

**NEW MEXICO**  
**Family Infant Toddler (FIT)**  
**Program**



**Part C**  
**Annual Performance Report (APR)**

**Federal Fiscal Year 2012**  
**(July 2012 – June 2013)**

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## **Overview of the Annual Performance Report (APR) Development:**

The New Mexico Department of Health - Family Infant Toddler (FIT) Program is the lead agency for the Individuals with Disabilities Education Act (IDEA) Part C.

This report is submitted in accordance with IDEA statute 20 U.S.C. 1416(b)(2)(C)(ii)(II) and 1442, that requires each state to submit an Annual Performance Report (APR). This APR includes data for a number of required federal indicators.

In accordance with OSEP Memo 13-7 and general instructions for the FFY 2012 APR, the FIT Program did not respond to Indicators 10, 11 and 14. Additionally, the FIT Program met its targets for Indicators 2, 4, 5, 6, and 9 and therefore, was not required to provide an explanation of progress or discuss improvement activities. Indicator 3 contains information on New Mexico's "results" topic, which in agreement with OSEP, serves as its reporting mechanism. Finally, because this Annual Performance Report closed the last year of the State Performance Plan, and no targets were set for FFY 13, improvement activities were not required for the indicators in the FFY 2012 APR.

**New Mexico State Performance Plan:** Using broad stakeholder input, including the New Mexico Interagency Coordinating Council (ICC), the FIT Program developed annual targets and improvement activities for each of these indicators in its six-year State Performance Plan (SPP) that was initially submitted 12/01/05. On Feb 1, 2010, the SPP was revised to include annual targets and improvement activities for two additional years, FFY 2011 and FFY 2012. The ICC also helped develop the targets for all performance indicators (Indicators 2, 3, 4, 5 and 6) for FFY 2011 and FFY 2012. A complete copy of the New Mexico Part C SPP, with all revisions, can be viewed and / or downloaded at the FIT Program's website, [www.fitprogram.org](http://www.fitprogram.org).

**Data Collection:** This APR includes actual target data collected for Federal Fiscal Year 2012 (July 01, 2012 – June 30, 2013). These data were collected in a number of ways including: the FIT statewide electronic web-based database FIT-KIDS (Key Information Data System); monitoring (Focused Review and Community Based Assessments); local Annual Performance Reports (self assessment) from each provider; and surveys. The specific method of data collection is addressed for each indicator within this report. Over the past eight years, the FIT Program has instituted an Annual Performance Report (APR) process with the local FIT Program provider agencies. Within each local APR, the provider agency analyzes their baseline / performance data, sets annual targets and determines improvement activities (including timelines and resources needed).

**New Mexico Interagency Coordinating Council (ICC) Joint Submission:** The FIT Program obtained public input into this Annual Performance Report (APR) through the New Mexico ICC. The ICC reviewed all performance data, comparing the data from the previous year and made recommendations regarding improvement activities.

**NM Report to the Public:** The FIT Program publishes a report to the public on the Annual Performance Report (APR), which shows the performance of local FIT Program provider agencies on each indicator in relation to the state's targets and performance. The report is formatted so that the reader can view a "report card" on each provider or view each indicator to compare the performance of providers. This report is disseminated widely and is also made available at the FIT Program's website, [www.fitprogram.org](http://www.fitprogram.org).

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

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

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

**Measurement:**

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

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

FFY	Measurable and Rigorous Target
FFY 2012 (July 01, 2012 – June 30, 2013)	<u>100%</u> of infants and toddlers with IFSPs will receive the early intervention services on their IFSPs in a timely manner.

**Actual Target Data for FFY 2012 (July 01, 2012 – June 30, 2013):**

**97.81%** of infants and toddlers with IFSPs received the early intervention services on their IFSPs in a timely manner.

Data was generated from the statewide database FIT-KIDS (Key Information Data System) for all children from July 1, 2012 through March 31, 2013. Because IFSP development and service delivery units fluctuate insignificantly throughout the year, this nine month period of reporting accurately reflects the data for the full reporting period.

FIT-KIDS requires a reason to be entered whenever service delivery exceeds 30 days. The FIT Program validates that data were entered correctly as part of the Community Based Assessment (CBA) monitoring process.

**Calculations:** New Mexico includes in its calculation (*in both the numerator and the denominator*) the number of children for whom the FIT Program has identified the cause for the delay as documented exceptional family circumstances. 733 children and families exceeded the 30 day timeline because of documented exceptional family circumstances or inclement weather (e.g. ice, snow or mud that prevented early intervention staff getting to the home). The family reasons included child illness, family schedule and availability and family choice. All delays were limited and directly attributable to documented exceptional circumstances beyond the control of the FIT Program and the local early intervention provider agency. As part of the Community

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Based Assessment (CBA) monitoring process, the FIT Program validates that exceptional circumstances are documented appropriately.

a. Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	6,064
b. Total number of infants and toddlers with IFSPs	6,200
Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner (Percent = [(a) divided by (b)] times 100)	97.8%

Of the 136 instances when services were not provided timely, the most common reasons were:

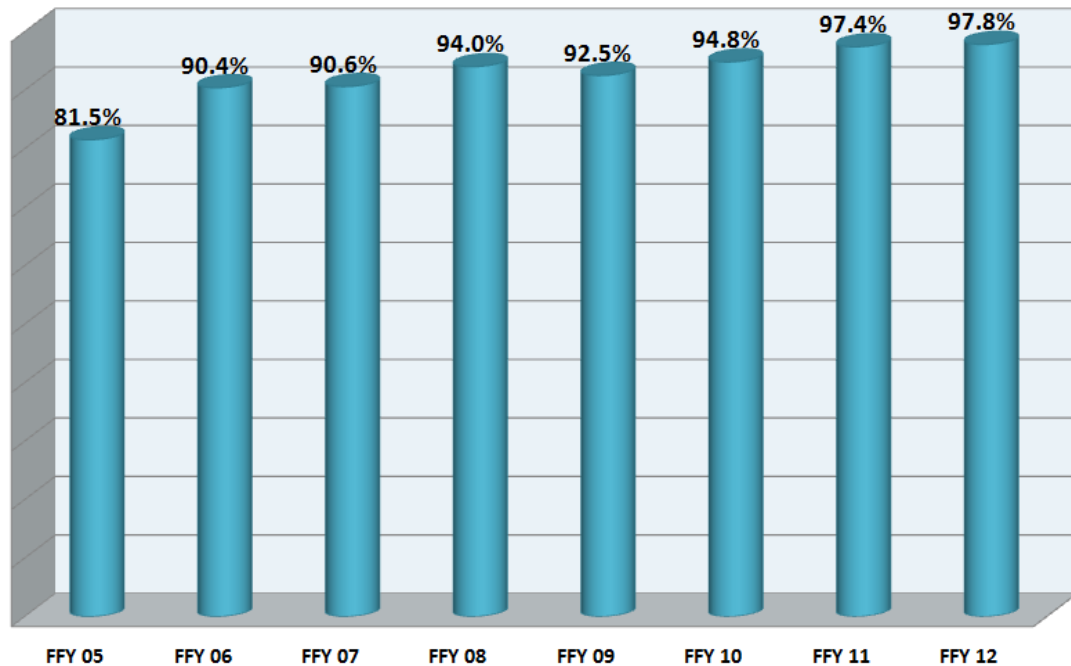
- Staff schedule (incl. high case loads, annual leave) 56 (41.2%)
- Staff Shortage, including staff medical leave 25 (18.4%)
- Other (incl. insufficient info on referral, can't find home etc.) 55 (40.4%)

*\*\*Timely\*\* is defined in New Mexico as being within 30 days of the date of the IFSP (i.e. the date the parent provides consent for the IFSP services).*

**Discussion of Improvement Activities and Explanation of Progress or Slippage if State did not meet its target that occurred for FFY 2012 (July 01, 2012 – June 30, 2013):**

The performance of 97.8% in FFY 2012 represents a slight improvement of 0.4% from the percentage of children and families who received all services on their IFSP in a timely manner in the FFY 2011 (2011 – 2012) APR, which was 97.4%.

**New Mexico-Indicator 1: Children receive all services in a timely manner.**



The chart at right shows New Mexico's performance for Indicator 1 for the last 8 fiscal years.

There has been steady progress among most FIT providers in meeting compliance with this indicator. 82% of FIT provider agencies maintained over 95% compliance throughout FFY 2012.

#### **Policies and Procedures**

- FIT Service Standards: Each year, the annual publication of service definitions and standards more clearly articulate the requirements related to timely service delivery as the responsibility of the service coordinator.

#### **Training and Technical Assistance**

- Service Coordination Training: The FIT Program continues to require all new service coordinators to attend service coordination training where information regarding this indicator is emphasized. A portion of this training is conducted online, while other portions require classroom attendance. The online portion of this training allows staff to access the training at any point in time for a refresher.

#### **Quality Assurance**

- Emphasis on Quality Improvement: FIT Program local early intervention provider agencies are required to have Quality Assurance (QA) /Improvement plans. A number of QA tools have been made available by the FIT Program to assist in developing these plans and subsequent activities.

Provider agencies are increasingly designating a staff member or team specifically to the task of quality assurance/improvement and are more closely monitoring this internally. Most EI provider agencies have set up tracking systems to ensure service delivery occurs in a timely manner. Additionally, provider agencies are carefully reviewing documentation to accurately capture reasons when timely service delivery does not occur

- ICC Committee on Quality Improvement: The New Mexico Interagency Coordinating Council (ICC) supports the continuation of its subcommittee dedicated to accountability and quality improvement. This committee regularly meets with FIT Program staff to analyze performance issues and develop strategies for program improvement.
- Local APR: FFY 2012 was the eighth year that local provider agencies have completed local APRs. In this document, providers are required to analyze the reasons for patterns of noncompliance. Then, based on that analysis, they develop improvement activities to address their discoveries.
- Rigorous Monitoring:  
Focused Reviews: In accordance with the New Mexico Part C - General Supervision Manual (previously submitted to OSEP), the FIT Program monitors provider agencies that have low performance in Indicator 1 through its focused review process. The focused review team includes FIT Program staff, acting as the lead, an early childhood specialist and at least one parent. During the focused review visit the team reviews child records, policies and procedures and interviews managers, staff and parents to determine the underlying cause of the agency's non-compliance related to services that were not provided within 30 days. Agencies that go through a focused



review visit receive a “directed plan of correction,” ongoing monitoring and immediate and ongoing TA to assist them in reaching compliance. Focused reviews assure that the agencies are correctly implementing the regulatory requirements specific to this indicator.

Community Based Assessment (CBA): Indicator 1 and related requirements are also monitored as part of the Community Based Assessment. These are conducted on a cyclical basis, and in FFY 2012 approximately half of all provider agencies received a CBA.

### Infrastructure/Staffing

- **Staff Availability:** New Mexico continues to struggle with the recruitment and retention of qualified staff therapists. An overall shortage of therapists has placed them in high demand, and provider agencies frequently cannot afford to pay their competitive salaries. Because of this, a trend has developed using subcontracted therapists instead of agency staff, who may not be familiar with the timely service delivery requirement. In an effort to address this, in FFY 2012 the NM Interagency Coordinating Council Committee on Quality published a guidance document targeted toward contracted staff, utilized by many provider agencies. This manual provides brief and focused information to assist contracted staff to quickly understand the rules around timely service delivery and a number of other requirements.

The New Mexico Interagency Coordinating Council (ICC) continues to prioritize the recruitment and retention of qualified early intervention staff. To support direct service personnel development (specifically Developmental Specialists), the FIT Program developed an Associate’s and Bachelor’s Level Family Infant Toddler degree program both of which are offered online. These degree programs emphasize child development and instruct in the skills necessary to work in the field of early intervention, and will provide local provider agencies with trained and available staff.

- **EI Coordinator Turnover:** New Mexico continues to experience a number of provider Early Intervention (EI) manager changes, and this almost always impacts a provider agency’s performance. Ensuring timely service delivery requires constant vigilance by EI managers, particularly in agencies utilizing subcontractors. When EI turnover occurs, compliance with Indicator 1 often drops for a period.

The FIT Program continues to provide training and technical assistance developed specifically for new EI Managers (in that role for less than 2 years). A comprehensive checklist of activities with timelines and resources was developed for new EI managers, and the FIT Program assigns additional technical assistance for each activity. Additionally, a “New EI Coordinator” group continues to meet where participants take part in frequent phone conferences and trainings.

- **Family Service Coordinator list serve:** To ensure direct service staff receive important information related to requirements, the FIT Program established a statewide list serve specifically for service coordinators. Clarification of requirements for timely service delivery are posted on the listserve.

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- **Promotion of Transdisciplinary Team Approach:** The FIT Program continues to promote and support the transdisciplinary team approach (Often referred to in the literature as the “Primary Service Provider “ model). This promotion was intensified in FFY 12, when the FIT Program began plans to systematically move providers in this direction. Expectations were communicated and intensive onsite visits were scheduled with all provider agencies for FFY 13. Service Standards were revised again in FFY 12 to offer additional paid consultation time if needed, while still ensuring appropriate face to face visits with families that ongoing consultants must provide to ensure effective assessment and service provision by the lead (primary) provider.

**Other**

- **Data Collection:** The FIT-KIDS database collects all data necessary for this indicator. Requirements for measurement of this indicator are tied to billing for delivered services, whereupon the first time a service is billed, the user is forced to enter a “delay reason” if the service delivery exceeded the 30 day timeframe. The user cannot bill for that service until the reason has been entered. This effectively records the number of days required to deliver each service, as well as record the reason for any delays.

