

## Data Notes for IDEA, Part C

These data notes contain information on the ways in which states collected and reported data differently from the OSEP data formats and instructions. In addition, the notes provide explanations of significant changes in the data from the previous year. The data covered in these data notes are:

- **2003 Child Count**
- **2002 Settings**
- **2002-03 Exiting**
- **2002 Services**
- **2002 Personnel**

### **Table AH1: 2003 Counts of Infants and Toddlers Served**

**Alaska**—In order to provide continuity of services to children while the LEA initiates an IEP, Alaska state regulations provide for serving children with Part C funds for up to 6 months past their third birthday (7AAC23.080(d)). On December 1, 2003, there were 17 children over age 3 enrolled in the Part C program who were awaiting enrollment in Part B services. These children were not included in the child count.

Alaska estimated race/ethnicity for 23 children. The state permits families to self-identify as unknown or other race/ethnicity. As a result, in the state's database, 20 children were coded as other, and 3 were coded as unknown race/ethnicity. The state cannot determine whether those coded as other actually had more than one race/ethnicity.

**California**—California estimates the number of at-risk children it serves. Although the state serves at-risk infants and toddlers, its database cannot always distinguish the at-risk children from other Early Start participants. Some participants enter the program classified as at-risk (e.g., referral soon after birth) and later manifest developmental delays. Other participants enter Early Start with developmental delays, and risk factors are later identified. This updated information may not be present in the database for several months (up to a year) after the delay was identified. In order to report the number of at-risk children served, in 2002 the state conducted a cohort analysis to determine the percentage of children it serves who are best described as "solely at-risk." The state followed-up on a 1998 cohort of regional center Early Start participants to determine how many entered school-aged services because of a diagnosed developmental disability. The remaining children were deduced to be at-risk. From this study, the state determined that 8% of Early Start participants are best described as "solely at-risk." California now applies this percentage to its Early Start child count and reports the result as the number of at-risk children served.

The number of live births in California was lower in 2001 and 2002 than it was in 2000. Data on live births are not yet available for 2003. However, if the decline in live births continued, it is possible that the 1.9% decline in the number of children served by California's Part C program is

the result of a decline in the population base from which these children are identified. That is, the state may still be serving the same percentage of children ages birth through 2 even though the number of children served declined slightly.

**Connecticut**—Due to fiscal exigency, in 2003 Connecticut modified its eligibility criteria for its Birth to Three program. The list of eligible diagnosed conditions was reduced (specifically, torticollis was removed from the list) and the very low birth weight eligibility criteria was redefined. This change resulted in a reduction of the state’s Part C eligibility rate from 73% to 65%. In addition, in September of 2003, Connecticut introduced parent fees. This resulted in a high number of families withdrawing from the Birth to Three program. Together, these two changes resulted in a lower total child count for 2003. The lower child count for children under the age of 12 months is a direct result of changes to the eligibility criteria.

**Florida**—The state attributed the decline in the reported number of children served from 2002 to 2003 to a change in its reporting methodology. The decline is not due to any changes in its enrollment or eligibility requirements. Starting in 2003, Florida only reported those children who were under the age of 3 and had an IFSP in place on December 1.

**Georgia**—Georgia estimated race/ethnicity for 227 children who had an unknown race/ethnicity or multiple race/ethnicities.

**Hawaii**—Changes in contracting agencies for Hawaii’s Health Start Program resulted in a decrease in the number of at-risk children identified as of 12/1/2003. The Oahu agency that previously handled the early identification (EID) process was not re-funded. The newly funded agency required extensive training on how to identify at-risk families immediately following the birth of their children. During this period of training, fewer at-risk children were identified and served. During the change in agencies, the community was confused about where to forward referrals for service. This may have resulted in fewer referrals. Hawaii believes these problems have been resolved. More recent data show that the drop in the count reversed itself, and numbers are increasing.

In addition to the difficulties associated with changed EID agencies, the decrease in the number of at-risk children reported is also the result of coding errors. The Public Health Nursing Branch of the Department of Health provides service coordination to the at-risk population. They mistakenly coded some infants as environmentally at-risk when they should have been coded as biologically at-risk. When the problem was corrected for 2003, fewer infants were identified as environmentally at-risk.

**Iowa**—Over the last 4 years, Iowa became better able to identify children who are eligible for Part C services. As a result, the number of children receiving services increased.

**Louisiana**—Louisiana estimated race/ethnicity for 41 children who had an unknown race/ethnicity or multiple races/ethnicities.

The state attributes the 41% increase in the reported number of children served to a change in lead agencies. On July 1, 2003, Louisiana’s lead agency changed from the Department of

Education (DOE) to the Department of Health and Hospital (DHH). DHH implemented a comprehensive and centralized data collection system, resulting in a more efficient child count data collection. DHH also implemented a public awareness campaign that increased child find activities and resulted in an increase in the number of children eligible for services.

**Maryland**—The state attributes the increase in the number of Asian and Hispanic children served to changing state demographics, an increase in the total number of children and families served throughout the state, and sustained efforts to reach underserved populations. Increasing the number of Asian/Pacific Islander and Hispanic children served by the state’s Part C system was a performance indicator in the State Improvement Plan and State Improvement Grant. Under the improvement plan, local programs must ensure that they are reaching and serving typically underrepresented populations and must compile data to indicate their progress on this goal.

**Michigan**—Michigan’s child count increased at a rate similar to prior years. However, because this increase occurred during a time when the number of births in the state decreased slightly, the state expects that the state’s percentage of population served will now be greater than 2%.

**Missouri**—Since implementation of Missouri’s redesigned Part C program in March 2003, First Steps, the number of IFSPs in Missouri has steadily increased. This increase is notable among children between the ages of 1 and 2 years. The state is not sure if the increase is a result of the redesigned system. It could also be the result of the state’s doing a better job finding and reporting children or to errors in eligibility determination (the state’s determining children are eligible for services when they are not actually eligible).

**Montana**—In attempting to explain the increase in the number of American Indian/Alaska Native children reported in its child count, the state noted that most of the increase comes from the eastern part of the state. That part of the state has also experienced an increase in the number of referrals, and many of those referrals are for low birth weight or drug exposure. The state believes that there may be a connection between these trends. The state also noted that referrals are being delivered to Part C more consistently from child and family services, foster care services, tribal clinics, social works, and other programs. It believes that outreach efforts are improving, and more people are aware of what services are available and why it is vitally important to provide early intervention services. As a result, parents are better educated about what services are available to them, and how these services can benefit their child. And lastly, the state believes that because the services provided by Part C are perceived as positive and helpful, doctors, social workers, and parents are likely to use word of mouth to let other parents know these services are available and are assets.

**Nevada**—In 2001, due to a staff shortage, Nevada was unable to serve all of the children with disabilities that it identified and had to stop serving at-risk children. As a result, its child count has declined. Last year, Nevada state legislators approved additional funds to Early Intervention. In July 2003, Early Intervention programs began the process of hiring new staff. Early Intervention programs report that it takes up to 6 months for service coordinators to be fully trained and in turn carry a full caseload of children. The state expects that, in the future, its child count will increase as a result of this added caseload capacity.

