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

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

**For reporting on   
FFY 2021**

**Tennessee**

U.S. Department of Education seal

**PART C DUE   
February 1, 2023**

**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 FFY 2021-22 Annual Performance Report (APR) for Tennessee’s Early Intervention System (TEIS) demonstrates continued performance on compliance and results indicators, including sustained growth in the percentage of the population served while navigating the challenges of delivering services safely to vulnerable populations following the unprecedented COVID-19 global pandemic.

Additional information related to data collection and reporting

Due to service modifications during COVID-19, face to face meetings were suspended from March 16, 2020 until May 2021. During FFY 2021-22 both face-to-face and telehealth services were available based on parental preferences. The continued impact of COVID-19 on service delivery will be discussed within the APR as they apply to specific indicators.

**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.**

On July 1, 2020, the lead agency for Tennessee’s Part C, Individuals with Disabilities Education Act (IDEA) program transitioned from the Department of Education (DOE) to the Department of Intellectual and Developmental Disabilities (DIDD). The activities reported in this annual performance report (APR) were conducted under the supervision of DIDD.  
  
Early intervention service (EIS) programs are defined as the nine TEIS point of entry offices (TEIS POEs). Each POE has a district administrator who reported directly to the state’s director/Part C coordinator. State personnel in these offices are responsible for the following activities from referral into the system through exit from the system: 1) Part C eligibility determination and 2) all service coordination activities which include individual family service plan (IFSP) development, oversight of service delivery, and transition.  
  
The child’s official educational record is housed in a real-time, web-based data system. Tennessee Early Intervention Data System (TEIDS) contains demographic information; evaluation/eligibility information; IFSP, including the transition plan; contact logs; service logs for delivered services; and an accounts payable section for reimbursement of delivered services.  
  
In FFY 2021-2022, the lead agency continued to work to revise its general supervision system for monitoring due to:   
1. Growth. Increase in number of children since FY 2011.  
2. Preparing for the launch of Extended Option to start Oct. 15, 2022.  
3. Shifting priorities. Alignment of priorities with the new lead agency.   
  
Revisions will enable TEIS to streamline processes to operate more efficiently and meaningfully by bolstering capacity to make informed monitoring decisions that facilitate targeted support for overall program improvement. Federal technical assistance is being utilized for revision efforts: Bruce Bull (IDEA Data Center [DaSy]) and Katy McCullough (Early Childhood Technical Assistance Center [ECTA]) and DaSy).  
  
Three primary components to the revised system of monitoring with projected timeframes for implementation:   
1. Compliance. Implemented. Annual monitoring moved from fiscal year census data (July 1-June 30) to census data for a specific month within the fiscal year. With federal TA support, three years of historical data (FY 2018-2020) across multiple data elements were analyzed to determine if there was a particular month that was more representative of the population served by TEIS. As data analyzed were representative across all months, October was selected to facilitate monitoring and reporting timelines for issuing findings of noncompliance, annual EIS program determinations, and development of the annual public report within the same fiscal year. This decision was reviewed with TN’s OSEP federal contact.  
2. Results. Implemented July 2022. Work in 2021-22, included stakeholder input into priority areas and identification of data elements and flags.  
3. Focused monitoring. Focused monitoring activities will be embedded within compliance and results monitoring.  
  
FFY 2021-22 avenues for monitoring activities:  
1. Annual monitoring: TEIDS enables TEIS to track through desk audits the existence of noncompliance and the verification for the correction of noncompliance. October census data were used to monitor federal compliance Indicators 1, 7, and 8C. Compliance with Indicator 8A is maintained through a TEIDS validation. Compliance with Indicator 8B is monitored through a monthly data sharing process at the state level between Part C and Part B, 619 preschool state education agency (SEA) and local education agencies (LEAs). Compliance monitoring and the issuing of written findings, when warranted, occur during Mar.-Apr. for the fiscal year.  
2. Dispute resolution: Findings of noncompliance may be issued as an outcome of one of the three dispute resolution processes (i.e., administrative complaint, mediation, due process). Identifying noncompliance and issuing a written finding may occur at any time during the year.  
3. Focused monitoring activities: Activities may be either planned or conducted as needed. Focused monitoring may occur at any time during the year.   
  
A finding of noncompliance can be issued to an EIS program through any of the monitoring activities described above. When this occurs TEIS issues a written letter of finding along with supporting data. The lead agency utilizes direction from the federal office of special education program's (OSEP) 09-02  
  
Memorandum and OSEP’s (9-8-08) Frequently Asked Questions (FAQs) Regarding Identification and Correction of Noncompliance and Reporting on Correction in the State Performance Plan/Annual Performance Report when determining correction of noncompliance. When correction has been achieved, TEIS issues a written letter confirming correction to the program. TEIS adheres to OSEP's definition for timely correction—as soon as possible, but not more than one year from the date the written finding was issued.   
  
