family to include Local Education Agencies (LEA), Head Starts, as well as other community program options. The BabyNet Service Coordinator will send notification of all BabyNet children 27 months of age to school district where the child resides using the Transition Notification/Referral Form with section 1 completed.

The Service Coordinator also begins discussing with the parent(s) if they would like for their child to be referred to the LEA and have their child's Early Intervention Records sent. The Service Coordinator also discusses with the family if they would like to have a transition conference with the LEA to discuss what services the school has to offer their child. If the parents agree to this referral the Service Coordinator completes Section 2 of the Transition Notification/Referral Form and sends this form the LEA. If the parent(s) agrees to participate in a conference with LEA, Section 3 of the Transition Notification/Referral Form will be completed. The same procedures are followed if a parent is interested in services from Head Start or another community program. A Transition Conference is held no later than 90 days prior to the child's third birthday and up to nine months prior to the child's third birthday.

Following the Transition Conference all participants including the LEA receive a copy of the Transition Conference Form with a plan to facilitate a smooth transition for the child out of the BabyNet system with action steps, persons responsible and a timeline. If a parent chooses not to participate in a Transition Conference then the BabyNet Service Coordinator uses the Transition Conference form planning section to help the parent with action steps, timelines and resources for a smooth transition out of the BabyNet system. Ten days following the child's third birthday or ten days following the completion of the IEP, whichever is sooner the LEA will complete Section 4 of the Transition Notification/Referral Form and return it to the BabyNet Service Coordinator so exit data for that child can be entered into the BabyTrac data system.

Local Interagency Transition Agreements (LITA's) are completed and updated on a yearly basis between BabyNet participating agency partners, Local Education Agencies and Head Starts to establish timelines and procedures to ensure a smooth transition for children exiting the BabyNet system. On an annual basis BabyNet central office and the Preschool Coordinator at the State Department of Education review LITA's before final signatures are obtained. LITA's are then submitted electronically to BabyNet central office.

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## Baseline Data for FFY 2004 (2004-2005):

Baseline data can be drawn from SFY 2005 focused monitoring findings and routine reports produced for Compliance Agreement reporting.

November 1, 2005 BabyTrac report:

- 175 overdue transition referral (Defined as: children with IFSPs and age within six months of 3<sup>rd</sup> birthday who did not have a LEA referral or parent decline date documented in BabyTrac.)
- 115 overdue transition conferences (Defined as: children with IFSPs and age within three months of 3<sup>rd</sup> birthday who did not have a transition conference or parent decline date documented in BabyTrac.)

SFY 2005 monitoring results:

- 95% referred to Part B prior to the child's third birthday.
- 95% completed transition conference with LEA.
- 95% of records included a transition plan.

## Discussion of Baseline Data:

BabyTrac Data Current BabyTrac reports were all designed to Compliance Agreement requirements for documenting the number of instances when this activity did not occur. These reports must be revised and/or additional reports added in order to produce data in format required for SPP reporting. SC is required to provide the same data collected at Compliance Agreement baseline at least through September 30, 2006.

Monitoring Data Four service areas were reviewed in SFY 2005, which was the first year of implementation of South Carolina Part C monitoring system. These areas were selected based on risk" and may not accurately reflect statewide performance. (Complete description of monitoring process included under Indicator #9.) Again, the Compliance Agreement requires that SC continue implementation of this monitoring protocol until all service areas (former Districts) have been reviewed.

The transition policies described above were developed and implemented within the past 18 months. Service coordinators have been adequately trained on documentation requirements. Failure to document the required transition activities is in large part with issues related to data entry. As of fall 2005, all service coordinators have been granted access to BabyTrac and have received training on data entry for infants and toddlers on each individual caseload. Prior to this, data was entered centrally for each service area (District). Delays in transfer of hard copies for data entry, and reductions in DHEC staff in some BabyNet offices have each contributed to lack of prompt and accurate data entry.