**New Mexico**—New Mexico attributes an increase in its child count to improved management of duplicate records. Duplicate child records occur in the state’s database because multiple providers serve the same child/family, and each provider enters data for the children they serve. Starting in 2003, all potential duplicates were individually reviewed to determine whether they were probably duplicates. Only those deemed probable duplicates were removed from the count. As a result, fewer potential duplicates were removed from the child count. In past child counts, New Mexico removed all potential duplicates from the count.

The state run service coordination agency, Children’s Medical Services (CMS), is now using the Family, Infants and Toddlers (FIT) database system to report children it serves. Most of these children are already in the FIT database, and the duplicated records have been removed from the child count, as described above. However, some of the children reported by CMS receive service coordination from CMS, but receive their EI services from outside agencies that do not report to the FIT database system. Prior to this year, these children were not included in the child count. This is the first time they are included in the child count.

**New York**—New York’s Part C program serves children past their third birthday. On December 1, 2003, there were 3,863 children over age 3 enrolled in the NY Early Intervention Program. These children were not included in the child count. The apparent decline in New York’s child count is because in the past, New York included 3-year-olds in its count. It stopped this practice in 2003 in response to instructions from OSEP.

New York estimated race/ethnicity for 10,544 children (32% of the child count) who had an unknown race/ethnicity or multiple race/ethnicities.

**Ohio**—Ohio attributes the increase in the number of Asian/Pacific Islander, Black, and Hispanic children receiving services to a variety of factors. First, the state increased its child find activities. This resulted in data sharing with the local providers. Second, during the first year of the Early Track data system, children were incorrectly assigned eligibility statuses. Once the problem was identified, technical assistance and training were provided to local staff who are now more familiar with the system.

**Rhode Island**—Rhode Island’s Part C program serves children past their third birthday. On December 1, 2003, there were 14 children over age 3 enrolled in the Part C program. These children are not included in the child count. The apparent decline in Rhode Island’s child count is because, in past years, Rhode Island included 3-year olds in their count. It stopped this practice in response to instructions from OSEP.

Rhode Island estimated race/ethnicity for 142 children who had an unknown race/ethnicity or multiple races/ethnicities.

**Tennessee**—The state explained the 22% decrease in its child count as the result of training and revisions to data cleaning procedures. In 2003, Tennessee held training sessions with early intervention providers prior to the December 1 child count. These sessions stressed the importance of verifying that the child has an active IFSP on the December 1<sup>st</sup> count date. As a result, the state realized that it included in its count some children who were transported to an

evaluation for eligibility, but did not have an IFSP. These children are no longer included in the child count.

**Utah**—Utah attributes the increase in the number of Black and Hispanic children in its child count to the increasing diversity in the state’s population.

**Washington**—Because Washington did not estimate race/ethnicity for 274 children who were coded in the state data system as other race/ethnicity, the number of children reported by race/ethnicity is smaller than the number of children reported by age. Of these 274 children, 49 were multiracial, with 12 in the birth to 1 age category, 14 in the 1 to 2 age category, and 23 in the 2 to 3 age category. The remaining 225 children had an other race/ethnicity, with 16 children in the birth to 1 age category, 75 children in the 1 to 2 age category, and 134 children in the 2 to 3 age category.

### **Table AH3: 2002 Early Intervention Service Settings**

**Alabama**—Alabama reported 15 infants and toddlers in the other settings category. The state does not collect data on the types of settings that are reported in the other settings category.

**Alaska**—Alaska reported five infants and toddlers in the other settings category, but did not specify what types of settings are counted as other.

**Arizona**—The children reported in the other settings category include children and families receiving early intervention services primarily in parks, libraries, and community centers.

**Arkansas**—The children reported in the other settings category include children and families receiving early intervention services primarily in locations with a babysitter or grandparents and the library or church.

**California**—California developed less-institutional options (than acute care hospitals) for children with intense medical needs. This resulted in some changes in the California data. The children reported in the settings category programs designed for children with developmental delays and disabilities include children served in pediatric subacute care facilities and in ICF/DD-Nursing facilities. The programs are individually designed for these children. The children reported in the hospital category are primarily infants and toddlers in neonatal intensive care units. The children reported in the residential facilities setting are primarily children served at specially licensed community care facilities for those with special health care needs. Because this is the first year that complete residential data are available, the number of children reported in this category is not comparable with last year’s data. That is, the increase in the use of this category is artificial. States vary considerably in the degree to which they license health facilities. Some states do not license acute hospitals, NICU, SNF or ICF. Other states like California have many specialized licensing categories. Licensing rules in California require residential facilities to provide all active treatment; thus they are responsible for IFSP components. These facilities must provide all services available to the child and family and cannot be replaced by another service provider.

The increase in the number of children served in the home is attributable to a variety of factors. First, in an effort to serve children in natural environments, the state shifted from serving children in a service provider location to serving them in the home. Second, there was a 10% increase in the number of children served by California's Part C programs. Most of these children are primarily served in the home.

**Colorado**—In Colorado, 217 children with IFSPs had no services listed on their IFSP. Because, without services, the state could not determine primary setting, these children were excluded from the state's settings count. The state identified five scenarios for why children do not have services listed on their IFSPs. First, there was no paid service, other than service coordination, on the IFSP. Second, some families do receive services, but they are not paid for using IDEA funds. Third, some children previously received services, but no longer need them. A service coordinator still follows up on these children because their families do not want them to exit Part C before age 3. Fourth, some children went through the evaluation process, established eligibility, may have received services, but are currently only receiving service coordination. Fifth, the state has data it thinks may be incorrect and will have to be recoded. It is examining these data now, and if this is the case, the state will send a revision when the data are corrected.

The number of children with no services on the IFSP declined this year. Last year, 475 children had no services listed and were, therefore, excluded from the settings count.

**Connecticut**—The children reported in the other settings category include children and families receiving early intervention services primarily in the offices of child protective services.

**Delaware**—The children reported in the other settings category include children and families receiving early intervention services primarily in a childcare facility for medically fragile children.

**District of Columbia**—The District of Columbia attributes the increase in the number of children reported in the programs designed for developmental delay category and the decrease in the number of children reported in the programs designed for typically developing children category to a better understanding of the reporting requirements. The District reported that this understanding was a direct result of clarifications provided at OSEP's 2003 data managers' meeting. At the data meeting, OSEP made clear that to count as a program for typically developing children, the majority of children enrolled in the program must be children who do not have a disability. Previously, the District used a broader definition. It reported children in the program designed for typically developing children category if the child was in a childcare subsidy program that enrolled at least some children who were typically developing. Beginning in 2002, the District only reported children in the programs for typically developing children category if the majority of the children in the program are typically developing.

**Florida**—Florida reported 916 infants and toddlers in the other settings category, but did not specify what type of settings are counted as other.

**Georgia**—Georgia estimated race/ethnicity for 156 children who had an unknown race/ethnicity or multiple race/ethnicities.

**Hawaii**—The number of children reported by setting increased in 2002 because the number of children eligible for Part C services increased that year. Because Asian/Pacific Islander is the majority race/ethnicity group, the increase in the number of Asian/Pacific Islander children reported by setting is also due to the increase in the child count.

Children reported in the other settings category include children and families receiving early intervention services primarily at parks, beaches, preschool, and a grandparent's house.

**Idaho**—The children reported in the other settings category include children and families receiving early intervention services primarily in a parent's workplace, drug rehabilitation center, or an informal parent-sponsored community play group for children with disabilities, such as in a neighbor's garage.