The 09-02 memorandum identifies a “two-prong approach” when determining correction of noncompliance. The following steps are used when determining correction:  
1. Child-level correction (prong 1). When noncompliance is discovered (e.g., a child has yet to receive an IFSP service), the child’s TEIDS identification number is provided to the POE district administrator who oversees actions to correct the noncompliance, informing the monitoring coordinator who then verifies correction by reviewing the child’s record in TEIDS.  
2. Correct implementation of regulatory requirements (prong 2). A subsequent review of data is made for the monitoring coordinator to verify that the TEIS POE is correctly implementing the specific indicator regulatory requirements. Monthly census data in TEIDS are reviewed until 100% compliance is achieved.  
3. Pre-finding correction. OSEP allows for the correction of noncompliance prior to the issuance of a written letter of finding. If an incident occurs, and when appropriate, TEIS does not issue a finding. Pre-finding correction occurs through a verification of subsequent monthly census data in TEIDS demonstrating 100% compliance and the correction of any previous individual/ child-level noncompliance prior to the issuance of a written finding.  
4. Corrective Action Plans (CAPs). If correction has not been achieved within six-months of the finding, TEIS utilizes a CAP as part of its system of general supervision. The CAP provides the vehicle for the EIS program to identify systemic issues impacting noncompliance, addressing those issues through the development and implementation of a plan of correction.  
  
The lead agency has processes to track, investigate, and resolve disputes filed on behalf of children served by TEIS. As of July 2020, DIDD legal personnel oversee dispute processes. The Part C Monitoring Coordinator is available as needed for technical assistance.

**Technical Assistance System:**

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

In FFY 2021-22, the lead agency’s technical assistance (TA) system to support Early Interventions Services (EIS) (i.e., nine TEIS point of entry offices [TEIS POEs]) was led by the quality improvement manager and team (QIT) along with periodic support from Early Childhood Specialists (formerly direct services coordinators [DSCs]), who provided TA to EIS programs specific to Family-Guided Routines-Based Intervention (FGRBI).  
  
The QIT implements a formal technical assistance (TA) request process for TEIS POE leadership to ensure the understanding of requests and for a mechanism to track TA provided. Additionally, the QIT utilizes a professional development calendar outlining required training for TEIS POE personnel, such as:  
• Building Best Practice (BBP) Conference. An annual conference provided by the lead agency for both TEIS POE and Early Intervention Resource Agency (EIRA) personnel. In Spring 2022 the conference was held in person, the first time since COVID. The focus of the conference was on using evidence-based best practices in engaging and coaching families in daily routines, as well as Family Guided Routines Based Intervention. Jenny Brown, a contributor/developer of FGRBI was again a favored presenter at the state conference. Other main presentation topics were Conscious Discipline, Infant and Early Childhood Mental Health, Safety, Teaming, working with children who have experienced trauma, plus many more. Over 540 people attended this conference including service coordinators, point of entry office leadership, early intervention resource agency leadership and staff, eligibility evaluation staff, and TEIS leadership.   
• Quarterly training. When needed, training covers topics such as early childhood outcomes (ECO); FGRBI, Individualized Family Service Plan (IFSP) functional goal development; and the AEPS family report.   
  
The following TA activities and/or resources were provided during FFY 2021-22:  
• New hire training. The QIT provided STAGE training (Statewide Training: Assessment, Goals, and Early Childhood Outcomes) for new service coordinators. TEIS leadership and district administrators (DAs) provided feedback for training development. The revised training was designed to better address the needs of service coordinators (SCs) during their first year of employment. To inform revisions, input on revised training were made following the first year of implementation. New hire training includes four phases over a year-long timeframe.   
• TA and resources provided to TEIS POEs included:  
o Job embedded training addressing specific needs of individual TEIS POE personnel.  
o Technical assistance on topics requested by TEIS district leadership during staff meetings.  
o Online training on such topics as family-centered early intervention and guidelines for TEIDS entries.  
o Participation at leadership and staff meetings to provide TA or training as needed or when requested by the TEIS district administrator. The Early Childhood Specialists also attended meetings when requested to provide information specific to FGRBI implementation.  
o Participation in local interagency coordinating council (LICC) meetings for TEIS districts. The Early Childhood Specialists attended these meetings to provide updates about TEIS’ efforts for FGRBI implementation.  
o Discussion with focus groups for Ops Manual/checklist development/revision. Once completed, the checklists were uploaded to SharePoint for staff.  
o New release trainings being rolled out over a two month period to the nine POEs after the training for the pilot group was given. Once completed a recorded training was uploaded to SharePoint.   
o Opt-Out Policy training for staff and uploaded to SharePoint.  
o Training on extended option.

**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.**

In FFY 2021-22 the primary focus on professional development continued with contracted Early Intervention Resource Agencies (EIRAs) who provide the early intervention service of developmental therapy. The 35 contracted EIRAs are divided geographically for ease of access and travel by Early Childhood Specialists. Early Childhood Specialists provided technical assistance and support through planning one-on-one meetings with agency directors and leadership, attending and/or training at staff meetings, attending and/or training at regional director meetings to discuss issues and brainstorm solutions, and observation and feedback to staff and/or agency leadership.   
  
In 2021-22, professional development activities supported by the Early Childhood Specialists included regular meetings with EIRA directors addressing such areas as:  
  
Family-Guided Routines-Based Intervention (FGRBI)  
The lead agency identified FGRBI as its early intervention service delivery model in Spring 2018 at which time a multi-year plan for full implementation was developed. Implementation work continued in FFY 2021-22 with a major goal to help build the confidence and competence of service providers, so they in turn can build the confidence and competence of the parents/caregivers served.   
  