FFY	Measurable and Rigorous Target
	Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday
<b>2005</b> (2005-2006)	<b>100%</b>
<b>2006</b> (2006-2007)	<b>100%</b>
<b>2007</b> (2007-2008)	<b>100%</b>
<b>2008</b> (2008-2009)	<b>100%</b>
<b>2009</b> (2009-2010)	<b>100%</b>
<b>2010</b> (2010-2011)	<b>100%</b>

# Part C State Performance Plan (SPP) for 2005-2010 SOUTH CAROLINA

## Improvement Activities/Timelines/Resources:

Activity	Lead Person or Agency	Completion Date	Resources Needed/NOTES
Modify existing reports or create new reports for SPP reporting and for monthly review by program managers and BabyNet staff and quarterly by the ICC.	DHEC, BabyNet data manager, Division data coordinator	September 2006	
Identify and complete any BabyTrac programming changes needed to effectively monitor performance on this indicator.	DHEC, contractor	During SFY 2007 contract term or as appropriate	Pace of these changes is dependent on contractor capacity and completion of the work included in the contract that ends June 30, 2005.
Revise IFSP form to facilitate documentation of necessary information	DHEC, program managers	March 2006	
Plan and conduct joint training on BabyNet to pre-school transition in collaboration with state PTI, other parent groups and LEAs.	DHEC	December 2006 and on-going	
Coordinate transition activities with Part C program and recommend modifications as needed.	DHEC	On-going	

# Part C State Performance Plan (SPP) for 2005-2010 SOUTH CAROLINA

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

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

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

### Measurement:

- A. Percent of noncompliance related to monitoring priority areas and indicators corrected within one year of identification:
1. # of findings of noncompliance made related to priority areas.
  2. # of corrections completed as soon as possible but in no case later than one year from identification.  
Percent = b divided by a times 100.
- For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.
- B. Percent of noncompliance related to areas not included in the above monitoring priority areas and indicators corrected within one year of identification:
1. # of findings of noncompliance made related to such areas.
  2. # of corrections completed as soon as possible but in no case later than one year from identification.  
Percent = b divided by a times 100.
- For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.
- C. Percent of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) corrected within one year of identification:
1. # of EIS programs in which noncompliance was identified through other mechanisms.
  2. # of findings of noncompliance made.
  3. # of corrections completed as soon as possible but in no case later than one year from identification.  
Percent = c divided by b times 100.
- For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.

### Overview of Issue/Description of System or Process:

Key Compliance Agreement requirements related to non-compliance:

1. General
  - a. Monitoring of agencies and organizations that are part of the statewide effort under BabyNet;
  - b. Identifying and verifying non-compliance with federal and state requirements;
  - c. Enforcing obligations imposed on agencies by regulations and an interagency Memorandum of Agreement (MOA) through sanctions including, but not limited to, discontinuing contracts/sub-contracts and enforcement through dispute resolution procedures outlined in BabyNet Policy and Procedure Manual;
  - d. Providing technical assistance, as necessary, to those agencies; and
  - e. Ensuring the correction of deficiencies identified through monitoring in a timely manner.
2. Focused Monitoring:
  - a. Monitoring system that is collaborative, systematic and interagency;
  - b. Limited resources to be allocated to the areas of greatest need, which are determined by identifying what is most likely to lead to improvements in family outcomes;
  - c. Available information is used to select goals that would improve family outcomes and increase access to early intervention services for infants and toddlers with disabilities;

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- d. Monitoring strategy is systematic;
  - e. Monitoring strategy encourages agencies to monitor agreed upon areas of focus;
  - f. Corrective actions ensure changes that result in positive outcomes for families;
  - g. Monitors are well trained and engaged in continuous professional development;
3. Content:
- a. A group of stakeholders assisted DHEC in identifying a limited number of goals and indicators to drive the BabyNet Focus Monitoring Process. These goals are statements of the conditions that are desired for infant and toddlers with disabilities and developmental delays that can be measured. Indicators are statements that quantify the goal and signal whether the goal is being achieved.
  - b. Data based on the goals and indicators are used to rank regions. Standard, uniform targets are used for inquiry when making monitoring decisions. DHEC, as the Lead Agency, coordinates the onsite-monitoring schedule based upon region's ranking.