**Illinois**—Illinois used payment data, not the IFSP, to determine primary setting.

Illinois reported children served in community centers, YMCAs, park districts, fast food restaurants, and other community settings in programs designed for typically developing children. This is inconsistent with OSEP's reporting instructions.

Illinois' EI program does not authorize the receipt of services in a hospital (in-patient) or residential facility. Therefore, no children are reported in these settings. Due to a data error, children were counted in these categories last year.

The children reported in the other settings category include children who only received transportation services.

**Indiana**—The children reported in the other settings category include children and families receiving early intervention services primarily in churches, community centers, and restaurants.

Indiana attributes the decrease in the number of children reported in the other settings category to coding errors.

**Iowa**—The children reported in the other settings category include children and families receiving early intervention services primarily in a neighborhood school and daycare provider's home.

**Kansas**—The children reported in the other settings category include children and families receiving early intervention services primarily in daycare settings.

**Kentucky**—Kentucky's data collection system includes only two types of service settings categories: Home/Community-based and Office/Center-based. Of those children reported in the Office/Center-based category, some actually received services in settings designed for children with developmental delays, and others received services in settings for typically developing children. The state explained the decrease in the number of children reported in the program designed for children with developmental delays or disabilities settings category and the increase

in the number of children reported in the service provider location category to a change in how it reports children classified in the state system as receiving services in the Office/Center-based category. Last year, these children were reported in the OSEP category programs designed for children with developmental delays or disabilities. This year, they are reported in the service provider location category.

**Louisiana**—Louisiana reported 52 infants and toddlers in the other settings category, but did not specify what type of settings are counted as other.

**Maine**—Maine reported 60 infants and toddlers in the other settings category, but did not specify what type of settings are counted as other.

**Maryland**—Maryland estimated race/ethnicity for 306 children who had an unknown race/ethnicity or multiple races/ethnicities. Of these children, 36 were reported in the category programs designed for children with developmental delays; 17 were reported in the category programs for typically developing children; 249 were reported in the home category; and 4 were reported in the service provider location category.

**Massachusetts**—The children reported in the other settings category include children and families receiving early intervention services primarily in parent groups.

**Michigan**—The children reported in the other settings category include children and families receiving early intervention services primarily in restaurants and similar locations chosen by the parents.

**Minnesota**—Minnesota reported seven infants and toddlers in the other settings category, but did not specify what type of settings are counted as other.

**Mississippi**—Mississippi reported 83 infants and toddlers in the other settings category, but did not specify what type of settings are counted as other.

Until 2002, the state did not report children in the programs designed for children with developmental delay or disabilities category. However, children were actually served in this category, but service coordinators were uncertain of what this category was, and therefore did not count the children in it. The state's implementation of its computerized data system in 2001 was followed by trainings to clarify the definitions of the category. As a result, the state is now counting children in this category.

**Missouri**—Missouri reported 254 children in the other settings category. These are children for whom the state could not determine primary setting. Of these 254 children, 151 did not have primary setting information because the information was lost when the state converted to a new system or the information about services received was unavailable. The remaining 103 children only received services such as service coordination or transportation. Because Missouri bases primary setting on services received, and not on all early intervention services on the IFSP, there was no setting information for these services. The state suspects that many of the children with an unknown primary service setting actually received services primarily in the home, but it

cannot confirm this. As of September 2003, the primary setting field in the data system is now a required element, and the state expects fewer unknown settings reported in future data reports.

**Montana**—The child reported in the other settings category includes the child and his/her family receiving early intervention services primarily in a hospital.

**Nevada**—In 2002, the number of children reported in the service provider location category decreased by 92.78%. Nevada attributes the decrease in the number of children reported in the service provider location category to better data reporting. In 2002, state Part C staff provided technical assistance to local providers on how to correctly code this data field. The state believes that, prior to the technical assistance, providers used the service provider category incorrectly.

**New Hampshire**—New Hampshire reported two infants and toddlers in the other settings category, but did not specify what types of settings are counted as other.

**New Jersey**—The children reported in the other settings category include children and families receiving early intervention services primarily in a parent's workplace.

**New Mexico**—The children reported in the other settings category include children and families receiving early intervention services primarily in various locations in the community.

**New York**—The increase in New York's settings data for 2002 is the result of an increase in the child count for that year. The child count increased as a result of the September 11<sup>th</sup> attack on the World Trade Center. The attack improved data entry, shortened duration to IFSP, and an increased rate of referral.

New York's 2002 settings data include 4,013 children over age 3 who were enrolled in the Early Intervention Program.

New York estimated race/ethnicity for 11,697 children (32% of its child count) who had an unknown race/ethnicity or multiple races/ethnicities.

New York reported 1,057 infants and toddlers in the other settings category, but did not specify what types of settings are counted as other.

**North Carolina**—North Carolina does not know what settings are included in the other settings category. The state also reported that children enrolled in Head Start are reported in the settings category programs designed for typically developing children.

**Ohio**—In 2002, Ohio reported more children in all but three settings categories than were reported in 2001. The increase in the other settings category is because 1,297 children reported in the 2001 child count were not reported by setting. In 2002, all children reported in the child count are also reported by setting. Under the current data collection system, setting is now a required data element.

The children reported in the other settings category include children and families receiving early intervention services primarily in childcare centers, child protective services, and temporary shelters. In Ohio, children who receive any non-early intervention services are reported in the other setting. For example, children or families who received clothing, drug/alcohol counseling, education and employment assistance, financial, housing and legal assistance, rehabilitation services or recreational/social services were reported in the other settings category. These infants and toddlers also received early intervention services.

**Oklahoma**—The children reported in the other settings category include children and families receiving early intervention services primarily in community centers (6), parent's work (2), daycare/preschool, (52), Head Start (22), churches/synagogues (7) and other unspecified settings (24).

Oklahoma attributes the increase in the number of American Indian/Alaska Native, Asian/Pacific Islander, and Hispanic children and families reported by settings to an increase in these groups in their child count. The number of children receiving early intervention services who are from these racial/ethnic groups is the result of a statewide public awareness/child find effort that focused on reaching these populations. This outreach included the development of culturally and linguistically appropriate public awareness materials to these three racial/ethnic communities.

Oklahoma reported three fewer children by primary setting than were reported in the 2002 child count. The data entry errors may be because the state's database only collects primary setting. This restriction conflicts with the providers' efforts to provide services in the environment appropriate to each goal/outcome. Providers want to report all service settings, which can result in duplicate environments reported.

**Oregon**—Oregon reported two infants and toddlers in the other settings category. The state does not collect data on what types of settings are reported in the other settings category.

**Pennsylvania**—Pennsylvania attributes the decreases in the reported number of children in the programs for typically developing children category and in the other settings category to improved opportunities for children and families to receive supports and services in natural environments. In addition, many families request to receive supports and services in their home.

The current data system includes a limited number of community settings where children and families receive early intervention services. Children and families served in these community settings are reported to OSEP in the home category. These community settings include the home of a relative, the neighborhood playground, and other community settings.

The state explained the increase in the number of Asian/Pacific Islander children reported to an increase in child find activities.

Pennsylvania reported seven infants and toddlers in the other settings category, but did not specify what types of settings are counted as other.

**Rhode Island**—The children reported by setting include some children over 3 years of age (2.2% of the count). These children were reported in the age category for children ages 2-3 years.