In 2021, the FGRBI implementation plan was revised and set up on a three-phase system to provide professional development, practice and planning in order to build capacity and sustainability within the agencies on bringing all EI staff across the state to fidelity in using the model with families. Phase one began in FFY 2021-22. EIRAs identified up to two qualified rater candidates who would participate in the implementation process. These candidates were chosen for their leadership qualities and other individual strengths that would allow them to help support their agency in this process. In 2022, two workshops were completed with candidates on specific components of FGRBI (Setting the Stage and Observation and Opportunity to Embed). Individual reflective supervision sessions with each candidate also started, and will continue into the next fiscal year. After each workshop, candidates are requested to complete a Self-Assessment on their level of comfort with understanding, using and sharing components of FGRBI, as well as their understanding of what a qualified rater’s responsibilities are. This data will be used to evaluate and plan the professional development and support moving forward.   
  
FGRBI work in FFY 2021-22 included such activities as:  
• Supported FGRBI training in individual agencies by attending and presenting at staff meetings, observing staff and leadership in home sessions and sharing feedback, and providing one on one support to agency directors on planning pd opportunities for their staff.   
• Developed a system to allow directors to access their individual agency data from observations documented in Formstack and used as an evaluation tool for program monitoring  
• Supported FGRBI training for agency new hires, new agency directors, and local interagency coordinating councils (LICCs) as needed.  
• Provided professional development to directors in the form of EIRA quarterly meetings, sharing resources and tools to help them coach their staff, and bi-monthly Coffee Breaks. The focus in Coffee Breaks for the first half of the year was on FGRBI, but TEIS incorporated Adult Learning Principles and Coaching Strategies as well to build more understanding of how to use these indicators in practice. TEIS used activities and small groups to engage participants and give them different ways to learn the content. The topics for EIRA quarterly meetings included reflection, using data, creating professional development plans, leadership, and staff development.   
• The QIT developed center-based program guidance documents for each EIRA providing center-based services. Service coordinators use this resource with families when it is appropriate to discuss center-based services as an option for a child.  
• TA was provided to EIRAs contracted to administer the AEPS. The AEPS is used to track child progress and for the collection of early childhood outcomes (ECO) ratings. The AEPS is administered by EIRA early interventionists. Trainings for individual agencies were provided when needed.  
  
Center-Based Programs  
Center-based programs gradually transitioned back to in person services over the early part of FY 2021-22. An activity matrix for center-based programs was introduced as a pilot in June 2021. Implementation occurred in FFY 2021-22. Center-based directors received individual training and support during the pandemic to continue to provide services to families that chose center-based services. Several agencies set up virtual classrooms with work supported by the Early Childhood Specialists. Programs continued to learn and implement the matrix as a structure for their programs. Early Childhood Specialists have worked with program directors to understand how to utilize the matrix and include the principles of FGRBI within that framework. Individual meetings for center-based were not held this year, but continued individual support was provided on a regular basis by the appropriate regional ECS.

**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).**

As stated in previous APRs, July 1, 2020, the lead agency moved to the Tennessee Department of Intellectual and Developmental Disabilities (DIDD). TEIS aligned its avenues for stakeholder involvement (i.e., state interagency coordinating council (SICC) membership and attending visitors; TEIS, EIRA, and Vendor committees, planned district or state stakeholder meetings) to DIDD’s structure, which is primarily through formal advisory councils. The TEIS-DIDD public information officer assisted the Part C monitoring coordinator and strategic planning coordinator to establish a SICC data committee. Using DIDD’s structure, volunteers from the SICC were invited to participate on a committee with a focus on TEIS data. This committee was established Oct. 2021. The SICC data committee, which includes parents, is a principle mechanism for direct TEIS stakeholder involvement related to SPP/APR efforts.   
  
TEIS Data and Operations Team members facilitate quarterly data committee meetings. The committee is used for input on analyses for topics such as target setting for results indicators; updates or revisions to state systemic improvement plan (SSIP); input and analyses related to results monitoring (being initiated in July 2022), family and early childhood outcomes analyses, etc. Pertinent information from the committee is shared during updates in quarterly SICC meetings.   
  
Additional stakeholder information.  
TEIS-DIDD Advisory Councils  
As mentioned in the past APR, in July 2020, the TEIS-DIDD public information officer established two advisory councils: 1) Early Intervention Resource Agency (EIRA)—agencies that provide the IFSP service of developmental therapy. 2) Vendor—agencies that provide IFSP services such as speech, physical, and occupational therapy.  
  
The two councils created by DIDD provide an open line of communication and feedback between the state and external stakeholders. Council membership is voluntary with membership from agency administrators and agency direct service providers across the three grand regions of Tennessee (East, Middle, West). Councils operate in an autonomous manner led by a chairperson recommended by the membership and appointed by the Commissioner of DIDD. The TEIS-DIDD public information officer serves as the council’s liaison and department support for quarterly meetings.  
  
