**State Performance Plan / Annual Performance Report: Part C**

**for STATE FORMULA GRANT PROGRAMS under the Individuals with Disabilities Education Act**

**For reporting on   
FFY 2020**

**Kentucky**

U.S. Department of Education seal

**PART C DUE   
February 1, 2022**

**U.S. DEPARTMENT OF EDUCATION**

**WASHINGTON, DC 20202**

# Introduction

**Instructions**

Provide sufficient detail to ensure that the Secretary and the public are informed of and understand the State’s systems designed to drive improved results for infants and toddlers with disabilities and their families and to ensure that the Lead Agency (LA) meets the requirements of Part C of the IDEA. This introduction must include descriptions of the State’s General Supervision System, Technical Assistance System, Professional Development System, Stakeholder Involvement, and Reporting to the Public.

## Intro - Indicator Data

**Executive Summary**

The Kentucky Early Intervention System (KEIS) achieved improved performance rates for Indicators 1, 2, 3, 7, and 8 despite the continuing challenges of the pandemic. Tele-intervention was a key factor in maintaining service delivery during restrictions impacting direct face-to-face services. Families unable to access tele-intervention and who were willing to allow providers in their homes received face-to-face services. Referrals to First Steps continued to decline until late spring of 2021. Since the spring there has been a steady increase in referrals. Indicator 4, Family Outcomes, some families had negative comments concerning the pandemic restrictions. Even with slippage in this indicator, the majority of families were positive about services including tele-intervention.  
  
The Department for Public Health is the administrative lead agency within the Cabinet for Health and Family Services (CHFS) for the Kentucky Early Intervention System. The system is comprised of fifteen (15) regional lead agencies, known as Points of Entry (POE). Contracts with two (2) Local Health Departments (that jointly operate three (3) POEs) and ten (10) Community Mental Health Centers fund the majority of POEs. One POE operates jointly through a Community Mental Health Center and private hospital. The Office for Children with Special Health Care Needs (OCSHCN), a state agency, operates one (1) POE. POEs are responsible for all referrals, initial evaluations and assessments, eligibility determination, service coordination, and child find activities. Over a thousand (1000) service providers, representing a variety of professional disciplines, provide early intervention services through contracts with the Department for Public Health. Kentucky uses an online-integrated data management system known as the Technology-assisted Observation and Teaming Support system (TOTS). TOTS provides an electronic early intervention record for each child referred to the early intervention system that includes financial and management data.

Additional information related to data collection and reporting

Overall data collection and reporting continued uninterrupted. Given that the state office did not close, the data system was consistently available to users. Compliance indicator monthly reports depicted an early intervention system that continued high rates of compliance to policies and procedures. POE offices had difficulty with timely US Postal mail delivery. Some POEs set up an electronic signature/mailing system to help with timelines. Children transitioning from Part C to Part B were unable to make a smooth transition to Part B services. Many children could not be evaluated for Part B eligibility or if already determined eligible, were unable to receive services because schools were closed or parents did not want non-traditional instruction. Transition conferences were held without a school representative in some instances to assist families understand the options available to them during the pandemic.

**General Supervision System**

**The systems that are in place to ensure that IDEA Part C requirements are met, e.g., monitoring systems, dispute resolution systems.**

Contracts with the Point of Entry (POE) offices and early intervention providers require compliance with all applicable federal and state statutes and regulations. Contracts are enforced with noncompliance addressed by Corrective Action Plans (CAP), technical assistance, and training. Untimely correction of noncompliance results in sanctions including restricting services, financial penalties, and contract termination.   
  
The State Lead Agency (SLA) uses a variety of enforcement actions in conjunction with local determinations, lack of timely correction of noncompliance, or other circumstances that warrant SLA actions. Enforcement actions include, but are not limited to:   
• Increased frequency of technical assistance phone calls that addresses areas of concern and noncompliance;   
• Focused onsite monitoring on a specific area of noncompliance;   
• Development or revision of a professional development plan related to the areas of noncompliance;   
• Completion of record reviews verified by the SLA staff at a frequency determined by the SLA;   
• Mentoring with other POE districts/providers demonstrating best practices in the identified area(s) of noncompliance;   
• Collection and analysis of data related to area(s) of noncompliance at a frequency determined by the SLA and reviewed with SLA staff;   
• Discussions with local stakeholders to identify barriers to compliance, CAP strategies and additional avenues for technical assistance and support;   
• Withholding of POE payment, or if it is determined that one or more provider/providers are responsible for an area of noncompliance, withholding of payment from the provider agency;   
• Recovery of funds; and,   
• Termination of the district POE contract or, if it is determined that one or more providers are responsible for an area of noncompliance, termination of agency contract(s).  
  
Methods to assess compliance include comprehensive reviews (POE and providers), POE data reports, and desk audits of the POEs and early intervention providers. Depending upon the issues discovered by the desk audits and resources of the SLA. onsite verification visits may occur.   
  
Billing Audits of the POEs and Early Intervention Providers   
The lead agency conducts quarterly reviews of billing records for a POE and/or an early intervention provider. An ad hoc review of billing records for a POE or provider are conducted when there is a suspicion or report of billing irregularities. Claims are matched to the IFSP authorizations and service logs. Should billing irregularities be identified, the review is forwarded to the Office of the Inspector General for further investigation. The provider agency is suspended from new referrals while the investigation is pending. In the case of a POE, payment of submitted invoices are suspended (in part or in full) while the investigation is pending.   
  
Chart Audits  
POE Managers conduct chart audits a minimum of every six (6) months, with each Service Coordinator (SC) being reviewed at least once a year. The audits consist of reviewing selected hard copy files as well as the associated information in the online data management system, TOTS, to ensure regulations and policies are followed. The results are maintained at the POE office and available to the SLA upon request. POE Managers summarize findings from these audits on a summary form and provide to the SLA. The General Supervision Coordinator tracks the completion of these forms and coordinates any technical assistance that may be needed.  
  
District Determinations   
All State Performance Plan indicators (compliance and results) are part of the District Determination process. District issuance of Determinations occurs in June (within the timelines established by law) and posted on the Department for Public Health/First Steps website. Each indicator has a point value based upon exceeding, meeting, or not meeting the target for the indicator. Comparison of the total point score to cut-off scores for each level of the determination (Meets Requirements, Needs Assistance, Needs Improvement, and Needs Substantial Improvement) follows. Any POE that does not achieve “Meets Requirements” must participate in technical assistance. POEs that achieve a designation of "Needs Improvement" may be required to implement a State-Directed CAP depending upon the cause of the noncompliance and the number of years they have received this designation. If the issue is systemic and/or longstanding, a CAP is required. POEs that achieve a designation of "Needs Substantial Improvement" must implement a State-Directed CAP. A root cause analysis may be required to determine the underlying issues.  
  
Corrective Action Plans (CAP)  
The CAP is a plan implemented by the POE or early intervention provider that describes a set of integrated strategies targeting the SPP/APR performance or areas of noncompliance. CAP strategies ensure correction of noncompliance as soon as possible but no later than one (1) year from the date of the SLA’s written notification of the finding. The SLA issues a State-Directed CAP when a previously submitted CAP fails to result in full correction of the issue(s) found noncompliant. The SLA identifies the strategies the POE or provider must take for correction, including the date for full compliance.   
  
Dispute Resolution System: Kentucky adopted the Part C dispute resolution provisions of the Individuals with Disabilities Education Improvement Act.   
  
Complaint Investigations: Formal Complaints   
A formal complaint is a written, signed complaint. Investigations of formal complaints are completed no more than sixty (60) calendar days from receipt of the complaint. During the investigation the early intervention provider is suspended from receiving new referrals but is allowed to continue to provide ongoing services for the children currently on his or her caseload. The investigation involves a desk audit of the TOTS records for other children on the provider’s current caseload as well as interviews of other parents to determine if the complaint is a systemic issue. Once the investigation is completed, release of the suspension occurs. When a finding of noncompliance is issued to the provider, the provider either develops a CAP or is placed under a State-Directed CAP. The complainant receives notification of the findings of the investigation.   
  
Complaint Investigations: Informal Complaints   
Informal complaints are defined as concerns provided to the SLA and/or POE by telephone or email. The issue is not related to a specific child or to systemic issues related to regulation but may involve topics such as late arrival for service provision, late response to phone calls, number of referrals another provider receives, etc. Informal complaints are monitored for trends related to a particular service provider or service delivery area. Receipt of at least three (3) informal complaints about an early intervention provider triggers an investigation as a formal complaint.  
  
Mediation   
Each POE ensures that parties may resolve disputes concerning the identification, evaluation, placement of the child or the provision of appropriate early intervention services through a mediation process. The Department for Public Health has a voluntary mediation system, available without a request for due process, and does not deny or delay a parent's right to a due process hearing.   
  
Due Process Hearings for Parents and Children   
An impartial hearing officer appointed by the Secretary of the Cabinet conducts an administrative hearing within fifteen (15) calendar days of receipt of a request for hearing. The hearing meets the requirements of state law, KRS Chapter 13B.080. A recommended decision conforming in content to the requirements of KRS 13B.110 is forwarded to the family and the Cabinet within ten (10) calendar days of the administrative hearing. The Secretary of the Cabinet makes a final decision on the recommendation by the administrative hearing officer no later than thirty (30) days.

**Technical Assistance System:**

**The mechanisms that the State has in place to ensure the timely delivery of high quality, evidenced based technical assistance and support to early intervention service (EIS) programs.**

Technical assistance is provided through a variety of methods. The SLA has dedicated staff for training and technical assistance including the Part C Assistant Coordinator, and three (3) full-time technical assistance positions. The technical assistance staff are trained in Part C as well as in early intervention evidenced-based practices. Other SLA staff provide technical assistance as needed and typically related to general supervision.   
  
SLA staff assists districts in understanding and analyzing district data, developing and monitoring CAPs and self-assessments, and in providing ongoing training related to compliance. Email and telephone communications are the most frequent methods on technical assistance. Written guidance documents are another way that technical assistance occurs. Webinars also add to the communication strategies to support POEs and providers.   
  
Evidence-based practices are targeted through contracts with University of Kentucky and University of Louisville. Assessment and evaluation practices for both POE staff and early intervention providers is a frequent topic as is coaching parents. Collaboration with the Kentucky Deaf-Blind Project, Kentucky School for the Deaf, and the Early Hearing Detection and Treatment Program results in highly specific technical assistance for the sensory impaired population. A contract between the Department for Public Health and Wendell Foster, a community-based rehabilitative agency, provides training and technical assistance on assistive technology.

**Professional Development System:**

**The mechanisms the State has in place to ensure that service providers are effectively providing services that improve results for infants and toddlers with disabilities and their families.**

Pre-enrollment in KEIS and ongoing training is required for all personnel. The SLA provides specific mandatory early intervention training modules. Delivery of SLA sponsored training happens through webinar, online modules and face-to-face sessions. The SLA uses two Learning Management Systems (LMS), Adobe Connect and ZOOM, for webinar and online training purposes. The systems provide a tracking system so that the SLA can monitor compliance to required trainings. The addition or revision of modules occurs when needed. The platform ZOOM, a new addition to the professional development set of tools, facilitates interactive live training.  
  
The SLA also contracts for the provision of specific training:  
•University of Louisville provides training to POE Managers, District Child Evaluation Specialists (DCES), early intervention service providers and Service Coordinators.   
• University of Kentucky provides training for approved assessment instruments (used for outcome measures) and operation of the online data entry portal.  
• Wendell Foster Resource and Technology Center hosts an online assistive technology community of practice and trainings.  
  
New early intervention providers are required to complete orientation training that includes two modules: Mission and Key Principles of Part C Early Intervention and Foundational Pillars of Early Intervention. These modules provide the essential knowledge required to participate as an early intervention provider in Kentucky. Other topics addressed in orientation are record keeping and confidentiality, child assessment, KEIS model of early intervention, Provider Matrix, documentation, and billing. Service coordinators are trained in the Routines-based Interview as well. POE Managers complete a Leadership Series and modules on motivating and supporting staff.  
  
Specific activities associated with the State Systemic Improvement Plan (SSIP) enrich the professional development of those working in the early intervention system. Intense, individualized training and mentoring is provided in the Coaching in Early Intervention Training and Mentorship Program (CEITMP).

**Broad Stakeholder Input:**

**The mechanisms for soliciting broad stakeholder input on the State’s targets in the SPP/APR and any subsequent revisions that the State has made to those targets, and the development and implementation of Indicator 11, the State’s Systemic Improvement Plan (SSIP).**

Stakeholder input is a foundational component of the Kentucky Early Intervention System (KEIS). Stakeholders include parents, Early Intervention Service Providers, State Lead Agency (SLA) staff, contracted staff, Interagency Coordinating Council (ICC) members, Point of Entry (POE) staff (including Service Coordinators), Primary Level Evaluators, and Intensive Level Evaluators. All geographic and population density areas of the state are represented.   
  
Stakeholders receive regular updates on the early intervention systems performance. Issues are presented for discussion and possible resolution. Ad hoc groups of stakeholders approach the SLA with issues such as contractual requirements, reimbursement, referrals, education surrogate appointments, etc. The SLA is open to meeting with such groups to share accurate information. Ad hoc workgroups are created to address specific topics/issues as needed.   
  
The process of developing the State Performance Plan/Annual Performance Report (SPP/APR) continues to include gathering data, verifying data, and writing of narrative portions of the APR. Specific input from stakeholders with interest or expertise in the indicator area (topic) assists as needed with the drafting of the APR. The stakeholder groups also recommend revisions to improvement activities after evaluating the status. Each year the ICC receives a formal presentation of the SPP/APR. The ICC has certified the APR each year due to this collaborative process for development. Ongoing communication with stakeholders occurs through a listserv, webinars, virtual meetings, and through an announcement page in the database system, TOTS (specifically for early intervention providers).

**Apply stakeholder input from introduction to all Part C results indicators (y/n)**

NO

**Number of Parent Members:**

10

**Parent Members Engagement:**

**Describe how the parent members of the Interagency Coordinating Council, parent center staff, parents from local and statewide advocacy and advisory committees, and individual parents were engaged in setting targets, analyzing data, developing improvement strategies, and evaluating progress.**

Parent engagement occurred through a variety of methods. Primary means of engagement were virtual meetings and newsletters. Parents whose child is enrolled in Part C are surveyed annually. A different survey is provided to parents newly enrolled to measure change in their self-perceptions of competence to address their children’s needs. KEIS staff meets with parent advocacy and advisory groups related to hearing loss and autism. The meetings with parents regarding hearing loss led to a decision to expand eligibility for children with hearing loss. This change is in the state regulatory process now. Parents on these councils frequently discuss KEIS policies and have access to the KEIS parent consultant to share their input, concerns, and questions. The KEIS parent consultant also works with the IDEA parent center and the Behavioral Health, Intellectual and Developmental Disability parent center.   
  
