

Ohio Part C 2009 Verification Visit Letter

Enclosure

The Ohio Department of Health (ODH) is the State lead agency responsible for administering Part C of the Individuals with Disabilities Education Act (IDEA) in the State. The Bureau of Early Intervention Services (BEIS) is the office within ODH that is responsible for the daily administration and oversight of Ohio's state-wide early intervention program for infants and toddlers with disabilities and their families, which is referred to as the Help Me Grow (HMG) program. The HMG program is administered in each of Ohio's eighty-eight (88) counties by the county Family and Children First Council (FCFC). The FCFCs are ODH's early intervention service (EIS) programs for reporting and determinations purposes under IDEA sections 616 and 642. Each FCFC receives Federal and State funds to implement Part C requirements and other programs that serve pregnant women, newborns, infants and toddlers with developmental delays and disabilities. The Ohio Department of Developmental Disabilities (ODODD) provides direct oversight of specific EIS under HMG through the 88 FCFCs. ODH reported in its Part C FFY 2008 Annual Performance Report (APR) that it served 14,840 infants and toddlers with disabilities as of February 1, 2009, representing 3.3% of the State's birth-to-three population. ODH has a State system of payments under Part C of the IDEA, and has adopted the Part C due process hearing procedures under 34 CFR §303.420(a) to resolve individual child disputes under Part C.

I. General Supervision System

Critical Element 1: Identification of Noncompliance

Does the State have a general supervision system that is reasonably designed to identify noncompliance in a timely manner using its different components?

Compliance Agreement

ODH and the U.S. Department of Education are parties to the three-year Compliance Agreement (Compliance Agreement or Agreement), which began on November 8, 2006. The Compliance Agreement required ODH to ensure compliance with the timely service provision, 45-day timeline, IFSP transition steps and services, timely transition conference, and timely correction requirements of Part C of IDEA no later than three years from the effective date of the Agreement. OSEP's November 4, 2008 letter responded to ODH's progress reports under the Compliance Agreement submitted through October 2008. In that letter, OSEP concluded that ODH's monitoring system was reasonably designed to identify noncompliance. However, as of the date of that letter, OSEP could not determine the effectiveness of the State's system in identifying noncompliance in a timely manner until data collected at the local level was examined.

At the end of this letter, OSEP addresses the ODH's progress reports under the Compliance Agreement in the four areas of timely service provision, 45-day timeline, IFSP transition steps and services, and timely transition conference, which are respectively the requirements reflected in its SPP/APR Indicators 1, 7, 8A, and 8C.

In this section and under Critical Element 2 below, OSEP addresses the identification and timely correction provisions of the Compliance Agreement. ODH submitted its remaining

progress reports, including the State's final progress report under the Compliance Agreement which was received on February 26, 2010.

Verification Visit Details and Analysis

Components of the General Supervision System: ODH revised its general supervision system in August 2007 under the November 2006 Compliance Agreement. Prior to August 2007 (including the period addressed by OSEP's May 1, 2005 verification letter), ODH monitored each of its 88 FCFC county programs every two years. Currently, ODH monitors all 88 counties to determine compliance with Part C on an annual basis using the following components of its general supervision system: the annual self-assessment; data verification; on-site focused monitoring; and dispute resolution. ODH staff described the following procedures that are used to identify noncompliance.

Annual Self-Assessment: ODH uses the annual self-assessment to: (1) issue findings of noncompliance; (2) collect and report SPP/APR data to OSEP and the public; (3) rank local county programs; and (4) make local determinations. ODH collects self-assessment data from all 88 county programs for SPP/APR Indicators 8A, 8B, and other Part C requirements including: assigning a service coordinator in a timely manner; and ensuring families are given prior written notice of all IFSP meetings.

ODH staff indicated that every year data are collected on SPP/APR results and compliance indicators utilizing a six item survey. Every other year, ODH issues an expanded annual self-assessment which includes an additional nine items on State performance indicators. The annual self-assessment is issued to all county programs in the fall of each year. The State's 88 county programs are required to complete the annual self-assessment which involves reviewing a random selection of child records identified through the State's Early Track (ET) data system. ODH staff reported that between five to 20 child records are reviewed (based on county size) for compliance with the requirements of each indicator. The State reported that additional files may be reviewed to verify compliance with all requirements reviewed through this process. ODH reported that county programs must submit the completed annual self-assessment to ODH within 30 days of issuance. Following the receipt of the self-assessment, ODH verifies the data by requesting hard copy files consisting of outreach materials, sections of the IFSP, case notes, and credentialing documents.

ODH staff reported that the State issues the HMG Self-Assessment Report summarizing the results, findings and next steps for county programs within three months of receiving self-assessment data. If noncompliance is identified, ODH includes a blank corrective action planning form with the report and county programs must submit a completed Corrective Action Plan (CAP) to ODH within 30 days.

