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STATE OF NEW YORK  
OFFICE OF THE STATE COMPTROLLER

September 26, 2024

James V. McDonald, M.D., M.P.H.  
Commissioner  
Department of Health  
Corning Tower Building  
Empire State Plaza  
Albany, NY 12237

Re: Oversight of the Early Intervention  
Program  
Report 2024-F-3

Dear Dr. McDonald:

Pursuant to the State Comptroller's authority as set forth in Article V, Section 1 of the State Constitution and Article II, Section 8 of the State Finance Law, we have followed up on the actions taken by officials of the Department of Health (DOH/Department) to implement the recommendations contained in our initial audit report, *Oversight of the Early Intervention Program* (Report [2021-S-25](#)).

**Background, Scope, and Objective**

When a child has a developmental delay or disability, their early years provide a critical window of opportunity to intervene. Research shows that the earlier a developmental delay or disability is identified, and the sooner services begin, the less likely it is that the child will need more intensive and expensive special education services later. Young children missing these opportunities for early intervention services are potentially at greater risk of significant developmental and learning delays.

The mission of the Early Intervention Program (Program) is to identify and evaluate as early as possible those infants and toddlers whose healthy development is compromised and provide appropriate intervention to improve child and family developments. DOH oversees both the Program and its contracts with the 57 counties in the State and New York City (referred to as "municipalities") that administer the Program at the local level.

The federal Individuals with Disabilities Education Act (IDEA) and State Public Health Law include specific requirements and time frames for the provision of Program services. One requirement is that DOH must develop a comprehensive Child Find system (Child Find) that ensures eligible children in the State are identified, located, and referred to the Program. Generally, after referral, children should be evaluated by qualified professionals through a multidisciplinary evaluation. If the evaluator determines a child has a disability or developmental delay, the municipality is responsible for convening a meeting to develop an initial Individualized Family Service Plan (IFSP) for therapeutic services and supports from a qualified service provider.

DOH uses a web-based system, New York State Early Intervention System (NYEIS), to manage the Program and exchange information among municipalities. According to NYEIS, for the period from February 2023 through June 2024, approximately 85,000 children were newly referred to the Program for a suspected or confirmed developmental delay or disability and about 10,000 new children were referred as at risk of developmental delay or disability. For the same period, there were almost 36,000 children enrolled in the Program with an active IFSP.

The objective of our initial audit, issued on February 28, 2023, was to determine whether DOH was effectively administering the Program in compliance with all applicable laws and regulations and ensuring equitable and timely access to services for children across the State. The audit covered the period from July 2018 through February 2022. Our initial audit found that many children who could benefit from the Program weren't receiving services, and children who were receiving services weren't always getting them in a timely manner. In addition, limited guidance and oversight from DOH resulted in significant differences in Child Find's outreach and awareness activities across the State. Furthermore, the audit identified disparities across the State in the referral and inclusion of children into the Program as well as in the availability of providers and access to Program services. Equity was also an issue, with White children generally being referred at a younger age and Black children being less likely to receive services within the prescribed time frame. While DOH demonstrated that it recognized the importance of equity, more work needed to be done to identify and fully address barriers to equitable access to the Program. The audit also found that NYEIS did not have the functionality or accuracy municipalities need to administer the Program efficiently and effectively at the local level. While DOH was working with a contractor to implement a new web-based system, EI-HUB, progress had been delayed multiple times.

The objective of our follow-up was to assess the extent of implementation, as of July 2024, of the five recommendations included in our initial audit report.

### **Summary Conclusions and Status of Audit Recommendations**

DOH officials have made some progress in addressing the issues we identified in the initial audit; however, additional actions are needed. Of the initial report's five audit recommendations, one was implemented and four were partially implemented.

### **Follow-Up Observations**

#### **Recommendation 1**

*Take steps to identify and understand the reasons why some children are not benefiting from the services they are entitled to and why services are not always provided on time. Based on the results, develop and implement strategies to improve participation and timely provision of Program services.*

Status – Partially Implemented

Agency Action – Since our initial audit, DOH has conducted its annual analysis to determine the reason why services were sometimes delayed. According to its February 2024 analysis, the primary reason for service delays was a shortage of availability for in-person services. To address this, DOH has undertaken many steps to increase provider capacity, including obtaining a 5% rate increase for services provided in person, decreasing the required experience hours for individual provider approval, and launching

a statewide recruitment campaign. DOH is also working on a loan forgiveness program for new providers.

However, DOH has not taken any additional steps to better understand why, in many cases, children who are eligible for and can benefit from the Program are not receiving services. For instance, the initial audit identified lack of parental consent as a significant barrier. While DOH continues to collect information regarding the reason a case is closed (e.g., family moved out of state, child aged out), when a parent declines to consent or opts to discharge their child prematurely, the record is classified simply as “Family Refused,” with no further, more specific, details as to why the parent has chosen to not participate. While we recognize that the Program is voluntary, it is critical for DOH to identify and better understand the underlying reasons why many parents are refusing to participate. DOH should then implement strategies to address these reasons to improve Program participation and service delivery.