Parents are at the table when setting targets, reviewing data to develop improvement strategies and evaluating progress. Coherent strategies to reach more diverse parent representativeness are included in the revised SSIP.

**Activities to Improve Outcomes for Children with Disabilities:**

**Describe the activities conducted to increase the capacity of diverse groups of parents to support the development of implementation activities designed to improve outcomes for infants and toddlers with disabilities and their families.**

POE staff, including service coordinators, encouraged parents and families to participate in workgroups and supplied the SLA with families to contact. Engagement is difficult due to parent’s work schedules and willingness participate when there are small children in the home. Workgroups have at least one parent representative. A workgroup targeting parent engagement and stakeholder diversity is one of the coherent strategies for the revised State Systemic Improvement Plan. This workgroup is charged with the development of robust strategies for implementation at both the state and local levels The KEIS parent consultant is the team leader and the initiative’s purpose is to identify and implement additional strategies to grow stakeholder and parent engagement. The Parent Consultant was also chosen to be a part of the 2021/22 Association of Maternal and Child Health Programs Leadership Lab under the family engagement cohort and will be implementing learned strategies and proven practices from this cohort in order to increase future parent engagement.

**Soliciting Public Input:**

**The mechanisms and timelines for soliciting public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress.**

The SLA issued an announcement asking volunteers to join workgroups for target setting, data review, improvement strategies development, and evaluation. Additional people were recruited based on their experience and/or expertise of the subject matter. It is difficult for early intervention providers to participate due to the need for billable service hours. Beginning in FY23, early intervention providers will be paid for their participation. The intent for this policy change is to encourage more providers to participate. Many do not join workgroups because of the loss of billable services.

**Making Results Available to the Public:**

**The mechanisms and timelines for making the results of the target setting, data analysis, development of the improvement strategies, and evaluation available to the public.**

Information concerning the results of stakeholders and workgroups input is provided to the Interagency Coordinating Council as quarterly updates (meeting is public; generally have 40 guests present to hear the discussions). Listserv messages reaching nearly a thousand individuals are sent out as needed. The SPP and SSIP are posted on the website as well as ICC meeting notes and presentations.

**Reporting to the Public:**

**How and where the State reported to the public on the FFY 2019 performance of each EIS Program located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State’s submission of its FFY 2019 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State’s SPP/APR, including any revision if the State has revised the targets that it submitted with its FFY 2019 APR in 2021, is available.**

Annually, the SPP and APR is available on the First Steps website upon submission to the US Department of Education, Office of Special Education Programs. The website address is: https://chfs.ky.gov/agencies/dph/dmch/ecdb/Pages/firststeps.aspx .   
  
Interested parties without web access can contact the SLA for a copy. In addition, all of the public libraries in Kentucky have web access, so anyone in Kentucky could access the web and thus the report at the local public library.  
  
Local POE Determinations, based on the achievement of performance plan targets, are published on the website no later than 120 days from the submission of the SPP/APR to OSEP. These reports are on the website in the section labeled First Steps Reports and State Performance.

## Intro - Prior FFY Required Actions

OSEP notes that one or more the Indicator 11 attachments included in the State’s FFY 2019 SPP/APR submission are not in compliance with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508), and will not be posted on the U.S. Department of Education’s IDEA website. Therefore, the State must make the attachment(s) available to the public as soon as practicable, but no later than 120 days after the date of the determination letter.

**Response to actions required in FFY 2019 SPP/APR**

## Intro - OSEP Response

The State Interagency Coordinating Council (SICC) submitted to the Secretary its annual report that is required under IDEA section 641(e)(1)(D) and 34 C.F.R. § 303.604(c). The SICC noted it has elected to support the State lead agency's submission of its SPP/APR as its annual report in lieu of submitting a separate report. OSEP accepts the SICC form, which will not be posted publicly with the State's SPP/APR documents.

## Intro - Required Actions

# Indicator 1: Timely Provision of Services

**Instructions and Measurement**

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

**Compliance indicator:** Percent of infants and toddlers with Individual Family Service Plans (IFSPs) who receive the early intervention services on their IFSPs in a timely manner. (20 U.S.C. 1416(a)(3)(A) and 1442)

**Data Source**

Data to be taken from monitoring or State data system and must be based on actual, not an average, number of days. Include the State’s criteria for “timely” receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).

**Measurement**

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

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

**Instructions**

If data are from State monitoring, describe the method used to select early intervention service (EIS) programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data and if data are from the State’s monitoring, describe the procedures used to collect these data. States report in both the numerator and denominator under Indicator 1 on the number of children for whom the State ensured the timely initiation of new services identified on the IFSP. Include the timely initiation of new early intervention services from both initial IFSPs and subsequent IFSPs. Provide actual numbers used in the calculation.

The State’s timeliness measure for this indicator must be either: (1) a time period that runs from when the parent consents to IFSP services; or (2) the IFSP initiation date (established by the IFSP Team, including the parent).

States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child’s record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child’s record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Provide detailed information about the timely correction of noncompliance as noted in the Office of Special Education Programs’ (OSEP’s) response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 1 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 79.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 97.95% | 94.85% | 97.82% | 97.19% | NVR |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% | 100% |

**FFY 2020 SPP/APR Data**

| **Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner** | **Total number of infants and toddlers with IFSPs** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 4,790 | 4,816 | NVR | 100% | 99.46% | Did not meet target | N/A |

**Number of documented delays attributable to exceptional family circumstances**

***This number will be added to the "Number of infants and toddlers with IFSPs who receive their early intervention services on their IFSPs in a timely manner" field above to calculate the numerator for this indicator.***

0

**Provide reasons for delay, if applicable.**

99.46% of initial services were delivered timely (4790 divided by 4816 multiplied by 100= 99.46%). Untimely cases equaled twenty-six (26). Of those children, twenty-one (21) are actively receiving early intervention services and five (5) exited the program prior to June 30, 2021. Range in days late was two to seventy-seven (2-77) days. Documentation indicated that late service delivery was caused by scheduling the service after the 30 days. Infrequent services were scheduled later in the IFSP period, most likely because those services are not weekly or biweekly. Those late services were ones authorized for 2 visits during the 6-month IFSP period.

**Include your State’s criteria for “timely” receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).**

Timely service is defined as delivered no later than thirty (30) calendar days from date of IFSP meeting in which service was initially authorized (parent gave consent).

**What is the source of the data provided for this indicator?**

State database

**Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).**

July 1, 2020 through June 30, 2021

**Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.**

Every IFSP (initial, six-month, requested review, and annual) is entered into TOTS, the online database management system. One section of the IFSP (Planned Services) includes all services planned for delivery during the period of the IFSP and serves as the authorization for each service. The date of the IFSP meeting is matched to the date of service delivery for the first payment claim. Then the number of days between date of the IFSP and the date of the first service is calculated. A report, Timely Services, lists every initial date of service for the IFSP period. The POE Manager reviews the Timely Services report and SLA staff verify the POE Manager’s assessment. As part of the preparation of the State Performance Report, a different individual at the SLA reviews and verifies the report. For consistency, a comparison of the results of the report with the monthly reports submitted by the POEs occurs.

**Provide additional information about this indicator (optional)**

Procedures to obtain consents for services were delayed primarily due to US Postal Service mail delays. Delays caused by the delivery of mail were not held against the POEs since it was out of their control. Some POEs used an electronic process to obtain consents but delays occurred with the electronic format as well. Some parents did not recognize the email, so they didn’t open it. Links in the email expired and the process had to be restarted. COVID-19 infections were minimal in terms of ill parents and providers.  
  
No incidences of noncompliance were found during the monitoring period. Monitoring consists of periodic desk review of a random sample from each POE.

**Correction of Findings of Noncompliance Identified in FFY 2019**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 0 | 0 | 0 | 0 |

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| FFY 2018 | 1 | 1 | 0 |
|  |  |  |  |
|  |  |  |  |

**FFY 2018**

**Findings of Noncompliance Verified as Corrected**

**Describe how the State verified that the source of noncompliance is correctly implementing the *regulatory requirements.***

Early intervention services in Kentucky are administered through fifteen (15) district offices, known as Points of Entry (POE). These POEs are the local lead agency for Part C services. During the formal monitoring period, files at each POE are reviewed for compliance. During the formal monitoring period in FFY 2018, one (1) POE was found in noncompliance with a total of fifteen (15) children not receiving early intervention services in a timely manner. One (1) finding of noncompliance was issued to this POE, citing the fifteen (15) instances of noncompliance. The remaining fourteen (14) POEs were compliant with this indicator during the formal monitoring period.   
  
During preparation of the FFY 2018 SPP/APR, reports were generated to review all files in the database system for compliance during the fiscal year. Review of the reports showed there were 183 total infants and toddlers that did not receive early intervention services in a timely manner for reasons other than parent delay. It should be noted this number includes the fifteen (15) instances noted above during the formal monitoring period. All instances of noncompliance were sorted by POE for further review. The timing and reason of each instance of noncompliance was investigated, as well as the number of months each POE was noncompliant. This review showed fourteen (14) POEs corrected to 100% within three (3) months. These were considered pre-finding corrections. Although the noncompliance was noted and communicated to the POE manager, no findings were issued to these fourteen (14) POEs. The remaining POE is the same as noted above who already received a finding of noncompliance during the formal monitoring period. No new finding was issued; rather, the existing finding was considered outstanding and not resolved.   
  
In accordance with OSEP Memo 09-02, the SLA ensured all 183 infants and toddlers received early intervention services, although late, or were no longer under the jurisdiction of the EIS program by reviewing all 183 files. As noted above, the SLA also ensured fourteen (14) of the fifteen (15) POEs were correctly implementing the specific regulatory requirements by the end of FFY 2018 based on review of the reports generated in the state’s data system.   
  
For the remaining one (1) POE with the noncompliance finding, the SLA conducted a monthly review of updated data. SLA staff discussed reasons for the noncompliance with leadership at the POE with an emphasis on the requirements for the start of any initial service. The corrective actions focused on the service coordinators implementing regulatory requirements, monitoring files more closely, and reaching out to providers nearing the thirty (30) day deadline to stress the importance of timely services.  
  
Improvements were noted during FFY 2019; however, restrictions at the beginning of the pandemic temporarily delayed some services. This POE achieved correction to 100% in July 2020 and the finding was cleared. Correction was verified using reports in the state’s database system in accordance with OSEP Memo 09-02, ensuring that the POE was correctly implementing the specific regulatory requirements and each infant and toddler received early intervention services, although late.

**Describe how the State verified that each *individual case* of noncompliance was corrected.**

In accordance with OSEP Memo 09-02, the SLA verified correction of each individual case of noncompliance (183 cases) by reviewing the child’s record on TOTS. Staff reviewed communication log entries, service log entries and claims data to verify the delivery date of the service. Documentation of a parent delay was noted as appropriate. An initial service was verified for each case (although late). Additionally, a list of files reviewed is maintained.

## 1 - Prior FFY Required Actions

The State did not provide valid and reliable data for FFY 2019. The State must provide valid and reliable data for FFY 2020 in the FFY 2020 SPP/APR.  
  
Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. In addition, the State must demonstrate, in the FFY 2020 SPP/APR, that the remaining one uncorrected finding of noncompliance identified in FFY 2018 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2019 and the EIS program or provider with remaining noncompliance identified in FFY 2018: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.   
  
If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

**Response to actions required in FFY 2019 SPP/APR**

There were no findings of noncompliance in FFY19 during the monitoring period which was the three month period of October, November, and December of 2019. FFY19 all cases that initially appeared to be late were reviewed for delivery of the initial service. Review consists of reading the case history in the communication and service logs. A review of claims data is also included in the review. Noted are reasons for late delay such as parent delay. Parent delays do not count as untimely service.   
  
As reported in FFY 19, the data was reported as "pre-pandemic" and "during pandemic". The pre-pandemic number of late services was seventy-seven (77) with seventy-four (74) receiving late services. Three (3) cases were closed at parent request. The during pandemic number was ninety-four (94) cases. Forty-five (45) children received services late and continued active throughout the remainder of the reporting period. Forty-nine (49) exited the Part C system after receiving services although late. In total for the full reporting period there were one hundred seventy-one (171) late cases as reported in the FFY19 SPP. None of the late cases occurred during the monitoring period. Other time periods that had late cases, the affected POES corrected the issue prior to the issuance of a corrective action.

## 1 - OSEP Response

## 1 - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.   
  
If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

# Indicator 2: Services in Natural Environments

**Instructions and Measurement**

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

**Results indicator:** Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings. (20 U.S.C. 1416(a)(3)(A) and 1442)

**Data Source**

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the ED*Facts* Metadata and Process System (E*MAPS*)).

**Measurement**

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

**Instructions**

Sampling from the State’s 618 data is not allowed.

Describe the results of the calculations and compare the results to the target.

The data reported in this indicator should be consistent with the State’s 618 data reported in Table 2. If not, explain.

## 2 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 98.70% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target>= | 98.70% | 98.70% | 98.70% | 98.70% | 98.70% |
| Data | 99.58% | 99.57% | 99.53% | 99.81% | 99.83% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= | 99.83% | 99.83% | 99.83% | 99.83% | 99.83% | 99.83% |

**Targets: Description of Stakeholder Input**

The Stakeholder Group reviewed historical and current data for Indicator 2 during a quarterly meeting. Discussion revolved around the concept of no pandemic, would 100% be a reasonable target? Past services in clinics were due to shortage of physical therapists. With tele-intervention available now, provider shortages are minimal. The conclusion of the discussion was that there needed to be flexibility for individual needs.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/08/2021 | Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings | 3,513 |
| SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/08/2021 | Total number of infants and toddlers with IFSPs | 3,513 |

**FFY 2020 SPP/APR Data**

| **Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings** | **Total number of Infants and toddlers with IFSPs** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 3,513 | 3,513 | 99.83% | 99.83% | 100.00% | Met target | No Slippage |

**Provide additional information about this indicator (optional).**

Limited options for service delivery other than home increased services in natural environments. A limited number of childcare centers were open since many closed related to the pandemic impact on facilities, availability of staff, and number of parents working outside the home.