4. Goals:

The stakeholders group for South Carolina Part C system for calendar years 2004-2006 has selected the following goals:

- a. Number of children with initial IFSPs greater than 45 days from date of referral;
  - b. Number of eligible children with IFSPs;
  - c. Number of children with IFSPs waiting for services;
  - d. The number of initial or annual IFSPs without all developmental areas evaluated/assessed, including vision and hearing;
  - e. The number of children not referred to Part B prior to child's third birthday;
  - f. The number of the children without a transition meeting;
  - g. The number of children without a transition plans.
5. Selection:

Districts with highest non-compliance rate in the areas indicated will be reviewed first. Selection methods for determining reviews after completion of the state Corrective Action Plan will be made through ranking of health districts on stakeholder selected indicators.

- a. Ranking on number of:
  - i) Children with initial IFSPs greater than 45 days from date of referral;
  - ii) Children with IFSPs waiting for services, and;
  - iii) Initial or annual IFSPs without all developmental areas evaluated/assessed, including vision and hearing.
- b. The monitoring team uses the goals and indicators listed above to rank regions based upon performance. This rank order determines the sequence of onsite and desk reviews.
- c. The monitoring schedule is coordinated by DHEC to ensure that attention is given to regions in most need of improvement and that corrective actions/improvements are implemented within a specific time frame.

Four Health Districts were reviewed in SFY 2004-2005, which was the first year of implementation of South Carolina Part C monitoring system. Each year thereafter, a minimum of one (1) health district will be reviewed per quarter. This is in addition to ongoing monitoring procedures and ongoing technical assistance of all districts. Two additional visits have been conducted since July 2005.

6. Process

Interagency monitoring team has been established, and a mock desk review and hands on training was conducted in August 2004. A schedule for on- and off-site reviews has been established. Monitoring visits began in August 2004 and have been conducted quarterly thereafter.

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Monitoring tools for family interviews, record reviews, and focus groups were developed August 2004. Family interviews and focus groups are components of the monitoring process. Interviews are conducted with families of children whose records were selected for review. Focus groups are conducted with service coordinators, DHEC staff, the BabyNet coordination team (BNCT) members, and contracted providers from the region being monitored.

The format for debriefing sessions, exit information, and an outline of the summary report to include focus group information were developed August 2004.

On and off site monitoring reports are being completed within 30 days after the review and findings are incorporated into BabyNet Coordination Team Compliance/Improvement Plans.

DHEC uses data currently collected through agency records/file reviews, BabyTrac data system reports, minutes from BNCT meetings, District Improvement Plans and Local Interagency Transition Agreements (LITA) and procedural safeguards complaints to prepare for the on or off site monitoring. The data is reviewed by BabyNet Central Office personnel and organized, analyzed and synthesized in a format to present to the monitoring team. Additional data may be used if pertinent to the review.

A minimum of fifteen (15) records is reviewed. The onsite visit concludes with an exit interview with district personnel. For off site reviews, the summary of findings report is sent to the DHEC Region Director, the BabyNet System Manager, the DDSN Director of Children Services and the SCSDB Director of Early Intervention Services. The Interagency Monitoring Team presents the findings from the review at the regularly scheduled BNCT meeting following after region receipt of the report.

DHEC regions are required to focus their corrective action/improvement plans on areas of noncompliance and should include timelines and targets to measure improvements. BabyNet providers within districts that are unable to demonstrate improvements will be subject to the procedures outlined in corrective actions section of this manual.