Data Verification/Validation: ODH utilizes its ET data system to extract quarterly data reports as a part of its data verification/validation process for Federal APR compliance Indicators 1, 7, and 8C. ODH staff explained that ODH identifies noncompliance through this process and issues findings within six to eight weeks of the end of the quarter. ODH staff further reported that after the issuance of a finding, and based on a county's level of compliance (between 80-94%), county programs are allowed up to three months to demonstrate "substantial compliance" (95%) based on one to two months of data. The State reported that, if "substantial compliance" is not achieved, the county program is issued

corrective actions that are included in a corrective action planning form. The State's 95% standard for correction is addressed under Critical Element GS-2 below.

On-site Focused Monitoring: ODH revised its on-site focused monitoring component in August 2007. Previously, the State reviewed data for all 88 county programs annually through the data verification/validation and self-assessment processes. County programs were grouped into four categories based on population size, and ranked from highest to lowest based on percentage of compliance. Counties with the lowest rankings in the selected priority areas were chosen for an on-site focused monitoring visit based the Federal compliance indicators outlined in the Compliance Agreement (45-day timeline, timely transition planning, and timely receipt of services).

ODH staff explained that currently, the on-site focused monitoring process is utilized to identify the root causes(s) for low performance, and to evaluate program compliance for county programs that were unable to demonstrate compliance while under CAPs. Staff explained that noncompliance identified during on-site visits typically include requirements related to Part C that are not collected in the ET data system. During OSEP's verification visit, ODH staff verified that ODH conducts a total of five to six focused monitoring visits per year based on county size and the amount of preparation required.

In preparation for each on-site visit, ODH completes a series of three desk audits that are designed to determine if additional data and information are needed prior to the on-site visit, and confirm the focus of the on-site visit based on the programs' performance. ODH further described that the desk audit process includes a review of the county grant/request for proposal (RFP), interagency agreements, contracts, data from the ET system family and child outcome data, individual child records, complaints, due process hearings filed against the county program and historical programmatic issues. Information gathered from the review is used to develop hypotheses about the reasons for low rankings and challenges faced by the county program.

The on-site focused monitoring team is comprised of an interagency team from ODH, the FCFC, ODODD, and the Family Information Network (FIN). During the on-site focused monitoring visit, the State monitoring team conducts in-depth reviews of personnel files, individual child records, administrative records, county specific procedures to administer the program and previous technical assistance. Additionally, the on-site visit includes one-on-one interviews with families, community partners, and county program and administrative staff. The State presents a preliminary report of findings during the exit meeting with county personnel. ODH then issues an official report to county programs summarizing the results and findings of the visit within 45 business days. If ODH identifies additional noncompliance in the report, county programs must submit a completed CAP to ODH within 30 business days from receipt of the report.

Dispute Resolution: ODH staff reported that ODH also uses its dispute resolution system to identify noncompliance. ODH staff confirmed that ODH investigates all written complaints to substantiate allegations of noncompliance, and enforces due process hearing decisions. If ODH identifies noncompliance, findings are issued in the final report and county programs are required to submit a CAP.

OSEP Conclusions

Based on the review of documents, analysis of data, and interviews with State personnel and progress reports submitted under the Compliance Agreement, OSEP has determined that ODH has a general supervision system that is reasonably designed to identify noncompliance in a timely manner using its different components.

Required Actions/Next Steps

No action is required.

Critical Element 2: Correction of Noncompliance

Does the State have a general supervision system that is reasonably designed to ensure correction of identified noncompliance in a timely manner?

The Part C provisions in IDEA sections 616, 635(a)(10)(A) and 642 and 34 CFR §303.501 require the State to ensure that when it identifies noncompliance with the requirements of Part C by EIS programs and providers, the noncompliance is corrected as soon as possible, and in no case later than one year after the State's identification of the noncompliance. As explained in OSEP Memorandum (Memo) 09-02, and previously noted in OSEP's monitoring reports and verification letters, in order to demonstrate that previously identified noncompliance has been corrected, the State must verify that the EIS program/provider: (1) is correctly implementing the specific regulatory requirements; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program/provider. ODH staff described the following correction procedures.

Verification Visit Details and Analysis

Correction and One-Year Timeline: ODH includes required corrective actions in its report notifying the county programs of noncompliance. ODH staff reported to OSEP that county programs must address the required corrective actions in a CAP by identifying strategies with their assigned regional technical assistance (TA) consultant¹ and submit the CAP back to ODH for review. ODH explained that county programs must demonstrate correction (including correction of individual child level noncompliance) as soon as possible, and in no case later than one year after the date ODH issues its report identifying the noncompliance. ODH staff explained that it issues a separate report that identifies and requires the correction of child-specific noncompliance. The State reported that county programs must submit data demonstrating correction for child-specific noncompliance within thirty days. If correction is not made within thirty days, a separate finding is included in the CAP for systemic correction. The State also reported that regional TA consultants assist counties in developing effective and measurable strategies specific to correcting individual and systemic noncompliance for county programs under CAPs. ODH further reported that TA consultants track the progress that county programs make in implementing strategies that lead to correction. OSEP confirmed through staff interviews, review of ODH policy, monitoring reports, and CAPs that

¹ Technical assistance consultants are regionally assigned throughout the HMG system. TA consultants provide targeted technical assistance and training to county programs. TA consultants are also responsible for assisting county programs in identifying underlying issues of noncompliance and assisting county programs in developing effective strategies specific to correcting noncompliance.

county programs are required to demonstrate “substantial compliance” (compliance at 95%), within twelve months of identification.