- By capturing this data in FIT-KIDS, it is possible to run reports in “real time” to know which services have not been provided prior to the 30 day period.
- Database “ticklers” remind users at specific time increments that a service has not been provided and/or a reason for the delay needs to be entered.
- Providers always have access to their performance on this indicator without the need to audit records. Service Coordinators are able to view their individual caseload data in order to plan effectively for service provision.
- Reports assist providers in analyzing any noncompliance (such as specific services that are not provided, specific service coordinators with performance issues, etc) in order to assist them in quickly correcting it.

- **Sanctions:**

**Self Analysis and Plans of Correction:** Provider agencies performing at less than 100% compliance are required to conduct a self analysis and correct noncompliance within one year of the date of the finding. Agencies performing below 90% are required to work with FIT Program staff and with other technical assistance supports to develop highly detailed “root analyses” of their performance. Detailed plans of correction were created and monitored closely, and performance was tracked frequently throughout the fiscal year. All providers involved in this requirement improved significantly in FFY 12.

**Correction of Noncompliance:** All provider agencies performing at less than 100% are required to submit subsequently collected data showing progress towards 100% compliance. The FIT Program utilizes a detailed tracking system to review data on a monthly basis:

- to enable the FIT Program to be more responsive with technical assistance when needed, and
- to better track correction of noncompliance.

As a result, provider agencies were required to address performance issues periodically. This heightened agency awareness, and it required agencies to be immediately responsive to any noncompliance.

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**Directed Technical Assistance:** Agencies performing below 90% compliance were required to receive additional technical assistance through the University of New Mexico – Early Childhood Learning Network and through FIT Program staff at the state level.

Continued non-compliance may result in other sanctions in accordance with the sanctions matrix in the General Supervision Manual, up to and including termination of their contract.

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

Level of compliance (actual target data) State reported for FFY 2011 for this indicator: **97.4%**

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

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

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

**Actions Taken if Noncompliance Not Corrected:**

All instances of FFY 2011 findings of noncompliance were corrected during FFY 2012. While a number of providers did not perform at 100% on this indicator in FFY 2011, the EIS programs immediately corrected noncompliance and provided documentation of the correction prior to a finding being issued.

**Verification of Correction of FFY 2011 noncompliance or FFY 2011 findings (either timely or subsequent):**

The FIT Program has a two pronged verification process to ensure that each local early intervention provider agency with a previous finding of noncompliance is (1) meeting regulatory requirements and (2) ensuring that in each instance of noncompliance, the agency has initiated services, although late, for any child whose services were not initiated in a timely manner, unless the child is no longer within the jurisdiction of the FIT program.

1. Related to the 1 finding under Indicator 1, the FIT Program verified that the EIS program with noncompliance under this indicator is correctly implementing the specific regulatory

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requirements (i.e., achieved 100% compliance) in **34 CFR §§303.340(c), 303.342(e), and 303.344(f)(1)** based on subsequently collected data.

When noncompliance was found, the agency was required to generate and analyze subsequent data reports regularly to the FIT Program. The agency also submitted narrative reports accounting for each specific instance of noncompliance and provided steps to ensure that the reasons for noncompliance were being addressed in order to prevent future recurrences. The provider agency demonstrated correction of noncompliance by performing at 100% for all children for at least one month.

By conducting ongoing monitoring, the FIT Program further verified that the EIS program with noncompliance under this indicator is correctly implementing the specific regulatory requirements.

2. For the 22 children/families impacted by noncompliance found in FFY 2011, the FIT Program verified that the agency had initiated services, although late, for each child whose services were not initiated in a timely manner, unless the child was no longer within the jurisdiction of the FIT program, consistent with **OSEP Memorandum 09-02, dated October 17, 2008.**

Data is entered in FIT-KIDS for this indicator based on the date families consented to the initiation of the service and it was placed on the IFSP. This triggers the database to begin counting elapsed days before service delivery. This is done, in part, to assure that services were eventually provided for the child/family, but also as a way to help provider agencies analyze their data. With this, the FIT Program has verified that the EIS program with noncompliance under this indicator has met the requirements for each child although late. The results of these audits are validated during regular Community Based Assessments, during desk audits utilizing the FIT Program database, and by onsite monitoring.

**Specific actions taken to verify the correction of findings of noncompliance identified in FFY 2011:**

Prong 1: Regulatory Requirements	Prong 2: Child Specific Correction
<ol style="list-style-type: none"> <li>1. FIT Program notified the Local Early Intervention Provider Agency of finding.</li> <li>2. The provider agency with noncompliance was provided a list of requirements to demonstrate correction of noncompliance, which included the following:                             <ol style="list-style-type: none"> <li>a. Self Analysis and Plans of Correction: The provider agency analyzed any instances of noncompliance and demonstrated how they would assure that the circumstances of noncompliance are corrected so that they are complying with specific regulatory requirements.</li> <li>b. Updated Data: The agency regularly generated FIT-KIDS reports to the FIT Program. Once the local early intervention provider agency reported 100% compliance for a specified period of time, the FIT Program reviewed (either through desk audits using FIT-KIDS database or documentation from</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1. FIT Program notified Provider Agency of findings.</li> <li>2. FIT Program conducted a desk audits via FIT-KIDS database to ensure that services were provided, although not timely, to children listed in the audits as not receiving timely services. This agency was also chosen for an onsite community based assessment to allow the FIT Program to review documentation related to this indicator.</li> <li>3. Updated Data: Agency regularly generated FIT-KIDS reports to the FIT Program (required for all</li> </ol>

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<p>family/child records demonstrating service delivery) a subset of that data to verify correction.</p> <ul style="list-style-type: none"> <li>▪ The provider agencies were also required to explain the reasons for any instances of noncompliance in the subsequently collected data and indicate how they will prevent noncompliance in future similar circumstances.</li> </ul>	<p>agencies performing at less than 100%). (this data was verified by the FIT Program to ensure accuracy in agency reports) Where noncompliance was found in the subsequently collected data to correct noncompliance, the provider agency was required to provide documentation of service delivery, including specific dates for the delivery of all services on the child's IFSP, even if not timely, unless the child was no longer in service</p>
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Upon satisfaction of both prongs of correction of noncompliance, a letter was mailed to the agency informing them of their successful correction.

**Correction of Remaining FFY 2010 Findings of Noncompliance:**

1. Number of remaining FFY 2010 findings of noncompliance noted in OSEP's June 1, 2012, FFY 2011 APR response table for this indicator	0
2. Number of remaining FFY 2010 findings the State has verified as corrected	0
3. Number of remaining FFY 2010 findings the State has NOT verified as corrected [(1) minus (2)]	0

**Correction of Any Remaining Findings of Noncompliance from FFY 2009 or Earlier:**

1. Number of remaining FFY 2009 findings of noncompliance noted in OSEP's FFY 2010 APR response table for this indicator	0
2. Number of remaining FFY 2009 findings the State has verified as corrected	0
3. Number of remaining FFY 2009 findings the State has NOT verified as corrected [(1) minus (2)]	0

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2013 (July 01, 2013 – June 30, 2014): [If applicable]**

In FFY 2012, the FIT Program did not reach 100% compliance. Since the State Performance Plan has expired, no improvement activities were required; however, the following two activities are planned and noted.

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Improvement Activities:	Timelines:	Resources:
<p><b>Continue phasing in transdisciplinary team approach with expectation that all providers will be utilizing this model by December 2014</b></p> <p>Phases include:</p> <ul style="list-style-type: none"> <li>• Agency self analysis of readiness to adopt Transdisciplinary Team approach,</li> <li>• Ongoing state facilitated planning process with provider agency staff,</li> <li>• Close guidance and ongoing technical support.</li> </ul>	<p>Began in October 2012 and continuing through December 2014</p>	<p>FIT Program</p> <p>Early Childhood Learning Network</p>
<p><b>Rate Increases</b></p> <p>The ICC will pursue rate increases through the Legislature for providers to address hiring and retaining qualified workforce.</p>	<p>January 2013-ongoing</p>	<p>NM ICC</p> <p>FIT Program</p>

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

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

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

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

FFY	Measurable and Rigorous Target
FFY 2012  (July 01, 2012 – June 30, 2013)	95.0% of infants and toddlers with IFSPs will primarily receive early intervention services in the home or community based settings

**Actual Target Data for FFY 2012 (July 01, 2012 – June 30, 2013):**

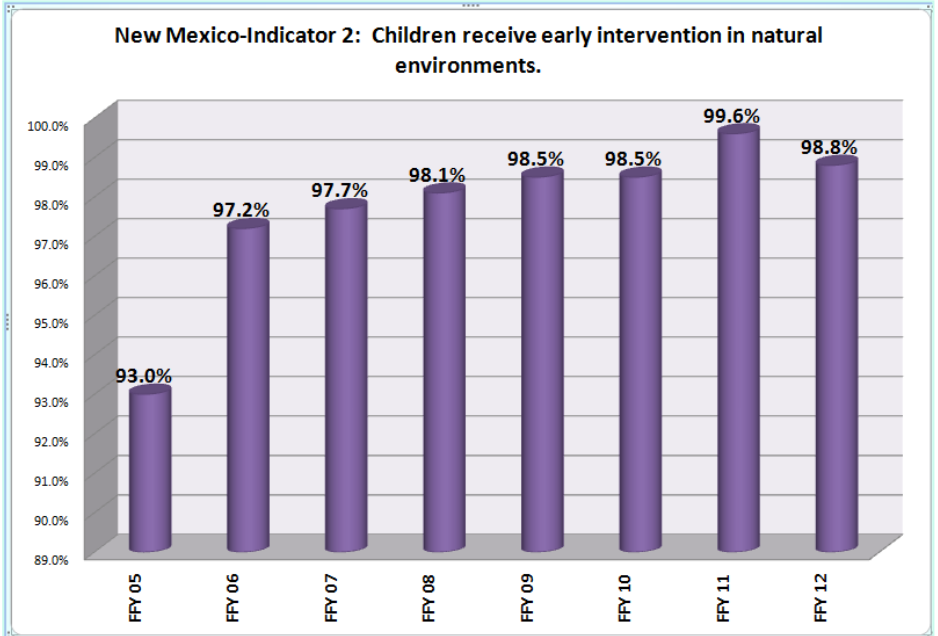
**98.8%** of children and families primarily received early intervention in natural environments i.e. in the home or community locations.

(4,826 IFSPs / 4,886 IFSPs with primary service location as a natural environment x 100)  
The figures reported above match the data reported in Table 2 of the 618 data.

The annual target of 95.0% established in the State Performance Plan for this indicator was exceeded by 3.8%. The FFY 2012 performance of 98.8% is a slight drop from performance data reported for FFY 2011 (July 2011 – June 2012).

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At right is a chart illustrating New Mexico's improvement in Indicator 2 performance over the last eight fiscal years.



**Discussion of Improvement Activities and Explanation of Progress or Slippage if State did not meet its target that occurred for FFY 2012 (July 01, 2012 – June 30, 2013):**

The FIT Program met its target for Indicator 2 and was not required to provide an explanation of progress or discuss improvement activities.



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

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

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

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

**Measurement:**

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

Progress categories for A, B and C:

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

**Summary Statements for Each of the Three Outcomes**

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

**Measurement for Summary Statement 1:**

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

**Summary Statement 2:** The percent of infants and toddlers who were functioning within age

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expectations in each Outcome by the time they turned 3 years of age or exited the program.  
 Measurement for Summary Statement 2:  
 Percent = # of infants and toddlers reported in progress category (d) plus [# of infants and toddlers reported in progress category (e) divided by the total # of infants and toddlers reported in progress categories (a) + (b) + (c) + (d) + (e)] times 100.

**Targets and Actual Data for Part C Children Exiting in FFY 2012 (July 01, 2012 – June 30, 2013):**

Data was generated from FIT-KIDS, the FIT Program’s online statewide database, for all children from July 1, 2012 through June 30, 2013.

There were a total of 3,169 children who exited the FIT Program after at least 6 months of service during FFY 2012 (July 2012– June 2013). In accordance with direction from the Office of Special Education Programs the FIT Program has separately reported the ECO results for children eligible under either the FIT Program’s “Biological / Medical at risk” or “Environmental at risk” categories. The “at risk” column in the tables below combines children in these two at risk categories. The NM FIT Program also indicates in the tables below those children who were eligible under the “developmental delay” and / or “established condition” categories in the columns “excluding at risk”.