### Baseline Data for FFY 2004 (2004-2005):

Activity	Performance
▪ IFSP completed more than 45 days from the date of referral	39%
▪ IFSP properly completed	72%
▪ Children with IFSPs waiting for services	14%
▪ Children with initial or annual IFSPs <u>not</u> assessed in all areas of development, including vision and hearing	69%
▪ Children <u>not</u> referred to Part B prior to the child's third birthday.	5%
▪ Children that did <u>not</u> have a transition meeting	5%
▪ Children that did not have a transition plan.	5%

### Discussion of Baseline Data:

Baseline data was taken from BabyNet record reviews. A total of 64 records were reviewed across all service coordination agencies for SFY 2004-2005. Records were selected to ensure a representative sample from the priority areas identified.

Approximately 80% of the areas of non-compliance identified were not corrected within a year because they are due to systemic issues and must be corrected at the state level. Because of this, many valid exceptions were noted throughout the monitoring process.

Each district has submitted and implemented a corrective action plan and plans have been made to begin providing training and technical assistance on both the state and the local level. Many of the areas of non-compliance are systemic and not a direct result of the district's performance or lack of, but stem from lack of general supervision and clear policies and procedures from BNCO as well as inconsistent processes across agencies. Many of these deficits will be addressed through the revision and clarification of BN policies and procedures, and by implementing the new SPOE process. Areas of non-compliance will also be addressed through CIFMS at both the state and local level.



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FFY	<b>Measurable and Rigorous Target</b>		
	Identification and correction of noncompliance as soon as possible, but in no case later than one year from identification.		
	(A)	(B)	(C)
	Percent noncompliance related to monitoring priority areas and indicators corrected within one year of identification	Percent noncompliance related to areas not included in (A) and indicators corrected within one year of identification	Percent noncompliance identified through other mechanisms corrected within one year of identification
<b>2005</b> (2005-2006)	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>2006</b> (2006-2007)	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>2007</b> (2007-2008)	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>2008</b> (2008-2009)	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>2009</b> (2009-2010)	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>2010</b> (2010-2011)	<b>100%</b>	<b>100%</b>	<b>100%</b>

### Improvement Activities/Timelines/Resources:

Activity	Lead Person or Agency	Completion Date	Resources Needed/NOTES
Complete and distribute all components of policy and procedure manual	DHEC	December 2006	
Review Compliance Agreement requirements for Continuous Improvement Focus Monitoring system in light of current SPP indicators, and revise monitoring protocol as needed to assure improved program performance.	DHEC with collaborating agencies, ICC and OSEP	December 2006	
Develop and implement monitoring protocol that includes self-monitoring and reporting by service area and agency.	DHEC with collaborating agencies and ICC	July 2007	

# Part C State Performance Plan (SPP) for 2005-2010 SOUTH CAROLINA

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

**Indicator 10:** Percent of signed written complaints with reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

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

### Measurement:

Percent = (1.1(b) + 1.1(c)) divided by (1.1) times 100.

### Overview of Issue/Description of System or Process:

**DHEC is in the final stages of policy approval and dissemination. The Monitoring and Complaints Officer is currently following the proposed guidelines outlined below.**

#### 1. Complaint Filing Procedures

DHEC/BabyNet is responsible for investigating any complaint it receives including individual child complaints and those that are systemic in nature. A parent who files a complaint that generally affects only a single child or the child's family, and is not directed against a policy, pattern, or practice that is alleged to be a violation of Part C of IDEA or State early intervention law or guidelines, is provided information concerning mediation and/or impartial hearing proceedings, and the opportunity to request such proceedings.

Complaints related to IDEA Federal Regulation violations are filed with the BabyNet Procedural Safeguards Officer.

#### 2. Content

##### a. Written complaints must include:

- i) A statement that an individual, program, or agency has violated a requirement of federal or state early intervention law or guidelines;
- ii) The facts on which the complaint is based; and
- iii) The signature of the individual filing the complaint, or the signature of an individual authorized to act on behalf of an organization.