Rhode Island estimated race/ethnicity for 134 infants/toddlers (10.6% of the total) who had an unknown race ethnicity or multiple race/ethnicities.

In Rhode Island, the IFSP form does not currently include a place to describe other settings locations. However, the services rendered form (SRF) does include a place to describe other settings locations. The SRF is completed by service providers at the time the services are delivered. Unfortunately, the settings codes used on the IFSP and the codes used on the SRF are not parallel. In future, the other location category will not be available. The other category was used less in 2002 than in the past. The state believes this decline is because settings categories were more clearly defined for service providers.

Based on the SRF, children reported in the other settings category include children and families receiving early intervention services primarily in a court, daycare, library, pool, school department, professional office building, or similar environment.

**South Dakota**—The children reported in the other settings category include children and families receiving early intervention services primarily in a park or at the YMCA.

South Dakota attributes the increase in the number of American Indian/Alaskan Native children in its settings count to improved child find efforts. Child find efforts increased as a result of Federal monitoring.

**Tennessee**—Tennessee attributes the increase in the number of Black children in its settings count to improved data collection. It attributes the decrease in the number of children reported in the other settings category to a more accurate use of all settings categories. It attributes the increase in the number of children reported in the home setting category to an increase in the number of personnel providing services in the home.

The children reported in the other settings category include children and families receiving early intervention services primarily in a room donated by a hospital to limit traveling distance for the child. The children reported in the other settings category also include children who only received transportation services. In addition, there were five children incorrectly reported in this category—one child should have been reported as center-based, one child should have been reported in a program for typically developing children, two children should have been reported in the home, and one child should have been reported in a service provider location.

**Texas**—The children reported in the other settings category include children and families receiving early intervention services primarily in equestrian centers, gymnasiums, churches, libraries, public schools, and public parks.

**Vermont**—The children reported in the other settings category include children and families receiving early intervention services primarily in playgroups, a program called Gymboree, and at the YMCA.

**Virginia**—Virginia attributes an increase in the number of children reported in the home setting to system changes in the state. These system changes are the result of efforts that include presentations by and consultations with national experts, statewide trainings, regional and local trainings, development and dissemination of technical assistance documents, technical assistance, participation in the OSEP National Significance Grant, and commitment at the local level to do what is best for children and families.

Virginia reported 26 infants and toddlers in the other settings category, but did not specify what types of settings are counted as other.

**Washington**—Washington did not report race/ethnicity for 252 children. Of these children, 46 were being served in programs for developmental delay, 12 were being served in programs for typically developing children, 151 were being served in the home, and 43 were being served in a service provider location.

Washington reported two infants and toddlers in the other settings category, but did not specify what types of settings are counted as other.

**Wisconsin**—Wisconsin reported 12 children in the other settings category, but did not specify what types of settings are counted as other.

**Wyoming**—The children reported in the other settings category include children and families receiving early intervention services primarily in parks and in their grandparent's house.

#### **Table AH4: 2002-03 Early Intervention Program Exiting**

**California**—The total number of children reported in California's 2002-03 exit data is higher than in the past because the state is now reporting all Early Start exits, not just those served by Department of Developmental Services (DDS). That is, the data now also include exiting Early Start participants served by the California Department of Education (CDE). CDE serves infants and toddlers with visual, hearing, or severe orthopedic impairments, including any combination of these disabilities. Most children served by CDE are eligible for Part B and, therefore are reported in the Part B eligible category when they exit Part C. The inclusion of these CDE children in the exit report significantly increased the number reported in this category.

In addition, the state improved its criteria for matching files from DDS with CDE's files. This resulted in a significantly higher match rate than in the past. In addition to increasing the number of children reported in the Part B eligible category, it also resulted in fewer children reported in the category not eligible for Part B, exit to other programs category.

The state also increased its efforts to locate children reported in the exit category attempts to contact unsuccessful. As a result of these efforts, California was able to recode some of these children into either the category withdrawn by parent or the category moved out of state. This recoding reduced the number of children reported in the attempts to contact unsuccessful category and increased the number reported in the categories withdrawn by parent and moved

out of state. The increase in the number of children reported as withdrawn by parent or moved out of state also resulted in a decrease in the number of children completing the IFSP prior to reaching maximum age.

The number of children exiting whose Part B eligibility was not determined increased from last year, but this change is an artifact of the availability of new exit codes. These codes were available last year, but this is the first year of data that made full use of these codes.

**Colorado**—Colorado attributed the increase in the reported number of children exiting Part C to a change in the data it collects. Specifically, the state added a data collection field for the child's exit date. In previous years, the state used the child's age and exit status to identify which children exited. This year, data contractors and the lead agency provided training to local data managers on how to use the new exit data field. The training also emphasized the importance of updating the exit status field. They also provided local data managers with detailed definitions of each exit status.

**Georgia**—Georgia estimated race/ethnicity for 156 exiting children who had an unknown race/ethnicity or multiple races/ethnicities. Nineteen children did not have an exit reason.

**Illinois**—Illinois explained the decline in the reported number of exits as a result of a variety of factors. First, it introduced a new monthly reporting process that provided feedback to service coordination agencies and resulted in more accurate use of the exit codes. Second, there have been improvements in eligibility determination prior to program entry. These improvements reduced the number of children who entered and then quickly exited Part C as a result of completing their IFSP. Third, the state is aware that some children in the 2001 exit data were incorrectly counted in the Part B eligibility not determined category. The state clarified the appropriate use of this category, and this is not believed to be a problem in the current data.

The state attributed increases in the number of children reported in the Part B eligible category and the number of children reported as not Part B eligible, but referred to another program to the performance incentives awarded to local offices with the best transition planning. These incentives also resulted in a corresponding decrease in the eligibility not determined category and the eligibility not determined, exit with no referral category.

The state attributed the decrease in the number of exits due to withdrawal by parent and unsuccessful attempts to contact to the financial incentives awarded to the service coordination agencies that are most successful in limiting the number of families exiting Part C before completing the IFSP.

**Hawaii**—Hawaii attributes the 48% increase in the number of children reported as exiting Part C to an increase in the number of children served by Part C. In 2002, the state experienced a 26% increase in its child count. It attributes the increase in the attempts to contact unsuccessful category to the mobility of the at-risk families it serves. Due to their mobility, the state often lacks contact information. The state plans to hold training sessions to try and improve the collection of contact information.

**Indiana**—Indiana attributed the 21% increase in the number of children reported in the exit category completion of IFSP prior to reaching maximum age to an increased emphasis on the timely discharge of children who meet their IFSP goals and are no longer in need of services.

**Kentucky**—Kentucky reported that it continues to collect better exiting data. Specifically, the number of children reported in the Part B eligibility not determined category is more accurate. Kentucky is working on determining whether the children reported in this category are actually eligible for Part B, or whether they move on to other programs.

**Maryland**—Maryland estimated the race/ethnicity distribution for 257 children whose race/ethnicity was unknown. Of these children, 45 completed their IFSP prior to reaching the maximum age, 124 were Part B eligible, 4 were not Part B eligible and exited to other programs, 6 were not Part B eligible and exited with no referrals, 25 did not have their Part B eligibility determined, 1 is deceased, 15 moved out of state, 34 were withdrawn by a parent, and 3 could not be contacted successfully.