Summary Statements		Excluding At Risk		At Risk Only	
		Targets FFY 2012 (% of children)	Actual FFY 2012 (% of children)	Targets FFY 2012 (% of children)	Actual FFY 2012 (% of children)
<b>Outcome A:</b> Positive social-emotional skills (including social relationships)	1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they exited the program	69.0%	71.3%	68.4%	68.6%
	2. The percent of children who were functioning within age expectations in Outcome A by the time they exited the program	62.9%	64.9%	78.4%	81.9%
<b>Outcome B:</b> Acquisition and use of knowledge and skills (including early language/com munication and early literacy)	1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they exited the program	72.5%	75.9%	72.7%	74.8%
	2. The percent of children who were functioning within age expectations in Outcome B by the time they exited the program	62.6%	64.1%	77.3%	82.2%

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<b>Outcome C:</b> Use of appropriate behaviors to meet their needs	1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they exited the program	71.7%	76.4%	71.6%	76.6%
	2. The percent of children who were functioning within age expectations in Outcome C by the time they exited the program	61.8%	65.3%	76.1%	83.3%

**Progress Data for FFY 2011 (July 01, 2011 – June 30, 2012):**

<b>Outcome A. Positive social-emotional skills (including social relationships)</b>	<b>Excluding “At Risk”</b>		<b>“At Risk” Only</b>	
	<b>Number</b>	<b>%</b>	<b>Number</b>	<b>%</b>
a: Children who did not improve functioning	39	1.3%	7	2.6%
b: Children who improved functioning but not sufficient to move nearer to functioning comparable to same age peers	560	19.3%	30	11.1%
c: Children who improved functioning to a level nearer to same-aged peers but did not reach it	419	14.5%	12	4.4%
d: Children who improved functioning to reach a level comparable to same-aged peers	1,069	36.9%	69	25.6%
e: Children who maintained functioning at a level comparable to same-aged peers	812	28.0%	152	56.3%
<b>Total:</b>	2,899	100.0%	270	100.0%

<b>Outcome B. Acquisition and use of knowledge and skills</b>	<b>Excluding “At Risk”</b>		<b>“At Risk” Only</b>	
	<b>Number</b>	<b>%</b>	<b>Number</b>	<b>%</b>
a: Children who did not improve functioning	34	1.2%	5	1.9%
b: Children who improved functioning but not sufficient to move nearer to functioning comparable to same age peers	519	17.9%	29	10.7%
c: Children who improved functioning to a level nearer to same-aged peers but did not reach it	459	15.8%	14	5.2%
d: Children who improved functioning to reach a level comparable to same-aged peers	1,286	44.4%	87	32.2%
e: Children who maintained functioning at a level comparable to same-aged peers	601	20.7%	135	50.0%
<b>Totals:</b>	2,899	100.0%	270	100.0%

Outcome C. Use of appropriate behaviors to meet their needs	Excluding "At Risk"		"At Risk" Only	
	Number	%	Number	%
a: Children who did not improve functioning	30	1.0%	2	0.7%
b: Children who improved functioning but not sufficient to move nearer to functioning comparable to same age peers	508	17.5%	30	11.1%
c: Children who improved functioning to a level nearer to same-aged peers but did not reach it	469	16.2%	13	4.8%
d: Children who improved functioning to reach a level comparable to same-aged peers	1,277	44.0%	92	34.1%
e: Children who maintained functioning at a level comparable to same-aged peers	615	21.2%	133	49.3%
<b>Totals:</b>	<b>2,940</b>	<b>100.0%</b>	<b>270</b>	<b>100.0%</b>

Note: New Mexico uses the ECO Child Outcomes Summary Form (COSF). The criteria used for defining "comparable to same aged peers" has been defined as a child who has been assigned a score of 6 or 7 on the COSF. The FIT Program defines "near entry" as prior to receiving any ongoing services listed on the initial IFSP. "Near exit" COSFs are completed at exit. However, in some cases, the child may have had a recent annual COSF (conducted within the last 6 months). In those instances, providers may choose to use the annual COSF scores as exit scores, particularly when the child/family cannot be located or the child/family do not wish to have another assessment conducted.

Data summarized on the COSF are from parent reports, clinical opinion, and a variety of assessment tools that have been approved by the FIT Program.

***Discussion of Improvement Activities and Explanation of Progress or Slippage if State did not meet its target that occurred for FFY 20121 (July 01, 2012 – June 30, 2013):***

**The New Mexico FIT Program exceeded its target on this result indicator; however since this indicator reflects information from the New Mexico results project, further information is provided below.**

**Data Collection:**

In FFY 2011, the FIT Program implemented a new version of the FIT-KIDS database capable of capturing all information necessary for data collection and reporting for early childhood outcomes data. Edits were placed at strategic points in the database that prevent the user from entering further data (and billing) until initial ECO ratings are entered. Also, the child's record cannot be closed until the exit ECO ratings have been entered. This prevents the constant need to discover which children lack ECO data and follow up with providers to ensure it is entered.

**Data Quality:**

All FIT provider agencies have been conducting ECO assessments throughout FFY 2012 utilizing the ECO Center's Child Outcome Summary Form (COSF). ECO scores are entered directly into FIT-KIDS. Entering ECO scores into FIT-KIDS allows for greater

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analysis by race / ethnicity, region / county, length of time in early intervention, etc. In FFY 2012, all children for whom ECO ratings were required had ECO ratings entered in FIT-KIDS.

New Mexico percentages in the summary statements are slightly higher than national averages, but are consistent with New Mexico's broad eligibility criteria and with the high percentage of children served in the state. Nevertheless, data quality continues to be a concern when reviewing disaggregated data by provider agency. There is wide disparity in ratings from one provider to the next, even when serving very similar populations.

In FFY 2012, ongoing training and technical assistance for providers on ECO was provided through the University of New Mexico and FIT Program staff.

The ECO process and documentation is included in the Community Based Assessment (CBA), where providers are monitored on a 2-year cycle. As needed, providers submit samples of COSFs to the FIT Program for quality review.

**Improvement in Child Outcomes:**

The FIT Program developed and maintains a self paced online child development course largely to assist providers with Early Child Outcomes. This training exposes participants to typical and atypical development across all domains. It highlights the interrelatedness of all domains of development, developmental red flags, and the impact of certain disabilities/conditions on overall development.

**Results:**

Because of the wide disparity in ratings from one provider to the next, mentioned earlier, the FIT Program chose ECO data quality as the topic for their results project with OSEP. As agreed, below is additional reporting related to the status of this project.

FIT Program staff vacancy for the position providing oversight to the results project caused some delays in the original timeline submitted to OSEP, which was discussed in the FFY 2011 Annual Performance Report. The staff vacancy was not filled until the middle of FFY 2012, further delaying the process. However, considerable activity has been conducted since the position was filled.

**Online Training:** In FFY 2012, the FIT Program completed the development of a multi-module online training for New Mexico's ECO process that utilizes voice over PowerPoint and Flash technology. The training can be accessed through the FIT website and is available 24 / 7. It can be found at <http://nmhealth.org/ddsd/nmfit/Providers/ECO.htm#Section1>. The online training has been well received by local provider agencies and has been highly utilized to date.

**Survey/Interview Process:** During FFY 2012, the FIT Program conducted a comprehensive study to identify local practices and issues related to data collection of early child outcomes. While an online survey is still planned, the FIT Program wished to first meet "face-to-face" with all staff at a number of agencies. These meetings provided valuable information and follow up that could not be captured in an online survey alone. Also, it ensured good representation from all personnel actually responsible for conducting the ratings. And most importantly, onsite visits allowed the FIT Program to examine and discuss actual completed child outcome summary forms with staff, which

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assisted in identifying staff’s understanding of the process. The Child Outcome Summary Form (COSF) was discussed along with the Comprehensive Multidisciplinary Evaluation report and the IFSP to assist with understanding staff methodology and understanding of the ECO process.

Generally speaking, the interview process explored the following areas:

- current understanding of the ECO process, its purpose and its use,
- participants in the rating development,
- the agency's current training and supervision of the ECO process,
- the family's participation in the ECO process,
- the tools used to complete the COSF ratings (ie. the crosswalks, observations, etc.),
- the use of the ECO in development of IFSP outcomes and strategies.

While these interviews continue to be conducted in FFY 2013, they have already provided useful information related to staff understanding of the ECO process and the agency’s oversight related to quality of the process.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2013 (July 01, 2013 – June 30, 2014): [If applicable]**

Again, the chosen topic for New Mexico’s “Results Project” relates to data quality of early childhood outcomes progress data. This multiyear project will encompass a number of activities which were previously reported, but have timeline changes due to FIT staff vacancy.

*Due to the above justifications, the New Mexico Part C State Performance Plan has been amended to include the following improvement activities:*

Improvement Activities:	Timelines:	Resources:
<p><b>Target 1: The FIT Program will understand the current challenges and strengths in implementing the ECO process by FIT Provider agency personnel:</b></p> <ul style="list-style-type: none"> <li>• Conduct survey of parents regarding their participation and perceptions of the ECO process (included in annual survey).</li> <li>• Analyze the results of the surveys to inform needed policy changes and training and TA needs and materials development.</li> </ul> <p><b>Target 2: Revise ECO policies and procedures and materials based on analyzed needs:</b></p>	<p>Beginning 1-1-14 and ending 6-30-14</p> <p>Beginning 1-1-14 and ending 6-30-14</p>	<p>FIT Program</p> <p>FIT Program, ECLN, ICC</p>

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Improvement Activities:	Timelines:	Resources:
<ul style="list-style-type: none"> <li>• Embed ECO into intake, evaluation; parent training, IFSP and practice to streamline paperwork and avoid duplication (pilot sites from representatives in subcommittee.</li> <li>• Examine the need, and draft (if needed) policy and procedures related to:               <ol style="list-style-type: none"> <li>a. ECO for children &lt;6 months old</li> <li>b. Parents participation in the initial ECO</li> <li>c. Whether to conduct annual ECOs</li> <li>d. Adjusting for prematurity.</li> </ol> </li> <li>• Make policy and procedure changes as a result of surveys conducted in Target 1.</li> </ul>	<p>Beginning 7-1-13 and ending 12-31-14</p> <p>Beginning 6-1-13 and ending 7-1-14</p> <p>Beginning 2-1-14 and ending 5-2-14</p>	<p>Pilot sites from each FIT region.</p> <p>FIT Team, ECLN Team, Parent's Reaching Out and EPICS.</p> <p>PRO-FIT/EPICS</p>
<p><b>Target 3: Develop Quality Assurance Process and Tools:</b></p> <ul style="list-style-type: none"> <li>• Review and investigate QA tools and processes that exist in other states.</li> <li>• A subcommittee, that involves a program from each region, is created and reviews the samples.</li> <li>• The subcommittee creates QA tools / processes for state / regional pilots.</li> <li>• Conduct a review of validity of the ECO data entered into FIT-KIDS (pre-test).</li> <li>• Review ECO data from FIT-KIDS to analyze the results of this initiative (post-test).</li> </ul>	<p>Beginning 12-1-12 and ending 5-30-14</p> <p>Beginning 1-1-14 and ending 12-31-14</p> <p>Beginning 5-1-14 and ending 7-30-14</p> <p>Beginning 5-1-14 and ending 5-31-14</p> <p>Beginning 12-1-13 and ending 3-1-14</p>	<p>ECO Center / NECTAC</p> <p>Representative from each region.</p> <p>Regional representatives</p> <p>FIT KIDS data base</p> <p>FIT KIDS data base. FIT Providers information</p>
<p><b>Target 4: The FIT Program will provide Professional Development opportunities on the ECO process:</b></p> <ul style="list-style-type: none"> <li>• Revise online module based on changes to policies and procedures.</li> <li>• Embed the ECO process into existing training modules and TA documents.</li> <li>• Determine if additional targeted training opportunities are needed on the ECO process.</li> <li>• Develop resources for providers to give to parents regarding the ECO process.</li> </ul>	<p>Beginning 2-1-14 and ending 2-1-15</p> <p>Beginning 2-1-14 and ending 2-1-15</p> <p>Beginning 7-1-14 and ending 10-29-14</p> <p>Beginning 7-1-14 and ending 8-30-14</p>	<p>Funding already there. PRO-FIT/EPICS</p> <p>Cooney Watson with ECLN/FIT/PRO/EPICS</p> <p>ECLN and FIT Staff</p> <p>ECLN</p>

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Improvement Activities:	Timelines:	Resources:
<ul style="list-style-type: none"> <li>Review current provider practices regarding parent training/information on ECO. Determine any additional training/resources needed in the area specific to parent information.</li> </ul>	Beginning 12-1-2012 and ending 3-1-14	Face to Face survey from Target 1 to be used.



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

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

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

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

<b>Measurement:</b>	
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.

FFY	Measurable and Rigorous Target
FFY 2012  (July 01, 2012 – June 30, 2013)	A. <b>92%</b> of families report that early intervention services have helped their family know their rights  B. <b>92%</b> of families report that early intervention services have helped their family to effectively communicate their child's needs  C. <b>95%</b> of families report that early intervention services have helped their family to help their children develop and learn

**Actual Target Data for FFY 2012 (July 01, 2012 – June 30, 2013):**

Utilizing the New Mexico's Family Outcome Survey instrument the results were as follows:

- A. **98.7%** of families reported that early intervention services have helped their family know their rights  
(937 parents who agree or strongly agree / 949 total respondents X 100 = 98.7%)
- B. **99.5%** of families reported that early intervention services have helped their family to effectively communicate their child's needs  
(944 parents who agree or strongly agree / 949 total respondents X 100 = 99.5%)
- C. **99.7%** of families reported that early intervention services have helped their family to help their children develop and learn  
(946 parents who agree or strongly agree / 949 total respondents X 100 = 99.7%)

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The standard used for the above scores was a family response of “Agree” or “Strongly Agree” to the statement on the survey.

In FFY 2012, targets for all three sub indicators were exceeded. The results for each sub indicator remained fairly consistent with those reported in FFY 2011.

- A. In FFY 2012 **96.9%** of families reported that early intervention services have helped their family know their rights compared to **96.9%** in FFY 2011. An increase of 0.2%
- B. In FFY 2012 **99.2%** of families reported that early intervention services have helped their family to effectively communicate their child’s needs. This did not change from the percentage reported in FFY 2011.
- C. In FFY 2012 **99.7%** of families reported that early intervention services have helped their family to help their children develop and learn. This did not change from the percentage reported in FFY 2011.

In FFY 2012, the FIT Program again used a family survey tool developed several years ago by the New Mexico Interagency Coordinating Council. Surveys were distributed for all provider agencies to all families served for at least 6 months and currently enrolled. This ensured that response data would accurately represent the demographics of the populations served by the FIT Program. Surveys were hand delivered to families, and families returned them either by mail to the FIT Program or by returning them in a sealed envelope to the service provider. Families also had an option to complete the survey online. 1,822 surveys were distributed and 949 were completed with a high response rate of 52%.

***Discussion of Improvement Activities and Explanation of Progress or Slippage if State did not meet its target that occurred for FFY 2012 (July 01, 2012 – June 30, 2013):***

The FIT Program met its target for Indicator 4 and was not required to provide an explanation of progress or discuss improvement activities.