##### b. The alleged violation must have occurred not more than one year before the date that the complaint is received by the BabyNet Procedural Safeguards Officer unless a longer period is reasonable because:

- i) The alleged violation continues for that child or other children; or
- ii) The complainant is requesting reimbursement or corrective action for a violation that occurred not more than three years before the date on which the BabyNet Procedural Safeguards Officer receives the complaint.

##### c. No verbal complaints shall be accepted from an organization or individual other than a parent. If a parent wishes to file a complaint, it is the responsibility of the service coordinator to assist the parent, in the parent's primary language and/or mode of communication, to the maximum extent possible, to prepare the complaint in written form. If the parent prefers, they can request assistance from the BabyNet Procedural Safeguards Officer.

#### 3. Processing

- a. The BabyNet Procedural Safeguards Officer maintains a log of all complaints received. Each complaint shall be date-stamped immediately upon receipt. The date the complaint was received and name of the complainant are entered into the complaint log. The

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completion date of each step in the process must be entered in the complaint log. Each complaint is numbered sequentially by year. For example, C: 01-SFY03 would be the first complaint received in state fiscal year 2003. A file is created containing all the documents related to the complaint.

- b. Upon receipt of each complaint, the BabyNet Procedural Safeguards Officer shall be responsible for determining, within 10 business days of the date of complaint receipt, the substance of the allegations in the complaint and whether it is an issue requiring follow up through the complaint system.

If the BabyNet Procedural Safeguards Officer determines that the complaint is not a Part C of IDEA matter, the complainant shall be informed within 2 business days of that determination.

If the complainant requests anonymity, the BabyNet Procedural Safeguards Officer shall determine if it is possible to investigate the complaint while maintaining confidentiality of the complainant's identity.

If anonymity is requested, the BabyNet Procedural Safeguards Officer removes all personally identifiable information from the complaint and any accompanying documentation throughout the complaint investigation.

If not, the BabyNet Procedural Safeguards Officer notifies the complainant that it is not possible to conduct the investigation without acknowledging the complainant's identity and determines with the complainant, if the complaint investigation should proceed.

- c. If the BabyNet Procedural Safeguards Officer determines that the complaint is a Part C of IDEA matter to be investigated, the respondent(s), the relevant BabyNet staff in their district/region and the complainant shall be notified within 2 business days of that determination and sent a copy of the complaint procedures. The notice to all parties includes:
  - i) A summary of the complaint.
  - ii) The determination of the BabyNet Procedural Safeguards Officer regarding whether or not an on-site investigation is necessary, if that determination has already been made.
  - iii) A statement that no change in services provision may be made during the pendency of complaint investigation procedures, and that any retaliation against the complainant is unlawful and may lead to other proceedings.
  - iv) The opportunity to submit, within 7 business days (based on approved agency calendar) of receipt of this notification, written or verbal information responsive to the allegations in the complaint.
  - v) Notice that failure to cooperate with any investigation shall subject the named party(s) to contract termination, cessation of payments, or other action.
- d. During the 7 business days after the receipt of the complaint, the BabyNet Procedural Safeguards Officer, in consultation with the complainant, should offer both informal and formal mediation to resolve the complaint. If the complainant is willing to utilize formal mediation, the mediation procedures contained in these guidelines are followed. The mediation process must be completed within 30 calendar days and cannot delay the 60-calendar day timeline for resolution of the complaint.
- e. If the complainant agrees to pursue informal mechanisms, the BabyNet Procedural Safeguards Officer shall ensure that the informal process proceeds and that all documentation is collected and maintained in the complaint record. If informal resolution is achieved it must be documented and signed by the parties and filed with the complaint record. If such resolution is achieved, the complainant shall be requested to sign the form withdrawing such complaint. If such informal mechanisms do not resolve the issue,

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the BabyNet Procedural Safeguards Officer shall complete the investigation and issue a report within the sixty calendar days as required.