OSEP finds that ODH’s 95% threshold for correcting noncompliance for county programs is inconsistent with Part C monitoring and correction requirements in IDEA sections 616, 635(a)(10)(A) and 642 and 34 CFR §303.501. Using a specific percentage threshold does not take into account the magnitude of the noncompliance. While a State may determine when noncompliance is systemic and the level of noncompliance that requires corrective action measures, including the levels the State may use to conduct local determinations under IDEA section 616, the State must ensure that its standard for compliance is 100%.

However, ODH submitted in its February 26, 2010 progress report a plan for ensuring a compliance standard of 100%. ODH explained that counties with compliance percentages between 80% to 99% are issued a finding and have up to three months to provide one to two months of data (depending on the level of noncompliance), demonstrating 100% compliance before a finding is considered corrected. Counties that fail to demonstrate correction are required to submit a CAP. ODH further reported that counties with noncompliance percentages below 80% are required to submit two months of data consistently demonstrating 100% compliance in order to close-out any findings of noncompliance.

Verification: Each approved CAP contains a “Required Evidence of Change” section. This section identifies the documentation the county programs must submit to ODH and the target dates for when noncompliance must be corrected. This section also specifies how and what mechanism(s) the county programs will use to verify the correction of noncompliance. ODH reported that county programs must submit monthly CAP data logs to ODH demonstrating their percentage of compliance while under a CAP. ODH confirmed, and OSEP verified, that county programs are required to submit two months of updated data demonstrating “substantial compliance” in order to close-out any findings of noncompliance. ODH staff confirmed that the State verifies the data by validating the data log information with what is entered in the ET system. In its FFY 2008 APR, the State reported 99% compliance for the timely correction requirements under SPP/APR Indicator 9, which was an improvement from the State’s FFY 2007 APR data of 93% for SPP/APR Indicator 9.

Available Enforcement Actions/Sanctions: ODH staff described a system of enforcement actions that is authorized by State regulation and detailed in the Ohio’s Department of Health, Bureau of Early Intervention Services *Help Me Grow Monitoring Manual*. This document uses Federal definitions for “determination” categories and includes a matrix of required enforcement actions for each category. TA is the minimally required enforcement action for county programs ODH determines to be in “Needs Assistance.” ODH reported that county programs determined to be in “Needs Intervention,” are required to submit CAPs and the State may withhold payment and require county programs to work with their assigned TA consultant to correct outstanding noncompliance. ODH staff further reported that the State must withhold, in whole or in part any Part C funds for county programs determined to be in “Needs Substantial Intervention.” The State confirmed that it has discretion to impose additional sanctions on county programs that receive a determination of “Needs Substantial Intervention,” and have failed to correct outstanding noncompliance while under CAPs by issuing moratoriums on programs and allowing services for that county to be bid to an FCFC of a surrounding county.

Use of Sanctions: During the verification visit, OSEP learned that ODH is currently taking steps to withhold funds from county programs who have failed to correct noncompliance within the one-year timeline.

OSEP Conclusions

Based on the review of documents, analysis of data, interviews with State personnel, progress reports submitted under the November 2006 Compliance Agreement, the State's FFYs 2007 and 2008 SPP/APR data under SPP/APR Indicator 9, and the February 26, 2010 final progress report under the Compliance Agreement, OSEP concludes that ODH has a general supervision system that is reasonably designed to ensure the correction of identified noncompliance in a timely manner. As discussed further at the end of this enclosure, OSEP's review of the State's final progress report under the Compliance Agreement submitted on February 26, 2010 confirms that ODH has made substantial progress in ensuring compliance with the timely service provision, 45-day timeline, IFSP transition steps and services, timely transition conference, and timely correction requirements of the Compliance Agreement. OSEP appreciates the State's efforts to ensure compliance under the terms of the Compliance Agreement and will respond separately to the State's data under SPP/APR Indicators 1, 7, 8A, 8C, and 9 in its FFYs 2008 and 2009 APRs.

Required Actions/Next Steps

OSEP looks forward to reviewing the State's SPP/APR Indicator 9 data in its FFY 2009 APR that reflect the revised correction standard. No further action is required.

Critical Element 3: Dispute Resolution

Does the State have procedures and practices that are reasonably designed to implement the dispute resolution requirements of IDEA?

Verification Visit Details and Analysis

In FFY 2007, ODH staff reported that five complaints and two mediation requests were filed, and the mediations resulted in mediation agreements. The State reported that no due process hearings were requested. ODH staff reported that the State has adopted and fully implemented its complaint, due process hearing and mediation procedures.

