



**NEW YORK STATE ASSOCIATION
OF COUNTY HEALTH OFFICIALS**

Leading the Way to Healthier Communities

NYSACHO EI All County Call – February 5, 2026

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Agenda Item	Discussion/Presentation	Action Item
General Updates	<p>Federal and Programmatic Updates</p> <p>BEI provided federal and statewide Early Intervention program updates, noting that federal operations have remained stable despite recent federal disruptions. Specifically:</p> <ul style="list-style-type: none">• The Office of Special Education Programs (OSEP) remained accessible during federal shutdown periods, allowing uninterrupted access to fiscal portals and continued federal funding drawdowns.• The New York State Part C Annual Performance Report (APR) was successfully submitted to OSEP on February 2, 2026. DOH plans to publish the Part C application publicly in March.• Federal discussions are ongoing regarding potential restructuring of special education oversight, including possible relocation of special education programs from the Department of Education to other federal agencies such as the Department of Health and Human Services or Department of Labor. No final decisions have been made.• At the state level, the Executive Budget included only one EI-related proposal:<ul style="list-style-type: none">○ An additional \$100,000 in operating support for the Early Hearing Detection and Intervention (EHDI) Program.○ The funding is intended to improve hearing screening access, reduce barriers, and strengthen services for children who are deaf, deafblind, or hard of hearing.• DOH and EI program staff will collaborate with EHDI if funding is enacted. <p>State Plan Amendments (SPAs) and Rate Increases</p>	



	<ul style="list-style-type: none"> • Fiscal leadership confirmed implementation progress on a previously approved State Plan Amendment that provides a 4% Medicaid rate increase for eligible EI services: • Effective February 19, 2026, Medicaid claims submitted prospectively will include the 4% increase. • Retroactive payments covering April 1, 2025 onward will be processed beginning in early March 2026. • Eligibility for the rate increase depends on: <ul style="list-style-type: none"> ○ Child’s residential zip code being designated eligible. ○ Service type being one of the following basic services: <ul style="list-style-type: none"> ▪ Speech therapy ▪ Occupational therapy ▪ Physical therapy ▪ Special instruction ▪ Evaluations (excluding telehealth evaluations) • Extended services and facility-based services are not eligible due to fiscal constraints. <p>Zip codes were selected based on multiple criteria, including:</p> <ul style="list-style-type: none"> • Provider shortages • Long service wait times • Rural designation or underserved areas • Poverty indicators • Service access barriers <p>DOH confirmed that zip codes will be reviewed and potentially updated annually using more current service and enrollment data.</p>	
<p>Data and Program Evaluation Unit</p>	<p>Annual Performance Report (APR) Submission and Performance Trends</p> <p>The Data Unit confirmed submission of the APR for the 2024–2025 program year and highlighted major performance changes:</p> <p>Indicator 1 Performance Improvement</p> <ul style="list-style-type: none"> • Indicator 1 compliance improved significantly from below 70% to approximately 89%. 	



- This improvement was primarily due to a change in measurement methodology, not necessarily actual system improvements.
- For the first time, compliance calculations used the family consent date instead of IFSP meeting date to determine timeliness of service initiation.
- This adjustment allowed more cases to fall within the required 30-day window.

Despite this improvement:

- New York still ranks near the bottom nationally for timely service initiation.
- Provider shortages remain a significant barrier.

Changes to APR Data Collection and Reporting

Several operational changes were announced to improve efficiency and reduce county workload:

Reduced Reliance on Excel Data Submission

- Migration-related data collection issues experienced this year are expected to be resolved.
- Most delay data will now be entered directly into the EI Hub rather than Excel spreadsheets.
- However, some items—such as non-billable service coordination—will continue to require Excel submissions due to system limitations.

Hub-Based Child Count Survey

- The Child Count Survey Form will launch in EI Hub at the end of March 2026.
- A two-week blackout period in late March will allow PCG to upload system data.
- After March 30, counties will complete child count activities directly in Hub.

New Hub Dashboard

PCG is developing a dashboard within Hub that will:

- Identify missing entry and exit records.
- Help counties identify incomplete APR reporting data.
- Reduce reliance on manual Excel files from the Bureau.

Exit Case Automation

- The Bureau is developing backend automation to identify exit reasons automatically.



- This will reduce manual verification work required from counties.