### 4. Complaint Investigation Procedures

During the investigation, the BabyNet Procedural Safeguards Officer:

- a. Makes a determination if an on-site investigation is necessary, and conducts such an investigation.
- b. Reviews all relevant information, including the results of any on-site investigation, pertinent written records and documents such as forms, reports and files, and any additional information provided by the party(s).
- c. Conducts personal interviews with the complainant, the respondent(s) and any other relevant party, if necessary.
- d. Contacts other individuals, including advocates or other parties, who may have important knowledge or information relative to the complaint, or specialized expertise pertinent to the complaint, if necessary.

### 5. Complaint Resolution and Implementation Procedures

- a. Within 60 calendar days of receipt of the complaint, unless exceptional circumstances exist with respect to a particular complaint, the BabyNet Procedural Safeguards Officer shall issue a written determination to the complainant and the named party(s) which addresses each allegation in the complaint and contains:
  - i) Findings of fact and conclusions and the reasons for the BabyNet Procedural Safeguards Officer's final decision;
  - ii) If needed, the BabyNet Procedural Safeguards Officer requires the named party(s) to develop and implement a plan of action outlining procedures for effective implementation of the final decision. If needed, technical assistance activities, negotiations, and corrective actions to achieve compliance;
  - iii) A request and instructions for development and submission of detailed corrective action plan, if necessary, including specifying the date(s) by which corrective actions must be implemented; and
  - iv) Remedies when a denial of necessary services occurred, including (as appropriate) the awarding of monetary reimbursement or other corrective action appropriate to the needs of the child and the child's family and appropriate future provision of services for all infants and toddlers with disabilities and their families.
6. If appropriate to the complaint, a copy of the decision shall be sent to the child's service coordinator. If applicable, the service coordinator shall modify the IFSP no later than five business days (based on approved agency calendar) after receipt of the written decision.
7. If any named party(s) has not cooperated with the complaint investigation, and/or have taken retaliatory action against any complainant, the BabyNet Procedural Safeguards Officer shall also issue a finding of failure to cooperate, which outlines the specific nature of the failure to cooperate and describes the appropriate corrective action(s) which shall be taken, including but not limited to possible cancellation of contract, cessation of payment, disqualification as a service provider, and/or other remedial action(s).
8. Any BabyNet provider of early intervention services who, on the basis of an investigation pursuant to a complaint, is found to be disqualified to provide such services shall immediately receive written notification of cessation of services and cancellation of contract in accordance with contract procedures. BabyNet will work with relevant service coordinators to notify parents immediately by whatever means available of the change in service providers and their right to access dispute resolution procedures. This notice shall be followed by written notice pursuant to written notice procedures in I A 2-4 of these guidelines.

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9. The BabyNet Procedural Safeguards Officer shall provide for the periodic review of the subject of the investigation until corrective actions have been taken and/or a corrective action plan has been fully implemented. If appropriate, on-site follow-up investigation(s) will be performed to ascertain that all appropriate corrective actions have been taken by the subject(s) of the investigation, as part of routine monitoring, approval, licensure or certification process, and/or as determined necessary by the BabyNet Procedural Safeguards Officer. These steps will be entered onto the log.
10. During the pendency of any compliant investigation, the all early intervention providers shall ensure that the following services for the child and family are implemented:
  - a. The services provided pursuant to the IFSP currently in effect; or
  - b. The services in any sections of a proposed IFSP that are not in dispute.
11. The written determination of the BabyNet Procedural Safeguards Officer shall be issued no later than 60 calendar days from receipt of the complaint, except in the case of exceptional circumstances justifying an extension of these time limits. All parties will be informed in writing of the extension, the circumstances for the extension, and the new timelines. Extensions should be given rarely, and only upon a factual showing that "exceptional circumstances" exist justifying such an extension.
12. If a written complaint is received that is also the subject of a due process hearing or contains multiple issues, of which one or more are part of that hearing, the state must set aside any part of the complaint that is being addressed in the due process hearing until the conclusion of the hearing. However, any issue in the complaint that is not part of the due process action, including any allegations of systemic violations raised in the complaint, must be resolved within the 60-calendar day timeline using the complaint procedures described above.
13. If an issue is raised in a complaint filed under this section that has previously been decided in a due process hearing involving the same parties the hearing decision is binding.
14. A complaint alleging a public agency(s) or private service provider(s) failure to implement a due process decision must be resolved by the BabyNet Procedural Safeguards Officer.
15. All written communications shall be sent by overnight delivery or mail return receipt requested. The BabyNet Procedural Safeguards Officer shall be responsible for maintaining all records related to the complaint in the complaint file.