## 2 - Prior FFY Required Actions

None

## 2 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

## 2 - Required Actions

# Indicator 3: Early Childhood Outcomes

**Instructions and Measurement**

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

**Results indicator:** Percent of infants and toddlers with IFSPs who demonstrate improved:

A. Positive social-emotional skills (including social relationships);

B. Acquisition and use of knowledge and skills (including early language/ communication); and

C. Use of appropriate behaviors to meet their needs.

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

**Data Source**

State selected data source.

**Measurement**

Outcomes:

A. Positive social-emotional skills (including social relationships);

B. Acquisition and use of knowledge and skills (including early language/communication); and

C. Use of appropriate behaviors to meet their needs.

Progress categories for A, B and C:

a. Percent of infants and toddlers who did not improve functioning = [(# of infants and toddlers who did not improve functioning) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

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

d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = [(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

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

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

**Measurement for Summary Statement 1:**

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

**Summary Statement 2:** The percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they turned 3 years of age or exited the program.

**Measurement for Summary Statement 2:**

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

**Instructions**

*Sampling of****infants and toddlers with IFSPs****is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See General Instructions page 2 for additional instructions on sampling.)*

In the measurement, include in the numerator and denominator only infants and toddlers with IFSPs who received early intervention services for at least six months before exiting the Part C program.

Report: (1) the number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State’s Part C exiting data under Section 618 of the IDEA; and (2) the number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.

Describe the results of the calculations and compare the results to the targets. States will use the progress categories for each of the three Outcomes to calculate and report the two Summary Statements.

Report progress data and calculate Summary Statements to compare against the six targets. Provide the actual numbers and percentages for the five reporting categories for each of the three outcomes.

In presenting results, provide the criteria for defining “comparable to same-aged peers.” If a State is using the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Process (COS), then the criteria for defining “comparable to same-aged peers” has been defined as a child who has been assigned a score of 6 or 7 on the COS.

In addition, list the instruments and procedures used to gather data for this indicator, including if the State is using the ECO COS.

If the State’s Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or “at-risk infants and toddlers”) under IDEA section 632(5)(B)(i), the State must report data in two ways. First, it must report on all eligible children but exclude its at-risk infants and toddlers (i.e., include just those infants and toddlers experiencing developmental delay (or “developmentally delayed children”) or having a diagnosed physical or mental condition that has a high probability of resulting in developmental delay (or “children with diagnosed conditions”)). Second, the State must separately report outcome data on either: (1) just its at-risk infants and toddlers; or (2) aggregated performance data on all of the infants and toddlers it serves under Part C (including developmentally delayed children, children with diagnosed conditions, and at-risk infants and toddlers).

## 3 - Indicator Data

**Does your State's Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or “at-risk infants and toddlers”) under IDEA section 632(5)(B)(i)? (yes/no)**

NO

**Targets: Description of Stakeholder Input**

A stakeholder workgroup convened in October 2019 to study Kentucky assessment data. The stakeholder group represented parents, evaluators, early intervention providers, POE staff, state agency staff including the Governor’s Office of Early Childhood, and university experts in child development and evaluation. The stakeholder workgroup also represented a variety of early intervention disciplines. After a thorough review of the data, the stakeholder group recommended a different, more reflective method to set cut scores and to calculate assessment results. The Interagency Coordinating Council (ICC) and State Systemic Improvement Plan (SSIP) Stakeholders reviewed the recommendations during the January 2020 meeting. There were questions posed by those who did not participate on the smaller workgroup that lead to discussion. The ICC/SSIP Stakeholders approved including this request in the FFY18 APR. It is also approved for submission with the FFY19 APR. OSEP approved the resetting of the baseline in the FFY19 SPP/APR.   
  
The revised baseline was reaffirmed by the ICC and stakeholders at the July 2021 quarterly meeting.

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Baseline** | **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| **A1** | 2019 | Target>= | 86.02% | 86.03% | 86.04% | 86.05% | 64.00% |
| **A1** | 64.00% | Data | 88.30% | 87.98% | 86.50% | 86.27% | 58.16% |
| **A2** | 2019 | Target>= | 68.99% | 69.00% | 69.00% | 69.00% | 44.00% |
| **A2** | 44.00% | Data | 65.83% | 63.76% | 64.05% | 62.46% | 37.18% |
| **B1** | 2019 | Target>= | 90.67% | 90.68% | 90.69% | 90.70% | 63.00% |
| **B1** | 63.00% | Data | 91.74% | 91.23% | 91.79% | 91.21% | 58.07% |
| **B2** | 2019 | Target>= | 71.55% | 71.55% | 71.55% | 71.55% | 42.00% |
| **B2** | 42.00% | Data | 69.96% | 68.92% | 68.28% | 67.91% | 39.25% |
| **C1** | 2019 | Target>= | 85.78% | 85.79% | 85.80% | 85.80% | 62.00% |
| **C1** | 62.00% | Data | 84.91% | 85.23% | 83.13% | 83.75% | 59.07% |
| **C2** | 2019 | Target>= | 53.81% | 53.82% | 53.83% | 53.84% | 48.00% |
| **C2** | 48.00% | Data | 49.23% | 46.71% | 46.16% | 44.41% | 42.38% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target A1>= | 64.05% | 64.10% | 64.15% | 64.20% | 64.25% | 64.30% |
| Target A2>= | 44.05% | 44.10% | 44.15% | 44.20% | 44.25% | 44.30% |
| Target B1>= | 63.05% | 63.10% | 63.15% | 63.20% | 63.25% | 63.30% |
| Target B2>= | 42.05% | 42.10% | 42.15% | 42.20% | 42.25% | 42.30% |
| Target C1>= | 62.05% | 62.10% | 62.15% | 62.20% | 62.25% | 62.30% |
| Target C2>= | 48.05% | 48.10% | 48.15% | 48.20% | 48.25% | 48.30% |

**FFY 2020 SPP/APR Data**

**Number of infants and toddlers with IFSPs assessed**

1,665

**Outcome A: Positive social-emotional skills (including social relationships)**

| **Outcome A Progress Category** | **Number of children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 44 | 2.64% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 445 | 26.73% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 412 | 24.74% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 551 | 33.09% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 213 | 12.79% |

| **Outcome A** | **Numerator** | **Denominator** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 963 | 1,452 | 58.16% | 64.05% | 66.32% | Met target | No Slippage |
| A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program | 764 | 1,665 | 37.18% | 44.05% | 45.89% | Met target | No Slippage |

**Outcome B: Acquisition and use of knowledge and skills (including early language/communication)**

| **Outcome B Progress Category** | **Number of Children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 42 | 2.52% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 468 | 28.11% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 347 | 20.84% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 510 | 30.63% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 298 | 17.90% |

| **Outcome B** | **Numerator** | **Denominator** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 857 | 1,367 | 58.07% | 63.05% | 62.69% | Did not meet target | No Slippage |
| B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program | 808 | 1,665 | 39.25% | 42.05% | 48.53% | Met target | No Slippage |

**Outcome C: Use of appropriate behaviors to meet their needs**

| **Outcome C Progress Category** | **Number of Children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 34 | 2.04% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 419 | 25.17% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 340 | 20.42% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 542 | 32.55% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 330 | 19.82% |

| **Outcome C** | **Numerator** | **Denominator** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 882 | 1,335 | 59.07% | 62.05% | 66.07% | Met target | No Slippage |
| C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program | 872 | 1,665 | 42.38% | 48.05% | 52.37% | Met target | No Slippage |

**The number of infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program**.

| **Question** | **Number** |
| --- | --- |
| The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State’s Part C exiting 618 data | 4,103 |
| The number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program. | 985 |

| **Sampling Question** | **Yes / No** |
| --- | --- |
| Was sampling used? | NO |

**Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Form (COS) process? (yes/no)**

NO

**Provide the criteria for defining “comparable to same-aged peers.”**

All assessment items were assigned to a six-month age band to determine age-appropriate functioning. The first level of instrument crosswalks included two detailed steps. First, specific items on each approved assessment instrument were aligned to the Kentucky Early Learning Standards and benchmarks by the publisher of each assessment tool. Second, each instrument crosswalk was reviewed in detail by an expert panel (including assessment and child development experts) to ensure coverage of the developmental continuum, alignment with Kentucky benchmarks, and inclusion of examples describing each benchmark. This process included cross assessment analyses. Once the review was completed, the expert panel age-anchored items for each benchmark. To determine consistent age anchors across tools, the panel utilized age-identified items for each instrument and, when not available, recommended behavioral sequences (Cohen & Gross, 1979). They also examined items similarity across assessments.  
  
Based on the first level crosswalk procedure, all item scores were analyzed to determine age-appropriate functioning. Then, items that correlated with each OSEP outcome were examined, and the percentage of items on which the child scored at age level were calculated. Item scores were recoded to a dichotomous variable reflecting age-appropriate functioning for each age interval. Each item was assigned a score of 0 (not age-appropriate functioning) or 1 (age-appropriate functioning) based on the alignment work of the expert panel. The assigned item score was based on the child’s age at the time of assessment.

**List the instruments and procedures used to gather data for this indicator.**

Three assessment instruments are used for monitoring children’s progress:  
  
1. Assessment, Evaluation, and Programming System for Infants and Children Second Edition (AEPS)  
2. Carolina Curriculum for Infants and Toddlers with Special Needs (CCITSN)  
3. Hawaii Early Learning Profile (HELP)

**Provide additional information about this indicator (optional).**

This is the first report using the revised analysis method and results are not comparable to previous results. Children who received services under Part C for at least six months and exited during FFY20 were included in analyses. Specific criteria for inclusion were children who: (a) were aged birth through three years of age, (b) had an IFSP, (c) had been in the program a minimum of six months, (d) had valid identifying student information, (e) had entry and exit assessments with an approved assessment instrument that were at least 75% complete, and (f) had an exit assessment completed no more than 90 days prior to exit.   
  
For FFY20, a total of 4,103 children with IFSPs exited the program at age 3. Of these, 1,665 met the assessment criteria and were included in the OSEP child outcome analysis. This is a decrease from FFY19. Overall, the population referred and served during FFY20 was much less than years prior to the pandemic. The reduction in the FFY20 sample size is attributed to the impact of COVID-19 on the ability of providers to complete exit assessments beginning in March of FFY19 and continuing into FFY 20. An increased number of families withdrew from the program without participating in an exit assessment. Noted below 880 children had a single assessment and 571 no exit assessment. Many of these children left the program without notice or their parent refused the exit assessment. This absence of assessments is more pronounced than in the past. To mitigate the impact of the pandemic on data collection, service coordinators and primary service providers were directed to contact parents and encourage participation in an exit assessment. This was difficult as families moved to live with extended family or seek new jobs. Some families did not respond to phone calls or texts. POE Managers were encouraged to review the monthly Baby KEDS data to track entry of assessment data as well. The remaining 2438 children not meeting these criteria were excluded from the FFY20 analysis as noted below.  
  
Reason for Exclusion Number of Children  
<6 months of service 985  
Single assessment 880  
No Exit Assessment 571  
Incomplete Assessment 2  
Total 2438

## 3 - Prior FFY Required Actions

OSEP notes that one or more of the attachments included in the State’s FFY 2019 SPP/APR submission are not in compliance with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508), and will not be posted on the U.S. Department of Education’s IDEA website. Therefore, the State must make the attachment(s) available to the public as soon as practicable, but no later than 120 days after the date of the determination letter

**Response to actions required in FFY 2019 SPP/APR**

The attachment was the justification for a change in baseline. This was posted on the website on 6/30/21 instead of 6/1/21. The delay in posting was due to difficulty obtaining multiple approvals for public posting from various leadership offices within the Cabinet for Health and Family Services. During FFY20 work processes were slow.

## 3 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.  
  
The State provided an explanation of how COVID-19 impacted its ability to collect FFY 2020 data for this indicator and steps the State has taken to mitigate the impact of COVID-19 on data collection.

## 3 - Required Actions

# Indicator 4: Family Involvement

**Instructions and Measurement**

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

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

A. Know their rights;

B. Effectively communicate their children's needs; and

C. Help their children develop and learn.

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

**Data Source**

State selected data source. State must describe the data source in the SPP/APR.

**Measurement**

A. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family know their rights) divided by the (# of respondent families participating in Part C)] times 100.

B. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children’s needs) divided by the (# of respondent families participating in Part C)] times 100.

C. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn) divided by the (# of respondent families participating in Part C)] times 100.

**Instructions**

*Sampling of****families participating in Part C****is allowed.* *When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See General Instructions page 2 for additional instructions on sampling.)*

Provide the actual numbers used in the calculation.

Describe the results of the calculations and compare the results to the target.

While a survey is not required for this indicator, a State using a survey must submit a copy of any new or revised survey with its SPP/APR.

Report the number of families to whom the surveys were distributed and the number of respondent families participating in Part C. The survey response rate is auto calculated using the submitted data.

States will be required to compare the current year’s response rate to the previous year(s) response rate(s), and describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

The State must also analyze the response rate to identify potential nonresponse bias and take steps to reduce any identified bias and promote response from a broad cross section of families that received Part C services.

Include the State’s analysis of the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers receiving services in the Part C program. States should consider categories such as race/ethnicity, age of infant or toddler, and geographic location in the State.

States must describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group)

If the analysis shows that the demographics of the infants or toddlers for whom families responded are not representative of the demographics of infants and toddlers receiving services in the Part C program, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics. In identifying such strategies, the State should consider factors such as how the State distributed the survey to families (e.g., by mail, by e-mail, on-line, by telephone, in-person), if a survey was used, and how responses were collected.

Beginning with the FFY 2022 SPP/APR, due February 1, 2024, when reporting the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program, States must include race and ethnicity in its analysis. In addition, the State’s analysis must also include at least one of the following demographics: socioeconomic status, parents or guardians whose primary language is other than English and who have limited English proficiency, maternal education, geographic location, and/or another demographic category approved through the stakeholder input process.

States are encouraged to work in collaboration with their OSEP-funded parent centers in collecting data.