In FFY 2021-22, the priority of the EIRA council continued to work to strengthen relationships with the EIRA community. Sub-committees focused on professional development, communication, and professionalism for EIRAs.   
  
Office Hours  
TEIS-DIDD leadership and the DIDD communications team provided opportunities to engage various stakeholders. The DIDD Commissioner held office hours with providers and with employees every other week via teleconference. TEIS-DIDD leadership continued to hold teleconference hours for early intervention providers (EIRAs and Vendors). These calls began weekly but are now held twice monthly. Office hours provide opportunities for DIDD to share/discuss pertinent information with stakeholders.

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

YES

**Number of Parent Members:**

5

**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.**

Two meetings were held with the TEIS Data Committee to review current data and targets analyzed by members of the TEIS Data and Operations Team for input into SPP/APR, Results Monitoring and POE Improvement Planning as well as SSIP implementation and evaluation strategies. In addition, parent members were engaged in the regular quarterly meetings of the full SICC.   
  
The lead agency is pleased with the level of engagement from all committee members, including family members. Stakeholders, including family members, demonstrated high interest in TEIS data and its use for informing and guiding improved outcomes to children and their families and were eager to join the data committee. They asked interested and thoughtful questions and the meeting time consisted of meaningful and sincere discussion. All members contributed to the discussion, including family members.   
  
Committee members were interested and validated the lead agency’s future interest for additional types of data analyses, particularly around Results Monitoring and POE Improvement Planning.

**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.**

Through SSIP efforts, TEIS implemented a coordinated outreach effort to eliminate barriers to family engagement in early intervention services through improved eligibility procedures that lead to increased referrals and streamlining the referral-to-IFSP process resulting in an increase in the number of referrals resulting in IFSPs.   
  
As reported in Indicator 4 (Family Outcomes), TEIS has worked on improving the collection of family outcomes data to improve the response rate and representativeness of respondents and ensure that every family has the opportunity to have their voice heard. In addition to the family outcomes data collection process reported in the APR, TEIS implemented a supplementary process in 2021-22 to collect self-reflective information from parents about helping their child develop and learn. This information is gathered at every AEPS to obtain current information that is used by IFSP teams to support child and family outcomes.  
  
TEIS has reported efforts toward implementation of the Family-Guided Routines Based Intervention (FGRBI) evidence-based model of service delivery which focuses on increasing caregiver competence and confidence to support their child. Professional development, technical assistance, and training have been directed toward EIRAs and TEIS POEs for this work.   
  
TEIS started preliminary Results Monitoring activities that will directly impact outcomes for children with disabilities and their families. Utilizing existing child program data, the Strategic Results Team will support each POE with technical assistance to address specific areas identified that require improvement. Results Monitoring efforts will begin during the next year cycle (July 1, 2022 – June 30, 2023). The lead agency introduced Results Monitoring to internal staff and community stakeholders at Vendor and SICC quarterly meetings and will be rolled out statewide to 9 POE TEIS Districts starting July 2022.

**Soliciting Public Input:**

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

The primary mechanism used to solicit input for the SPP/APR (including SSIP) and to review results targets was the TEIS Data Committee. Established in 2021, this committee consists of volunteers from the SICC membership. Committee membership includes representation from: early intervention professionals; medical professionals from the TN Chapter of American Academy of Pediatrics; TN Council on Developmental Disabilities, higher education; autism; parents of TEIS children; and TEIS staff.  
  
In addition to the TEIS Data Committee the SPP/APR, including SSIP was reviewed with the SICC chair (Jan. 17) and the with the SICC membership and attending visitors Jan. 24.   
  
Public input was also solicited for the development and launch of the TEIS extended option in FFY 2021-22. Family and staff forums were held in June 2022. Input sessions from families, providers, and stakeholders on the extended option continued into FFY 2022-23.

**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.**

In January, the draft annual performance report (APR), including indicator 11 (State Systemic Improvement Plan) was made available for review and input by TEIS-DIDD leadership and the TEIS data committee. A draft was also sent for feedback to Tennessee’s state contacts from the Early Childhood Technical Assistance Center (ECTA) and the Center for IDEA Early Childhood Data Systems (DaSy). The APR was formally reviewed with the SICC Chairperson and then presented to SICC membership and visitors (i.e., TEIS district office leadership, early intervention service providers, advocates, others) in attendance on Jan. 24th.

**Reporting to the Public:**

**How and where the State reported to the public on the FFY 2020 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 2020 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 2020 APR in 2022, is available.**

Federal report requirements for the performance of each early intervention service (EIS) program (i.e., the nine TEIS POEs) compared to the state’s SPP/APR targets are completed and posted on the state’s website no later than 120 days following the state’s submission of the APR on February 1. This report is entitled, Report to the Public. The state’s APR is also posted at the same location after the close of the federal period of clarification. An email is sent to Tennessee's part C federal OSEP contact and TEIS POE leadership informing them of the posting and the website link.   
  
TEIS uses a bi-monthly newsletter (TRI-Starts) as stakeholder communication tool. The newsletter reports when federal reports have been posted to the website. It is also used as a communication tool about: learning opportunities, program updates, family and staff spotlights, upcoming meetings (e.g., service providers [EIRAs and vendors], SICC, Advisory Councils, Data Committee), and TEIS employment opportunities.   
  