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

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

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

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

FFY	Measurable and Rigorous Target
FFY 2012 (July 01, 2012 – June 30, 2013)	<u>2.42%</u> of children birth to age 1 will be served on Dec 01 <sup>st</sup> .

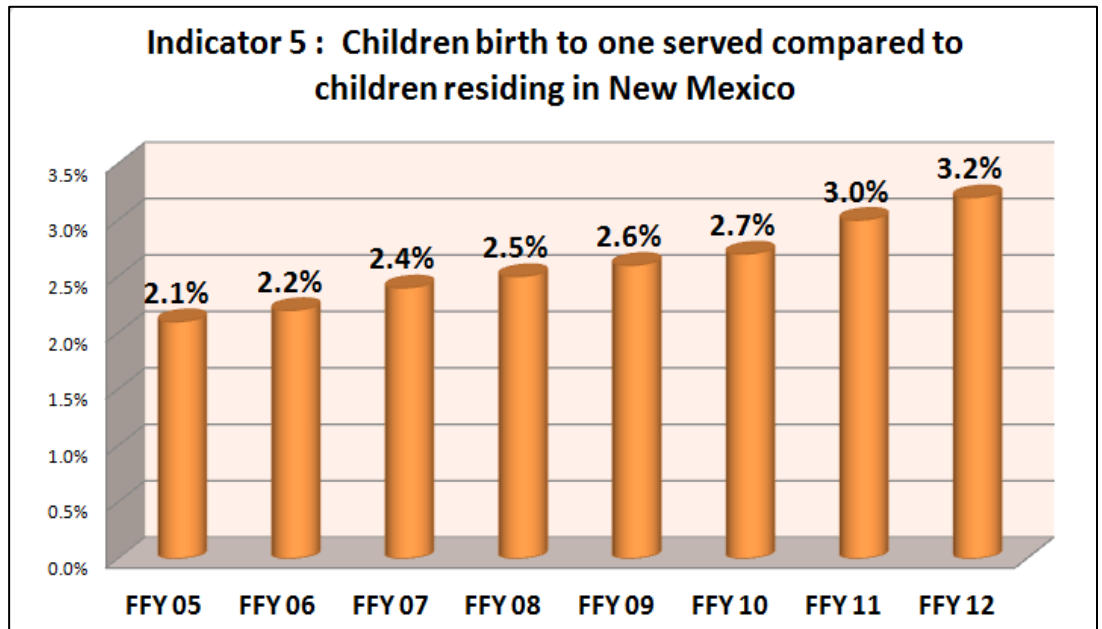
**Actual Target Data for FFY 2012 (July 01, 2012 – June 30, 2013):**

**3.2%** of children birth to age 1 population in New Mexico were served on Dec 01<sup>st</sup> 2012.

(907 children served birth to age 1 served on Dec. 01<sup>st</sup> / 28,331 children birth to age 1 total x 100)

The FIT Program met its target of serving 2.42% of children birth to age 1 on Dec 01<sup>st</sup> 2012. The FFY 2012 performance of 3.0% represents an increase of .2% from the 3.0% reported in the FFY 2011 APR.

*The chart at right illustrates the performance trend for Indicator 5 for the last eight years.*



New Mexico

**Part C State Annual Performance Report (APR) for FFY 12 (July 2012 – June 2013)**

New Mexico serves 2.44% above the national average of 1.06%\* for all states and territories reported in FFY 2012 and ranks the highest in the nation for percentage of children birth to age 1 served.

*(Source: U.S. Department of Education, Office of Special Education Programs, EDFacts Metadata and Process System (EMAPS), OMB #1820-0557: "Infants and Toddlers Receiving Early Intervention Services in Accordance with Part C," 2012. Data updated as of November 14, 2013.)*

***Discussion of Improvement Activities and Explanation of Progress or Slippage if State did not meet its target that occurred for FFY 2012 (July 01, 2012 – June 30, 2013):***

The FIT Program met its target for Indicator 5 and was not required to provide an explanation of progress or discuss improvement activities

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

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

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

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

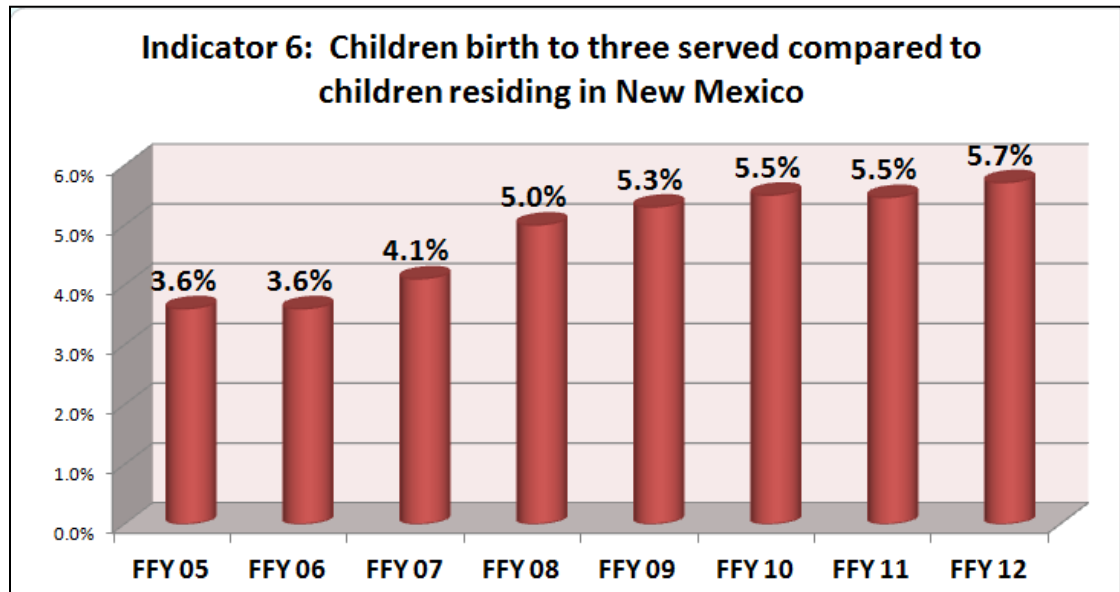
FFY	Measurable and Rigorous Target
FFY 2012 (July 01, 2012 – June 30, 2013)	4.89% of children birth to age 3 will be served on Dec 01 <sup>st</sup> .

**Actual Target Data for FFY 2012 (July 01, 2012 – June 30, 2013):**

**5.71%** of children birth to age 3 population in New Mexico were served on Dec 01<sup>st</sup> 2012  
 (4,886 children served birth through 2 served on Dec. 01<sup>st</sup> / 85,610 children birth through 2 total x 100)

The FIT Program exceeded its target of serving 4.89% of children birth to age 3 on Dec 01<sup>st</sup> 2012, and slightly increased its FFY 2011 performance of 5.5%.

*The chart at right illustrates the 8 year trend in performance for New Mexico for Indicator 6.*



New Mexico

**Part C State Annual Performance Report (APR) for FFY 12 (July 2012 – June 2013)**

New Mexico serves 2.94% above the national average of 2.77% for all states and territories and continues to serve the third highest percentage of children birth to three in the nation.

*(Source: U.S. Department of Education, Office of Special Education Programs, EDFacts Metadata and Process System (EMAPS), OMB #1820-0557: "Infants and Toddlers Receiving Early Intervention Services in Accordance with Part C," 2012. Data updated as of November 14, 2013.)*

***Discussion of Improvement Activities and Explanation of Progress or Slippage if State did not meet its target that occurred for FFY 2012 (July 01, 2012 – June 30, 2013):***

The FIT Program met its target for Indicator 6 and was not required to provide an explanation of progress or discuss improvement activities

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

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

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

**Measurement:**

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

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

FFY	Measurable and Rigorous Target
FFY 2012 (July 01, 2012 – June 30, 2013)	<b>100%</b> of infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were required had an IFSP within Part C's 45-day timeline

**Actual Target Data for FFY 2012 (July 01, 2012 – June 30, 2013):**

**98.5%** of evaluations and initial IFSPs were conducted within 45 days of referral.

Infants and toddlers evaluated and assessed and provided an Initial IFSP meeting Within Part C's 45-day timeline:

a. Number of 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	<b>3,605</b>
b. Number of infants and toddlers with IFSPs evaluated and assessed for whom an initial IFSP meeting was required to be conducted	<b>3,660</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 (Percent = [(a) divided by (b)] times 100)	<b>98.5%</b>

Data was generated from the statewide database for all children from July 1, 2012 through March 31, 2013. Because referrals to the FIT Program fluctuate insignificantly throughout

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the year, this nine month period of reporting accurately reflect the data for the full reporting period.

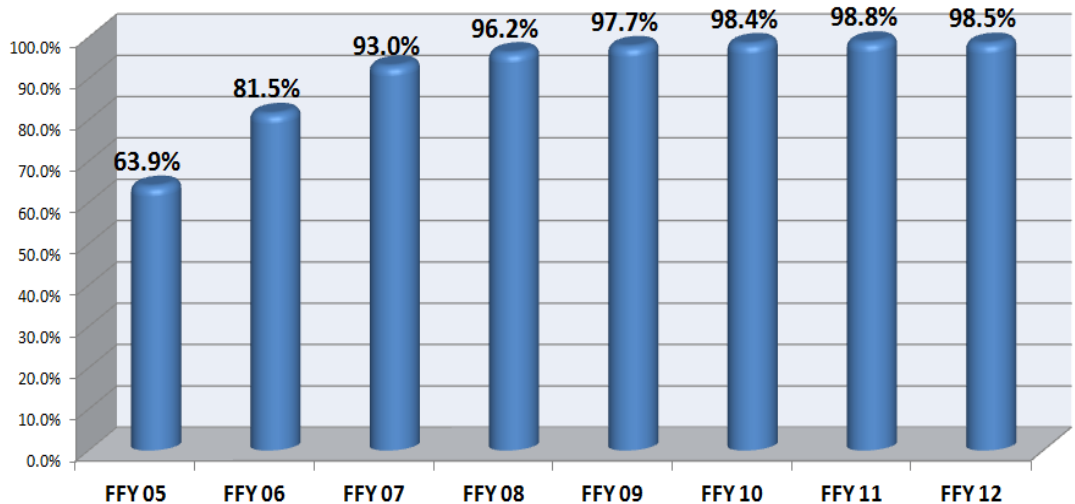
New Mexico includes in its calculation (*in both the numerator and the denominator*) the number of children for whom the FIT Program has identified the cause for the delay as documented exceptional family circumstances. These reasons included: family choice; child illness; family schedule; family unable to be contacted; and inclement weather (such as snow, ice or mud that prevented the provider from reaching the home). 907 of the required IFSPs had exceptional family circumstances or inclement weather as reasons for why they were conducted beyond the 45 day timeline. All delays were limited and directly attributable to documented exceptional circumstances beyond the control of the lead agency and the local early intervention provider agency. As part of the Community Based Assessment (CBA) monitoring process, the FIT Program verifies that exceptional circumstances are documented appropriately.

The following were given as reasons why the 45 day timeline was exceeded:

- Staff shortage 6 (10.91%)
- Staff medical / sick leave 4 (7.27%)
- Staff schedule (incl. high case loads, annual leave) 25 (45.45%)
- Other (incl. insufficient info on referral, can't find home etc.) 20 (36.37%)

FFY 2012 performance of 98.8% represents slippage of 0.3% from the 98.8% performance reported in the 2011 APR.

**New Mexico Indicator 7: Initial IFSPs conducted within 45 days.**



*The chart at right demonstrates the improvement in New Mexico's performance for indicator 7 in the last eight fiscal years.*



***Discussion of Improvement Activities and Explanation of Progress or Slippage if State did not meet its target that occurred for FFY 2012 (July 01, 2012 – June 30, 2013):***

The following strategies were carried out by the FIT Program to improve performance in FFY 2012:

**Training and Technical Assistance**

- Service Coordination Training: The FIT Program continues to require all new service coordinators to attend service coordination training where information regarding this indicator is emphasized. A portion of this training is conducted online while other portions require classroom attendance. The online portion of this training allows staff to access the training at any point in time as a refresher.
- Evaluation & Eligibility TA Document: The FIT Program significantly revised the evaluation and eligibility technical assistance document to meet new FIT requirements. This document was released in coordination with multiple webinars, which were posted online for later viewing.

**Quality Assurance**

- Increased Emphasis on Quality Improvement: FIT Program local early intervention provider agencies are required to have Quality Assurance (QA) /Improvement plans. A number of QA tools have been made available by the FIT Program to assist in these plans and subsequent activities. Provider agencies are increasingly designating a staff member or team specifically to the task of quality assurance/improvement
- Local APR: FFY 2012 was the eighth year that local provider agencies have completed local APRs. Many providers report that this has caused a heightened awareness related to quality assurance practices. Engaging direct service staff in the APR data collection and QA activities, staff gain a clearer understanding of and responsibility for their agency's performance. Furthermore, they learn the importance of clear documentation of reasons when activities related to the 45 day timeline do not occur in a timely manner.
- ICC Committee on Quality Improvement: The New Mexico Interagency Coordinating Council (ICC) supports the continuation of its subcommittee dedicated to accountability and quality improvement. This committee meets monthly with FIT Program staff to develop strategies for program improvement. A number of quality assurance tools, guidance documents and templates related to evaluation and eligibility were developed by the committee and made available to FIT Provider agencies.
- ICC Committee on Forms: An ICC "Forms" committee was tasked to streamline or shorten the current IFSP form being used in the FIT Program. While a final product was not developed in FFY 2012, the committee's time was spent researching other states' IFSP forms and working with TA sources to incorporate early child outcome data directly into the IFSP.