## 4 - Indicator Data

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Measure** | **Baseline** | **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| A | 2007 | Target>= | 99.45% | 99.45% | 99.45% | 99.45% | 99.45% |
| A | 83.20% | Data | 99.61% | 99.14% | 99.10% | 98.81% | 99.70% |
| B | 2007 | Target>= | 99.52% | 99.52% | 99.52% | 99.52% | 99.52% |
| B | 74.30% | Data | 99.55% | 99.39% | 99.28% | 99.16% | 99.41% |
| C | 2007 | Target>= | 99.03% | 99.03% | 99.03% | 99.03% | 99.03% |
| C | 89.60% | Data | 99.16% | 99.20% | 98.97% | 99.02% | 99.11% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target A>= | 99.52% | 99.52% | 99.52% | 99.52% | 99.52% | 99.53% |
| Target B>= | 99.43% | 99.43% | 99.43% | 99.44% | 99.44% | 99.45% |
| Target C>= | 98.80% | 98.80% | 98.80% | 98.80% | 98.80% | 98.85% |

**Targets: Description of Stakeholder Input**

Targets were discussed by the stakeholders and ICC at the January 2022 meeting. Impacts of the lingering pandemic and survey fatigue on response rate were subjects of discussion. Stakeholders agreed that setting higher targets was difficult as history indicates high results year after year and advised that targets not be 100%. There needs to be room to grow as well as be realistic.

**FFY 2020 SPP/APR Data**

|  |  |
| --- | --- |
| The number of families to whom surveys were distributed | 8,719 |
| Number of respondent families participating in Part C | 1,091 |
| Survey Response Rate | 12.51% |
| A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights | 1,018 |
| A2. Number of responses to the question of whether early intervention services have helped the family know their rights | 1,018 |
| B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs | 1,018 |
| B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs | 1,030 |
| C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn | 1,016 |
| C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn | 1,030 |

| **Measure** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- |
| A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2) | 99.70% | 99.52% | 100.00% | Met target | No Slippage |
| B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2) | 99.41% | 99.43% | 98.83% | Did not meet target | No Slippage |
| C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2) | 99.11% | 98.80% | 98.64% | Did not meet target | No Slippage |

| **Sampling Question** | **Yes / No** |
| --- | --- |
| Was sampling used? | NO |

| **Question** | **Yes / No** |
| --- | --- |
| Was a collection tool used? | YES |
| If yes, is it a new or revised collection tool? | NO |
| The demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program. | NO |

**If not, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.**

As described below, the change in survey dissemination is designed to increase overall response rate which should influence representativeness. Other ideas discussed include over-sampling categories that are low. Another strategy under discussion is the development of parent outreach specialists who will be tasked with working the underserved populations to open communication for input. Incentives for responding have also been mentioned but not pursued at this point.

**Survey Response Rate**

|  |  |  |
| --- | --- | --- |
| **FFY** | **2019** | **2020** |
| Survey Response Rate | 25.32% | 12.51% |

**Describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.**

The State Lead Agency met with stakeholders to share ideas about what other states are doing with the family survey. Since Kentucky currently surveys all families who have an active IFSP within in the federal fiscal year, some families receive the survey and have not had early intervention services in almost a year. It is also difficult for Point of Entry staff and providers to follow-up or encourage families to complete the family survey since it is sent to families who had an active IFSP in the previous fiscal year. Families who receive the survey may no longer be on active caseloads. Stakeholders determined that it may be beneficial to shift the completion of the family survey as families exit early intervention. Stakeholders are hoping that having families complete the survey when their child exits the program will produce more relevant data. At a child/family’s exit, their early intervention services will be fresh on their mind. The goal is to receive more responses and more accurate response data. The State Lead Agency is working with TOTS development staff to see if this is a possibility. This requires some significant changes to the structure of how the electronic family survey is currently set-up in the data system. The development of a report that can be sorted by district has been requested. This will enable notification to the Point of Entry staff who will be receiving the family survey so they can make a concerted effort to reach out to them, encourage survey completion and offer assistance if there are any questions about the survey process. Should this new distribution method not be feasible, Kentucky will continue with current methodology.   
  
The stakeholder group also determined that for FFY 21 Kentucky should investigate the response data in relation to location. The stakeholder group thought that it would be interesting to look at the data to determine if there are pockets of the state that are not represented in the family survey response data.   
  
Kentucky will also continue public awareness efforts to help everyone in the early intervention system understand the importance of the family survey. These efforts include notification to families, point of entry staff, and providers through various listserv announcements, the development of an updated infographic that includes survey results and the importance, efforts to update information in the data system, reaching out to families during the survey window to encourage responses, and TOTS announcements as reminders for POE staff and providers.

**Describe the analysis of the response rate including any nonresponse bias that was identified, and the steps taken to reduce any identified bias and promote response from a broad cross section of families that received Part C services.**

In FFY19, Kentucky used a sample for Indicator 4 data collection, and 4107 surveys were distributed and 1040 were returned. In FFY20, the stakeholder group determined that it would be best to move away from sampling. Instead, all families who had an active IFSP in FFY20, received the family survey. This ensures that an unbiased methodology of data collection occurred. Every family that received early intervention services in Kentucky regardless of race, religion, ethnicity, sexual orientation, or location received a family survey.  
  
Since Spanish is the second largest language used in Kentucky, the electronic survey was sent to all families who had an email on file in the system in both Spanish and English. Families who did not have an email on file and who speak Spanish were filtered out of the English paper survey mailing and were only sent the Family Survey materials in Spanish.   
  
Due to COVID, overall participation in Kentucky’s Early Intervention System was down and 8719 surveys were distributed. There was a slight increase in responses in FFY 20 (1091), but since distribution was nearly double, this significantly impacted the return rate percentage.

**Include the State’s analysis of the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program.** **States should consider categories such as race/ethnicity, age of infant or toddler, and geographic location in the State.**

The family survey response data indicates that there were no American Indian or Alaska Native respondents. There were 2 or 0.18% Native Hawaiian or Other Pacific Islander respondents, 26 or 2.38% Asian respondents, 57 or 5.33% Two or More Races respondents, 71 or 6.51% Hispanic/Latino respondents, 83 or 7.61% Black or African American respondents, and 852 or 78.09% white respondents.   
  
Kentucky compared two sources of data to the Family Survey demographics: the December 1, 2020 Child Count and the FFY20 Exit data. The December 1 Child Count data revealed the following: 4 or 0% American Indian or Alaska Native children . There were 10 or 0% Native Hawaiian or Other Pacific Islander children, 52 or 1% Asian children, 216 or 6% Two or More Races children, 229 or 7% Hispanic/Latino children, 309 or 9% Black or African American children, and 2693 or 77% white children.   
  
The exit data for FFY20 reports that there was 0% American Indian or Alaska Natives who exited, 0% Native Hawaiian or Other Pacific Islanders who exited, 1% Asians exited, 6% children who are identified as having Two or More Races exited, 7% Hispanic/Latinos exited, 9% Black or African Americans exited, and 76% individuals who identify as White exited.   
  
Another source of data was reviewed to verify the general population of the state. Kentucky’s Early Intervention System (KEIS) also reviewed data from the Kentucky State Data Center (http://www.ksdc.louisville.edu/data-downloads/estimates/) to determine population estimates. KEIS compared the most recent population estimates to the family survey responses by race. The Kentucky Population Estimate data was updated on 06/25/2020. The population estimates are determined by sex, age group, and race. KEIS looks specifically at the data related to age and race. The age category for the Kentucky population estimates is birth to four, so this is a larger data pool then the birth to three population that is served by KEIS. The population estimates are provided in the following categories: White, Black, Asian, Hispanic, and Other. The KEIS’s data system provides the demographic information on responses to the family survey in more specific categories: White, Black or African American, Asian, Hispanic/Latino, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, and Two or more races. The most recent population estimates for the B-4 age range indicate that the population is 78.30% White, 9.18% Black, 1.37% Asian, 6.57% Hispanic, and 4.58% Other.  
  
The Kentucky State Data Center Population Estimates are not a direct match but do provide significant guidance in determining the representativeness of the Part C Family Survey response data in comparison to the population estimates for Kentucky's birth to four residents. Please keep in mind that although there is some discrepancy among the percentages of population estimates and the family survey responses, the population estimates are based on the total birth to four population and not related to the portion of the population who have significant developmental delays, which would be a much smaller percentage of the population.

**Describe the metric used to determine representativeness (e.g., +/- 3% discrepancy, age of the infant or toddler, and geographic location in the proportion of responders compared to target group).**

The metric used to determine representativeness was a direct comparison of data. The Family Survey response rate, December 1 Child Count and Exit data show very little variance for all categories. When looking at Kentucky’s Birth to 4 population estimates compared to the FFY20 Family Survey Demographic Response Rates, there is almost a direct match of White and Hispanic percentages. There are slightly more Asian responses and slightly fewer Black responses, but all of the discrepancies are less than 3%. When comparing the FFY20 exit data to the family survey response data, there was less than a 2% difference in any given demographic category.

**Provide additional information about this indicator (optional).**

In an effort to increase the family survey response rate for FFY20, Kentucky stakeholders determined that a sample should no longer be used and the survey distribution methodology was changed. Every family who had an active IFSP for FFY20 and had an email on file in TOTS (Kentucky’s early intervention data system), received the family survey electronically. The email notification was sent in both English and Spanish. If a family responded to the electronic survey, the survey completion data was stored in the data system. If a family did not respond to the electronic survey, they were emailed weekly reminders. The email notification contained a unique link that was tied to their child’s record in the data system. This allowed the parent to answer only the ECO tool questions and provide comments. They did not have to enter any demographic information since that information is already available in the TOTS system.   
  
All families who had an active IFSP for FFY20 and did not have an email address listed in TOTS, were mailed a paper survey. Families listed in the TOTS system as primarily speaking Spanish were mailed the Spanish version of the family survey. The families that were mailed a paper survey also received a postage paid return envelope. Completed paper surveys were mailed to the State Lead Agency and entered manually into the TOTS system using a unique identifier. This method ensured that parents completing the paper survey did not have to include any demographic information.  
  
This distribution methodology allowed all Kentucky families who had an active IFSP for FFY20 to receive the family survey. The survey response window was increased and was open for two months from August 2, 2021 to October 8, 2021. Prior to the survey distribution, all Points of Entry/Service Coordinators were asked to reach out to the families on their caseload and ensure that email addresses in the system were correct and if no email was in the system to attempt to obtain one. Notifications were sent out to all First Steps providers through both the listserv and through the announcement feature on TOTS notifying them of the family survey response window asking for assistance in notifying families about the importance of their feedback and to encourage them to respond. Several announcements were also sent directly to families through the family listserv. In addition to family listserv announcements, an infographic was developed that included the previous year’s data, parent comments, and the need for parent input for federal reporting.

## 4 - Prior FFY Required Actions

In the FFY 2020 SPP/APR, the State must report whether its FFY 2020 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program , and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

**Response to actions required in FFY 2019 SPP/APR**

An extensive data review was conducted to verify representativeness based on race. Additionally, the sampling methodology for collection was stopped and the state distributed the survey to the full population who received services during FFY20. This was in hopes of garnering more responses from the diverse population served.

## 4 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.  
  
The State provided an explanation of how COVID-19 impacted its ability to collect FFY 2020 data for this indicator and steps the State has taken to mitigate the impact of COVID-19 on data collection.

## 4 - Required Actions

In the FFY 2021 SPP/APR, the State must report whether its FFY 2021 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program , and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

# Indicator 5: Child Find (Birth to One)

**Instructions and Measurement**

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

**Results indicator:** Percent of infants and toddlers birth to 1 with IFSPs.

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

**Data Source**

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the E*DFacts* Metadata and Process System (E*MAPS*)) and Census (for the denominator).

**Measurement**

Percent = [(# of infants and toddlers birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100.

**Instructions**

*Sampling from the State’s 618 data is not allowed.*

Describe the results of the calculations.The data reported in this indicator should be consistent with the State’s reported 618 data reported in Table 1. If not, explain why.

## 5 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 0.49% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target >= | 0.52% | 0.52% | 0.52% | 0.52% | 0.52% |
| Data | 0.57% | 0.66% | 0.62% | 0.54% | 0.64% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 0.64% | 0.64% | 0.64% | 0.65% | 0.68% | 0.70% |

Targets: Description of Stakeholder Input

Targets were discussed with the ICC and other stakeholders. Department for Public Health staff in the Perinatal Service section were consulted about setting targets. Data from the Kentucky Birth Defects Surveillance Registry was reviewed as well. Concerns with the slow recovery from the decrease in child find since the pandemic began, stakeholder and consultant advice was to be conservative in setting higher targets. A child find campaign is planned to launch for 2023 along with a slight expansion of the established risk condition eligibility; hence the targets are set higher for 2024 and 2025.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/08/2021 | Number of infants and toddlers birth to 1 with IFSPs | 158 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2020 | 07/08/2021 | Population of infants and toddlers birth to 1 | 52,511 |

**FFY 2020 SPP/APR Data**

| **Number of infants and toddlers birth to 1 with IFSPs** | **Population of infants and toddlers birth to 1** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 158 | 52,511 | 0.64% | 0.64% | 0.30% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable**

Birth-one (B-1) referrals were significantly decreased due to the impact of the COVID-19 pandemic. The December child count was taken prior to the release of vaccines for adults and fear of transmission was high. Fewer infants had well-baby checkups which is the primary referral source for the birth-one population. Another primary referral source, local Departments of Health, were consumed with COVID contact tracing and primarily served clients through telehealth. This too reduced referrals to First Steps. Many parents with very young infants did not want new people in their “bubble”. Several screening protocols were lost in the mail or if delivered, it was late delivery and the protocol no longer fit the child’s age. Parents did not ask for a new protocol. Parents who indicated initial interest would not follow-through with tele-intervention as they wanted in-home services only. Child care centers and other early childhood agencies were closed or operating at less than half capacity. Developmental screenings were not conducted. Misinformation also influenced referrals as people assumed that First Steps was closed.   
  
Since July 1, 2020 referrals have increased although not to the same level as pre-pandemic levels.

**Provide additional information about this indicator (optional)**

## 5 - Prior FFY Required Actions

None

## 5 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.  
  
The State provided an explanation of how COVID-19 impacted its ability to collect FFY 2020 data for this indicator and steps the State has taken to mitigate the impact of COVID-19 on data collection.

## 5 - Required Actions

# Indicator 6: Child Find (Birth to Three)

**Instructions and Measurement**

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

**Results indicator:** Percent of infants and toddlers birth to 3 with IFSPs.

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

**Data Source**

Data collected under IDEA section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the ED*Facts* Metadata and Process System (E*MAPS*)) and Census (for the denominator).