In an effort to ensure that children are referred to community-based programs when they transition from Part C, Maryland provided technical assistance to local infant and toddler programs to clarify the requirement that they identify referral programs for children at the time of transition. Maryland also uses the number of children exiting with no referral as part of local monitoring reports. The state believes the combination of technical assistance and monitoring of local programs accounts for the decrease in the numbers of children who exit without referrals.

**Massachusetts**—In the past, Massachusetts' exiting data were for a lagged reporting period. For example, the exiting data it reported for 2001-02 were actually for 2000-01. Massachusetts is now reporting its exit data in cycle. Its 2002-03 exit data are for July 2002-June 2003. As a consequence of this adjustment, Massachusetts never reported exiting data for July 2001 to June 2002.

The state changed the way it reports children whose records indicated they moved or enrolled in another early intervention program. The state attributes the increase in the number of children reported in the exit categories attempts to contact unsuccessful, completion of IFSP prior to reaching maximum age, Part B eligible, exit with no referrals, and Part B eligible categories to this change. In previous years, Massachusetts did not report as exits any child whose records indicated the child moved or enrolled in another early intervention program. Beginning with the 2002-03 data collection,

- If the state confirms that the child is enrolled in another EI program, then the child is not counted as exited.
- If the state cannot confirm that the child is enrolled in another EI program, and the child is under age 3 and had a referral at discharge, then the child is counted in the exit category completion of IFSP prior to reaching maximum age.
- If the state cannot confirm that the child is enrolled in another EI program, and the child is under age 3 and had no referral at discharge, then the state reports the child in the exit category attempts to contact unsuccessful.

- If the state cannot confirm that the child is enrolled in another EI program, and the child is age 3 and had a referral at discharge, then the child is counted in the exit category eligible for Part B.
- If the state cannot confirm that the child is enrolled in another EI program, and the child is age 3 and had no referral at discharge, then the child is counted in the exit category not eligible for Part B, exit with no referral category.

Massachusetts does not use the moved out of state exit category. According to the state, its data system cannot distinguish between moves within the state and moves out of state. As indicated above, children under the age of 3 who move, do not enroll in another EI program within the state, and did not receive a referral at exit are reported in the attempts to contact unsuccessful category. The state plans to begin collecting exit data to distinguish between in-state and out-of-state moves beginning in fiscal year 2005.

**Mississippi**—The state reported children in its 2001 exiting data who actually exited in either 1999 or 2000. It is investigating whether children were also incorrectly counted in its 1998-99 exiting data.

**Missouri**—Due to data collection challenges, the state cannot explain the increase in the number of children reported in the Part B eligible and Part B eligibility not determined exit categories and the decrease in the number of children reported in the not eligible for Part B, exit to other programs category. It is possible these changes are related to the redesign of Missouri's First Steps program, including the fact that at the end of Missouri's 12-month reporting period, the state was in the middle of implementing its new system.

**Nebraska**—Nebraska's data collection system does not include the following three exiting categories: not eligible for Part B, exit with no referrals; moved out of state; and attempts to contact unsuccessful. All children exiting Part C are reported in one of the other categories.

**New Hampshire**—New Hampshire's data collection does not include an exit category for reporting children who exit Part C, are not eligible for Part B and received no referral. The state plans to add this category to its new data system, currently under development.

**New Jersey**—In all but one exit category, New Jersey's 2002-03 exit data show significant increases from its 2001-02 data published last year. The state submitted regional data as statewide data for 2001-02. The state has since corrected its 2001-02 data.

**New York**—New York estimated race/ethnicity for an unknown number of children.

**North Carolina**—North Carolina reported that children who did not meet eligibility criteria for the Infants and Toddlers Program are counted in the exit category completion of IFSP prior to reaching maximum age. Children who transferred to another county were not included in the exit data.

The state also reported how it crosswalks its state-specific exit categories into the OSEP exit categories. North Carolina crosswalked:

- Entered into preschool special education program, eligible for preschool program, and family refused services into the OSEP exit category Part B eligible.
- Not eligible for the preschool program into the OSEP exit category eligible for Part B, exit to other programs.
- Other into the OSEP exit category Part B eligibility not determined.
- Moved, address unknown and moved out of state into the OSEP exit category moved out of state.
- Parent refused enrollment and parent discontinued participation into the OSEP exit category withdrawal by parent.
- Lost to follow-up into the OSEP category attempts to contact unsuccessful.
- Aged out without a closure report into the OSEP category Part B eligibility not determined.

If a child moves to a county in a different EI service area, the child's record is closed out in the first county, and a new record is opened in the receiving county. The child is not reported in the OSEP exit data because the child did not exit the state's infant-toddler program.

The state's EI program is located in the Department of Health and Human Services, Division of Public Health. The state's Preschool Program is located in the Department of Public Instruction. In the future, these departments will work together to develop a data collection/tracking system that covers children from birth until they finish school. The state purchased a version of the data collection program developed for Michigan, known as Bright Idea. In North Carolina, the program is called Comprehensive Exceptional Child Accountability System, or CECAS. This new system will provide data for longitudinal studies.

**Ohio**—In the beginning of 2002, Ohio implemented a new version of its data collection system. The state detected some problems in how the new system collects and reports information about children leaving services. These data quality issues affect the accuracy of the exit data for both 2001 and 2002.

The state reported that it only reported as exiting those children who had an exit date between 12/1/01 and 11/30/02. Children with a blank exit date were not reported in the exit data. Unfortunately, some children who reached the age of 3 during the reporting period did not have an exit date. When the state reviewed its data, it identified 521 children who reached the age of 3, but did not have an exit date. These children were incorrectly excluded from Ohio's exit data. An additional 693 children, who were under 3 years of age on 12/1/02, had no new IFSP information for the 6 months prior to 12/1/02. It is possible that some of these children exited during the reporting period; however, no data were entered to indicate termination of services. These problems with the exit data may explain why the number of children reported as exiting Part C declined from 2001 to 2002.

The state is in the process of developing county-specific reports that will identify children who may have exited and are missing exit data. Through site reviews and increased training to county programs, the state hopes to rectify this reporting problem.

**Oklahoma**—Oklahoma attributes the increase in the number of children reported in the exit category completion of IFSP prior to reaching maximum age to the correction of data coding errors. In the past, many field representatives reported all families who exited Part C before the child's third birthday as withdrawal by parent. As a result, some children who completed their IFSP prior to maximum age were incorrectly reported as withdrawal by parent.

The state attributed the increase in the Part B eligibility not determined category to the instruction it provided to field staff. These instructions clarified that staff should report all children who do not have an IEP in place by the child's third birthday in the exit category Part B eligibility not determined. This problem was complicated by the fact that field staff were not always aware that the IEP meeting took place. Oklahoma plans to continue to train staff on proper documentation and guidelines.

**Oregon**—Only children who are known to have successfully transitioned to the Early Childhood Special Education program are reported in the Part B eligible category. For children to be reported in this category, they must have an eligibility determination and actually present themselves at the Early Childhood Special Education program. This definition of Part B eligible is more restrictive than OSEP's definition, and therefore may reduce the number of children reported in this category.

**Pennsylvania**—Pennsylvania reported that it does not know why it had an increase in the number of children reported in the exit categories Part B eligibility not determined and unsuccessful attempts to contact, or why it had a decrease in the number of children reported in the exit category completion of IFSP before reaching maximum age. During the next 12 months, as part of its annual monitoring of local programs, the state will focus on these data.