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- **State Monitoring:** Indicator 7 and related requirements are monitored as part of the Community Based Assessment. Community based assessments occur once every three years for each provider agency.
- **IFSP Quality Reviews:** In FFY 2012, the FIT Program began a systematic approach to reviewing the quality of IFSPs developed. A tool was developed and piloted the previous year, and a process of directed technical assistance and follow up reviews is currently in place. Agencies who have been reviewed have typically reported the review as a positive process and the resulting IFSP quality is significantly improved.

### Infrastructure/Staffing

- **EI Manager Turnover:** New Mexico has experienced a number of provider Early Intervention (EI) Manager changes. Ensuring initial IFSP development within 45 days of referral requires constant vigilance by EI Coordinators, and when these positions change, performance is often impacted.

The FIT Program continues to provide training and technical assistance developed specifically for new EI Manager (in that role for less than 2 years). A comprehensive checklist of activities with timelines and resources was developed for new EI coordinators, and the FIT Program assigns additional technical assistance for each activity. Additionally, a “New EI Coordinator” group continues to meet where participants take part in frequent phone conferences and trainings.

**Phase-in of Transdisciplinary Team approach:** During FFY 2012, FIT Provider agencies conducted self analysis of readiness to adopt the Transdisciplinary Team approach. The phase in included an ongoing state facilitated planning process with provider agency staff, and close guidance and ongoing technical support. Full implementation of this approach is expected in the late part of FFY 2013.

### Other

- **Tracking:** The FIT Program online database known as FIT-KIDS (Key Information Data System) is able to generate data for this indicator. FIT-KIDS calculates the number of days from the referral to the initial IFSP to determine if it was within 45 days, and also allows the local early intervention provider agency to enter family or agency reasons if the 45 day timeline is exceeded. Additionally, FIT-KIDS offers a standard report that shows eligible children without IFSPs to allow tracking of children who require an IFSP but have not yet had one conducted. These reports can be run at the local or state level in order to track improvement and compliance from month to month.

Because FIT-KIDS captures this data, the FIT Program and provider agencies are able to regularly review reports to track performance. The easy accessibility and review of this data has contributed to continued improvement in performance for this indicator. Family Service Coordinators have “read only” access to the database to review data, conduct relevant planning for required activities and ensure accurate entry of achievement dates.

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- Use of approved tools for determining eligibility:**  
 In an effort to ensure standardized eligibility determination, the FIT Program limited the use of tools for determining eligibility to those approved by the State. This also assisted the FIT Program in better utilizing its training resources by limiting the evaluation and eligibility training to just one primary tool.
- Ongoing Use of Evaluation Summary Form:**  
 In the past, the initial IFSP was sometimes delayed because the full written evaluation summary was not completed. Continuing in FFY 2012, the FIT Program allows providers an “Evaluation Summary” form that can be used, with the family’s permission. The Evaluation Summary form allows the IFSP team to proceed with the IFSP when the Comprehensive Multidisciplinary Evaluation (CME) has occurred and eligibility has been determined, but the written report was not completed by the time of the IFSP meeting. The Evaluation Summary Form contains relevant information from the CME that is necessary for IFSP development. This does not waive the requirements for a full written CME summary report. The written summary report must be completed within 30 days of the IFSP and the family must receive a copy of it. This practice, while not frequently used, has assisted the FIT Program in improving performance on this indicator.

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

Level of compliance (actual target data) State reported for **FFY 2011** for this indicator: **98.8%**

The following table indicates the number of findings by the FIT Program in FFY 2010 and the number verified as corrected within one year of the finding.

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

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

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

6. Number of FFY 2011 findings <u>not</u> verified as corrected [(4) minus (5)]	<b>0</b>
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**Actions Taken if Noncompliance Not Corrected:**

NA: All programs were able to correct noncompliance within 1 year of the date of the finding.

**Verification of Correction of FFY 2011 noncompliance (either timely or subsequent):**

The FIT Program has a two pronged verification process to ensure that each local early intervention provider agency with a previous finding of noncompliance is (1) meeting regulatory requirements and (2) ensuring that in each instance of noncompliance, the agency did conduct the initial IFSP, although late.

1. Related to the 3 findings for Indicator 7, the FIT Program verified that each EIS program with noncompliance under this indicator is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) in **34 CFR §§303.321(e)(2), 303.322(e)(1), and 303.342(a)** based on subsequently collected data.

These requirements are monitored via FIT-KIDS database. Methods used to demonstrate correction of noncompliance were consistent with the methods used to issue the finding. Data were generated from FIT-KIDS, and providers demonstrated correction of noncompliance by performing at 100% for all children for at least one month. By conducting ongoing monitoring, the FIT Program has verified that each EIS program with noncompliance under this indicator is correctly implementing the specific regulatory requirements.

2. For each of the 55 instances of noncompliance found in FFY 2012, the FIT Program verified that each child did receive the initial evaluation, assessment, and IFSP meeting, although it exceeded the 45 day time period, **consistent with OSEP Memorandum 09-02, dated October 17, 2008.**

All instances of infants and toddlers with IFSPs evaluated and assessed for whom an initial IFSP meeting was required to be conducted are captured in FIT-KIDS along with the date the initial IFSP actually occurred. With this data, the FIT Program has verified that each EIS program with noncompliance under this indicator has met the requirements for each child although late. The results of these audits are validated during regular Community Based Assessments.

**Specific actions taken to verify the correction of findings of noncompliance identified in FFY 2011:**

Prong 1: Regulatory Requirements	Prong 2: Child Specific Correction
1. FIT Program notified Provider Agencies of findings. 2. Each agency with noncompliance was provided a list of requirements to demonstrate correction of noncompliance, which included the following: a) Self Analysis and Plans of Correction:	1. FIT Program notified Provider Agencies of findings. 2. FIT Program staff reviewed data reported in FIT-KIDS database to ensure that initial IFSP was

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<p>Agencies analyzed any instances of noncompliance and demonstrated how the agency will assure that the circumstances of noncompliance are corrected so that they are complying with specific regulatory requirements.</p> <p>b) Updated Data: The FIT Program monitored subsequently collected data via FIT-KIDS to determine when the local early intervention provider agency achieved 100% compliance for a specified period of time, demonstrating compliance with regulatory requirements.</p> <p><i>Note: No provider agencies received focused review for Indicator 7 in FFY 2012.</i></p>	<p>developed, although not timely, for children/families listed in the database as not receiving an initial IFSP within 45 days of referral.</p> <p>3. Updated Data: The FIT Program monitored subsequently collected data via FIT-KIDS Where noncompliance was found in this data collected to correct noncompliance, the FIT Program monitored agencies to ensure that, although late, an initial IFSP was developed for the child/family, unless the child was no longer in service.</p>
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Since the data are already validated via FIT-KIDS, FIT Program staff further validates data by onsite monitoring during the Community Based Assessments.

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

<p>1. Number of remaining FFY 2010 findings of noncompliance noted in OSEP’s July 1, 2013, FFY 2011 APR response table for this indicator</p>	<p>0</p>
<p>2. Number of remaining FFY 2010 findings the State has verified as corrected</p>	<p>0</p>
<p>3. Number of remaining FFY 2010 findings the State has NOT verified as corrected [(1) minus (2)]</p>	<p>0</p>

**Correction of Any Remaining Findings of Noncompliance from FFY 2009 or Earlier:**

NA. There are no remaining FFY 2009 or earlier findings

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2013 (July 01, 2013 – June 30, 2014): [If applicable]**

As this is the final year of the New Mexico State Performance Plan, no new improvement activities are listed.

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

**Indicator 8A: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday.**

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

**Measurement:**

Percent = [(# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C)] times 100.

FFY	Measurable and Rigorous Target
FFY 2012 (July 01, 2012 – June 30, 2013)	<b>100%</b> of children exiting Part C will receive timely transition planning to support the child’s transition to preschool and other appropriate community services by their third birthday, <b>including an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday</b>

**Actual Target Data for FFY 2012 (July 01, 2012 – June 30, 2013):**

**95.9% of children exiting Part C had an IFSP with transition steps and services.**

Data was generated from the statewide database for all children from July 1, 2012 through March 31, 2013. Because the number of children turning three in the FIT Program fluctuates insignificantly throughout the year, this nine month period of reporting accurately reflects the data for infants and toddlers with IFSPs for the full reporting period.

**Children Exiting Part C who Received Timely Transition Planning:**

a. Number of children exiting Part C who have an IFSP with transition steps and services	<b>1,803</b>
b. Number of children exiting Part C	<b>1,881</b>

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<p>The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the lead agency has developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday. (Percent = [(a) divided by (b)] times 100)</p>	<p><b>95.9%</b></p>
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New Mexico includes in its calculation (*in both the numerator and the denominator*) the number of children for whom the FIT Program has identified the cause for the delay as documented exceptional family circumstances. 557 children and families did not receive their transition planning at least 90 days and not more than nine months, prior to the child's third birthday because of documented exceptional family circumstances or inclement weather (e.g. ice, snow or mud that prevented early intervention staff getting to the home). The family reasons included child illness, family schedule and availability and family choice, but most often occurred because families were referred to the FIT Program within 90 days of the child's third birthday. All delays were limited and directly attributable to documented exceptional circumstances beyond the control of the FIT Program and the local early intervention provider agency. As part of the Community Based Assessment (CBA) monitoring process, the FIT Program validates that exceptional circumstances are documented appropriately.

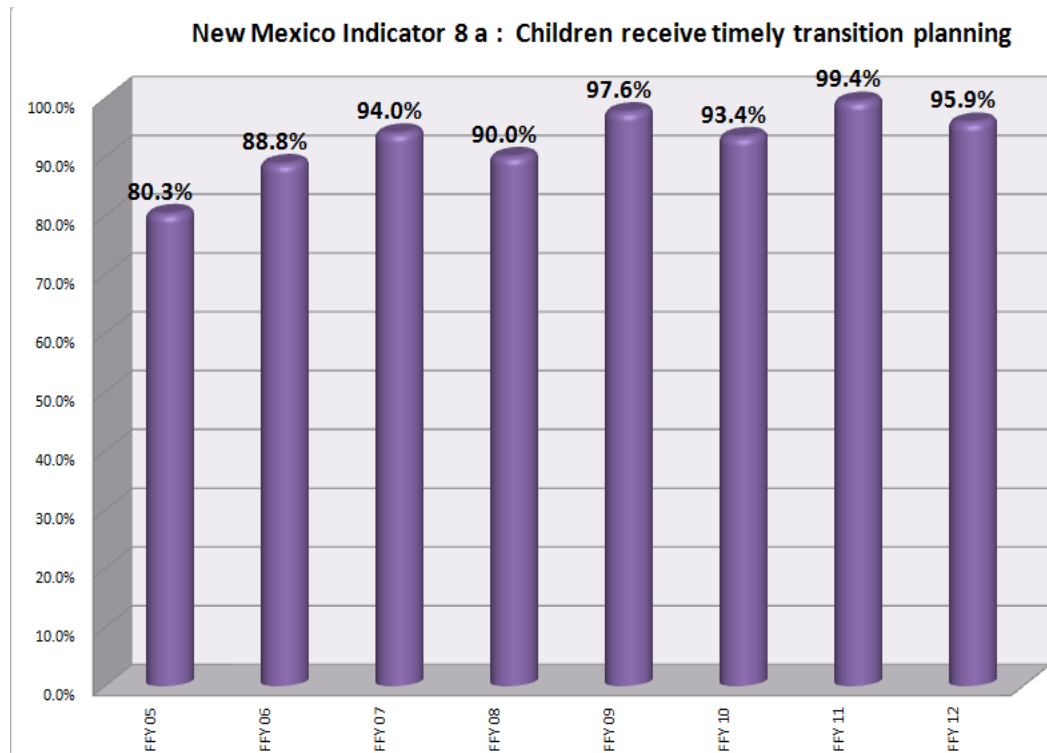
The agency reasons given for untimely transition planning included the following

Staff schedule (incl. high case loads, annual leave)	26	(33.33%)
Staff shortage	2	( 2.56%)
Staff Medical	1	(1.28%)
Other (often inability to schedule with schools for a timely transition conference.)	25	(32.06%)
Agency Other (including new family service coordinators who did not adequately understand the requirements)	24	(30.77%)

**Discussion of Improvement Activities and Explanation of Progress or Slippage if State did not meet its target that occurred for FFY 2012 (July 01, 2012 – June 30, 2013):**

The FIT Program demonstrated slippage for this indicator in FFY 2012 compared to the performance of 99.4% reported in FFY 2011.

The chart at right illustrates an eight year trend in performance for transition planning.



### Policies and Procedures

- The New Mexico Administrative Code was changed, effective July 1, 2012, to reflect the federal Part C changes in regulations related to transition from Part C.
- Transition Guidance Document Revision and Joint Training: Although training occurred with great frequency in FFY 2011 to address the new regulations instituted in July 2012, the revised Transition Guidance Document continued to be used during FFY 2012 in training. The guidance document was used in as the basis for joint training for school districts and FIT provider agencies statewide.
- Memorandum of Understanding:
  - A new State MOU with Public Education Department became effective to reflect Federal and State regulatory changes.
  - Local teams continue to refine Memoranda of Understanding (MOUs) that detail the procedures to follow at the local level in order meet compliance with transition requirements and to be in line with the revised statewide MOU between the FIT Program and the Public Education Department – Special Education Bureau.

### Training and Technical Assistance

- Coaching and support of community transition teams: Each community transition team receives coaching and support from an identified person on the state level team. Community transition teams are supported to meet at least annually (most meet quarterly). During these meeting the teams review their Memorandum of Agreements,



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making revisions to ensure consistency with the State level Memorandum of Understanding and regularly review data on effectiveness of transition in their community to improve compliance. Issues identified during these team meetings are added to future service coordination trainings.