System and Data Alignment Improvements

The Bureau acknowledged significant issues with data inconsistencies, including:

- Misalignment between referral status and open/closed case status.
- Difficulties closing cases due to system inconsistencies.

DOH and PCG are working to correct these backend data alignment problems. Future training and webinars will focus on preventing these issues.

Indicator Measurement Clarifications and County Concerns

Counties raised several major concerns about the use of consent dates as the compliance starting point:

Key Concerns Raised by Counties

- Using consent dates instead of service authorization start dates may inaccurately penalize counties.
- Counties that conduct in-person IFSP meetings and obtain immediate consent may appear less compliant than counties that obtain consent later via mail.
- Families sometimes request delayed service start dates due to travel or personal circumstances, which can result in inaccurate compliance findings.
- Some counties argued that the system's consent checkbox does not accurately represent actual service initiation readiness.

DOH responded that:

- Federal reporting guidance specifically requires using consent dates as the compliance start point.
- However, DOH acknowledged these concerns and committed to:
 - Reviewing backend logic
 - Consulting federal OSEP technical assistance
 - Evaluating possible refinements to data interpretation



<p>TA/Training/IS Unit</p>	<p>DOH also agreed to provide written guidance explaining compliance calculation rules.</p> <p>Training Development DOH confirmed development progress on a new training program for:</p> <ul style="list-style-type: none"> • Early Intervention Officials (EIOs) • Early Intervention Managers (EIMs) <p>Key details:</p> <ul style="list-style-type: none"> • Training is being developed in partnership with Measurement Incorporated. • It will be a comprehensive and lengthy training covering EI program administration. • Launch is expected in late spring 2026. <p>DOH emphasized the importance of ensuring training quality and completeness before release.</p>	
<p>Fiscal Planning and Policy Unit</p>	<p>Medicaid Billing Updates and System Changes Several updates and clarifications were provided regarding Medicaid billing processes:</p> <p>Medicaid Sweep Process</p> <ul style="list-style-type: none"> • Monthly Medicaid sweeps identify claims initially paid through escrow that later become Medicaid-eligible. • Medicaid reimbursement replaces escrow payments when eligibility is confirmed. • Escrow funds are recouped when Medicaid pays. <p>System Improvements PCG has implemented system updates to capture:</p> <ul style="list-style-type: none"> • Overwritten Medicaid CIN numbers • Incorrect eligibility records • Billing errors related to incorrect data entry <p>Ongoing Medicaid Billing Issues Raised by Counties Multiple counties reported continued problems, including:</p> <ul style="list-style-type: none"> • Medicaid-eligible children being paid through escrow instead of Medicaid. • Incorrect eligibility recognition despite proper data entry. 	



	<p>DOH identified possible causes:</p> <ul style="list-style-type: none"> • Exact name match requirements between EI Hub and Medicaid system • Minor discrepancies in spelling or demographic information • Incorrect or incomplete Medicaid record synchronization <p>DOH requested counties submit example cases for investigation and confirmed additional guidance would be issued.</p> <p>Transportation and Service Location Concerns Counties raised concerns about provider refusal to travel to rural locations.</p> <p>DOH clarified:</p> <ul style="list-style-type: none"> • 4% rate increase eligibility is based primarily on child zip code and service type. • Community-based services are eligible. • Facility-based services generally are not eligible. • The intent of the rate increase is to incentivize provider travel to underserved areas. <p>However, providers cannot be forced to travel; family agreement remains required.</p>	
<p>Information Systems and Quality Improvement Unit</p>	<p>EI Hub Enhancements and Reporting Improvements Major system improvements and enhancements were announced:</p> <ul style="list-style-type: none"> • Development of automated dashboards for compliance tracking • Improved integration between eligibility, billing, and service authorization data • Backend improvements to reduce data errors and improve federal reporting accuracy • Enhanced reporting tools to assist counties in managing compliance and reporting requirements <p>These improvements aim to reduce administrative burden and improve reporting accuracy.</p>	
<p>Open Discussion</p>	<p>Counties provided extensive feedback regarding:</p> <ul style="list-style-type: none"> • Concerns with consent date methodology and compliance interpretation • Medicaid billing and escrow reimbursement inconsistencies • Zip code eligibility limitations and fairness concerns • Provider shortages and rural service delivery challenges 	



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DOH acknowledged these concerns and committed to:

- Reviewing reporting methodologies
- Improving guidance documentation
- Enhancing system functionality
- Continuing collaboration with counties

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