**Rhode Island**—Rhode Island estimated the race/ethnicity for 124 children (11.8%) who had an unknown or multiple races/ethnicities.

The state's exit codes do not match the OSEP exit categories. For example, because state law mandates that all children exiting the system without completing their IFSP goals must be referred, the state does not have separate exit codes for exit with referrals and exit with no referral. As outlined in the state's CIMP, the state is reviewing the transition process and held a training session in 2003. At the same time, new codes were added so that future transition data will be cleaner.

**Tennessee**—The state determined that many children reported in the attempts to contact unsuccessful category did not have an IFSP and, therefore, should not have been included in the state's exit data. The state believes this may also be true for other exit categories, for example the withdrawal by parent category, and is now working with district offices and providers to correct this problem.

As a result of a monitoring visit from OSEP, Tennessee changed how it reports the exiting data. In the past, the state based its exit data directly on information reported by service providers. In these data, some children were counted more than once. Beginning with the 2002-03 data, the state now attempts to remove duplicate exits for the same child. As a result of the state's efforts to remove duplicates, the reported number of children exiting Part C declined in 2002-03.

**Utah**—The state changed some of its eligibility requirements and strengthened its exit policy. As a result, in 2002-03 there were more children reported in the exit category completion of IFSP prior to reaching maximum age. In the past, children may have been kept on an IFSP longer. The state also implemented a standardized eligibility determination form. Local compliance with the use of this standardized form may also have resulted in more children exiting because they reached developmental guidelines.

In 2002-03, fees were implemented for the first time. The state believes this may have caused some families to withdraw in anticipation of the fee and is at least partly to blame for the increase in the number of children reported in the exit category withdrawn by a parent.

**Washington**—Washington did not report race/ethnicity for 184 children. Of these children, 27 exited in the completion of IFSP prior to reaching maximum age category, 89 exited in the Part B eligible category, 5 exited in the not Part B eligible, exit to other program category, 6 exited in the not Part B eligible, exit with no referral category, 15 exited in the Part B eligibility not determined category, 2 exited in the deceased category, 17 exited in the moved out of state category, 15 exited in the withdrawal by parent category, and 8 exited in the attempts to contact unsuccessful category.

**West Virginia**—West Virginia reported 116 children in the Part B eligibility not determined category. Of these 116 children, 38 had families who declined to have their eligibility determined, and 66 had referrals to Part B, but were awaiting eligibility determination. The state did not report on the remaining 12 children.

#### **Table AH5: 2002 Early Intervention Services**

**Arizona**—Arizona's other services category includes play groups.

**California**—California's other services category includes daycare, interdisciplinary assessment services, services provided by translators and interpreters, Socialization Training Program services, reimbursement for travel and other purchases, and services related to receiving diapers, nutritional supplements, and vouchers.

California has no accurate way of determining the services paid for and provided via generic agencies (not Federal Early Start funds) to the infants and toddlers in the Early Start Program. The services data reported to OSEP are an undercount of the actual total services provided because they only include those services purchased by the Department of Developmental Services (DDS) or the California Department of Education (CDE) using Federal Early Start and State General Fund Early Start monies. They do not include services from generic sources,

private insurance, or the Departments of Alcohol and Drugs, Social Services, Mental Health, or Health Services (including California Child Services (CCS)). Because the services data are based on a billing system, changes in the data reported to OSEP often reflect changes in the way services are paid for rather than real changes in services delivered.

For example, because of improved coordination with generic resources, more children now receive services within 45 days, and the generic agency pays for the service(s). Declines in assistive technology and services provided by health professionals reflect improved coordination with CCS. The decline in the number of children reported in the audiology category is the result of the new locations for California's Newborn Screening Program.

Other services are now provided by regional center/LEA staff. This means that, while CDE pays for the services through staff salaries, the services provided are not reflected at the child level in the billing system and, therefore, are no longer included in the counts reported to OSEP. Services affected include decreases in reported nutritional services, medical services for diagnostic or evaluation purposes, and social work services.

The growth in the number of children reported as receiving special instruction is primarily the result of information about specific services now getting captured by the billing system. These specific services are now in the billing system as the result of specialized infant development program service providers reaching capacity (e.g., those serving children with autistic spectrum disorders) resulting in more children receiving services from multiple providers. Children are receiving the same services, but the data are now available in the billing system according to their individual components (speech-language pathology, occupational therapy, physical therapy and psychological services), and these categories show substantial growth.

The other early intervention services category also grew. In addition to the services listed above, this category also includes evaluations and services provided under the new rate exemption. The rate exemption covers rates above Medi-Cal rates if the service would otherwise not be available in a timely manner or otherwise would be provided at a cost to families.

California also revised and improved its methods for determining the race/ethnicity of the child/family receiving each service. As a result, the racial/ethnic distribution of the services data may vary somewhat from past years.

**Colorado**—Colorado's other services category includes developmental monitoring, infant and toddler groups, interpretation services, parent education, and services from a feeding clinic.

Colorado attributed the decreases in the reported number of children and families receiving respite care and the number reported as receiving other services to a clarification of the definition of these services. The Department of Education clarified these definitions in writing and also provided training on the use of these categories.

**Connecticut**—Connecticut's other service category includes applied behavior analysis services from a board certified behavior analyst.

**Georgia**—Georgia estimated race/ethnicity for 156 children whose race/ethnicity was unknown or who had more than one race/ethnicity. The state’s other services category includes applied behavior analysis, which is an intervention specifically focused on intensive work with young children with autism spectrum disorders.

**Hawaii**—The state attributes the increase in the reported number of children and families receiving family training, counseling, and home visits to an increase in number of children served. The state believes the decreases in the reported number of children receiving occupational therapy, psychological services, and social work services is the result of inaccurate reporting. The state plans to provide more training in the hope of obtaining more accurate counts.

**Idaho**—Idaho’s other services category includes aquatics therapy, ASQ tracking, day care, infant massage, IBI, interpreters and translation services, temporary housing-Ronald McDonald House, and heating and power bill assistance.

**Illinois**—Illinois attributes the increase in the reported number of children receiving speech pathology services to a growth in the number of referrals and new case openings that were disproportionately for older children. Older children are more likely to exhibit speech and language delays than younger children.

Illinois explained the increase in the reported number of children and families who received family training and counseling services and psychological services to the intervention system’s increased awareness of the social/emotional needs of the child.

**Indiana**—Indiana’s other services category includes interpretation services and applied behavior analysis services.

**Kansas**—Kansas’ other services category includes interpretation services, early childhood special education, and Spanish translation, services provided by specific programs (early Head Start, Parents As Teachers, Kansas’ Children’s Service League, Teen Pregnancy Case Management, and Low Incidence, a program for children with multiple severe disabilities), and services provided by specialists (deaf mentors and from hearing impaired teachers, autism consultants/support specialists).

**Maryland**—Maryland’s other services category includes the provision of a signer to communicate with the family while the child was receiving services.

Maryland estimated the race/ethnicity distribution for 306 children whose race/ethnicity was unknown. Of these children, 1 received assistive technology services, 23 received audiology services, 37 received family counseling and training, 2 received health services, 2 received medical services, 22 received nursing services, 9 received nutrition services, 75 received occupational therapy services, 132 received physical therapy services, 9 received psychological services, 2 received social work services, 194 received special instruction, 138 received speech language, 13 received transportation, and 21 received vision services.