Currently, the 2022 Report to the Public (FYY 2020-21 data), 2020-21 Annual Performance Report, and the State Systemic Improvement Plan (SSIP)/APR Indicator 11 is available on the State’s website under “Reports” at https://www.tn.gov/didd/for-consumers/tennessee-early-intervention-system-teis/reports---data.html

## Intro - Prior FFY Required Actions

None

## 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 2021 SPP/APR, the data for FFY 2020), 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 | 90.96% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 96.36% | 92.09% | 97.70% | 97.76% | 99.15% |

**Targets**

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

**FFY 2021 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 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 910 | 1,020 | 99.15% | 100% | 98.63% | Did not meet target | No Slippage |

**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.***

96

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

Documented exceptional family circumstances for delays in timely IFSP service delivery include: child/family sickness, family vacation/holiday, family’s preferred schedule, family “no show” for a timely scheduled appointment/visit, family forgot about a timely scheduled appointment/visit, provider waiting for physician or medical authorization for a service, weather related events (e.g., snow, ice, tornado, flood), state or local disaster recovery (e.g., flood, tornado, ice storm), state or national pandemic (e.g., Coronavirus/COVID-19).  
  
System issues for delays include service coordinator delay in notifying a provider that a service was added to an IFSP, provider delay in beginning service, lack of provider availability, lack of documentation about the reason for delay.

**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).**

Tennessee defines "timely service delivery" as no longer than 30 calendar days from the date of parent consent on the Individualized Family Service Plan (IFSP) for a service."  
  
Data account for the timely receipt of all services for a child rather than individual services. For example, if a child had three new services initiated on an IFSP and any one of the services were delivered untimely, the child had untimely service delivery.

**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).**

October 2021

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

FFY 2021-22 was the second year annual monitoring was based on census data for the month of October.  
  
In FFY 2020-21, annual monitoring moved from fiscal year census data (July 1-June 30) to census data for a specific month within the fiscal year. With federal TA support, three years of historical data across multiple data elements were analyzed to determine if there was a particular month that was more representative of the population served by Tennessee’s Early Intervention System (TEIS). Data analyzed were representative across all months. October was selected to facilitate monitoring and reporting timelines for issuing findings of noncompliance, annual Early Intervention Service (EIS) program determinations, and development of the annual public report occur the same fiscal year. This decision was reviewed with TN’s Office of Special Education Program (OSEP) federal contact.   
  
October 2021 census data from the Tennessee Early Intervention Data System (TEIDS) were used to determine the percent of Part C eligible infants and toddlers who had timely IFSP service delivery across all IFSP types (i.e., initial, six-month, annual, review change).  
  
The Statistical Analyst 4 (SA4) pulled data from TEIDS. Data were researched by three statistical analyst 2s (SA2s) for reasons where IFSP services were delivered untimely (i.e., exceptional family circumstances, system). SA2s provided researched data to assigned TEIS Point of Entry (POE) district leadership for review before the SA4 compiled and prepared final indicator reports to the Part C Monitoring Coordinator and POE district leadership.   
  
Data accounted for reasons for untimely IFSP service delivery. Refer to the section, “Provide reasons for delay” for examples of exceptional family circumstances and system reasons.

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

COVID-19 Impact  
COVID-19 did not impact the state’s ability to collect data required for this indicator nor did it impact data completeness, validity, and reliability for this indicator. The same process was used as described in section, “Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period” for the collection of data used for annual monitoring and the development of the FFY 2021-22 APR.  
  
The additional column added to the data research template in FFY 2019-20 continued to be used to capture information about COVID-19 impact on untimely IFSP service delivery in the analysis of October 2021 data researched for FFY 2021-22 monitoring.  
  
TEIS continued use of OSEP guidance to code untimely meetings as “untimely/ exceptional family circumstances” when documentation was found in the child’s record (TEIDS) that untimely IFSP service delivery was due to COVID-19. If there was any question about documentation, the coding of “Yes” for COVID-19 impact was not used.   
  
Of the 96 records in October 2021 data coded untimely/ exceptional family circumstances, there were two (2.08%) documented incidences where COVID-19 impacted timeliness of IFSP service delivery.   
Breakdown of incidences by the early intervention service:  
• Developmental Therapy: 1 incident (1.04%)  
• Occupational Therapy: 1 incident (1.04%)

**Correction of Findings of Noncompliance Identified in FFY 2020**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 5 | 5 |  | 0 |

**FFY 2020 Findings of Noncompliance Verified as Corrected**

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

With the move from fiscal year data to a single month as the basis for annual monitoring, two monitoring cycles occurred closely together with findings issued in 2020. Information about the implementation of regulatory requirements is reported for each monitoring cycle in this section.  
  
FFY 2019-20 monitoring (July 1, 2019-June 30, 2020 data). Findings issued in 2020.  
Three of nine EIS programs had a finding of noncompliance issued through annual monitoring. All three findings were corrected timely (i.e., as soon as possible but in no case later than one year from the written notice of finding). When determining correction, the Part C Monitoring Coordinator verified the three programs were correctly implementing regulatory requirements for timely IFSP service delivery through a review of subsequent monthly data in TEIDS demonstrating 100% compliance (prong 2 correction).   
  