- Service Coordination Training: The FIT Program continues to require all new service coordinators to attend service coordination training where information regarding this indicator is emphasized. A portion of this training is conducted online while other portions require classroom attendance. The online portion of this training allows staff to access the training at any point in time as a refresher.
- Transition Online Training “Transition C to B:” In an effort to improve performance for Indicator 8, the FIT Program continues to offer an online training course that allows users access at any time.

#### Quality Assurance:

- QA Plans: FIT Program provider agencies are required to have Quality Assurance/Improvement plans. A number of QA tools have been made available by the FIT Program to assist in these plans and subsequent activities. In FFY 2012, an increasing number of agencies continue to designate a staff member or team specifically to the task of quality assurance/improvement.
- ICC Subcommittee: The New Mexico Interagency Coordinating Council created a subcommittee dedicated to accountability and quality improvement. This committee meets monthly with FIT Program staff to develop strategies for program improvement.
- Local APR: FFY 2012 was the eighth year that local provider agencies have completed local APRs. Many providers report that this has caused a heightened awareness related to quality assurance practices. Engaging direct service staff in the APR data collection and QA activities, staff gain a clearer understanding of and responsibility for their agency's performance.
- Rigorous Monitoring:  
 Focused Reviews (previously referred to as focused monitoring): In accordance with the New Mexico Part C - General Supervision Manual (previously submitted to OSEP), the FIT Program monitors provider agencies that have low performance in Indicator 8 through its focused review process. The focused review team includes FIT Program staff, who act as the lead, an early childhood specialist and at least one parent. During the focused review visit the team reviews child records, policies and procedures and interviews managers, staff and parents to determine the underlying cause of the agency's non-compliance related to transition planning. Agencies that go through a focused review visit receive a “directed plan of correction,” ongoing monitoring and immediate and ongoing TA to assist them in reaching compliance. Focused reviews assure that the agencies are correctly implementing the regulatory requirements specific to this indicator.

Community Based Assessment: Indicator 8 and related requirements are also monitored as part of the Community Based Assessment. CBA's occur every two years for each provider agency.

**Other:**

- **Sanctions:**

Provider agencies performing at less than 100% compliance are required to conduct a self analysis and correct noncompliance within one year of the date of the finding. These provider agencies have a Plan of Correction in place and are required to monitor and explain FIT-KIDS data showing less than 100% compliance. Another sanction applied to these agencies is required technical assistance through the University of New Mexico – Early Childhood Learning Network and through FIT Program staff at the state level. Continued non-compliance may result in other sanctions in accordance with the sanctions matrix in the General Supervision Manual.

- **Data Collection:**

The FIT-KIDS database allows precise data collection. The transition page of the child’s record in FIT-KIDS automatically populates dates when transition activities are required. Then, as transition plans are added to the IFSP, the user enters the actual dates in FIT-KIDS.

- By capturing this data in FIT-KIDS, it is possible to run reports in “real time” to know which children have had transition plans completed.
- 60 days prior to the latest date a transition plan can be developed, database “ticklers” remind users when the transition plan is needed.
- Providers always have access to their performance on this indicator without the need to audit records. Service Coordinators can view their individual caseload data in order to plan effectively for transition.
- Reports assist providers in analyzing any noncompliance (such as specific service coordinators with performance issues, particular times of year when noncompliance occurs more frequently, etc) in order to assist them in quickly correcting it.

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

Level of compliance (actual target data) State reported for FFY 2010 for this indicator: 99.4%

1. Number of findings of noncompliance the State made during FFY 2011 (the period from July 1, 2011, through June 30, 2012)	<b>5</b>
2. Number of FFY 2011 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	<b>5</b>
3. Number of FFY 2011 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	<b>0</b>

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

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

**Actions Taken if Noncompliance Not Corrected:**

NA: All programs were able to correct noncompliance within 1 year of the date of the finding.

**Verification of Correction of FFY 2011 noncompliance (either timely or subsequent):**

The FIT Program has a two pronged verification process to ensure that each local early intervention provider agency with a previous finding of noncompliance is: (1) is correctly implementing the IFSP transition content requirements (i.e., achieved 100% compliance) in **34 CFR §303.148(b)(4) and 303.344(h)** and 20 U.S.C. 1436(a)(3) and (d)(8) (i.e., achieved 100% compliance) based on a review of subsequently collected data; and (2) has developed an IFSP with transition steps and services for each child, unless the child is no longer within the jurisdiction of the FIT program, consistent with **OSEP Memo 09-02**.

1. Related to the 5 findings of noncompliance found with Indicator 8a, the FIT program verified that the agencies are correctly implementing the IFSP transition content requirements (i.e., achieved 100% compliance). When noncompliance has been found, subsequent data through FIT-KIDS is monitored until the agency can demonstrate 100% compliance for a specified period of time. Agencies must also submit narrative reports accounting for each specific instance of noncompliance and provide steps to ensure that the reasons for noncompliance are being addressed in order to prevent future recurrences. By conducting ongoing monitoring, the FIT Program has verified that each EIS program with noncompliance under this indicator is correctly implementing the specific regulatory requirements.
2. For the 7 individual instances of noncompliance found in FFY 2011, the FIT Program verified that each child did receive a transition plan, unless the child is no longer within the jurisdiction of the FIT Program. Transition plans are verified during Community Based Assessment monitoring. Additionally, the FIT Program may require local provider agencies to submit copies of transition plans for randomly selected children. Through these processes, the FIT Program verified that each child who was still in the jurisdiction of the EIS program and had not received transition planning did receive it.

**Specific actions taken to verify the correction of findings of noncompliance identified in FFY 2011:**

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Prong 1: Regulatory Requirements	Prong 2: Child Specific Correction
<ol style="list-style-type: none"> <li>1. FIT Program notified Provider Agencies of findings.</li> <li>2. Each agency with noncompliance was provided a list of requirements to demonstrate correction of noncompliance, which included the following:                             <ol style="list-style-type: none"> <li>a) Self Analysis and Plans of Correction: Provider agencies analyzed any instances of noncompliance and demonstrated how they would assure that the circumstances of noncompliance are corrected so that they are complying with specific regulatory requirements.</li> <li>b) Specific agencies were selected for focused review based on APR results. In addition to determining root causes of noncompliance, the focused review process ensured that the agency understood and followed regulatory requirements.</li> <li>c) Updated Data: Data via FIT-KIDS is monitored monthly (required for all agencies performing at less than 100%). Once the local early intervention provider agency demonstrated 100% compliance for a specified period of time, the FIT Program reviewed (using documentation from family/child records demonstrating transition steps were added to the IFSP) a subset of that data to verify correction.                                     <ul style="list-style-type: none"> <li>• Provider agencies must also explain the reasons for any instances of noncompliance in the subsequently collected data and indicate how they will prevent noncompliance in future similar circumstances.</li> </ul> </li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1. FIT Program notified Provider Agencies of findings.</li> <li>2. Providers were required to submit documentation of random completed transition plans to the FIT Program or participate in an onsite monitoring by the FIT Program.</li> <li>3. Updated Data: Data via FIT-KIDS is monitored monthly (required for all agencies performing at less than 100%). Where noncompliance was found in the subsequently collected data to correct noncompliance, provider agencies were required to provide documentation of random completed transition plans, unless the child was no longer in service</li> </ol>

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

1. Number of remaining FFY 2010 findings of noncompliance noted in OSEP’s June 2012, FFY 2010 APR response table for this indicator	
2. Number of remaining FFY 2010 findings the State has verified as corrected	
3. Number of remaining FFY 2010 findings the State has NOT verified as corrected [(1) minus (2)]	<b>0</b>

**Correction of Any Remaining Findings of Noncompliance from FFY 2009 or Earlier (if applicable):**

There are no remaining uncorrected FFY 2009 or earlier findings.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2013 (July 01, 2013 – June 30, 2014): [If applicable]**

As this is the final year of the New Mexico State Performance Plan, no new improvement activities are listed.

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

**Indicator 8B: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler’s third birthday for potentially eligible Part B preschool services. (Transition Notification)**

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

**Measurement:**

Percent = [(# of toddlers with disabilities exiting part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and the LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities who were potentially eligible for Part B)] times 100.

FFY	Measurable and Rigorous Target
FFY 2012 (July 01, 2012 – June 30, 2013)	<b>100%</b> of toddlers with disabilities exiting Part C will have notifications provided by the Lead Agency to the SEA and their LEA where the toddler resides at least 90 days prior to the toddler’s third birthday for potentially eligible Part B preschool services.

**Actual Target Data for FFY 2012 (July 01, 2012 – June 30, 2013):**

**96.2%** of toddlers exiting Part C and potentially eligible for Part B had notifications provided by the Lead Agency to the LEA where the toddler resides at least 90 days prior to the toddlers third birthday.

In FFY 2012, provider agencies directly notified LEAs via agency lists generated through FIT-KIDS (Key Information Data System).

FIT Providers conducted a self audit of a 10% (or minimum of 10 ) representative selection of children who turned three between July 1, 2012 and March 31, 2013 for whom LEA notification was required to indicate the children for whom the agencies had documentation that notification actually occurred. Because the number of children turning three in the FIT Program fluctuates insignificantly throughout the year, this nine month period of reporting accurately reflects the data for infants and toddlers with IFSPs for the full reporting period.

**Children Exiting Part C who Received Timely Transition Planning (Notification to LEA):**

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a. Number of children exiting Part C and potentially eligible for Part B where the notification to the LEA occurred	401
b. Number of children exiting Part C who were potentially eligible for Part B	417
The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for potentially eligible Part B preschool services. (Transition Notification) (Percent = [(a) divided by (b)] times 100)	96.2%

**Discussion of Improvement Activities and Explanation of Progress or Slippage if State did not meet its target that occurred for FFY 2012 (July 01, 2012 – June 30, 2013):**

The FIT Program experienced slippage in FFY 2012 in providing notification to the LEA of the children exiting Part C and potentially eligible for Part B compared to FFY 2011 performance of 98.3%.

**FIT-KIDS modification:** For the last two years, the statewide database, FIT-KIDS, has generated reports for notifications to LEAs, if children are potentially eligible for Part B. Provider agencies can easily develop reports in FIT-KIDS of children in each school district turning three in specified periods who are potentially eligible for Part B. These reports are intended to be reviewed at the provider level and transmitted to the LEAs according to the frequency noted in their MOUs (usually monthly or quarterly).

An extremely challenging issue related to LEA notification is the child who is referred 91 or 92 days prior to their third birthday. In almost all cases of noncompliance, the agencies explained that the child's eligibility was determined extremely close to that 90 day timeline prior to the child's third birthday. With all other requirements related to IFSP development and transition planning and conferences, the LEA notification was overlooked. Notification did occur, but it occurred late.

For children who entered the FIT Program less than 90 days before their third birthday, a referral form was submitted as soon as possible to the LEA. This referral serves as notification for the child.

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

Level of compliance (actual target data) State reported for FFY 2010 for this indicator: 98.3%

1. Number of findings of noncompliance the State made during FFY 2011 (the period from July 1, 2011 through June 30, 2012)	5
2. Number of FFY 2011 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	5

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3. Number of FFY 2011 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	<b>0</b>
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**Correction of FFY 2011 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected:**

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

**Actions Taken if Noncompliance Not Corrected:**

NA: All programs were able to correct noncompliance within 1 year of the date of the finding.

**Verification of Correction of FFY 2011 noncompliance findings (either timely or subsequent):**

The FIT Program has a two pronged verification process to ensure that each local early intervention provider agency with a previous finding of noncompliance is: (1) is correctly implementing the LEA Notification requirements (i.e., achieved 100% compliance) in **34 CFR §303.148(b)(1)** (i.e., achieved 100% compliance) based on a review of subsequently collected data; and (2) has provided notification to the LEA for each child, unless the child is no longer within the jurisdiction of the FIT program, consistent with **OSEP Memo 09-02**.

1. Related to the 5 findings of noncompliance found with Indicator 8b, the FIT program verified that the agencies are correctly implementing the LEA notification requirements (i.e., achieved 100% compliance). When noncompliance has been found, subsequent data through FIT-KIDS is monitored until the agency can demonstrate 100% compliance for a specified period of time. Agencies must also submit narrative reports accounting for each specific instance of noncompliance and provide steps to ensure that the reasons for noncompliance are being addressed in order to prevent future recurrences. By conducting ongoing monitoring, the FIT Program has verified that each EIS program with noncompliance under this indicator is correctly implementing the specific regulatory requirements.
2. For the individual instances of noncompliance found in FFY 2011, the FIT Program verified that the LEA did receive notification of each child potentially

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eligible for Part B, unless the child was no longer within the jurisdiction of the FIT Program. For those children who had not already turned three and exited the program, provider agencies were required to submit the actual documentation of the LEA notification for each applicable child. Through these processes, the FIT Program verified that the LEA was notified of each child who was still in the jurisdiction of the EIS program even if notification occurred late.