### **Recommendation 2**

*Develop and include more specific goals, tasks, and/or objectives on future municipal workplans related to Child Find’s public awareness and outreach.*

Status – Partially Implemented

Agency Action – DOH officials stated that they are working internally to develop new language and requirements to address this recommendation. According to officials, future workplans will require each municipality to submit a one- to two-page annual report containing specific information on how they addressed their responsibilities as a local administrator of the Program. The specific information should include, among other details, what marketing materials were purchased, how and when information materials were distributed, and how many parents participated in training. It should also identify any gaps in services, as well as the methods the municipality will use to address those gaps, no later than 60 days after the end of each Program year. Officials said they plan to add the new requirements to contracts beginning October 2024.

### **Recommendation 3**

*Take steps to better understand disparities in access to Program services, including those identified in the Department’s August 2021 report on race and ethnicity as well as those commonly known by municipal officials, and develop an action plan to improve equitable access to Program services.*

Status – Implemented

Agency Action – Since the initial audit, DOH has met both internally and with municipalities to discuss the findings contained in the August 2021 report on race and ethnicity and develop potential solutions. DOH has also begun to implement some of the potential solutions identified. For example, DOH has obtained an additional 4% rate modifier for services provided in rural and underserved areas (in addition to the 5% rate increase for services provided in person). DOH also analyzed Program enrollment data by zip code, factoring in race and ethnicity. Based on the analysis, DOH launched a social media campaign to promote the Program in the areas identified as having low enrollment among Non-Hispanic Black children compared to the overall population. In addition, DOH is working to remove cultural and linguistic barriers. Recent promotional

campaigns have included advertisements in both English and Spanish, and DOH now offers provider training on working with diverse families as well on developing cultural and linguistic competency. Program staff are also participating in the Early Childhood Technical Assistance Center’s IDEA Part C Early Intervention Program Racial Equity Community—a collaborative learning community established to promote practices that center on racial equity in statewide early intervention systems, by recognizing and exposing systemic bias and racism and identifying and implementing tangible strategies to work toward equitable programs, practices, and outcomes for families. Finally, DOH officials stated they are reviewing more recent Program year data (July 2020 through July 2022) to update the report on race and ethnicity and will continue to examine any noticeable trends and explore any new findings.

#### **Recommendation 4**

*Routinely verify the accuracy of the provider directory to ensure families have access to provider information that is accurate and useful.*

Status – Partially Implemented

Agency Action – According to officials, DOH now routinely verifies the accuracy of its central directory of providers and updates NYEIS immediately when a provider is newly approved and whenever their information is amended, such as a change in service area or service type. DOH officials stated that they also update the publicly available online version of the central directory of providers monthly to ensure that service coordinators, municipalities, and families have the most accurate and up-to-date information. We compared DOH’s provider directory from March 2023 to the directory available online as of March 2024 and verified that it had been updated. We also verified that the current provider directory includes providers with new agreements starting as recent as the previous month and does not include providers with expired agreements.

While DOH has not yet taken steps to update the directory for inactive providers whose provider agreement has not expired, the new data system, EI-HUB, includes a requirement that will inform DOH of providers who have not delivered any services in 2 years. DOH officials plan to contact those providers regarding their interest and availability to deliver Program services. If there is no response or if the provider confirms discontinuation of Program services, DOH plans to remove them from the directory as an approved provider.

#### **Recommendation 5**

*Work with the EI-HUB contractor to expedite the release of the new system as soon as practicable. Ensure that municipalities are properly prepared to use EI-HUB and that all essential functionality is operational before NYEIS is decommissioned. Continue to coordinate with counties after implementation to ensure EI-HUB functionality meets their needs.*

Status – Partially Implemented

Agency Action – In February 2024, DOH announced that the new EI-HUB system would be launched in June 2024 to provide stakeholders with almost 4 months advance notice of the intended launch date. However, DOH subsequently delayed the launch until October 2024 at the request of stakeholders who had not been able to take the training yet. DOH further justified the decision to move the EI-HUB launch to October 2024 to

avoid adding to the new system those children who would age out in just a few months when the new school year begins. There were also some unanticipated issues with the system.

DOH continues to provide stakeholders with resources to ensure municipalities are properly prepared. These resources include a monthly newsletter, a system transition checklist, in-person training, and a “Bootcamp” webinar series of six detailed trainings on the system. DOH also provides updates and information on the new system during quarterly all-county conference calls and at quarterly Early Intervention Coordinating Council meetings. Additionally, DOH has an EI-HUB e-mailbox for stakeholders to ask questions, share concerns, and offer feedback.

Major contributors to this report were Peter Carroll, Kathleen Garceau, and Karen Corbin.

DOH officials are requested, but not required, to provide information about any actions planned to address the unresolved issues discussed in this follow-up within 30 days of the report’s issuance. We thank the management and staff of DOH for the courtesies and cooperation extended to our auditors during this follow-up.

Very truly yours,

Andrea LaBarge  
Audit Manager

cc: Melissa Fiore, Department of Health