Six of the nine EIS programs had pre-finding correction. The Part C Monitoring Coordinator verified that the six programs were correctly implementing regulatory requirements for timely IFSP service delivery by a review of subsequent monthly data in TEIDS demonstrating 100% compliance prior to the issuance of written findings. Data demonstrated 100% compliance; all children had timely IFSP service delivery (prong 2, pre-finding correction).  
  
FFY 2020-21 monitoring (October 2020 data). Findings issued in 2020.  
Two of nine EIS programs had a finding of noncompliance issued through annual monitoring. The two findings were corrected timely (i.e., as soon as possible but in no case later than one year from the written notice of finding). When determining correction, the Part C Monitoring Coordinator verified the two programs were correctly implementing regulatory requirements for timely IFSP service delivery through a review of subsequent monthly data in TEIDS demonstrating 100% compliance (prong 2 correction).   
  
Five of the nine EIS programs demonstrated 100% compliance. Two of the nine EIS programs had pre-finding correction. The Part C Monitoring Coordinator verified the two programs were correctly implementing regulatory requirements for timely IFSP service delivery by a review of subsequent monthly data in TEIDS demonstrating 100% compliance prior to the issuance of written findings. Data demonstrated 100% compliance; all children had timely IFSP service delivery (prong 2, pre-finding correction).  
  
Pre-finding correction for prong 2 occurs by verifying subsequent monthly census data in TEIDS demonstrate 100% compliance for timely IFSP service delivery prior to the issuance of written a finding. Refer to APR “Introduction: General Supervision System” for how TEIS ensures EIS programs are correctly implementing regulatory requirements and for information about pre-finding correction.

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

With the move from fiscal year data to a single month as the basis for annual monitoring, two monitoring cycles occurred closely together with findings issued in 2020. Information about Individual cases of noncompliance is reported for each monitoring cycle below.  
  
FFY 2019-20 monitoring (July 1, 2019-June 30, 2020 data). Findings issued in 2020.  
Three of nine EIS programs had a finding of noncompliance issued through annual monitoring. All three findings were corrected timely (i.e., as soon as possible but in no case later than one year from the written notice of finding). The Part C Monitoring Coordinator verified there was no remaining individual child-level noncompliance in monitoring data. All individual children had IFSP services delivered, however late, unless they were no longer under the jurisdiction of TEIS. There was no child-level noncompliance found in subsequent monthly data reviewed when verifying correction for the indicator. Data demonstrated 100% compliance; all individual children had timely IFSP service delivery (prong 1, correction).  
  
Six of the nine EIS programs had pre-finding correction. The Part C Monitoring Coordinator verified the six programs had no remaining individual child-level noncompliance in monitoring data. All individual children had IFSP service delivery, however late, unless the child was no longer under the jurisdiction of TEIS. There was no individual child-level noncompliance found in subsequent monthly TEIDS data reviewed prior to the issuance of written findings. Data demonstrated 100% compliance; all children had timely IFSP service delivery (prong 1, pre-finding correction).  
  
FFY 2020-21 monitoring (October 2020 data). Findings issued in 2020.  
Two of nine EIS programs had a finding of noncompliance issued through annual monitoring. The two findings were corrected timely (i.e., as soon as possible but in no case later than one year from the written notice of finding). The Part C Monitoring Coordinator verified the two programs had no remaining individual child-level noncompliance in monitoring data. All individual children had IFSP service delivery, however late, unless the child was no longer under the jurisdiction of TEIS. There was no child-level noncompliance found in subsequent monthly TEIDS data reviewed when verifying correction for the indicator. Data demonstrated 100% compliance; all individual children had timely IFSP service delivery (prong 1, correction).  
  
Five of the nine EIS programs demonstrated 100% compliance. Two of the nine EIS programs had pre-finding correction. The Part C Monitoring Coordinator verified the two programs had no remaining individual child-level noncompliance in monitoring data. All individual children had IFSP service delivery, however late, unless the child was no longer under the jurisdiction of TEIS. There was no individual child-level noncompliance found in subsequent monthly TEIDS data reviewed prior to the issuance of written findings. Data demonstrated 100% compliance; all children had timely IFSP service delivery (prong 1, pre-finding correction).  
  
Pre-finding correction for prong 1 occurs by verifying subsequent monthly census data in TEIDS demonstrate 100% compliance for timely IFSP service delivery prior to the issuance of written a finding. Refer to APR “Introduction: General Supervision System” for how TEIS ensures there is no individual child-level noncompliance and for information about pre-finding correction.

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 1 - Prior FFY 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.