An increase in the reported number of children and families receiving family training, counseling, and the home visits category occurred in seven local programs. The state attributed this increase to three factors: an increase in the number of children referred, technical assistance provided to individual local programs on the definition of family training, counseling, and home visits, and an increase in the number of local programs using family training models to address communication delays in children.

An increase in the reported number of children receiving speech and language services occurred in eight local programs. The state attributes this increase to three factors: an increase in the total number of referrals, an increase in the number of children referred with speech and language concerns, and the use of more appropriate procedures for very young children.

**Massachusetts**—Massachusetts bases its services data on a report of services received rather than services on the IFSP. Last year, the reported number of children receiving respite care, special instruction and transportation services included any child receiving the service during the entire fiscal year. This year's count of children receiving respite care and special instruction includes those children receiving the services on December 1, 2002. The count of children receiving transportation services is an estimated count. To get this count, the state applies the ratio of the child count to the fiscal year count to the fiscal year transportation count.

**Michigan**—Michigan's other services category includes playgroups for children, informal support groups, and Ages and Stages (an evaluation tool used in several service areas that has age-specific tests to help determine the child's status). It also incorrectly includes service coordination.

**Minnesota**—Minnesota did not report early intervention services by race/ethnicity.

**Missouri**—Missouri's other services category includes bilingual children receiving interpretation and sign interpretation services.

**Nebraska**—Nebraska's other services category includes interpretation and recreation and incorrectly includes service coordination.

**Nevada**—Nevada's other services category incorrectly includes service coordination.

**New Hampshire**—New Hampshire's other services category includes family support services and transdisciplinary services.

**New Mexico**—New Mexico's other services category incorrectly includes service coordination.

**New York**—The services data include 4,013 children who were over the age of 3 on December 1, but were still enrolled in New York's Early Intervention Program.

New York estimated race/ethnicity for 11,697 children.

**North Carolina**—North Carolina’s other services category includes children receiving genetic services, financial assistance, Supplemental Security Income, immunizations, well child care, housing assistance, and WIC services, and services related to hearing translators and interpreters, hearing consultants, vision consultants, and non-English translators. The other services category also includes services provided by preschool programs (Part B), alternative residential placement programs, before and after school/summer care programs, child care programs, and multidisciplinary evaluation and assessment. The category also includes referrals to Beginnings, CAP MR/DD, behavior management, and parent skill training.

North Carolina counted family counseling/therapy, parent support programs, and in-home support in the services category family training, counseling, home visits and other support. The state counted home and special instruction in the services category special instruction.

**Northern Marianas**—Northern Marianas’ other services category includes aquatics therapy, ASQ tracking, day care, infant massage, IBI, interpreters and translation services, temporary housing-Ronald McDonald House, and heating and power bill assistance.

**Ohio**—Ohio’s other services category includes child care, Children's Protective Services, clothing, drug and alcohol counseling, educational services, employment services, financial services, housing services, temporary shelter, legal services, recreational and social services and rehabilitation services.

Ohio attributes the increase in the number of children receiving health services and the decrease in the number of children receiving nursing services to clearer definitions of what these services are. Previously, county projects used health services and nursing services interchangeably. The state is currently working on clarifying its definitions for all service categories to help county programs report more accurately.

The state does not know why there were decreases in the number of children and families reported in the respite care and transportation services categories, but it suspects that the decreases may reflect budgetary constraints at the county level.

**Oklahoma**—Oklahoma’s other services category includes children receiving: services related to child development (578), child guidance (33), orientation and mobility (1), and family therapy/mental health (1). Other services included are those provided by pediatricians and other physicians (1).

**Oregon**—Oregon’s other services category includes instructional aide, augmentative communication, autism service, behavioral consultation, braille service, ESL/migrant service, and sign language interpreters.

**Tennessee**—Tennessee attributes some of the decrease in the number of children receiving health services, medical services, nursing services and vision services to a change in how services were reported by the state health department. In some cases, the department reported health services, medical services, nursing services and vision services as social work services instead of in these specific service categories.

Tennessee counts service provider travel in the transportation service category. The state attributes its increase in transportation to more services being provided in the home; therefore, providers spend more time commuting to the families' homes.

The increase in the other services category is due to an increased demand for interpretation/translation services.

**Texas**—Texas' other services category includes children receiving translation services, interpretation services, behavioral intervention, hippotherapy, sign language education, music therapy, play therapy, and aqua therapy.

**Vermont**—Vermont's other services category includes services provided by personal care assistants.

**Washington**—Washington did not report race/ethnicity for 10 children receiving assistive technology services, 9 children receiving audiology services, 59 receiving family training, counseling and home visits, 22 receiving health services, 57 receiving medical services, 23 receiving nursing services, 22 receiving nutrition services, 108 receiving occupational therapy, 127 receiving physical therapy, 4 receiving psychological services, 35 receiving social work services, 150 receiving special instruction, 152 receiving speech/language pathology services, 17 receiving transportation services, 9 receiving vision services, and 2 receiving other EI services.

Washington's other services category includes feeding therapy/evaluation/consultant, interpreter services, developmental rehabilitation services, oral motor speech therapy, public health nurse/parent support, behavior consultation, applied behavioral analysis therapy, aquatic therapy, case management, case resource management, exploring childcare options, family support, hippotherapy, hydrotherapy, infant massage, kindermusik, lending library, massage therapy, neonatal follow-up, respite and home baby-sitter, childcare search, specialized equipment/supplies, orthopedic evaluation, swimming, therapeutic childcare, and yoga therapy.

**West Virginia**—West Virginia's other services category includes children receiving interpretation services.

**Wisconsin**—Wisconsin was unable to report what services were included in the other services category.

#### **Table AH6: 2002 Early Intervention Personnel Employed**

**Alaska**—Alaska's other staff category includes personnel who have degrees, but who are not licensed or certified in early childhood education or other related disciplines.

**Arizona**—Arizona's other staff category includes service coordinators who do not meet licensure requirements for social workers or other professional disciplines. The other staff category also includes vision specialists and sign language interpreters and translators.

**Arkansas**—Arkansas’ other staff category includes administrators, clerical staff, and transportation providers.

**California**—California’s other staff category includes consulting pharmacists, intake workers, supervising intake counselors, prevention coordinators, high-risk case managers, genetics associates, services coordinators, supervising services coordinators, in-home respite care workers, daycare providers, homemakers, personal assistants, interpreters, translators, and communication aides.

California uses the Department of Developmental Services (DDS) database of purchased services to estimate its personnel data. These are the same data used to report services. However, because the purchased services database is constantly updated and the FTE data were extracted on a different date, the personnel data may not be entirely consistent with other data reported by California.

The purchased services database was designed for billing purposes (dollars per vendor per child per month) and is not ideal for reporting personnel data. Because these data only include services paid for by DDS and CDE, the personnel data reported to OSEP are limited to the providers of services purchased through regional center vendors and provided by the California Department of Education. The data exclude personnel providing services purchased by private insurance, Medicaid or other payers. They also exclude personnel providing services paid for by the California Department of Health (including CCS, CHDP, MVIP, Medi-Cal, EPSDT, and Early Head Start), the Family Resources Center, or other state/local agencies. The data do not include personnel providing nursing assessments and interventions, family training and some counseling, and similar services provided by the Family Resource Centers. Because the billing data from hospitals cannot disaggregate charges for room, board, and related expenses from those charges specifically for doctor and other professional services, the personnel data also do not include doctors and other professionals who bill through hospitals.