### Baseline Data for FFY 2004 (2004-2005)

	#	%
Signed complaints received (TOTAL)	18	
Complaints resolved within 60 days	16	88%
Complaints requiring more than 60 days to resolve	2	(11%)

### Discussion of Baseline Data:

The additional time for the two cases requiring more than 60 days was to allow full investigation of the complaints.

**Part C State Performance Plan (SPP) for 2005-2010 SOUTH CAROLINA**

	<b>Measurable and Rigorous Target</b>
<b>FFY</b>	Percent of signed written complaints with reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.
<b>2005</b> (2005-2006)	<b>100%</b>
<b>2006</b> (2006-2007)	<b>100%</b>
<b>2007</b> (2007-2008)	<b>100%</b>
<b>2008</b> (2008-2009)	<b>100%</b>
<b>2009</b> (2009-2010)	<b>100%</b>
<b>2010</b> (2010-2011)	<b>100%</b>

**Improvement Activities/Timelines/Resources:**

<b>Activity</b>	<b>Lead Person or Agency</b>	<b>Completion Date</b>	<b>Resources Needed/NOTES</b>
Finalize draft policies and procedures for complaints to include a list of sanctions and incentives	DHEC	July 2006	No additional resources needed.
Distribute policies and fully implement system.	DHEC	October 2007	No additional resources needed.

# Part C State Performance Plan (SPP) for 2005-2010 SOUTH CAROLINA

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

**Indicator 11:** Percent of fully adjudicated due process hearing requests that were fully adjudicated within the applicable timeline.

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

**Measurement:**

Percent = (3.2(a) + 3.2(b)) divided by (3.2) times 100.

**Overview of Issue/Description of System or Process:**

The Compliance Agreement requires that DHEC develop and implement policies to guarantee that parents have voluntary access to a fair process for the resolution of individual disputes regarding the provision of early intervention services including identification, evaluation and assessment, eligibility determination, placement or the provision of appropriate early intervention services. This policy has been drafted and is pending approval.

**Baseline Data for FFY 2004 (2004-2005):**

No requests for due process hearings received.

**Discussion of Baseline Data:**

N/A

FFY	Measurable and Rigorous Target
	For percent of fully adjudicated due process hearing requests that were fully adjudicated within the applicable timeline
<b>2005</b> (2005-2006)	<b>100%</b>
<b>2006</b> (2006-2007)	<b>100%</b>
<b>2007</b> (2007-2008)	<b>100%</b>
<b>2008</b> (2008-2009)	<b>100%</b>
<b>2009</b> (2009-2010)	<b>100%</b>
<b>2010</b> (2010-2011)	<b>100%</b>

**Improvement Activities/Timelines/Resources:**

Activity	Lead Person or Agency	Completion Date	Resources Needed/NOTES
Finalize draft policies and procedures for due process hearings by 12/30/2006.	DHEC	July 2006	No additional resources needed.
Identify and train Part C hearing officers.	DHEC	September 2006	No additional resources needed.
Provide training, consultation and technical assistance as needed on procedural safeguards.	DHEC	On-going	No additional resources needed.