State Complaints: ODH staff reported that all formal complaints are investigated through an on-site visit that includes a review of documentation and interviews to collect relevant information. ODH explained that the written decision is forwarded to the complainant, any applicable State partners, the FCFC coordinator, HMG project director, technical assistance consultant, and Part C Coordinator within 60 days of receiving the complaint. If corrective action is required, the county program must submit a CAP to ODH within 30 calendar days from the date the written decision is issued.

ODH staff further reported that the county FCFC must also develop and maintain a complaint resolution process for complaints consistent with the State's policy regarding the provision of Part C services. The State described that an individual or organization may file a complaint with the county FCFC regarding the provision of EI services. The FCFC must notify ODH in writing (via email or fax) within seven calendar days of receipt of the complaint and investigate the complaint in accordance with the ODH/BEIS Procedural Safeguards Part C Early Intervention Policy.

ODH reported that the FCFC must issue a written decision to the complainant within 30 calendar days from receipt of the complaint. ODH explained that if the complainant is not satisfied with the FCFC's findings or CAP, the complainant may file a complaint with ODH in accordance with the guidelines set forth in the procedural safeguards policy. ODH will then issue a final written decision within 30 days from receipt of the complaint.

The State reported in its FFY 2007 SPP/APR that it received five written signed complaints. During the verification visit, OSEP reviewed documentation that indicated that all five complaints resulted in written findings. However, ODH also reported that only one of the five complaints was resolved within the 60-day timeline, and that the noncompliance in issuing timely complaint decisions was the result of scheduling conflicts, inclement weather and internal lead agency protocols. Based on interviews with State staff and a review of complaint records and logs from FFY 2007, ODH staff reported that ODH revised its internal processes in order to meet the 60-day timeline. The State's FFY 2008 APR data for SPP/APR Indicator 10 reflect that three of five complaints were timely resolved.

Although ODH's FFY 2008 data reflect improvement in resolving complaints in a timely manner, OSEP finds that ODH has not ensured the timely resolution of complaints as required in 34 CFR §§303.510 through 303.512. The Part C regulations at 34 CFR §303.512(a) require each State to include in its State complaint procedures a time limit of 60 days after the complaint is filed to initiate and complete the activities listed in 34 CFR §303.512(a)(1) through (4), unless, in accordance with 34 CFR §303.512(b)(1), the time limit is extended only if exceptional circumstances exist with respect to a particular complaint.

Due Process Hearings and Mediation: The State reported no due process hearing requests were adjudicated in FFYs 2007 and 2008 APRs. The State reported in its FFY 2007 APR that two mediation requests resulted in agreements and in its FFY 2008 APR that two of four mediation requests resulted in agreements. ODH staff reported that, if an agreement is not reached during mediation, the staff provides the necessary information for proceeding to a due process hearing. ODH staff confirmed that, no later than 30 days after the receipt of a request for a due process hearing, all parties are notified of the decision, the reason for the decision, relevant findings of fact, conclusions of law, and the right to appeal the decision in State and Federal Court.

OSEP Conclusions

Based on the review of documents, analysis of data, and interviews with State and local personnel, OSEP determined the State has not demonstrated that it has procedures and practices that are reasonably designed to implement all of the dispute resolution requirements of IDEA. Specifically, OSEP finds that the State has failed to demonstrate compliance with the requirements in 34 CFR §303.512 for timely complaint resolutions under Part C of the IDEA, based on the State's FFYs 2007 and 2008 data under SPP/APR Indicator 10. Additionally, since ODH did not receive due process hearing requests in FFY 2007, OSEP cannot determine whether such procedures and practices would be effective in ensuring timely resolution of due process hearing requests.

Required Actions/Next Steps

In the FFY 2009 APR, due February 11, 2011, the State must provide data demonstrating compliance with the timely resolution requirements in 34 CFR §303.512.

Critical Element 4: Improving Educational Results

Does the State have procedures and practices that are reasonably designed to improve educational results and functional outcomes for all children with disabilities?

Verification Visit Details and Analysis

ODH staff reported that all components of the State's general supervision system, including public awareness and child find efforts, monitoring, collection of data, and training and technical assistance efforts, are aimed at ensuring improved results and outcomes for infants and toddlers with disabilities and their families. In addition, ODH reported on a number of specific initiatives that are aimed at improving educational results and functional outcomes for infants and toddlers with disabilities, such as the Parents as Teachers (PAT) Born to Learn Curriculum, and the Family Information Network of Ohio (FINofOhio).

The PAT program was designed to ensure that all children will learn, grow, and realize their full potential in all areas of development. The PAT's Born to Learn Curriculum is currently being utilized in 60 programs throughout 51 counties. The PAT program teaches parents about child development, parenting skills, and how to articulate their child's needs. PAT trainings are delivered to HMG's home visitors who work directly with parents. ODH reported that the State is moving towards making the PAT program the standard for its home visiting component.

ODH also provides services to families through the FINofOhio. The FINofOhio is a statewide parent network offering support through information and education to families of young children and the professionals who serve them. ODH reported that each of Ohio's 88 county programs has a FINofOhio consultant who connects families with a Family Support Specialist (FSS). The FSS (who is also a parent of a child with a disability) offers information and support to families, connects parents with other parents whose child has the same or a similar diagnosis, and sets up educational sessions for families within the HMG program. The State reported that the FINofOhio currently offers six training sessions for families with young children.