In addition to the exclusions described above, in some cases the reported FTEs may be lower than the actual FTEs utilized. Some services are billed quarterly, while others combine different types of personnel under one code. As a result, it is possible that the estimated FTE includes only a portion of the total services provided. In addition, the algorithm used to estimate FTEs is based on a number of assumptions that are not always appropriate and may lead to underreporting of the actual personnel providing the services. For example, for some service categories, the algorithm divides the total billed amount by a single designated rate that is based on the type of service. The resulting estimated number of hours is then divided by 1,778 to calculate the estimated FTEs. Using a single rate for each type of service or group of services could result in an undercount.

California uses decision rules to report its purchased services categories according to OSEP’s personnel categories. Purchased services identified as infant development programs or contracted special instruction are reported as special educators. Purchased services provided by psychiatrists, art therapists, or personnel providing behavioral management services are reported as psychologists. Nurses’ aides are reported as paraprofessionals. Teachers, tutors, developmental specialists, and services provided by those working in infant development

programs and those providing individual/family training are reported as special educators. Pediatricians cannot be disaggregated from other doctors and are, therefore, all reported in the physicians category.

**Colorado**—Since Colorado uses billing data to report its personnel counts, the number of personnel reported only includes those FTEs purchased with Part C dollars. The state does not have a way to collect and report data about FTEs providing early intervention services if they are paid for using other types of funding.

**District of Columbia**—The District of Columbia’s other staff category includes vision specialists.

**Georgia**—Georgia’s other staff category includes translators and also incorrectly includes service coordinators.

**Hawaii**—The increase in the number of children served resulted in an increased number of service providers. Many of these providers do not fit into OSEP personnel categories, and were reported as other professional staff. This resulted in an increase in the number of personnel reported in this category.

**Idaho**—Idaho’s other staff category includes early intervention specialists, child find coordinators, data entry personnel, clerical support, Part B transition support, interpreters, children’s program supervisors, and program managers.

**Illinois**—Under a new state law, Illinois requires service providers to bill private insurance companies for early intervention services. Providers must report any payments received from private insurance, but the state has little leverage to make providers comply. As a result, Illinois believes that some providers fail to report to the state those hours of service covered by private insurance. Because the personnel data are based on the number of personnel hours billed for, this procedural change resulted in underreporting the number of personnel providing services normally covered by private insurance (e.g., physical therapists and occupational therapists). Services less commonly covered by private insurance were not affected by this new law and, therefore, increases in these services reflect actual increases in the number of FTE personnel needed to provide these services. Illinois is investigating ways to improve provider reports of hours of service paid for by private insurance.

**Indiana**—Indiana’s other staff category includes vision specialists, optometrists, and interpreters. It also incorrectly includes service coordinators.

**Iowa**—Iowa’s other staff category includes clerical staff, computer support staff, and assistive technology staff.

**Kansas**—Kansas’ other staff category includes bilingual service coordinators, physical therapy assistants, directors/administrators/coordinators, child development associates, autism consultants, family service coordinators, staff who work with the vision and hearing impaired, translation services staff, occupational therapy assistants, certified occupational therapy assistants, and assistive technology specialists.

**Kentucky**—Kentucky’s other staff category includes group therapists, teachers of the deaf and hard of hearing, and teachers of the visually impaired. Kentucky determines FTEs based on billing records for EI services.

**Massachusetts**—Massachusetts’ other staff category includes specialty providers, teachers of the deaf, teachers of the visually impaired, and orientation and mobility specialists.

**Michigan**—Michigan’s other staff category includes playgroup leaders, mental health therapists, and family advocates.

**Missouri**—Missouri’s other staff category includes bilingual interpreters and sign interpreters.

**Nebraska**—Nebraska’s other staff category includes program supervisors/directors, program consultants/coordinators, home school liaisons, special education administrators/directors, and psychologist’s assistants.

**Nevada**—Nevada’s other staff category includes certified lactation consultants.

**New Hampshire**—New Hampshire’s other staff category includes mental health professionals and early intervention specialists.

**New Mexico**—New Mexico’s other staff category includes parent advisors and deaf role models and incorrectly includes service coordinators.

**New York**—New York assumes that most physicians providing services are pediatricians, and therefore counts all physicians providing early intervention services as pediatricians.

**Northern Marianas**—Northern Marianas’ other staff category includes a site manager and an office/data clerk.

**Ohio**—Ohio’s other staff category includes adaptive physical education personnel, behavior support personnel, case managers, communication specialists, drivers, family advocates, family stability coordinators, family support coordinators, mental health therapists, music therapists, outreach employees, playground leaders, parent coordinators, parent educators, parent mentors, prevention specialists, regional infant hearing program specialists, rehabilitation and technical specialists, respite workers, and supervisors.

Ohio attributes the difference between its 2002 personnel data and the data reported for 2001 to a change in data collection tools. The state data staff believe that the survey tool used to collect the 2002 data is more accurately collecting the profession of the individuals working with children receiving Part C services than was true in previous years. In 2002, the state reported a higher number of total staff, audiologists, nurses, nutritionists, occupational therapists, physical therapists, social workers, speech and language pathologists and other professional staff serving infants and toddlers in 2002. The state also had reported fewer paraprofessionals serving infants and toddlers than it did in 2001.

The personnel data were collected using surveys completed by each county's Help Me Grow Program. The survey method of data collection may result in an underreporting of the personnel not paid by Part C or employed directly by Help Me Grow.

**Oklahoma**—Oklahoma's other staff category includes pediatric nurse practitioners, public health nurses, child development specialists, child guidance specialists, patient care assistants, translators, and deaf and hard of hearing consultants.

**Oregon**—Oregon's other staff category includes autism specialists, behavior specialists, assistive technology specialists, CDS, and augmentative communication specialists.

**Pennsylvania**—Pennsylvania's other staff category includes vision therapists and county administrative staff and incorrectly includes service coordinators.

**Rhode Island**—Rhode Island's other staff category includes administration (8.35, directors, program/service managers), interpreters (3.65), early interventionists (1.74), early childhood educators (15), parent consultants (6.51), operations support staff (18.7, secretarial support, data entry and billing staff, transportation staff), service coordinators (37.96, qualified personnel), clinical supervisor (11.19), intake coordinator (1), and DOH Staff, UAP & URI (9).

**South Carolina**—South Carolina's other staff category includes special instructors and incorrectly includes service coordinators.

**Texas**—Texas' other staff category includes EI specialists, program directors, educational diagnosticians, licensed professional counselors, psychological associates, translators, and interpreters.

**Utah**—Utah's other staff category includes personnel with degrees in education, elementary education, early childhood education, communication disorders, psychology, sociology, human development and family studies and also includes vision specialists, deaf specialists, and deaf mentors.

**Vermont**—Vermont's other staff category includes Community Resource Parents.

**Virginia**—Virginia's other staff category includes generalists, educational interpreters, and counselors.

**West Virginia**—West Virginia's other staff category includes early childhood educators, family services specialists, and parent liaisons/coordinators.