**Measurement**

Percent = [(# of infants and toddlers birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100.

**Instructions**

*Sampling from the State’s 618 data is not allowed.*

Describe the results of the calculations . The data reported in this indicator should be consistent with the State’s reported 618 data reported in Table 1. If not, explain why.

## 6 - Indicator Data

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 2.17% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target >= | 2.55% | 2.55% | 2.55% | 2.55% | 2.55% |
| Data | 2.69% | 2.92% | 3.08% | 3.17% | 3.35% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 3.36% | 3.36% | 3.36% | 3.40% | 3.50% | 3.75% |

Targets: Description of Stakeholder Input

Targets were discussed with the ICC and other stakeholders. Data from the Kentucky Birth Defects Surveillance Registry was reviewed. Concerns with the slow recovery from the decrease in child find since the pandemic began, stakeholder and consultant advice was to be conservative in setting higher targets. A child find campaign is planned to launch for 2023 along with a slight expansion of the established risk condition eligibility; hence the targets are set higher for 2024 and 2025.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/08/2021 | Number of infants and toddlers birth to 3 with IFSPs | 3,513 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2020 | 07/08/2021 | Population of infants and toddlers birth to 3 | 160,287 |

**FFY 2020 SPP/APR Data**

| **Number of infants and toddlers birth to 3 with IFSPs** | **Population of infants and toddlers birth to 3** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 3,513 | 160,287 | 3.35% | 3.36% | 2.19% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable**

The impact of the pandemic is evident in this indicator. This count was taken prior to the release of vaccines for adults and fear of transmission was high. Families withdrew from First Steps unexpectedly when they found clinic services with openings. Many childcare facilities were closed which decreased referrals from that source. Many parents with infant and toddlers did not want new people in their “bubble” and chose to wait for in-home services instead of accepting tele-intervention. Several screening protocols were lost in the mail or if delivered, it was late and the protocol no longer fit the child’s age and that resulted in delayed or no referral.   
  
Since July 1, 2020 referrals have increased although not to the same level as pre-pandemic levels.

**Provide additional information about this indicator (optional).**

## 6 - Prior FFY Required Actions

None

## 6 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

## 6 - Required Actions

# Indicator 7: 45-Day Timeline

**Instructions and Measurement**

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

**Compliance indicator:** Percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C’s 45-day timeline. (20 U.S.C. 1416(a)(3)(B) and 1442)

**Data Source**

Data to be taken from monitoring or State data system and must address the timeline from point of referral to initial IFSP meeting based on actual, not an average, number of days.

**Measurement**

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

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

**Instructions**

*If data are from State monitoring, describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.*

Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data and if data are from the State’s monitoring, describe the procedures used to collect these data. Provide actual numbers used in the calculation.

States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child’s record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child’s record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Provide detailed information about the timely correction of noncompliance as noted in OSEP’s response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 7 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 61.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 88.01% | 89.07% | 95.43% | 95.97% | 99.01% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% | 100% |

**FFY 2020 SPP/APR Data**

| **Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C’s 45-day timeline** | **Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 2,401 | 2,436 | 99.01% | 100% | 98.56% | Did not meet target | No Slippage |

**Number of documented delays attributable to exceptional family circumstances**

**This number will be added to the "Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline" field above to calculate the numerator for this indicator.**

0

**Provide reasons for delay, if applicable.**

A total of thirty-five (35) cases were determined to be untimely. One case, registered one hundred eleven (111) days late, was due to the POE staff not closing the case when the parent did not respond to communications from the POE. When notified that the case would be closed, the parent expressed interest for a few days then became unresponsive again. The pattern repeated several times. Other cases were delayed because intake staff did not process the referral timely and/or contracted evaluators conducted the initial assessment untimely due to scheduling the assessment late in the process. In some cases the delay was due to the IFSP team not convening within the required timeline.

**What is the source of the data provided for this indicator?**

State database

**Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).**

July 1, 2020 to June 30, 2021

**Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.**

All referrals are entered in the electronic data base system upon receipt and verification of demographic information. All referrals that were received are in the data system. An unique numeric identifier is assigned to each referral. The system has edits to prevent duplicate entries. The date of the initial IFSP was matched to the date of referral and calculated the forty-five (45) day timeline. A report, Single Timeline Report, was generated for the date range indicated above (July 1, 2020-June 30, 2021) that includes all children who had an initial IFSP developed during the period. Monthly, POE Managers are required to verify the reason an initial IFSP is late. SLA staff review monthly reports to verify the reason for late initial IFSPs. In preparation for submitting the Annual Performance Report, a different SLA staff person reviews the statewide report to verify late initial IFSPs. This is then compared to the monthly POE reports for consistency.

**Provide additional information about this indicator (optional).**

The FFY20 data shows an increase of one (1) untimely initial IFSP from the previous year. The range of days late was two (2) days to one hundred eleven (111). Of the late initial IFSPs, nine (9) children are no longer under the jurisdiction of Part C. The twenty-six (26) remaining children continue to receive early intervention services through the Part C system. Eight (8) POEs achieved the target for this indicator (100%) with the remaining POEs results in the range of 99% to 96%.   
  
There were no findings of noncompliance issued for this indicator in FFY 2019. Early intervention services in Kentucky are administered through fifteen (15) district offices, known as Points of Entry (POE) or local lead agency. During the formal monitoring period, files at each POE are reviewed for compliance. All fifteen (15) POEs were 100% compliant with this indicator during the FFY 2019 formal monitoring period.   
  
During preparation of the FFY 2019 SPP/APR, reports were generated to review all files in the database system for compliance during the fiscal year. Review of the reports showed there were thirty-four (34) total infants and toddlers that did not receive an IFSP in a timely manner. Fourteen (14) of these were due to exceptional family circumstances. All instances of noncompliance were sorted by POE for further review. The timing and reason of each instance of noncompliance was noted, as well as the number of months each POE was noncompliant. This review showed all fifteen (15) POEs corrected to 100% within three (3) months. These were considered pre-finding corrections. Although the noncompliance was noted and communicated to the POE manager, no findings were issued.   
  
In accordance with OSEP Memo 09-02, the SLA ensured all thirty-four (34) infants and toddlers received an IFSP, although late, or were no longer under the jurisdiction of the EIS program by reviewing all thirty-four (34) files. As noted above, the SLA also ensured all POEs were correctly implementing the specific regulatory requirements by the end of FFY 2019 based on review of the reports generated in the state’s data system.   
  
The impact of the COVID-19 pandemic on data collection was the decrease in referrals to First Steps that began in the last quarter of FFY19. Across the state programs that serve the birth to three population had decreases in referrals, including well-baby checks. Contributing factors include parent fears of infection, closed primary referral sources such as child care centers and medical offices/clinics, and misinformation that First Steps was closed.

**Correction of Findings of Noncompliance Identified in FFY 2019**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 0 | 0 | 0 | 0 |

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| FFY 2018 | 1 | 1 | 0 |
|  |  |  |  |
|  |  |  |  |

**FFY 2018**

**Findings of Noncompliance Verified as Corrected**

**Describe how the State verified that the source of noncompliance is correctly implementing the *regulatory requirements.***

There was one (1) finding of noncompliance for FFY18 during the formal monitoring period. SLA staff monitored the POE’s compliance to this indicator monthly. Improvements were noted during FFY19; however, restrictions at the beginning of the pandemic temporarily delayed the development of the initial IFSP and services. SLA staff discussed reasons for the noncompliance with leadership at the POE. Required corrective actions focused on the POE monitoring intake processes and files more closely to ensure regulatory requirements were met and following up with each family whose intake process was delayed at the first point of delay. In addition the POE Manager sent quarterly reports to the General Supervision Coordinator. The reports indicated effectiveness of any procedures the POE implemented despite the pandemic and any new procedures the POE implemented. The POE Manager had to address all identified noncompliance immediately.  
  
Significant improvements were noted and the POE corrected to 100% compliance at the beginning of the new fiscal year in July 2020. As the POE has now achieved and maintained compliance, this finding is cleared.

**Describe how the State verified that each *individual case* of noncompliance was corrected.**

Individual cases of a late IFSP are reviewed as the online data system captures all documented actions of the POE staff beginning with referral. The communication and service logs are reviewed as well as claims data. Date of the initial IFSP is noted, although late. Reasons for delay are noted during the review. Parent initiated delays do not count as a noncompliance.  
  
Date that the IFSP was developed and authorized was noted. In each case an IFSP was developed and implemented although later than 45 days from date of referral. The list of reviewed cases is maintained by the State Lead Agency.

## 7 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. In addition, the State must demonstrate, in the FFY 2020 SPP/APR, that the remaining one uncorrected finding of noncompliance identified in FFY 2018 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2019 and the EIS program or provider with remaining noncompliance identified in FFY 2018: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State da ta system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.   
  
If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

**Response to actions required in FFY 2019 SPP/APR**

There were no findings of noncompliance in FFY19 during the monitoring period which was the three month period of October, November, and December of 2019. FFY19 all cases that initially appeared to be late were reviewed for the date of the initial IFSP. Review consists of reading the case history in the communication and service logs. A review of claims data is also included in the review. Noted are reasons for late delay such as parent delay. Parent delays do not count as untimely initial IFSP. None of the late cases occurred during the monitoring period. During other time periods that had late cases, the affected POES corrected the issue prior to the issuance of a corrective action.

## 7 - OSEP Response

## 7 - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.   
  
If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

# Indicator 8A: Early Childhood Transition

**Instructions and Measurement**

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

**Compliance indicator:** The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday;

B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and

C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

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

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

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

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

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

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

**Instructions**

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State’s monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child’s record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child’s record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to “opt-out” of the referral. Under the State’s opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State’s Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of noncompliance as noted in OSEP’s response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8A - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 100.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% | 100% |

**FFY 2020 SPP/APR Data**

**Data include only those toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday. (yes/no)**

YES

| **Number of children exiting Part C who have an IFSP with transition steps and services** | **Number of toddlers with disabilities exiting Part C** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 4,103 | 4,103 | 100.00% | 100% | 100.00% | Met target | No Slippage |

**Number of documented delays attributable to exceptional family circumstances**   
**This number will be added to the “Number of children exiting Part C who have an IFSP with transition steps and services” field to calculate the numerator for this indicator.**

0

**Provide reasons for delay, if applicable.**

N/A

**What is the source of the data provided for this indicator?**

State database

**Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).**

July 1, 2020 through June 30, 2021

**Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.**

The Kentucky early intervention database system requires a transition outcome with appropriate steps and early intervention services in every IFSP. Guidance to service coordinators and early intervention services providers includes this requirement and provides a framework for identifying typical transitions that infants and toddlers experience. As a child nears two (2) years of age, transition focus becomes planning for exit from Part C services.

**Provide additional information about this indicator (optional)**

N/A

**Correction of Findings of Noncompliance Identified in FFY 2019**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 0 | 0 | 0 | 0 |

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 8A - Prior FFY Required Actions

None

## 8A - OSEP Response

## 8A - Required Actions

# Indicator 8B: Early Childhood Transition

**Instructions and Measurement**

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

**Compliance indicator:** The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday;

B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and

C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

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

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

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

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

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

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

**Instructions**

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State’s monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child’s record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child’s record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to “opt-out” of the referral. Under the State’s opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State’s Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of noncompliance as noted in OSEP’s response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8B - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 100.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% | 100% |

**FFY 2020 SPP/APR Data**

**Data include notification to both the SEA and LEA**

YES

| **Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services** | **Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 4,300 | 4,552 | 100.00% | 100% | 100.00% | Met target | No Slippage |

**Number of parents who opted out**

**This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.**

252

**Provide reasons for delay, if applicable.**

N/A

**Describe the method used to collect these data.**

A list of all children potentially eligible for Part B services and whose parent has not opted-out of Local Education Agency (LEA) notification is generated on a quarterly basis by Part C. The list originates from the birthdates for children with active records in TOTS. This list is disaggregated by school district and forwarded to the LEA. The list is also sent to the Kentucky Department of Education (KDE). Service Coordinators are required to verify that the LEA received the notification as part of the transition process. The total unduplicated number of notifications to the LEAs and KDE is then compared to original list to ensure no child was dropped between the lists.

**Do you have a written opt-out policy? (yes/no)**

YES

**If yes, is the policy on file with the Department? (yes/no)**

YES

**What is the source of the data provided for this indicator?**

State database

**Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).**

July 1, 2020 through June 30, 2021

**Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.**

Every child's record in TOTS includes a transition section. The screen includes all key elements of the transition from Part C to Part B. An electronic file exchange process with the State Education Agency (SEA) was developed as a part of the State Improvement Grant several years ago. A report is available through TOTS that lists all directory information for children ages 2 and older. The list is generated quarterly. There is a data-sharing agreement between Part C and the SEA to facilitate transition. The database system is designed to default to parent agreement for transition activities. Parents have the option to refuse notification of the local education agency and/or the SEA. Parents that choose this option must provide written indication of their desire to opt-out and the Service Coordinator must change the field on TOTS so that the refusal is stored electronically. Parents are informed both verbally and in writing that this refusal can be changed at any time.

**Provide additional information about this indicator (optional).**

Notification of children turning three continued throughout the program year, despite LEA closures. Service Coordinators continued to provide services to the families on their caseloads and followed through with procedures for transition at age three (3).

**Correction of Findings of Noncompliance Identified in FFY 2019**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 0 | 0 | 0 | 0 |

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 8B - Prior FFY Required Actions

None

## 8B - OSEP Response

## 8B - Required Actions

# Indicator 8C: Early Childhood Transition

**Instructions and Measurement**

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

**Compliance indicator:** The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday;

B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and

C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

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

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

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

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

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

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

**Instructions**

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State’s monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child’s record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child’s record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to “opt-out” of the referral. Under the State’s opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State’s Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of noncompliance as noted in OSEP’s response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8C - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 90.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 96.82% | 98.57% | 98.23% | 98.95% | 99.64% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% | 100% |

**FFY 2020 SPP/APR Data**

**Data reflect only those toddlers for whom the Lead Agency has conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services. (yes/no)**

YES

| **Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler’s third birthday for toddlers potentially eligible for Part B** | **Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 2,543 | 2,687 | 99.64% | 100% | 99.76% | Did not meet target | No Slippage |

**Number of toddlers for whom the parent did not provide approval for the transition conference**

**This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.**

138

**Number of documented delays attributable to exceptional family circumstances**

**This number will be added to the "Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler’s third birthday for toddlers potentially eligible for Part B" field to calculate the numerator for this indicator.**

0

**Provide reasons for delay, if applicable.**

Six (6) children had transition conferences held late due to service coordinators scheduling the meeting late. Range in days late was 5 to 27. Transition conferences were often held without LEA representatives for most of the year. Once schools re-opened to in-person school, LEA participation increased. Information about Part B services were provided to the families. All six (6) children exited the Part C system and no longer under the jurisdiction of Part C.