Training sessions include: teaching parents how to advocate for their child's needs; grieving; accessing resources; and transition. OSEP learned through interviews with staff that the FINofOhio publishes FINfacts, a quarterly letter issued to families in the FINofOhio program.

The State also reported that ODH contracted with Indiana University to assist ODH with the development and implementation of a modified Early Childhood Outcomes Center's Child Outcomes Summary Form (COSF), and provided training for early intervention specialists, clinical supervisors and project directors in all 88 county programs on how to use the modified COSF in gathering child outcome data. ODH also developed a COSF online training program that is readily available for county programs and their providers.

OSEP Conclusions

Based on the review of documents, analysis of data, and interviews with State and local personnel, OSEP concludes that ODH has procedures and practices that are reasonably designed to improve educational results and functional outcomes for all children with disabilities.

Required Actions/Next Steps

No action is required.

Critical Element 5: Implementation of Grant Assurances

Does the State have procedures and practices that are reasonably designed to implement selected grant assurances (i.e., monitoring and enforcement, CSPD and interagency agreements, contracts or other arrangements)?

Verification Visit Details and Analysis

During OSEP's verification visit, ODH staff reported on the implementation of Part C grant application assurances related to monitoring and enforcement (specifically, local determinations and public reporting), interagency agreements, and the State's system for professional development.

Local Determinations and Public Reporting: ODH staff provided documentation and a web link demonstrating that ODH conducted local determinations of its county programs for 2007 (based on FFY 2005 data) and 2008 (based on FFY 2006 data), and reported local program performance data by each county program on SPP/APR Indicators 1, 2, 3, 4, 5, 6, 7, and 8 to the public.

Interagency Coordination: Under IDEA sections 635(a)(10), 637(a)(2) and (6), and 640, each State lead agency must include in its Part C application: (1) a certification that its methods to ensure service provision and fiscal responsibility for services are current; and (2) its policies and procedures for transition (including an interagency agreement if the lead agency is not the SEA).

Regarding the State's responsibilities to ensure its methods for providing and paying for Part C services are current under IDEA sections 637(a)(2) and 640, ODH staff confirmed that ODH provides all Part C services through ODH's contracts with its FCFC county program and private EIS providers. ODH staff confirmed that ODH uses Federal Part C funds as the payor of last resort, and that ODH ensures ongoing service provision for ITSP services in a timely manner during any disputes regarding financial responsibilities.

ODH has a transition Interagency Agreement with the Ohio Department of Education on file with OSEP. ODH staff indicated that ODH has an Agreement with ODODD for the coordination of a Statewide EIS system and the Ohio Department of Job and Family Services (ODJFS) to provide a framework for the coordination of health services and conduct outreach, program eligibility, and payment of services in Ohio.

Additionally, ODH staff reported that the State is in the process of developing an Agreement between ODE and the Ohio Head Start Bureau (OHSB) to provide a framework for all Head Start programs, school districts and EIS providers in Ohio to develop collaborative and cooperative agreements to serve infants, toddlers, and preschoolers including children of migrant families who are eligible for services under IDEA.

Personnel Development: ODH staff reported that the HMG Training Manager is responsible for providing training and technical assistance to EIS personnel. ODH staff described its training and technical assistance as being designed to meet the needs of a variety of personnel, and reported that current and ongoing efforts include trainings on the State's service coordinator credentialing process, the HMG System Training Institute, the Connect the Dots training, and the COSF online training program. ODH staff further reported that regional

technical assistance consultants provide ongoing training and technical assistance to county programs.

OSEP Conclusions

Based on the review of documents, analysis of data, and interviews with State and local personnel, OSEP has determined that ODH has procedures and practices that are reasonably designed to implement selected grant application requirements regarding local determinations and public reporting, interagency coordination, and CSPD as described above.

Required Actions/Next Steps

No action is required.

II. Data System

Critical Element 1: Collecting and Reporting Valid and Reliable Data

Does the State have a data system that is reasonably designed to collect and report valid and reliable data and information to the Department and the public in a timely manner?

Verification Visit Details and Analysis

The State reported that its primary source of data is located in ODH's ET data system, a data management system maintained by ODH for Ohio's 88 county programs. ET is a web-based application designed to allow decentralized data entry and the collection of information to accomplish comprehensive birth to three program oversight.

ODH reported that it utilizes its ET system to report on APR Indicators 1, 7, and 8C, and for 618 data collections. The annual self-assessment is used to collect data on APR Indicators 8A and 8B.

The State reported that county programs utilize ET to collect client demographic information, including eligibility, IFSP data, discharge data, transition, service coordinator assignment, COSF and other child-specific data. County programs are required to enter these data into ET within 30 days of the first face-to-face service date to create a new client record.