**Specific actions taken to verify the correction of findings of noncompliance identified in FFY 2011:**

Prong 1: Regulatory Requirements	Prong 2: Child Specific Correction
<ol style="list-style-type: none"> <li>1. FIT Program notified Provider Agencies of findings.</li> <li>2. Each agency with noncompliance was provided a list of requirements to demonstrate correction of noncompliance, which included the following:                             <ol style="list-style-type: none"> <li>a. Self Analysis and Plans of Correction: Provider agencies analyzed any instances of noncompliance and demonstrated how they would assure that the circumstances of noncompliance are corrected so that they are complying with specific regulatory requirements.</li> <li>b. Updated Data: Data from provider self audits (generated from a random selection of children turning 3 and potentially eligible for Part B) are monitored quarterly (required for all agencies performing at less than 100%). Once the local early intervention provider agency demonstrated 100% compliance for a specified period of time, the FIT Program reviewed (using documentation of actual LEA notifications) a subset of that data to verify correction.                                     <ul style="list-style-type: none"> <li>• Provider agencies must also explain the reasons for any instances of noncompliance in the subsequently collected data and indicate how they will prevent noncompliance in future similar circumstances.</li> </ul> </li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1. FIT Program notified Provider Agencies of findings.</li> <li>2. Providers were required to submit documentation of actual notifications to the LEA for each child still within the jurisdiction of the FIT Program.</li> <li>3. Updated Data: Data via self audits (generated from a random selection of children turning 3 and potentially eligible for Part B) are monitored quarterly (required for all agencies performing at less than 100%). Where noncompliance was found in the subsequently collected data to correct noncompliance, provider agencies were required to provide documentation of random selected LEA notifications, unless the child was no longer in service</li> </ol>

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

1. Number of remaining FFY 2010 findings of noncompliance noted in OSEP’s July 1, 2013 FFY 2011 APR response table for this indicator	<b>0</b>
2. Number of remaining FFY 2010 findings the State has verified as corrected	<b>0</b>
3. Number of remaining FFY 2010 findings the State has NOT verified as corrected [(1) minus (2)]	<b>0</b>



***Correction of Any Remaining Findings of Noncompliance from FFY 2009 or Earlier (if applicable):***

There were no uncorrected findings from FFY 2009 or earlier.

***Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2013 (July 01, 2013 – June 30, 2014): [If applicable]***

In FFY 2012, the FIT Program did not reach 100% compliance. However, as this is the final year of the New Mexico State Performance Plan, no new improvement activities are provided.

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

**Indicator 8C: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the lead agency has conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services**

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

**Measurement:**

A. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler’s third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

Account for untimely transition conferences, including reasons for delays.

FFY	Measurable and Rigorous Target
FFY 2012 (July 01, 2012 – June 30, 2013)	<b>100%</b> of children exiting Part C will receive timely transition planning to support the child’s transition to preschool and other appropriate community services by their third birthday, <b>including the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.</b>

**Actual Target Data for FFY 2012 (July 01, 2012 – June 30, 2013):**

**95.9%** of children exiting Part C and potentially eligible for Part B where the transition conference occurred

Data was generated from the statewide database for all children from July 1, 2012 through March 31, 2013. Because the number of children turning three in the FIT Program fluctuates insignificantly throughout the year, this nine month period of reporting accurately reflects the data for infants and toddlers with IFSPs for the full reporting period.

New Mexico includes in its calculation (*in both the numerator and the denominator*) the number of children for whom the FIT Program has identified the cause for the delay as documented exceptional family circumstances. 557 children and families did not receive their transition conference within 90 days of the child’s third birthday because of

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documented exceptional family circumstances or inclement weather (e.g. ice, snow or mud that prevented early intervention staff getting to the home). The family reasons included child illness, family schedule and availability and family choice, but most often occurred because families were referred to the FIT Program within 90 days of the child’s third birthday. All delays were limited and directly attributable to documented exceptional circumstances beyond the control of the FIT Program and the local early intervention provider agency. As part of the Community Based Assessment (CBA) monitoring process, the FIT Program validates that exceptional circumstances are documented appropriately.

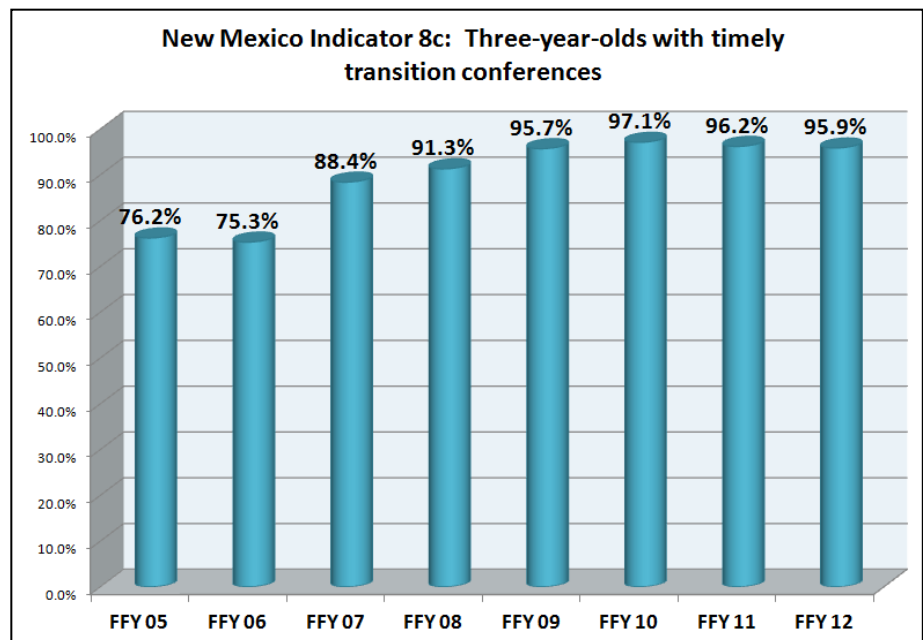
**Children Exiting Part C who Received Timely Transition Planning (Transition Conference):**

a. Number of children exiting Part C and potentially eligible for Part B where the transition conference occurred	<b>1,803</b>
b. Number of children exiting Part C who were potentially eligible for Part B	<b>1,881</b>
Percent of all children exiting Part C who received timely transition planning to support the child’s transition to preschool and other appropriate community services by their third birthday (Transition Conference) (Percent = [(a) divided by (b)] times 100)	<b>95.9%</b>

**Discussion of Improvement Activities and Explanation of Progress or Slippage if State did not meet its target that occurred for FFY 2012 (July 01, 2012 – June 30, 2013):**

The FIT Program slipped slightly in the percentage of compliance from 96.2% in FFY 2011 to 95.9% in FFY 2012, a decrease of 0.3%.

The chart at right represents New Mexico FIT Program’s trend data for Indicator 8c for the last 8 years.



The reasons given for untimely transition conferences included the following

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Staff schedule (incl. high case loads, annual leave)	26	(33.33%)
Staff shortage	2	( 2.56%)
Staff Medical	1	(1.28%)
Other (often inability to schedule with schools for a timely transition conference.)	25	(32.06%)
Agency Other (including new family service coordinators who did not adequately understand the requirements)	24	(30.77%)

### Policies and Procedures

- Transition Guidance Document Revision and Joint Training: With the 2012 regulatory changes related to transition, the Transition Guidance Document was revised. In collaboration with the New Mexico Public Education Department – Special Education Bureau, many of the revisions addressed the regulatory changes. Beginning in FFY 2012, New Mexico Part C required children to transition on their third birthday, which was a change from previous years, where families could opt to stay with the FIT Program past their third birthday.
- Memorandum of Understanding:
  - The State MOU with Public Education Department was revised to reflect Federal and State regulatory changes.
  - Local teams continue to refine Memoranda of Understanding (MOUs) that detail the procedures to follow at the local level in order meet compliance with transition requirements and to be in line with the revised statewide MOU between the FIT Program and the Public Education Department – Special Education Bureau.

### Training and Technical Assistance

- Coaching and support of community transition teams: Each community transition team receives coaching and support from an identified person on the state level team. Community transition teams are supported to meet at least annually (most meet quarterly). During these meetings the teams review their Memorandum of Agreements, making revisions to ensure consistency with the State level Memorandum of Understanding and regularly reviewing data on effectiveness of transition in their community to improve compliance.

Service Coordination Training: The FIT Program continues to require all new service coordinators to attend service coordination training where information regarding this indicator is emphasized. A portion of this training is conducted online while other portions require classroom attendance. The online portion of this training allows staff to access the training at any point in time for refreshers.

Transition Online Training “Transition C to B:” In an effort to improve performance for Indicator 8, the FIT Program continues to offer an online training course that allows users access at any time.

### Quality Assurance:

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- **QA Plans:** FIT Program provider agencies are required to have Quality Assurance/Improvement plans. A number of QA tools have been made available by the FIT Program to assist in these plans and subsequent activities. In FFY 2011, an increasing number of agencies continue to designate a staff member or team specifically to the task of quality assurance/improvement.
- **ICC Subcommittee:** The New Mexico Interagency Coordinating Council created a subcommittee dedicated to accountability and quality improvement. This committee meets monthly with FIT Program staff to develop strategies for program improvement.
- **Local APR:** FFY 2012 was the eighth year that local provider agencies have completed local APRs. Many providers report that this has caused a heightened awareness related to quality assurance practices. Engaging direct service staff in the APR data collection and QA activities, staff gain a clearer understanding of and responsibility for their agency's performance.
- **Rigorous Monitoring:**
  - Focused Reviews** (previously referred to as focused monitoring): In accordance with the New Mexico Part C - General Supervision Manual (previously submitted to OSEP), the FIT Program monitors provider agencies that have low performance in Indicator 8 through its focused review process. The focused review team includes FIT Program staff, acting as the lead, an early childhood specialist and at least one parent. During the focused review visit the team reviews child records, policies and procedures and interviews managers, staff and parents to determine the underlying cause of the agency's non-compliance related to timely transition conferences. Agencies that go through a focused review visit receive a "directed plan of correction," ongoing monitoring and immediate and ongoing TA to assist them in reaching compliance. Focused reviews assure that the agencies are correctly implementing the regulatory requirements specific to this indicator.

**Community Based Assessment:** Indicator 8 and related requirements are also monitored as part of the Community Based Assessment. In FFY 2012, the frequency of community based assessments increased from once every three years to once every two years for each provider agency.

**Other:**

- **Sanctions:**
  - Provider agencies performing at less than 100% compliance are required to conduct a self analysis and correct noncompliance within one year of the date of the finding. These provider agencies have a Plan of Correction in place and are required to monitor and explain FIT-KIDS data showing less than 100% compliance. Another sanction applied to these agencies is required technical assistance through the University of New Mexico – Early Childhood Learning Network and through FIT Program staff at the state level. Continued non-compliance may result in other sanctions in accordance with the sanctions matrix in the General Supervision Manual.
- **Data Collection:**

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The FIT-KIDS database allows precise data collection. The transition page of the child’s record in FIT–KIDS now automatically populates dates when transition activities are required. Then, as transition conferences are completed, the user enters the actual conference dates in FIT-KIDS.

- By capturing this data in FIT-KIDS, it is possible to run reports in “real time” to know which children have had transition conferences.
- 60 days prior to the date a transition conference is required, database “ticklers” remind users when the conference is needed.
- Providers always have access to their performance on this indicator without the need to audit records. Service Coordinators can view their individual caseload data in order to plan effectively for transition.
- Reports assist providers in analyzing any noncompliance (such as specific service coordinators with performance issues, particular times of year when noncompliance occurs more frequently, etc) in order to assist them in quickly correcting it.

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

Level of compliance (actual target data) State reported for FFY 2010 for this indicator: **96.2%**

1. Number of findings of noncompliance the State made during FFY 2011 (the period from July 1, 2011, through June 30, 2012)	<b>4</b>
2. Number of FFY 2011 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	<b>4</b>
3. Number of FFY 2011 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	<b>0</b>

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

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

**Actions Taken if Noncompliance Not Corrected:**

NA: All programs were able to correct noncompliance within 1 year of the date of the finding.

**Verification of Correction of FFY 2010 noncompliance or FFY 2010 findings (either timely or subsequent):**

The FIT Program has a two pronged verification process to ensure that each local early intervention provider agency with a previous finding of noncompliance is: (1) is correctly implementing the IFSP transition content requirements (i.e., achieved 100% compliance) in **34 CFR §303.148(b)(2)(i) (as modified by IDEA section 637(a)(9)(A)(ii)(II))** (i.e., achieved 100% compliance) based on a review of subsequently collected data; and (2) has conducted a transition conference, although late, for any child potentially eligible for Part B whose transition conference was not timely, unless the child is no longer within the jurisdiction of the EIS program, consistent with **OSEP Memo 09-02**.

1. Related to the 4 findings of noncompliance found with Indicator 8c, the FIT program verified that the agencies are correctly implementing the IFSP transition content requirements (i.e., achieved 100% compliance). When noncompliance has been found, subsequent data through FIT-KIDS is monitored until the agency can demonstrate 100% compliance for a specified period of time. Agencies must also submit narrative reports accounting for each specific instance of noncompliance and provide steps to ensure that the reasons for noncompliance are being addressed in order to prevent future recurrences. By conducting ongoing monitoring, the FIT Program has verified that each EIS program with noncompliance under this indicator is correctly implementing the specific regulatory requirements.

Providers who performed poorly on this indicator received a focused review during FFY 2012. Those agencies received a directed plan of correction and ongoing monitoring and TA to assist them in coming into compliance. This also assured that the agencies are correctly implementing the regulatory requirements specific to this indicator. Each of the agencies reviewed corrected compliance and complied with all items on the plan of correction, which often included requirements for staff training and mandated technical assistance. All plans of correction were closed upon verification of compliance.

By conducting ongoing monitoring through the focused review process or the Community Based Assessment and data reviews through FIT-KIDS, the FIT Program further verified that each EIS program with noncompliance under this indicator is correctly implementing the specific regulatory requirements.

2. For the 42 individual instances of noncompliance found in FFY 2011, the FIT Program verified that each child did receive a transition conference, although late, unless the child is no longer within the jurisdiction of the FIT Program. Transition conferences are validated during Community Based Assessment monitoring. Additionally, programs may be required to submit to the FIT Program copies of transition conference documentation for randomly selected children. Through these processes, each child who was still in the jurisdiction of the EIS program that had not received a transition conference did receive it, although late.