**Response to actions required in FFY 2020 SPP/APR**

## 1 - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2021- June 30, 2022). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

## 1 - Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 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 2022 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 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

# 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 | 76.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target>= | 85.04% | 85.04% | 85.04% | 85.04% | 84.00% |
| Data | 84.66% | 83.65% | 83.24% | 83.29% | 78.91% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= | 84.00% | 84.00% | 84.00% | 84.00% | 84.00% |

**Targets: Description of Stakeholder Input**

As stated in previous APRs, July 1, 2020, the lead agency moved to the Tennessee Department of Intellectual and Developmental Disabilities (DIDD). TEIS aligned its avenues for stakeholder involvement (i.e., state interagency coordinating council (SICC) membership and attending visitors; TEIS, EIRA, and Vendor committees, planned district or state stakeholder meetings) to DIDD’s structure, which is primarily through formal advisory councils. The TEIS-DIDD public information officer assisted the Part C monitoring coordinator and strategic planning coordinator to establish a SICC data committee. Using DIDD’s structure, volunteers from the SICC were invited to participate on a committee with a focus on TEIS data. This committee was established Oct. 2021. The SICC data committee, which includes parents, is a principle mechanism for direct TEIS stakeholder involvement related to SPP/APR efforts.   
  
TEIS Data and Operations Team members facilitate quarterly data committee meetings. The committee is used for input on analyses for topics such as target setting for results indicators; updates or revisions to state systemic improvement plan (SSIP); input and analyses related to results monitoring (being initiated in July 2022), family and early childhood outcomes analyses, etc. Pertinent information from the committee is shared during updates in quarterly SICC meetings.   
  
Additional stakeholder information.  
TEIS-DIDD Advisory Councils  
As mentioned in the past APR, in July 2020, the TEIS-DIDD public information officer established two advisory councils: 1) Early Intervention Resource Agency (EIRA)—agencies that provide the IFSP service of developmental therapy. 2) Vendor—agencies that provide IFSP services such as speech, physical, and occupational therapy.  
  
The two councils created by DIDD provide an open line of communication and feedback between the state and external stakeholders. Council membership is voluntary with membership from agency administrators and agency direct service providers across the three grand regions of Tennessee (East, Middle, West). Councils operate in an autonomous manner led by a chairperson recommended by the membership and appointed by the Commissioner of DIDD. The TEIS-DIDD public information officer serves as the council’s liaison and department support for quarterly meetings.  
  
In FFY 2021-22, the priority of the EIRA council continued to work to strengthen relationships with the EIRA community. Sub-committees focused on professional development, communication, and professionalism for EIRAs.   
  
Office Hours  
TEIS-DIDD leadership and the DIDD communications team provided opportunities to engage various stakeholders. The DIDD Commissioner held office hours with providers and with employees every other week via teleconference. TEIS-DIDD leadership continued to hold teleconference hours for early intervention providers (EIRAs and Vendors). These calls began weekly but are now held twice monthly. Office hours provide opportunities for DIDD to share/discuss pertinent information with stakeholders.

Status of FFY 2021-22 Indicator 2 data compared to the state target was shared with stakeholders, January 2023. Stakeholders included: TEIS Data Committee, State Interagency Coordinating Council (SICC) membership and attending visitors. Modifications to state targets were determined unnecessary for the upcoming fiscal year.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings | 6,478 |
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Total number of infants and toddlers with IFSPs | 8,749 |

**FFY 2021 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 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 6,478 | 8,749 | 78.91% | 84.00% | 74.04% | Did not meet target | Slippage |

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

The lead agency anticipated another year of slippage with FFY 2021-22 data. A significant change note was addressed for Dec.1, 2021 Child Count & Settings Data. Slippage was again attributed to the COVID 19 pandemic impacting the manner in which settings data were collected for accurate service provider reimbursement for IFSP services.   
  
The onset of the pandemic (COVID-19) in 2020 prompted the state to all but cease therapies in "Community" settings for a significant time period, replacing them with virtual (telehealth) visits. Virtual visits were originally considered "Other" in Tennessee's settings data until the Tennessee Early Intervention Data System (TEIDS) could be updated to appropriately capture services delivered via telehealth ensuring appropriate reimbursement for IFSP services. The modification was deployed July 1, 2021 but continued to impact settings data throughout FFY 2021-22.

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

## 2 - Prior FFY Required Actions

None

## 2 - OSEP Response

## 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**

As stated in previous APRs, July 1, 2020, the lead agency moved to the Tennessee Department of Intellectual and Developmental Disabilities (DIDD). TEIS aligned its avenues for stakeholder involvement (i.e., state interagency coordinating council (SICC) membership and attending visitors; TEIS, EIRA, and Vendor committees, planned district or state stakeholder meetings) to DIDD’s structure, which is primarily through formal advisory councils. The TEIS-DIDD public information officer assisted the Part C monitoring coordinator and strategic planning coordinator to establish a SICC data committee. Using DIDD’s structure, volunteers from the SICC were invited to participate on a committee with a focus on TEIS data. This committee was established Oct. 2021. The SICC data committee, which includes parents, is a principle mechanism for direct TEIS stakeholder involvement related to SPP/APR efforts.   
  
TEIS Data and Operations Team members facilitate quarterly data committee meetings. The committee is used for input on analyses for topics such as target setting for results indicators; updates or revisions to state systemic improvement plan (SSIP); input and analyses related to results monitoring (being initiated in July 2022), family and early childhood outcomes analyses, etc. Pertinent information from the committee is shared during updates in quarterly SICC meetings.   
  