ODH staff reported that ODH's processes for identifying and correcting data anomalies are consistent across both the SPP/APR and section 618 data collections. Data submitted to the State are subject to a number of edit checks designed to identify and address any anomalies at the State and local level. ODH staff confirmed that ET has built-in "business rules" that identify data anomalies and create red flags when there is a discrepancy in data. ODH further reported that the State added an additional layer of edit checks for Federal compliance indicators by not allowing a file to be saved until a specific reason code is entered into the system. For example, ODH explained that a service coordinator must be assigned before eligibility, contact, and referral information is saved in the ET system. When a child is approaching 3 years of age, the ET system will automatically take the user to the exiting form before the file can be saved.

The ET data system is updated monthly with enhancements to improve data accuracy at the county level. The monthly updates are communicated to the county programs via a written document, webcast and conference calls. The State also conducts special data analyses when

systemic data anomalies arise in particular areas and identify trends that lead to training opportunities within the State.

ODH reported that in the State's most recent RFP that each county program was required to submit data quality plans which required county programs to assign a data system administrator (SA) who is directly responsible for data quality, training and technical assistance within each county program. ODH further explained SAs routinely analyze and conduct trend analyses of data which lead to policy changes within the county and State.

Additionally, ODH staff reported that the State emphasizes data quality with the county programs. ODH reported that it recommends that county programs review their data on a monthly basis to identify and timely correct data anomalies. The State further explained that ODH allows all county programs access to the same data reports the State extracts including: 45-day compliance monitoring reports; timely receipt of services compliance report; transition compliance reports, monthly child count reports; and settings data reports.

Related to technical assistance, ODH reported that within the State's ET system there is a "Contact Us" link for local personnel who need to speak with the State regarding data issues and to initiate significant data changes that cannot be corrected at the local level.

ODH verified that the ET is updated monthly to improve data accuracy at the county level and monthly updates are communicated to the county programs through written communication, webcasts, and conference calls.

OSEP Conclusions

Based on the review of documents, analysis of data, demonstration of data system capabilities, and interviews with State and local personnel, OSEP concludes that ODH has a data system that is reasonably designed to collect and report valid and reliable data and information to the Department and the public in a timely manner.

Required Actions/Next Steps

No action is required.

Critical Element 2: Data Reflect Actual Practice and Performance

Does the State have procedures that are reasonably designed to verify that the data collected and reported reflect actual practice and performance?

Verification Visit Details and Analysis

ODH reported that data verification is important as an ongoing assessment, reporting, training, and quality assurance management tool. ODH explained that State and county personnel are responsible for reviewing data entries for possible anomalies, ensuring edit checks are addressed, and monitoring individual child records to ensure the data reflect actual practice.

ODH staff confirmed that data sources are routinely examined using the State's Data Verification/Validation Process, which lays out the procedures for verifying data against practice. The verification/validation process includes randomly selecting a subset of records for which hard copy files are requested. The State reported that ODH staff utilizes this

process to verify data submitted from the annual self-assessment and ET by comparing specific data entry forms located in a child's individual file with data that is entered into the ET data system. ODH explained that if any requirement is incomplete the entire file is considered to be noncompliant.

The ET data system is updated monthly with enhancements to improve data accuracy at the county level. The monthly updates are communicated to the county programs via a written document, webcasts, and conference calls. Additionally, the State reviews compliance data on an annual basis and monthly for counties on corrective action plans. The State also conducts special data analyses when systemic data anomalies arise in particular areas and identifies trends that lead to training opportunities within the State.

OSEP Conclusions

Based on the review of documents, analysis of data, demonstration of data system capabilities, and interviews with State and local personnel, OSEP concludes that ODH has procedures that are reasonably designed to verify that the data collected and reported reflect actual practice and performance.

Required Actions/Next Steps

No action is required.

Critical Element 3: Integrating Data Across Systems to Improve Compliance & Results

Does the State compile and integrate data across systems and use the data to inform and focus its improvement activities?

Verification Visit Details and Analysis

ODH staff reported that data from all components of the State's general supervision system, including its data system, APR process, focused monitoring, annual self assessment, local determination, data verification, and dispute resolution processes are used to develop appropriate improvement activities and modify them as needed. The State also reported that data from each of these components is used to revise State policies, procedures, and monitoring protocols. Technical assistance consultants use data extracted from the ET system, annual self-assessments, and on-site focused monitoring processes to target technical assistance. The State explained that ODH encourages county programs to extract data reports and summarize their data on a monthly basis to identify trends in order to make systemic changes, and correct noncompliance before it is identified by the lead agency. The State reported that local data analysis prompts statewide changes in policy and identifies training needs in addressing policy changes within the State.

ODH staff reported examining data on a routine basis using a variety of mechanisms including: verification/validation, record reviews, self-assessments, trend analysis, annual review of baseline compliance data and data quality plans submitted by county programs. ODH further explained SAs routinely analyze and conduct trend analysis of data which leads to policy changes within the county and State.

OSEP Conclusions

Based on the review of documents, analysis of data, demonstration of data system capabilities, and interviews with State and local personnel, OSEP concludes that ODH

compiles and integrates data across systems and uses the data to inform and focus its improvement activities.