**Specific actions taken to verify the correction of findings of noncompliance identified in FFY 2010:**

Prong 1: Regulatory Requirements	Prong 2: Child Specific Correction
<ol style="list-style-type: none"> <li>1. FIT Program notified Provider Agencies of findings.</li> <li>2. Each agency with noncompliance was provided a list of requirements to demonstrate correction of noncompliance, which included the following:               <ol style="list-style-type: none"> <li>a) Self Analysis and Plans of Correction: Agency analyzed any instances of noncompliance and demonstrated how they will assure that the circumstances of noncompliance are corrected so that they are complying with specific regulatory requirements.</li> <li>b) Specific agencies were selected for focused review based on APR results. In addition to determining root causes of noncompliance, the focused review process ensured that the agency understood and followed regulatory requirements.</li> <li>c) Updated Data: Data via FIT-KIDS is monitored monthly (required for all agencies performing at less than 100%). Once the local early intervention provider agency demonstrated 100% compliance for a specified period of time, the FIT Program reviewed (using documentation from family/child records demonstrating transition steps were added to the IFSP) a subset of that data to verify correction.                   <ul style="list-style-type: none"> <li>• Provider agencies must also explain the reasons for any instances of noncompliance in the subsequently collected data and indicate how they will prevent noncompliance in future similar circumstances.</li> </ul> </li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1. FIT Program notified Provider Agencies of findings.</li> <li>2. Providers were required to submit documentation of random completed transition conference to the FIT Program or participate in an onsite monitoring by the FIT Program.</li> <li>3. Updated Data: Data via FIT-KIDS is monitored monthly (required for all agencies performing at less than 100%). Where noncompliance was found in the subsequently collected data to correct noncompliance, provider agencies were required to provide documentation of random completed transition conference, unless the child was no longer in service</li> </ol>

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

1. Number of remaining FFY 2010 findings of noncompliance noted in OSEP's June 2010, FFY 2011 APR response table for this indicator	<b>0</b>
2. Number of remaining FFY 2010 findings the State has verified as corrected	<b>0</b>
3. Number of remaining FFY 2010 findings the State has NOT verified as corrected [(1) minus (2)]	<b>0</b>

***Correction of Any Remaining Findings of Noncompliance from FFY 2009 or Earlier (if applicable):***

NA. There are no remaining uncorrected FFY 2009 findings

***Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2013 (July 01, 2013 – June 30, 2014): [If applicable]***

In FFY 2012, the FIT Program did not reach 100% compliance. However, since this is the final year of the state performance plan, no improvement activities have been provided.

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

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

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

**Measurement:**

Percent of noncompliance corrected within one year of identification:

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

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

For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.

FFY	Measurable and Rigorous Target
FFY 2012 (July 01, 2012 – June 30, 2013)	100% of noncompliance will be corrected within one year of identification.

**Actual Target Data for FFY 2012 (July 01, 2012 – June 30, 2013):**

**100%** of findings were corrected within one year of identification (28 / 28 \* 100)

**Process used for Selecting EIS Programs for Monitoring:**

The New Mexico FIT Program General Supervision Manual outlines the multiple and interrelated ways that the FIT Program identifies and timely corrects non-compliance, and includes a sanctions matrix. This manual has been submitted previously to OSEP and can be found online at [www.fitprogram.org](http://www.fitprogram.org)

While monitoring activities are routinely done informally and/or through desk audits, the General Supervision Manual discusses in detail the two formal methods of onsite monitoring, focused review and Community Based Assessments.

### **Focused Review:**

Data are routinely collected in a variety of methods to ensure improved compliance. Data for the Local Provider Annual Performance Report (APR) require that each provider analyze their data, set annual targets and describe improvement activities (with timelines and resources). Every agency completes an APR which addresses Indicator 1, 2, 3, 4, 5, 6, 7, 8 and 14. As discussed in previous sections, data is collected through a combination of agency self audits, FIT-KIDS database, and surveys.

Providers are selected to receive a focused review based on the ranking of providers in the priority indicators (1, 7 and 8). The purpose of this review is to determine the cause of the non-compliance and develop a directed plan of correction. The review team reviews child/family records, agency policy and procedures and QA procedures. Interviews are conducted with staff, parents and community partners. Follow-up visits are conducted with the agency to ensure that corrective active is being taken and that compliance is reached.

### **Community Based Assessment (CBA)**

All FIT Provider agencies receive a Community Based assessment on a two year cycle to i) determine validity of data entered into the electronic FIT database; ii) verify the methodology used to audit child records for the local Annual Performance Report and validate the results reported; iii) audit billing and documentation in accordance with Service Definitions and Standards; and iv) conduct a review of child records to determine compliance with IDEA Part C related requirements

The FIT Program complies with and enforces a number of policies and standards, including state and federal regulations, FIT Program Service Standards which are updated annually, Medicaid rules and a number of MOUs with related state agencies. During a CBA, the provider agency is scrutinized to ensure compliance with all policies.

FIT-KIDS ensures that billing only occurs for qualified children and that services are included on the IFSP along with other requirements that are programmed into the application. Audits of providers are conducted as part of the CBA and may be conducted by the Department of Health – Office of Internal Audits or Medicaid based on a complaint or referral for a more detailed audit.

- **Improvement, Corrections, Incentives and Sanctions** – The FIT Program developed an online data and billing system known as FIT-KIDS (Key Information Data System). The FIT Program runs regular reports for most APR indicators along with other data reports in order to determine compliance and for other management and planning purposes.
- **Effective Dispute Resolution** – The FIT Program informs families of their options for dispute resolution and has a system in place to provide for complaint investigations, mediations and due process hearings.

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- **Targeted Technical Assistance and Professional Development**– The FIT Program contracts with the University of New Mexico – Center for Development and Disability’s Early Childhood Learning Network to provide training and technical assistance to community providers statewide. Training and TA is directed based on agency performance in the APR and / or based on the results of monitoring visits.

While findings can be made at any monitoring visit, generally they result from the results of the local APR and the CBA.

See the following table for details of FFY 2011 findings and their correction status.

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

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Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2011 (7/1/11 to 6/30/12)	(a) # of Findings of noncompliance identified in FFY 2011 (7/1/11 to 6/30/12)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
5. Percent of infants and toddlers birth to 1 with IFSPs	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	n/a
6. Percent of infants and toddlers birth to 3 with IFSPs	Dispute Resolution: Complaints, Hearings	0	0	n/a
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.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	n/a
	Dispute Resolution: Complaints, Hearings	0	0	n/a
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;	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	5	5	5
	Dispute Resolution: Complaints, Hearings	0	0	n/a
8. Percent of all children exiting Part C who received timely transition planning to support the child's transition	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	5	5	5

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Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2011 (7/1/11 to 6/30/12)	(a) # of Findings of noncompliance identified in FFY 2011 (7/1/11 to 6/30/12)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
<p>to preschool and other appropriate community services by their third birthday including:</p> <p>b. Notification to LEA, if child potentially eligible for Part B</p>	Dispute Resolution: Complaints, Hearings	0	0	n/a
<p>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:</p> <p>C. Transition conference, if child potentially eligible for Part B.</p>	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	4	4	4
	Dispute Resolution: Complaints, Hearings	0	0	n/a
<b>OTHER AREAS OF NONCOMPLIANCE:</b>				
<ul style="list-style-type: none"> <li>Agency did not appropriately provide prior written notice and sharing of rights and safeguards for applicable activity.</li> </ul>	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	5	5	5
<ul style="list-style-type: none"> <li>Agency failed to periodically review the IFSP within required timeframe.</li> </ul>	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	5	5	5

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Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2011 (7/1/11 to 6/30/12)	(a) # of Findings of noncompliance identified in FFY 2011 (7/1/11 to 6/30/12)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
<ul style="list-style-type: none"> <li>Delivery of services was not consistent with the freq &amp; intensity listed on the IFSP</li> </ul>	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	9	9	9
<b>Sum the numbers down Column a and Column b</b>			28	28
Percent of noncompliance corrected within one year of identification = (column (b) sum divided by column (a) sum) times 100				<b>100%</b>

**Discussion of Improvement Activities and Explanation of Progress or Slippage if State did not meet its target that occurred for FFY 2012 (July 01, 2012 – June 30, 2013):**

The New Mexico FIT Program met its target on this indicator and no further explanation of progress is required

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

1. Number of findings of noncompliance the State made during FFY 2011 (the period from July 1, 2011, through June 30, 2012) (Sum of Column a on the Indicator C 9 Worksheet)	<b>28</b>
2. Number of findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS programs of the finding) (Sum of Column b on the Indicator C 9 Worksheet)	<b>28</b>
3. Number of findings <u>not</u> verified as corrected within one year [(1) minus (2)]	<b>0</b>

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

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



6. Number of FFY 2011 findings <u>not</u> yet verified as corrected [(4) minus (5)]	<b>0</b>
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***Actions Taken if Noncompliance Not Corrected***

All findings of noncompliance were corrected within one year of the date of the finding.

***Verification of Correction of FFY 2011 findings (either timely or subsequent)***

The FIT Program has a two pronged verification process to ensure that each local early intervention provider agency with a previous finding of noncompliance applied to any indicator or other regulation: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of subsequently collected data; and (2) corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program, consistent with **OSEP Memo 09-02**.

1. When noncompliance has been found in any indicator, related requirement, or other regulation, agencies are required to report regularly to the FIT Program the results of self audits or FIT-KIDS data reports based on subsequently collected data. Agencies must also submit narrative reports accounting for each specific instance of noncompliance and provide steps to ensure that the reasons for noncompliance are being addressed in order to prevent future recurrences. By conducting ongoing monitoring based on subsequently collected data, the FIT Program has verified that each EIS program with noncompliance under this indicator is correctly implementing the specific regulatory requirements.
  
2. For the individual instances of noncompliance found in FFY 2011 in any indicator, related requirement, or other regulation, the FIT Program verified that the local early intervention agency corrected noncompliance, unless the child is no longer within the jurisdiction of the FIT Program. Corrected activities are verified by onsite monitoring, FIT-KIDS data review, and/or agency submission of documentation of required activities for randomly selected children. Through these processes, each child who was still in the jurisdiction of the EIS program did receive the required activity, even if not conducted timely.

***Specific actions taken to verify the correction of findings of noncompliance identified in FFY 2011:***

<b>Prong 1: Regulatory Requirements</b>	<b>Prong 2: Child Specific Correction</b>
<ol style="list-style-type: none"> <li>1. FIT Program notified Provider Agencies of findings.</li> <li>2. Each agency with noncompliance was provided a list of requirements to demonstrate correction of noncompliance, which included the following:                             <ol style="list-style-type: none"> <li>a) Self Analysis and Plans of Correction: Provider agencies analyzed any instances of noncompliance and demonstrated how they would</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1. FIT Program notified Provider Agencies of findings.</li> <li>2. Providers were required to submit documentation of required activity or participate in an onsite monitoring by the FIT Program.</li> </ol>

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<p>assure that the circumstances of noncompliance are corrected so that they are complying with specific regulatory requirements.</p> <p>b) Specific agencies were selected for focused review based on APR results. In addition to determining root causes of noncompliance, the focused review process ensured that the agency understood and followed regulatory requirements.</p> <p>c) Updated Data: Agency self audits or review of FIT KIDS data were regularly reported to the FIT Program (required for all agencies performing at less than 100%). Once the local early intervention provider agency reported 100% compliance for a specified period of time, the FIT Program reviewed (using documentation from family/child records, FIT KIDS data, and/or onsite monitoring) a subset of that data to verify correction.</p> <ul style="list-style-type: none"> <li>• Provider agencies must also explain the reasons for any instances of noncompliance in the subsequently collected data and indicate how they will prevent noncompliance in future similar circumstances.</li> </ul>	<p>3. Updated Data: Agency self audits or review of FIT KIDS data were regularly reported to the FIT Program (required for all agencies performing at less than 100%). Where noncompliance was found in the subsequently collected data to correct noncompliance, provider agencies were required to provide documentation of the required activity, unless the child was no longer in service</p>
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**Correction of Remaining FFY 2010 Findings of Noncompliance (if applicable):**

<p>1. Number of remaining FFY 2010 findings noted in OSEP's June 2012 FFY 2011 APR response table for this indicator</p>	<p>0</p>
<p>2. Number of remaining FFY 2010 findings the State has verified as corrected</p>	<p>0</p>
<p>3. Number of remaining FFY 2010 findings the State has NOT verified as corrected [(1) minus (2)]</p>	<p>0</p>

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2013 (July 01, 2013 – June 30, 2014): [If applicable]**

The FIT Program met its target for Indicator 9 and was not required to discuss improvement activities.

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

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

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

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

FFY	Measurable and Rigorous Target
FFY 2012 (July 01, 2012 – June 30, 2013)	n/a

***Actual Target Data for FFY 2012 (July 01, 2012 – June 30, 2013):***

Not Applicable – Part B due process procedures are NOT adopted

***Discussion of Improvement Activities and Explanation of Progress or Slippage if State did not meet its target that occurred for FFY 2012 (July 01, 2012 – June 30, 2013):***

n/a

***Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2013 (July 01, 2013 – June 30, 2014): [If applicable]***

There are no revisions made to the New Mexico Part C State Performance Plan.

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

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

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

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

FFY	Measurable and Rigorous Target
FFY 2012 (July 01, 2012 – June 30, 2013)	80%

**Actual Target Data for FFY 2012 (July 01, 2012 – June 30, 2013):**

There were no mediations held.

**Discussion of Improvement Activities and Explanation of Progress or Slippage if State did not meet its target that occurred for FFY 2012 (July 01, 2012 – June 30, 2013):**

See indicator 10. (above)

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2013 (July 01, 2013 – June 30, 2014): [If applicable]**

There are no revisions made to the New Mexico Part C State Performance Plan.