**What is the source of the data provided for this indicator?**

State database

**Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).**

July 1, 2020 through June 30, 2021

**Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.**

The state early intervention database (TOTS) includes a list of all children assigned to the Service Coordinator with an upcoming transition period. The transition screen in TOTS includes a banner that clearly provides the window of time for the timely transition conference. Other data elements collected on the screen are date parent consented to convene the meeting and date of LEA invitation to the meeting. These prompts assist the Service Coordinator's compliance with timelines. POE Managers monitor the timeliness of transition conferences monthly and address any administrative or provider issue with the Service Coordinator that resulted in an untimely transition conference. This monthly monitoring is verified by the SLA staff.

**Provide additional information about this indicator (optional).**

Transition conferences occurred even when no LEA representative was available due to pandemic restrictions. Once schools reopened, the LEA representatives attended virtually nearly all meetings.  
  
There were no findings of noncompliance issued for this indicator in FFY 2019. Early intervention services in Kentucky are administered through fifteen (15) district offices, known as Points of Entry (POE). During the formal monitoring period, files at each POE are reviewed for compliance. All fifteen (15) POEs were 100% compliant with this indicator during the FFY 2019 formal monitoring period.   
  
During preparation of the FFY 2019 SPP/APR, reports were generated to review all files in the database system for compliance during the fiscal year. Review of the reports showed there were thirteen (13) total infants and toddlers that did not have a transition conference in a timely manner. All instances of noncompliance were sorted by POE for further review. The timing and reason of each instance of noncompliance was noted, as well as the number of months each POE was noncompliant. This review showed all fifteen (15) POEs corrected to 100% within three (3) months. These were considered pre-finding corrections. Although the noncompliance was noted and communicated to the POE manager, no findings were issued.   
  
In accordance with OSEP Memo 09-02, the SLA ensured all thirteen (13) infants and toddlers had a transition conference, although late, or were no longer under the jurisdiction of the EIS program by reviewing all thirteen (13) files. As noted above, the SLA also ensured all POEs were correctly implementing the specific regulatory requirements by the end of FFY 2019 based on review of the reports generated in the state’s data system.  
  
In addition, there were no findings of noncompliance issued for this indicator in FFY 2018. All fifteen (15) POEs were 100% compliant with this indicator during the FFY 2018 formal monitoring period.   
  
During preparation of the FFY 2018 SPP/APR, reports were generated to review all files in the database system for compliance during the fiscal year. Review of the reports showed there were thirty-five (35) total infants and toddlers that did not have a transition conference in a timely manner. All instances of noncompliance were sorted by POE for further review. The timing and reason of each instance of noncompliance was noted, as well as the number of months each POE was noncompliant. This review showed all fifteen (15) POEs corrected to 100% within three (3) months. These were considered pre-finding corrections. Although the noncompliance was noted and communicated to the POE manager, no findings were issued.   
  
In accordance with OSEP Memo 09-02, the SLA ensured all thirty-five (35) infants and toddlers had a transition conference, although late, or were no longer under the jurisdiction of the EIS program by reviewing all thirty-five (35) files. As noted above, the SLA also ensured all POEs were correctly implementing the specific regulatory requirements by the end of FFY 2018 based on review of the reports generated in the state’s data system.

**Correction of Findings of Noncompliance Identified in FFY 2019**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 0 | 0 | 0 | 0 |

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| FFY 2017 | 2 | 2 | 0 |
|  |  |  |  |
|  |  |  |  |

**FFY 2017**

**Findings of Noncompliance Verified as Corrected**

**Describe how the State verified that the source of noncompliance is correctly implementing the *regulatory requirements.***

Early intervention services in Kentucky are administered through fifteen (15) district offices, known as Points of Entry (POE). In FFY 17, two (2) POEs were noncompliant with this indicator. This resulted in two (2) findings of non-compliance for FFY17, one (1) finding for each noncompliant POE. Meetings with the agency's staff occurred to inform them of the regulatory requirements. Additionally, the SLA staff discussed reasons for the noncompliance with leadership of each agency. Re-training on regulatory requirements was also part of the corrective action for the POE with the lowest performance. Required corrective actions focused on re-examination of internal procedures to ensure service coordinators understood actions needed to meet the timelines.  
  
The SLA monitored both POEs monthly using reports from the state’s data base system. One POE corrected to 100% within one month of the issuance of the finding and the other corrected to 100% within six (6) months of issuance. As both POEs have now achieved and maintained compliance, these findings are cleared. Verification of correction was conducted in accordance with OSEP Memo 09-02 to ensure all POEs are implementing the specific regulatory requirements.

**Describe how the State verified that each *individual case* of noncompliance was corrected.**

The SLA verified correction of each individual case by:  
1. Based on the POE Transition Report, sixty-one (61) cases were identified as late. Each child’s record on TOTS with a late transition meeting was reviewed, focusing on the date of the meeting, the date parent consented to the meeting, date of the LEA invitation to the transition meeting, and communication log and service log (service note) documentation. Each finding of noncompliance was checked to ensure a meeting was held, even when less than ninety (90) days prior to the third birthday or if the child had exited the program; and,   
2. Review of data between the initial date the meeting was scheduled and the eventual meeting date to determine if the reason for the delay was a family-driven reason or service provider-driven reason. Of the sixty-one (61) cases, fifty-three (53) had a transition meeting prior to exit from Part C although the meetings were held after the timeline. The remaining eight (8) cases had no transition meeting prior to exit from Part C.   
3. There was ongoing review of monthly data by SLA staff to ensure compliance with the requirement.

## 8C - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. In addition, the State must demonstrate, in the FFY 2020 SPP/APR, that the remaining two uncorrected findings of noncompliance identified in FFY 2017 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2019 and each EIS program or provider with remaining noncompliance identified in FFY 2017: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.   
  
If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.  
  
The State reported, "[n]o findings of noncompliance were found for this indicator during FFY18 monitoring period. Kentucky monitors all POEs for compliance year-round however, the months of February, March and April are formal monitoring for noncompliance. The data from those three months is the basis for written letters of noncompliance findings and corrective action plan. Noncompliance found during the other nine (9) months is dealt with swiftly for correction through email and technical assistance." In the FFY 2020 SPP/APR, the State must report that it ensured any noncompliance identified in FFY 2018 were corrected consistent with OSEP Memo 09-02.

**Response to actions required in FFY 2019 SPP/APR**

There were no findings of noncompliance in FFY19 during the monitoring period which was the three month period of October, November, and December of 2019. FFY19 all cases that initially appeared to be late were reviewed for the date of the transition conference. Review consists of reading the case history in the communication and service logs. A review of claims data is also included in the review. Noted are reasons for late delay such as parent delay. Parent delays do not count as untimely transition conferences. None of the late cases occurred during the monitoring period. During other time periods that had late cases, the affected POES corrected the issue prior to the issuance of a corrective action.

## 8C - OSEP Response

## 8C - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.   
  
If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

# Indicator 9: Resolution Sessions

**Instructions and Measurement**

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

**Results indicator:** Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures under section 615 of the IDEA are adopted). (20 U.S.C. 1416(a)(3)(B) and 1442)

**Data Source**

Data collected under section 618 of the IDEA (IDEA Part C Dispute Resolution Survey in the ED*Facts* Metadata and Process System (E*MAPS*)).

**Measurement**

Percent = (3.1(a) divided by 3.1) times 100.

**Instructions**

Sampling from the State’s 618 data is not allowed.

This indicator is not applicable to a State that has adopted Part C due process procedures under section 639 of the IDEA.

Describe the results of the calculations and compare the results to the target.

States are not required to establish baseline or targets if the number of resolution sessions is less than 10. In a reporting period when the number of resolution sessions reaches 10 or greater, the State must develop baseline and targets and report them in the corresponding SPP/APR.

States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State’s 618 data, explain.

States are not required to report data at the EIS program level.

## 9 - Indicator Data

**Not Applicable**

**Select yes if this indicator is not applicable.**

YES

**Provide an explanation of why it is not applicable below.**

The Kentucky Early Intervention System uses the Part C Due Process requirements that do not include a resolution session.

## 9 - Prior FFY Required Actions

None

## 9 - OSEP Response

OSEP notes that this indicator is not applicable.

## 9 - Required Actions

# Indicator 10: Mediation

**Instructions and Measurement**

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

**Results indicator:** Percent of mediations held that resulted in mediation agreements. (20 U.S.C. 1416(a)(3)(B) and 1442)

**Data Source**

Data collected under section 618 of the IDEA (IDEA Part C Dispute Resolution Survey in the ED*Facts* Metadata and Process System (E*MAPS*)).

**Measurement**

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

**Instructions**

Sampling from the State’s 618 data is not allowed.

Describe the results of the calculations and compare the results to the target.

States are not required to establish baseline or targets if the number of mediations is less than 10. In a reporting period when the number of mediations reaches 10 or greater, the State must develop baseline and targets and report them in the corresponding SPP/APR.

The consensus among mediation practitioners is that 75-85% is a reasonable rate of mediations that result in agreements and is consistent with national mediation success rate data. States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State’s 618 data, explain.

States are not required to report data at the EIS program level.

## 10 - Indicator Data

**Select yes to use target ranges**

Target Range not used

**Select yes if the data reported in this indicator are not the same as the State’s data reported under section 618 of the IDEA.**

NO

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/03/2021 | 2.1 Mediations held | 0 |
| SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/03/2021 | 2.1.a.i Mediations agreements related to due process complaints | 0 |
| SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/03/2021 | 2.1.b.i Mediations agreements not related to due process complaints | 0 |

Targets: Description of Stakeholder Input

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 0.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target>= | 80.00% | 80.00% | 80.00% | 80.00% | 80.00% |
| Data |  |  |  |  |  |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= |  |  |  |  |  |  |

**FFY 2020 SPP/APR Data**

| **2.1.a.i Mediation agreements related to due process complaints** | **2.1.b.i Mediation agreements not related to due process complaints** | **2.1 Number of mediations held** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 0 | 0 |  |  |  | N/A | N/A |

**Provide additional information about this indicator (optional)**

States with less than 10 mediations are not required to establish targets. There were 0 mediations requested or held in FFY20.

## 10 - Prior FFY Required Actions

None

## 10 - OSEP Response

The State reported fewer than ten mediations held in FFY 2020. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

## 10 - Required Actions

# Indicator 11: State Systemic Improvement Plan

**Instructions and Measurement**

**Monitoring Priority:** General Supervision

The State’s SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

**Measurement**

The State’s SPP/APR includes an SSIP that is a comprehensive, ambitious, yet achievable multi-year plan for improving results for infants and toddlers with disabilities and their families. The SSIP includes each of the components described below.

**Instructions**

***Baseline Data:*** The State must provide baseline data that must be expressed as a percentage and which is aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

***Targets:*** In its FFY 2020 SPP/APR, due February 1, 2022, the State must provide measurable and rigorous targets (expressed as percentages) for each of the six years from FFY 2020 through FFY 2025. The State’s FFY 2025 target must demonstrate improvement over the State’s baseline data.

***Updated Data:*** In its FFYs 2020 through FFY 2025 SPPs/APRs, due February 2022 through February 2027, the State must provide updated data for that specific FFY (expressed as percentages) and that data must be aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. In its FFYs 2020 through FFY 2025 SPPs/APRs, the State must report on whether it met its target.

Overview of the Three Phases of the SSIP

It is of the utmost importance to improve results for infants and toddlers with disabilities and their families by improving early intervention services. Stakeholders, including parents of infants and toddlers with disabilities, early intervention service (EIS) programs and providers, the State Interagency Coordinating Council, and others, are critical participants in improving results for infants and toddlers with disabilities and their families and must be included in developing, implementing, evaluating, and revising the SSIP and included in establishing the State’s targets under Indicator 11. The SSIP should include information about stakeholder involvement in all three phases.

*Phase I: Analysis*:

- Data Analysis;

- Analysis of State Infrastructure to Support Improvement and Build Capacity;

- State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families;

- Selection of Coherent Improvement Strategies; and

- Theory of Action.

*Phase II: Plan* (which is in addition to the Phase I content (including any updates) outlined above:

- Infrastructure Development;

- Support for EIS Program and/or EIS Provider Implementation of Evidence-Based Practices; and

- Evaluation.

*Phase III: Implementation and Evaluation* (which is in addition to the Phase I and Phase II content (including any updates) outlined above:

- Results of Ongoing Evaluation and Revisions to the SSIP.

**Specific Content of Each Phase of the SSIP**

Refer to FFY 2013-2015 Measurement Table for detailed requirements of Phase I and Phase II SSIP submissions.

Phase III should only include information from Phase I or Phase II if changes or revisions are being made by the State and/or if information previously required in Phase I or Phase II was not reported.

***Phase III: Implementation and Evaluation***

In Phase III, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress implementing the SSIP. This includes: (A) data and analysis on the extent to which the State has made progress toward and/or met the State-established short-term and long-term outcomes or objectives for implementation of the SSIP and its progress toward achieving the State-identified Measurable Result for Infants and Toddlers with Disabilities and Their Families (SiMR); (B) the rationale for any revisions that were made, or that the State intends to make, to the SSIP as the result of implementation, analysis, and evaluation; and (C) a description of the meaningful stakeholder engagement. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

A. Data Analysis

As required in the Instructions for the Indicator/Measurement, in its FFYs 2020 through FFY 2025 SPP/APR, the State must report data for that specific FFY (expressed as actual numbers and percentages) that are aligned with the SiMR. The State must report on whether the State met its target. In addition, the State may report on any additional data (e.g., progress monitoring data) that were collected and analyzed that would suggest progress toward the SiMR. States using a subset of the population from the indicator (e.g., a sample, cohort model) should describe how data are collected and analyzed for the SiMR if that was not described in Phase I or Phase II of the SSIP.

B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, e.g., a logic model, of the principal activities, measures and outcomes that were implemented since the State’s last SSIP submission (i.e., April 1, 2021). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2020 APR, report on anticipated outcomes to be obtained during FFY 2021, i.e., July 1, 2021-June 30, 2022).