Required Actions/Next Steps

No action is required.

III. Fiscal System

Critical Element 1: Timely Obligation and Liquidation of Funds

Does the State have procedures that are reasonably designed to ensure the timely obligation and liquidation of IDEA funds?

Verification Visit Details and Analysis

ODH staff described ODH's procedures to ensure that all Federal IDEA Part C funds are obligated and liquidated in a timely manner. ODH staff reported that timely obligation and liquidation of such funds are ensured through a system in which all county programs are given a one-year contract with an established maximum obligation. ODH staff explained that each county board must submit an annual RFP to receive Federal Part C Funds under HMG.

ODH staff reported that the maximum obligation is assigned at the beginning of the State's fiscal year (July 1 through June 30), and confirmed that, in order to receive reimbursement, county programs must submit a payment voucher to the State's Ohio Administrative Knowledge System (OAKS). The State explained that the payment cycle is quarterly in conjunction with the reporting period. DPH staff confirmed that after initial payment is issued specific information detailing the amount, period covered, and date paid will display in ODH's Grant Management Information System (GMIS). The GMIS system is a grant management system specifically designed for ODH. ODH utilizes the OAKS to monitor these expenditures and track liquidations and draw-downs. The State verified that county programs are required to submit quarterly expenditure reports to Ohio's Office of Management and Budget via the OAKS. The OAKS allows State staff to generate reports based on a specific account code (Part C) which delineates the funding line for the grant. ODH explained that the coding line allows the State to narrow the funds down to track expenditures. For example, the State can track expenditures based on a specific agency, services, period of time, and type of expenditure (travel, equipment).

ODH staff explained that county programs are given 12 months to obligate funds. At the end of the 12 month period, county programs are allowed 45 days to submit their final program expenditure reports and liquidate funds. ODH then allows itself an additional three months to verify that all funds have liquidated to close out the grant in its entirety. At the State level, outstanding obligations that remain at the end of the 27 month period are identified through the State's accounting system reports, and are researched in order to take appropriate action to liquidate funds within the 90 days following the Tydings period. ODH staff confirmed that any funds that are not properly obligated by county programs within the reporting period will lapse and revert back to ODH.

OSEP Conclusions

Based on the review of documents, analysis of data, and interviews with State and local personnel, OSEP concludes that the State has procedures that are reasonably designed to ensure the timely obligation and liquidation of IDEA funds at the State level.

Required Actions/Next Steps

No action is required.

Critical Element 2: Appropriate Distribution of IDEA Funds

Does the State have procedures that are reasonably designed to ensure appropriate use of IDEA funds within the State?

Verification Visit Details and Analysis

ODH staff reported that the State utilizes several funding sources, including funds available from ODH's own budget, private insurance, Medicaid, and other State and Federal dollars.

Procedures for Appropriate Use of IDEA Part C Funds at the State Level:

ODH reported that in order to ensure appropriate distribution of Part C funds, the State has included fiscal policies and procedures in its ODH Grant Administration Policy and Procedure (GAPP) Manual. This manual establishes standards for the management of program objectives and funding for recipients of ODH grants. The manual provides guidance for agencies throughout the entire grant cycle. Additionally, any program seeking to provide contracted EIS is required to meet fiscal, legal and administrative requirements set by the State. Entities seeking a contract with the State are required to adhere to the GAPP Manual. ODH staff reported that the GAPP Manual assures that the procedures applied are consistent with those required by Federal, State and local regulations. ODH staff confirmed that all funding sources for Part C services within the State receive a separate funding code that serves as the primary number that delineates the coding line the State uses to track both Part C and State funds. The State's FFY 2009 Part C Application indicates that ODH has a restricted indirect cost rate agreement approved by its cognizant Federal agency.

Nonsupplanting Requirements:

With respect to Part C's nonsupplanting requirements in IDEA section 637(b)(5)(B) and 34 CFR §303.124(b), ODH staff explained that the State maintains effort under Part C of IDEA by reviewing expenditure reports year to year from the Bureau of Children with Medical Handicaps, county FCFC, and HMG expenditure reports.

Payor of Last Resort/System of Payments:

ODH staff confirmed that Ohio Administrative Code (OAC) authorizes the State to use public benefits and insurance and private health insurance to pay for services under Part C. ODH staff reported that the State has adopted a system of payments policy (which is on file with OSEP) to ensure that an IDEA Part C program is the payor of last resort, including the State's early intervention system of payments policy (EISOP) that is on file with OSEP. The State's system of payments policies define the State's use of public and private insurance, and the family's financial responsibilities to pay for Part C services. ODH staff reported the State contracts with private providers throughout the State for other specialized EIS not provided by

the county boards. The State explained that EISOP payment providers must have the ability to bill third party insurance providers, meet the licensure or certification for their discipline, and agree to the professional standards of the OAC, and other standards established by ODH.

OSEP Conclusions

Based on the review of documents, analysis of data, and interviews with State personnel, OSEP concludes that the ODH has procedures that are reasonably designed to ensure the appropriate use of IDEA funds at the State level.