# Part C State Performance Plan (SPP) for 2005-2010 SOUTH CAROLINA

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

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

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

**Measurement:**

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

**Overview of Issue/Description of System or Process:**

Not applicable

**Baseline Data for FFY 2004 (2004-2005):**

Not applicable

**Discussion of Baseline Data:**

Not applicable

FFY	Measurable and Rigorous Target
2005 (2005-2006)	N/A
2006 (2006-2007)	N/A
2007 (2007-2008)	N/A
2008 (2008-2009)	N/A
2009 (2009-2010)	N/A
2010 (2010-2011)	N/A



# Part C State Performance Plan (SPP) for 2005-2010 SOUTH CAROLINA

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

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

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

**Measurement:**

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

**Overview of Issue/Description of System or Process:**

The Compliance Agreement requires that DHEC develop and implement policies to guarantee that parents have voluntary access to a fair process for the resolution of individual disputes regarding the provision of early intervention services including identification, evaluation and assessment, eligibility determination, placement or the provision of appropriate early intervention services. This policy has been drafted and is pending approval.

**Baseline Data for FFY 2004 (2004-2005):**

No requests received.

**Discussion of Baseline Data:**

N/A

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100%
2006 (2006-2007)	100%
2007 (2007-2008)	100%
2008 (2008-2009)	100%
2009 (2009-2010)	100%
2010 (2010-2011)	100%

**Improvement Activities/Timelines/Resources:**

Activity	Lead Person or Agency	Completion Date	Resources Needed/NOTES
Finalize draft policies and procedures for due process hearings by 12/30/2006.	DHEC	July 2006	
Identify and train Part C mediators.	DHEC	September 2006	
Provide training, consultation and technical assistance as needed on procedural safeguards.	DHEC	On-going	

# Part C State Performance Plan (SPP) for 2005-2010 SOUTH CAROLINA

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

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

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

**Measurement:**

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

- a. Submitted on or before due dates (February 1 for child count, including race and ethnicity, settings and November 1 for exiting, personnel, dispute resolution); and
- b. Accurate (describe mechanisms for ensuring accuracy).

**Overview of Issue/Description of System or Process:**

This is a function of lead agency staffing resources. A series of resignations and reassignments necessitated complete review of organization of DHEC BabyNet operation at the central office. That assessment was done during the spring and summer of 2005. Recommendations have been discussed with interagency program manager group and State ICC members.

**Baseline Data for FFY 2004 (2004-2005):**

N/A

**Discussion of Baseline Data:**

N/A

FFY	<b>Measurable and Rigorous Target</b>
	State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate
<b>2005</b> (2005-2006)	<b>100%</b>
<b>2006</b> (2006-2007)	<b>100%</b>
<b>2007</b> (2007-2008)	<b>100%</b>
<b>2008</b> (2008-2009)	<b>100%</b>
<b>2009</b> (2009-2010)	<b>100%</b>
<b>2010</b> (2010-2011)	<b>100%</b>

# Part C State Performance Plan (SPP) for 2005-2010 SOUTH CAROLINA

## Improvement Activities/Timelines/Resources:

Activity	Lead Person or Agency	Completion Date	Resources Needed/NOTES
Increase DHEC program staffing levels to minimum required to complete oversight. Key positions: <ul style="list-style-type: none"> <li>▪ Part C coordinator</li> <li>▪ Systems of payments coordinator</li> <li>▪ Regional consultant team (3)</li> </ul>	DHEC	July 2006	DHEC management at all levels recognize need for additional resources for the BabyNet program and are working with program staff to determine staffing levels needed and to hire and fill vacant and newly created positions.
Revise all DHEC central office BabyNet job descriptions to assure that all critical functions are covered with appropriate back up plans and cross training.	DHEC	July 2006	No additional resources needed
Obtain consultation to establish comprehensive Part C oversight plan for lead agency.	DHEC	July 2006	MidSouth Regional Resource Center has agreed to work with SC to develop this plan.