The State must summarize the specific evidence-based practices that were implemented and the strategies or activities that supported their selection and ensured their use with fidelity. Describe how the evidence-based practices, and activities or strategies that support their use, are intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (i.e., behaviors), parent/caregiver outcomes, and/or child outcomes. Describe any additional data (i.e., progress monitoring data) that was collected to support the on-going use of the evidence-based practices and inform decision-making for the next year of SSIP implementation.

C. Stakeholder Engagement

The State must describe the specific strategies implemented to engage stakeholders in key improvement efforts and how the State addressed concerns, if any, raised by stakeholders through its engagement activities.

Additional Implementation Activities

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2020 APR, report on activities it intends to implement in FFY 2021, i.e., July 1, 2021-June 30, 2022) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

## 11 - Indicator Data

**Section A: Data Analysis**

**What is the State-identified Measurable Result (SiMR)?**

State-Identified Measurable Results (SiMR): (Developed March 2015; no changes)  
Early intervention providers will change in their ability to coach parents on interventions and strategies to help   
their child develop and learn. Parents will change their self-perception of their ability to help their child develop   
and learn.   
  
SiMR focus: SPP/APR Indicator 4 C, Early Intervention helped parents learn how to help their children develop   
and learn.

**Has the SiMR changed since the last SSIP submission? (yes/no)**

NO

**Is the State using a subset of the population from the indicator (*e.g.*, a sample, cohort model)? (yes/no)**

NO

**Is the State’s theory of action new or revised since the previous submission? (yes/no)**

YES

**Please provide a description of the changes and updates to the theory of action.**

The revised theory of action has two primary targets: one, an equitable early intervention service system for families and early intervention providers and two, availability of high quality services. The revised Theory of Action emphasizes:  
• access to services for all eligible infants and toddlers with disabilities and their families;  
• retention and recruitment of a diverse workforce;  
• restructure of provider reimbursement; and,  
• emphasis on quality of service.  
  
The desired outcome is unchanged: There will be improved child outcomes achieved through supports focused on teaching families how to help their children develop and learn.  
  
The changes to the theory of action are based on extending the progress achieved over the past several years. Much of the first iteration of the SSIP was foundational work to establish standards for further improvement in a coherent fashion. The vision was to develop a coordinated system across many facets of the system. At the core was quality services. Quality is still a focus of the SSIP efforts. The success of the Theory of Action will be evident in improved child and family outcomes.

**Please provide a link to the current theory of action.**

https://chfs.ky.gov/agencies/dph/dmch/ecdb/fs/TheoryOfAction.pdf

Progress toward the SiMR

**Please provide the data for the specific FFY listed below (expressed as actual number and percentages)*.***

**Select yes if the State uses two targets for measurement. (yes/no)**

NO

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| FFY13 | 99.03% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= | 99.11% | 99.11% | 99.11% | 99.11% | 99.11% | 99.12% |

**FFY 2020 SPP/APR Data**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Average % Section A | Maximum % | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| 99 | 100 | 99.11% | 99.11% | 99.00% | N/A | N/A |

**Provide the data source for the FFY 2020 data.**

Data results are from Section A of the Early Childhood Outcomes Survey. This survey is distributed to all families that received a IFSP service during FFY20. The survey is available in both English and Spanish. All families whose child received at least one early intervention service during the reporting period received a survey.

**Please describe how data are collected and analyzed for the SiMR**.

The survey collection portal is part of the database system known as TOTS. The survey is linked to each child's record so that demographic data elements can be gathered and analyzed. The survey format includes a space for family comments. Families respond electronically or by mail. A reminder to complete the survey is sent weekly for the electronic version. Those who do not respond to the web version are mailed a paper copy coded with their children's KEIS unique identifier with a postage paid envelope.   
  
Data is then analyzed by a staff epidemiologist. Results are reported by percentage and mean for each target question (those associated with Indicator 4 C) statewide and by individual POE. Race is reported by state and POE as well. Gender is not disaggregated by POE. POEs receive all results disaggregated by question and all written comments.   
  
SLA staff review results to monitor progress. During the initial SSIP, three POEs were identified as pilots. These POES were the sites for implementation of the intensive professional development project, Coaching in Early Intervention Training and Mentoring Project. Tracking progress in these three sites was highlighted during the pilot years with data probes and anecdotal notes.

**Optional: Has the State collected additional data *(i.e., benchmark, CQI, survey)* that demonstrates progress toward the SiMR? (yes/no)**

YES

**Describe any additional data collected by the State to assess progress toward the SiMR.**

The primary measure of progress towards achieving the targets was measured by a change in the mean scores on the survey questions. Kentucky has a history of very high results from the Annual Family Survey. The stakeholder group decided that setting targets at or very near 100% would not adequately measure progress. However, watching the average mean score to see if the mean moves up would be a more conclusive measure of progress. As stated above the means were calculated for all POEs as well as the three pilot POEs. Baseline mean for the three pilot sites in 2013 was 4.43. Over the course of time, five of six years had higher mean scores. The final mean scores for the three sites were as follows: Big Sandy region 4.62 (baseline 4.43), Bluegrass region 4.51 (baseline 4.43) and Lincoln Trail region 4.53 (baseline 4.43). This improvement was the basis for identifying the coaching project a success.  
  
Statewide data was collected and analyzed as well for change in mean. FFY 20 data is a statewide mean 4.57; baseline mean was 4.43.

**Did the State identify any general data quality concerns, unrelated to COVID-19, that affected progress toward the SiMR during the reporting period? (yes/no)**

NO

**Did the State identify any data quality concerns directly related to the COVID-19 pandemic during the reporting period? (yes/no)**

NO

Section B: Implementation, Analysis and Evaluation

**Is the State’s evaluation plan new or revised since the previous submission? (yes/no)**

YES

**If yes, please provide the following information: a description of the changes and updates to the evaluation plan; a rationale or justification for the changes; and, a link to the State’s current evaluation plan****.**

New coherent strategies that continued the path to higher system-wide quality were necessary because many of the previous strategies were completed. The evaluation plan is aligned with the revised coherent strategies identified in the recently stakeholder approved SSIP. Highlights of the evaluation plan are:  
  
1) Under the component governance, the evaluation plan includes documented changes to policies and procedures to increase access to services by underserved populations, documented increase in number of children served from underserved populations and/or locations, and a report of barriers and solutions to those barriers for provider recruitment and retention.   
2) In the general supervision part of governance, a new schedule of desk audit reviews and targeted monitoring reviews will be evidence of completing the task. The total number of audits and targeted reviews will show an increase by March 30, 2023. A report of recommendations authored by a workgroup will provide methods to prevent noncompliance.  
3) Completed quality performance standards will be the evaluation for the District Child Evaluation Specialists and POE Managers. Use of these will be embedded in future contracts.  
4). The finished awareness campaign about the Program Standards and Provider Performance Standards will be developed and implemented no later than June, 2025. Pre and post survey data will be used to evaluate change in knowledge.   
5) In the area of finance, coherent strategies from the first SSIP carried forward into the revised SSIP. The evaluation plan for this activity remains the same as before.  
6) The identification and implementation of enhancements to the data system are included in the SSIP that covers FFY20-FFY25. The evaluation is the completed programming project and feedback from users.  
7) There will be continued representation of Kentucky's Part C system on key state and regional early childhood groups. Evaluation of this will be membership lists, POE manager's reports and meeting minutes.   
  
Link to Coherent Strategies/ Evaluation Plan: https://chfs.ky.gov/agencies/dph/dmch/ecdb/fs/CoherentStrategiesTimelines.pdf

**Provide a summary of each infrastructure improvement strategy implemented in the reporting period.**

The FFY20 reporting period continued the coherent activities from previous SSIPs while also dealing with the challenge of keeping daily services going during the pandemic. Two significant improvement strategies were the primary focus: implementation of tele-intervention and the Coaching in Early Intervention Training and Mentorship Program (CEITMP). Tele-intervention was an unplanned, unexpected feature necessitated by the need to continue services. Guidance and training were "on-the-fly" due to the context of implementation. Tele-intervention began late in FFY19 so there were many updates to guidance as the process grew which took staff time and attention.  
  
The CEITMP also continued. Not all early intervention providers offered tele-intervention and the number of children served decreased. Those factors created issues in implementing the roll-out as planned. The CEITMP team improvised and rearranged roll-out to better fit the current environment. Training continued as did the development of supportive materials for the participants ( materials posted at https://chfs.ky.gov/agencies/dph/dmch/ecdb/Pages/fsenrollment.aspx ).  
  
The Service Coordinator Performance Self-Assessment was implemented as a performance review requirement at all POEs. The rate study was initiated with Phase I (analysis of state administrative data and provider coverage statewide) and completed by June 30, 2021.

**Describe the short-term or intermediate outcomes achieved for each infrastructure improvement strategy during the reporting period including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Please relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up.**

Quarterly reports on the status and next steps for the ongoing strategies were shared with the ICC and stakeholders. Periodic meetings with the POEs were also held where information was shared. Discussion at all of these meetings focused on the successes as well as challenges. The ongoing dialogue met the expected short-term outcomes as the information supported the efforts to complete the activity. Phase I of the Rate Study identified areas requiring scrutiny and ideas for improvement. For example, data revealed that there is a need to continue efforts to fully institute a primary service provider model. Data proved it was not implemented as the state staff thought. The CEITMP is a long term project so that all early intervention providers provide the services in the manner described by the program standards. In the pilot sites, there is a measurable positive change in families' confidence to meet their children's needs. The long term goal is consistency in quality of services, no matter where a child lives.   
  
These two strategies are necessary to achieve the overall goal of the Theory of Action and sustained improvement statewide. The restructuring of the reimbursement system will focus on what matters--quality of services, not location. The high performing providers should be recognized by the system. Higher rates of reimbursement tied to quality will provide acknowledgement of those high performing providers as well as serve as an incentive for others to improve. Recruitment and retention will also be enhanced.

**Did the State implement any new (newly identified) infrastructure improvement strategies during the reporting period? (yes/no)**

NO

**Provide a summary of the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next reporting period.**

Most of the activities in the first SSIP were completed. Three long-term activities (Coaching in Early Intervention Mentoring and Training Program, Rate Study/Reimbursement Recommendations, and Performance Standards will continue. Several new coherent strategies have been added for the FFY20-FFY25 period of the SSIP. These were added to support the Theory of Action.  
  
Major new activities and evaluation plans related to access to services (equity) are identification of underserved populations and identification of barriers to recruitment and retention of a diverse workforce. Reports on the progress of both efforts will be evidence of implementation with an increase in the number of children served in underserved areas the evaluation of effectiveness. Stakeholder engagement is another aspect of equity that is included. The membership demographics will be the evaluation of the effort to increase diversity.   
  
Quality standards for the remaining roles in the early intervention system are slated to be developed. This addition of performance standards will complete the "set" of performance standards. Every role in the system that interacts with IFSP development and delivery of services will have expectations of quality. The completed standards is the evaluation of this. The next steps in addressing performance of services is an informational campaign to ensure all providers and service coordinators are aware of and understand the program and performance standards in action. The use of the Service Coordination Self-Evaluation Tool, developed during the first SSIP period, is now used for performance evaluation at the POEs. This collection of data will be used to design one of the coherent strategies in the new SSIP, a POE Academy.   
  
A significant focus on personnel and workforce continues with a combination of previous and new activities. The CEIMTP rollout across the state is ongoing. At this point slightly less than half of the early intervention providers have participated. A peer-to-peer feature will be added to support providers who are in the maintenance phase. The project has been successful and needs to continue. A personnel/workforce committee will be convened to address issues with workforce development. The committee will meet regularly. New training to be developed/offered include parent training on transition and resilience and screening, assessment and evaluation training for District Child Evaluation Specialists and early intervention providers.   
  
Another long-term activity to restructure the reimbursement system continues. A two-year rate study is nearing completion with plans to convene the workgroup in March 2022. This workgroup will study a variety of comprehensive data to eventually issue recommendations for moving from a reimbursement based on location of services to one based on quality. This infrastructure change can only be realized through regulation changes.

**List the selected evidence-based practices implemented in the reporting period:**

The identified evidence-based practices (EBPs) critical to the achievement of the SiMR draw from the Mission and Key Principles of Early Intervention (OSEP Workgroup, 2008a, b) include parent-mediated/parent capacity building interventions, routines-based early intervention, natural environments and contexts, and strength-based coaching.

**Provide a summary of each evidence-based practice.**

Parent-mediated/parent capacity building interventions emphasize families as equal partners in the early intervention process and underscore the role of providers to support caregiver problem-solving and caregiver-child interactions during everyday activities and routines (e.g, play, mealtime, bath, bedtime) in natural environments (e.g., home, park, restaurant, place of worship) to enhance their child’s learning and development. Capacity building approaches develop knowledge, skills, and abilities of the caregiver to implement new strategies with their child within routines and environments natural to them and allows them to function without ongoing support of the provider (Rush and Shelden, 2020). Coaching, a capacity-building approach, is a recommended (Adams & Tapia, 2013; DEC, 2014) and frequently used interaction style in early intervention. Rooted in trusting relationships and adult learning theory, coaching results in positive outcomes for children (Adams & Tapia, 2013; Ciupe & Salisbury, 2020; Meadan et al., 2016; Salisbury & Copeland, 2013; Salisbury, et al., 2018) and families (Kemp & Turnbull, 2014; Rush & Shelden, 2020), along with creating opportunities to practice and learn when providers are not present (Mahoney & McDonald, 2007; Meadan et al., 2016).

**Provide a summary of how each evidence-based practices and activities or strategies that support its use, is intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g. behaviors), parent/caregiver outcomes, and/or child/outcomes.**

KEIS Program standards and EI Provider Standard related to conducting early intervention visits align with identified evidence-based practices (EPBs). The Coaching in Early Intervention Training and Mentorship Program (CEITMP) is the key professional development activity to support ongoing service providers in developing fidelity to these EBPs. The CEITMP is an evidence-informed approach built on adult learning principles includes master coaches introducing and illustrating content, collaborative teaming with EI providers, job-embedded practice, provider self-reflection and performance feedback over a 32-week period. Follow-up support is provided to facilitate maintaining coaching practices. Participant feedback following each phase of the CEITMP continues to be used to inform potential curriculum changes as part of ongoing process improvement activities. Teams of four (4) to five (5) providers and a master coach continue to collaborate. Cohorts, districts, provider numbers, and curricular changes are summarized in Table W (https://chfs.ky.gov/agencies/dph/dmch/ecdb/Pages/fsreports.aspx. Click on Indicator 11 Tables) . Returning providers from cohorts 8 and 9 impacted by the COVID service stoppage were reengaged in Cohorts 8c, 9c and 10c.   
  