Required Actions/Next Steps

No action is required.

IV. Compliance Agreement

OSEP's November 4, 2008 letter requested that ODH provide in its final progress report under the Compliance Agreement or with its February 1, 2010 FFY 2008 APR, updated data demonstrating compliance with these four requirements that were the subject of the Compliance Agreement: (1) Timely service provision in 34 CFR §§303.340(c), 303.342(e), and 303.344(f) (SPP/APR Indicator 1); (2) 45-day timeline in 34 CFR §§303.321(e)(2), 303.322(e)(1), and 303.342(a) (SPP/APR Indicator 7); (3) IFSP transition steps and services in 34 CFR §§303.148(b)(4) and 303.344(h) (SPP/APR Indicator 8A); and (4) Timely transition conference in 34 CFR §303.148(b)(2)(i) (as modified by IDEA section 637(a)(9)(A)) (SPP/APR Indicator 8C). OSEP's review of ODH's progress reports under the Compliance Agreement are discussed below.

Timely Service Provision

As noted in OSEP's November 4, 2008 letter, ODH reported in its October 15, 2008 progress report that 48 of 63 counties had corrected noncompliance and that 15 remained in noncompliance with the timely service provision requirements. OSEP's November 4, 2008 letter required ODH to provide updated data on these 15 counties.

ODH reported in its final progress report under the Compliance Agreement submitted on February 26, 2010 that all but one county from these remaining 15 counties had corrected noncompliance in a timely manner. ODH reported that the one remaining county with findings received an on-site focused monitoring visit and has made substantial progress demonstrating 99% compliance. However, ODH reported that the one county with outstanding noncompliance is required to submit CAP log data until 100% compliance is achieved. In addition, ODH's FFY 2008 APR data under SPP/APR Indicator 1 were 99%.

OSEP appreciates ODH's efforts in ensuring correction of noncompliance with the timely service provision requirement by all but one county and looks forward to reviewing the State's FFY 2009 APR data under SPP/APR Indicator 1.

45-Day Timeline

As noted in OSEP's November 4, 2008 letter, ODH, in its June 23, 2008 progress report, indicated that 45 of the 65 counties that had been identified in noncompliance with the 45-day timeline requirement had already reported correction and updated data in the October 15, 2008 progress report indicated that an additional 14 counties had corrected their noncompliance and are no longer under CAPs. OSEP's November 4, 2008 letter required

ODH to provide in its December 31, 2008 progress report or with its February 1, 2009 APR: (1) data on the status of noncompliance or correction of noncompliance as to whether evaluations for children referred to Part C included vision and hearing; and (2) data on the remaining six counties that were in noncompliance on the 45-day timeline.

ODH reported in its February 26, 2010 progress report that all but one county corrected noncompliance with the 45-day timeline requirements in a timely manner. ODH reported that the one remaining county with findings received an on-site focused monitoring visit to identify the root causes of noncompliance. The State also included data in its remaining progress reports regarding the status of correction as to whether evaluations for children referred to Part C included vision and hearing. In addition, ODH's FFY 2008 APR data under SPP/APR Indicator 7 were 94%.

OSEP appreciates ODH's efforts in ensuring correction of noncompliance with the 45-day timeline requirement by all but one county and looks forward to reviewing the State's FFY 2009 APR data under SPP/APR Indicator 7.

IFSP Transition Steps and Services

OSEP's November 4, 2008 letter confirmed that ODH had issued findings against 23 counties found noncompliant with the IFSP transition steps and services requirements. Ohio's FFY 2008 APR data for Indicator 8A were 98%. ODH reported in its February 26, 2010 final progress report under the Compliance Agreement that all 23 findings of noncompliance identified in FFY 2007 under the Agreement regarding IFSP transition steps and services had been corrected in a timely manner.

OSEP appreciates ODH's efforts in ensuring correction of noncompliance with the IFSP transition steps and services requirement and looks forward to reviewing the State's FFY 2009 APR data under SPP/APR Indicator 8A.

Timely Transition Conferences

OSEP's November 4, 2008 letter confirmed that ODH had issued findings against four counties found noncompliant with the timely transition conference requirements. Ohio's FFY 2008 APR data for SPP/APR Indicator 8A were 89%. ODH reported in its February 26, 2010 final progress report under the Compliance Agreement that all four findings of noncompliance identified in FFY 2007 under the Agreement regarding timely transition conference had been corrected in a timely manner.

OSEP appreciates ODH's efforts in ensuring correction of noncompliance with the timely transition conference requirements and looks forward to reviewing the State's FFY 2009 APR data under SPP/APR Indicator 8C.

Conclusion Under Compliance Agreement

ODH has made substantial progress in ensuring compliance with the timely service provision, 45-day timeline, IFSP transition steps and services, timely transition conference, and timely correction requirements of the Compliance Agreement. OSEP appreciates the State's efforts to ensure compliance under the terms of the Compliance Agreement and will respond separately to the State's data under SPP/APR Indicators 1, 7, 8A, 8C, and 9 in its FFYs 2008 and 2009 APRs.