The cascading rollout of cohorts with a lead master coach continued in this reporting period. The onboarding and reliability training of the two additional master coaches allowed the CEITMP to expand enrollment slightly while also supporting ongoing maintenance of coaching fidelity. The CEITMP team followed the rollout plan approved by the SSIP stakeholder group with completion of training of current providers in the initial Lincoln Trail, Big Sandy, and Bluegrass pilot sites. Statewide rollout of the program, as part of the sustainability plan, was vetted and approved by the stakeholder group in January, 2021 allowing the CEITMP to initiate POE training and provider enrollment cohorts in Barren River and Pennyrile districts. POE preparation and planning for East/West rollout (Green River, Gateway/FIVCO, Kentucky River districts) cohorts occurred simultaneously. The ongoing Covid 19 pandemic continues to impact service provider availability and referrals KEIS. These factors create great fluidity in the available provider pool available for enrollment in the CEITMP in each of these districts. Tele-intervention (TI) continues to be a primary mode of intervention, though in person services or a hybrid service delivery (both in person and TI) are available. Many providers quickly transitioned to teleintervention and many, along with others, have returned to provide in person services. However, some providers have not returned to providing early intervention services. Provider availability coupled with referral patterns that have not rebounded often creates situations where providers do not have or lose recording opportunities required of the CEITMP. Therefore, we have begun to track providers in the CEITMP that require additional support with flexible timelines or individualized joint plans (IJP)for successful completion.  
  
In addition to coordinating provider cohorts and communicating the evidence-based practice of coaching intentionally, systemic communication strategies persisted. A new infographic to support early intervention providers service children in childcare settings was distributed. At intake, families in district rollouts continued to review the video Using Family Guided Routines Based Intervention. In addition, the CEITMP revised a coaching in early intervention infographic families receive entitled Coaching Families a Partnership to Support Children and Families. Additionally, all families in a district launch received direct communication from the SLA to help explain that they may see changes in practice during their home visits because of the CEITMP and the anticipated transition of practice to be consistent with evidence based EI. Families also completed the self-perception survey.   
  
Link to infographics:   
• Coaching Families a Partnership to Support Children and Families (https://chfs.ky.gov/agencies/dph/dmch/ecdb/fs/CoachingAPartnership2SupportChildrenFamilies.pdf)  
• Early Intervention Services in Childcare Settings: Establishing Collaborative Relationships (https://chfs.ky.gov/agencies/dph/dmch/ecdb/fs/EarlyInterventionServicesInChildcareSettings.pdf)

**Describe the data collected to monitor fidelity of implementation and to assess practice change.**

Review of available measures of coaching fidelity evaluated coaching practices key components on a binary (i.e., present/not present) or tripartite (i.e., present/emerging/not present) scale. The CEITMP team sought a measure to both reliably measure fidelity to coaching in early intervention and be sensitive to measuring change over time. Therefore, we embarked in a multi-step process to develop, field-test and deploy a fidelity measure of coaching practices. Key ingredients of effective coaching methods were identified from a review of relevant coaching and early intervention literature from multiple fields (Dunn, Little, Pope & Wallisch, 2018; Friedman, Woods & Salisbury, 2012; Graham, Rodger & Ziviani, 2009; Kemp & Turnbull, 2014; Rush & Shelden, 2011). The summarized review of literature elucidated key elements of building collaborative relationships with caregivers and identifying the coaching quality indicators to be emphasized as Kentucky’s model of early intervention. The CEITMP team and consultants completed an iterative process to select and refine quality indicator labels, descriptors for ratings using early intervention home visit video examples. Coaching quality indicators (CQ) and descriptors of Kentucky’s Coaching Adherence Rubric – Revised (KCAR-R) are shown in Table X (https://chfs.ky.gov/agencies/dph/dmch/ecdb/Pages/fsreports.aspx.)  
  
Ratings were established on a 5-point Likert scale (i.e., not yet, knowledge, awareness, application, mastery) to ensure sensitivity to measuring change. With final CQ descriptors and ratings, interrater reliability of the seven elements of the rubric across six raters was established. Reliability is defined as exact agreement on 4 of 7 ratings and within one on the score for the other 3 quality indicator ratings. Ongoing home visits of the Master Coaches were initially used to review and score during rubric development and reliability testing. Provider submitted videos are used to establish reliability with new master coaches, maintain ongoing reliability and descriptor refinement activities. Reliability checks continue on 20% of all video submissions within a phase (i.e., baseline, fidelity, maintenance). The CEITMP team revised some rating descriptors to clarify ratings for both providers and master coach raters during the COVID-19 service break and developed an internal scoring guide as part of ongoing process improvement activities. Reliability is reestablished with each revision.  
  
Formal scoring of video submissions by master coaches is done in the CEITMP at baseline (prior to or simultaneous with CEITMP initiation) and during the Fidelity Phase. In addition, master coaches give performance feedback to providers on each CQ on the rubric using video clips/session segments during focused training on each indicator when in the Mentorship Phase. When providers transition to Fidelity Phase, they receive master coach performance feedback using the rubric on full home visits. To minimize the risk of bias, master coaches who are not the lead coach for a team score the two subsequent videos in Fidelity phase. Fidelity is reached with a score of 18 on one of the three full video submissions using the Kentucky Coaching Adherence Rubric as long as no quality indicators scored at the “Not Yet” (i.e., 0) or “Knowledge” (i.e., 1) level. Providers demonstrating fidelity to coaching on their first two submissions have the requirement for a third submission waived.   
  
Analysis of provider performance in Cohorts 1 through 12 demonstrates sensitivity of the rubric in measuring adherence to Kentucky’s quality indicators of coaching practices. Though variable, performance at baseline is consistently lower than at fidelity. In review of full video submissions, a similar pattern of sensitivity is observed, with not all providers reaching fidelity with a score of 18 on any of the three full video submissions. Since completion of the CEITMP and demonstrating the ability to coach with fidelity is a condition of maintaining vendor agreements, providers who did not reach fidelity had a 30-day self-correction period to do so consistent with SLA policy.   
  
Figure X (https://chfs.ky.gov/agencies/dph/dmch/ecdb/Pages/fsreports.aspx) shows average performance on the KCAR-R for the 158 providers who have completed the CEITMP in Cohorts 1 through 12. Two (2) additional providers demonstrated fidelity at baseline (1 each in cohorts 11 and 12) and therefore developed an individualized professional development plan to continue to enhance coaching practices. Cohorts 8 – 12 were in process this reporting period, with 75 providers accounting for 75 baseline and 180 video reviews. Review of individual data indicates consistently improved application of coaching practice with movement across KCAR-R. Table Y (https://chfs.ky.gov/agencies/dph/dmch/ecdb/Pages/fsreports.aspx) summarizes baseline and fidelity performance of cohorts that have completed the CEITMP. Also noted are percentages of videos submitted with tele-intervention service delivery. Findings note stability in scores regardless of cohort size with a clear pattern of improvement of application of coaching practices from baseline to demonstration of fidelity. Paired t-test showed that providers demonstrated an increase in adherence to coaching skills on the KCAR-R from baseline to the first video submitted for performance feedback (p = 0.00, d = 4.15). The magnitude of the effect size (i.e., 4.15 [Cohen’s d >0.8 is considered large intervention effect]) underscores the statistically significant growth in early intervention provider’s coaching practices following participation in the CEITMP.

**Describe any additional data (e.g. progress monitoring) that was collected that supports the decision to continue the ongoing use of each evidence-based practice.**

Following demonstration of fidelity to coaching, providers enter the maintenance phase where periodic fidelity checks are conducted. The schedule of maintenance ranges from 6 to 18 months and is determined by the total score on the 2 highest scoring fidelity phase videos on the KCAR-R while in the CEITMP: total score 38 or below have their initial maintenance check following 6 months; 39-43 in 9 month, 44-50 in12 months; >51 in18 months. To date, 177 maintenance reviews have been completed for 83 different providers in cohorts one through 9c. Review of data (Table Y; https://chfs.ky.gov/agencies/dph/dmch/ecdb/Pages/fsreports.aspx) indicates that on average, 70% of providers maintain fidelity to coaching in maintenance while approximately 30% of providers had demonstrated some degree of slippage requiring additional video submissions.  
  
The CEITMP continues implemented a multi-faceted, tiered support approach to engage providers as they plan and prepare for submitting videos demonstrating continued fidelity to coaching while in maintenance. Tier 1 opportunities are provided to support all providers in maintenance and include master coach facilitated maintenance refresher group meetings, suggested reflection activities (rubric, handbook, Professional Development Plan, Coaching Review Resources, TORSH exemplars, past feedback), and access to the exemplar library. Tier 2 opportunities are afforded to support providers who did not meet fidelity with a submission and those who desire additional assistance. Here, in addition to Tier 1 activities providers have the opportunity to access Blackboard resources, review CQ Intros and/or reflect on a cloned rubric to feedback on one of their maintenance video submissions that did not meet fidelity. Tier 3 opportunities are offered to providers who completed Tier 2 activities and have not yet met fidelity. These include master coach feedback on a self-assessment of a video/clip(s).   
  
In addition to the tiered support, the CEITMP distributes a quarterly newsletter sent via listserv to all providers who are in maintenance phase to support ongoing fidelity. Newsletter topics highlight a specific CQ and include access to video exemplars illustrating the. An accompanying infographic is also developed and made available to all EI providers vis the KEIS website.   
Link to: Infographics: Joint Planning, Reflection, Feedback, Observation (https://chfs.ky.gov/agencies/dph/dmch/ecdb/Pages/fsenrollment.aspx)   
  
Despite these efforts, roughly 30% of providers continue to require additional video submissions in maintenance to demonstrate fidelity. As seen in Table Z (https://chfs.ky.gov/agencies/dph/dmch/ecdb/Pages/fsreports.aspx) secondary analysis of the data indicates that the vast majority of the providers requiring additional video submissions in maintenance were providers in the lowest fidelity group when completing the fidelity phase of the CEITMP. Targeted supports for these providers are being considered for FFY21

**Provide a summary of the next steps for each evidence-based practices and the anticipated outcomes to be attained during the next reporting period.**

Specific to the CEITMP, planned activities for FFY21 include:  
• Continued statewide rollout in East/West districts (Green River, Gateway/FIVCO, Kentucky River)  
• Initiate North/South rollout districts (Northern KY, Buffalo Trace, Cumberland Valley, Lake Cumberland) for planned launch in August, 2022  
• Revise initial maintenance schedule procedures for lower range fidelity providers and develop targeted maintenance supports for these providers.  
• Develop peer-coaching component of CEITMP to use high performing early intervention providers with demonstrated coaching ability to support early intervention providers struggling to implement coaching practices

**Describe any changes to the activities, strategies, or timelines described in the previous submission and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.**

Kentucky will continue to implement the CEITMP project and rate study. Data on the pilot sites for the CEITMP indicates significant change in provider skill. Rates have not been addressed in over 10 years—it is imperative that the state understand the cost to the provider and effective reimbursement to attract early intervention providers. Other activities cited in the first SSIP have been completed. New activities build on those successes.

**Section C: Stakeholder Engagement**

Description of Stakeholder Input

A large SSIP workgroup was formed early in the development process of the original SSIP. New members have joined while some have left. There is a core group who are ICC members that have been steadfast in their support of the state’s efforts. Open invitations are issued to all early intervention providers and POE staff to participate as well as university faculty. Input is gathered through surveys, presentations with discussion, emailed documents asking for feedback, and webinars. In-person meetings have not occurred since the beginning of the pandemic. All meeting have been virtual or conference call. The use of technology to hold meetings has allowed those who live in the far west and far east of Kentucky to participate. A draft of the revised Theory of Action and Coherent Strategies/Evaluation was shared with the ICC/Stakeholder group. There continued to be much discussion about the CEITMP but it was in support of the training. Several were still against providers having to take this training without reimbursement. Other strategies to improve the system were positively received.

**Describe the specific strategies implemented to engage stakeholders in key improvement efforts.**

Depending upon the activity, individuals are recruited to a workgroup. Those recruited are those who have a high interest in the topic or noted information to share. Parents are recruited to participate based upon their availability and interest. Large improvement efforts, such as the CEIMTP, involves those participating or who have completed the training. Champions are identified to help spread accurate information about the training. We have a variety of methods for people to participate and try to engage people with a method they are comfortable using. Information sessions are held with providers and POEs to keep people apprised of what is happening with the SSIP. Providers are also able to read announcements about the SSIP on the Announcement Page of the electronic data base system. A new monthly newsletter contains information about the SSIP in general or specific activities as well.

**Were there any concerns expressed by stakeholders during engagement activities? (yes/no)**

YES

**Describe how the State addressed the concerns expressed by stakeholders.**

Early intervention providers voiced a concern that by participating in workgroups or going to SSIP meetings was difficult because they miss billable services. This concern is heightened while the number of children served grows slowly since the beginning of the pandemic. Caseloads are smaller than in the past. To encourage participation, a provision was added to the new Service Provider Agreement to pay a stipend for workgroup participation. A frequent complaint is that the CEITMP takes too much time to complete. To address this the state is considering a one-time payment to providers who reach fidelity in the CEIMTP.

**Additional Implementation Activities**

**List any activities not already described that the State intends to implement in the next fiscal year that are related to the SiMR.**

N/A

**Provide a timeline, anticipated data collection and measures, and expected outcomes for these activities that are related to the SiMR.**

N/A

**Describe any newly identified barriers and include steps to address these barriers.**

**Provide additional information about this indicator (optional).**

## 11 - Prior FFY Required Actions

None

## 11 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

## 11 - Required Actions

# Certification

**Instructions**

**Choose the appropriate selection and complete all the certification information fields. Then click the "Submit" button to submit your APR.**

**Certify**

**I certify that I am the Director of the State's Lead Agency under Part C of the IDEA, or his or her designee, and that the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report is accurate.**

**Select the certifier’s role**

Designated Lead Agency Director

**Name and title of the individual certifying the accuracy of the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report.**

**Name:**

Paula E. Goff

**Title:**

Part C Coordinator

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**Phone:**

502/564-6039

**Submitted on:**

04/26/22 9:52:11 AM

# ED Attachments

  