Additional stakeholder information.  
TEIS-DIDD Advisory Councils  
As mentioned in the past APR, in July 2020, the TEIS-DIDD public information officer established two advisory councils: 1) Early Intervention Resource Agency (EIRA)—agencies that provide the IFSP service of developmental therapy. 2) Vendor—agencies that provide IFSP services such as speech, physical, and occupational therapy.  
  
The two councils created by DIDD provide an open line of communication and feedback between the state and external stakeholders. Council membership is voluntary with membership from agency administrators and agency direct service providers across the three grand regions of Tennessee (East, Middle, West). Councils operate in an autonomous manner led by a chairperson recommended by the membership and appointed by the Commissioner of DIDD. The TEIS-DIDD public information officer serves as the council’s liaison and department support for quarterly meetings.  
  
In FFY 2021-22, the priority of the EIRA council continued to work to strengthen relationships with the EIRA community. Sub-committees focused on professional development, communication, and professionalism for EIRAs.   
  
Office Hours  
TEIS-DIDD leadership and the DIDD communications team provided opportunities to engage various stakeholders. The DIDD Commissioner held office hours with providers and with employees every other week via teleconference. TEIS-DIDD leadership continued to hold teleconference hours for early intervention providers (EIRAs and Vendors). These calls began weekly but are now held twice monthly. Office hours provide opportunities for DIDD to share/discuss pertinent information with stakeholders.

Status of FFY 2021-22 Indicator 3 data compared to the state target was shared with stakeholders, January 2023. Stakeholders included: TEIS Data Committee, State Interagency Coordinating Council (SICC) membership and attending visitors. Modifications to state targets were determined unnecessary for the upcoming fiscal year.

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Baseline** | **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| **A1** | 2016 | Target>= |  | 59.00% | 59.00% | 59.00% | 59.00% |
| **A1** | 56.86% | Data | 56.86% | 58.06% | 64.60% | 66.79% | 68.02% |
| **A2** | 2016 | Target>= |  | 52.00% | 52.00% | 52.00% | 52.00% |
| **A2** | 49.54% | Data | 49.54% | 48.23% | 48.15% | 44.73% | 45.83% |
| **B1** | 2016 | Target>= |  | 58.00% | 58.00% | 58.00% | 58.00% |
| **B1** | 56.01% | Data | 56.01% | 48.23% | 48.20% | 46.18% | 47.13% |
| **B2** | 2016 | Target>= |  | 34.00% | 34.00% | 34.00% | 34.00% |
| **B2** | 31.93% | Data | 31.93% | 31.55% | 32.44% | 29.70% | 33.03% |
| **C1** | 2016 | Target>= |  | 67.50% | 67.50% | 67.50% | 67.50% |
| **C1** | 65.32% | Data | 65.32% | 60.54% | 62.50% | 63.28% | 65.46% |
| **C2** | 2016 | Target>= |  | 53.00% | 53.00% | 53.00% | 53.00% |
| **C2** | 51.20% | Data | 51.20% | 56.05% | 58.28% | 55.78% | 57.27% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target A1>= | 59.00% | 59.00% | 59.00% | 59.00% | 59.00% |
| Target A2>= | 52.00% | 52.00% | 52.00% | 52.00% | 52.00% |
| Target B1>= | 58.00% | 58.00% | 58.00% | 58.00% | 58.00% |
| Target B2>= | 34.00% | 34.00% | 34.00% | 34.00% | 34.00% |
| Target C1>= | 67.50% | 67.50% | 67.50% | 67.50% | 67.50% |
| Target C2>= | 53.00% | 53.00% | 53.00% | 53.00% | 53.00% |

**FFY 2021 SPP/APR Data**

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

5,595

**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 | 20 | 0.36% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 1,441 | 25.76% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 1,414 | 25.27% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 1,842 | 32.92% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 878 | 15.69% |

| **Outcome A** | **Numerator** | **Denominator** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 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 | 3,256 | 4,717 | 68.02% | 59.00% | 69.03% | 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 | 2,720 | 5,595 | 45.83% | 52.00% | 48.61% | Did not meet 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 | 29 | 0.52% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 2,633 | 47.06% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 1,016 | 18.16% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 1,362 | 24.34% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 555 | 9.92% |

| **Outcome B** | **Numerator** | **Denominator** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 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 | 2,378 | 5,040 | 47.13% | 58.00% | 47.18% | 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 | 1,917 | 5,595 | 33.03% | 34.00% | 34.26% | 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 | 14 | 0.25% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 1,430 | 25.56% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 816 | 14.58% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 1,760 | 31.46% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 1,575 | 28.15% |

| **Outcome C** | **Numerator** | **Denominator** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 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 | 2,576 | 4,020 | 65.46% | 67.50% | 64.08% | Did not meet target | 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 | 3,335 | 5,595 | 57.27% | 53.00% | 59.61% | Met target | No Slippage |

**Provide reasons for C1 slippage, if applicable**

TEIS experienced slight slippage on indicator C1, attributed to ongoing data quality issues related to the COVID-19 pandemic during which time face-to-face visits were suspended and data could not be collected. Once telehealth options for data collection were developed, there were delays in collection of entrance data.

**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 | 8,632 |
| 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. | 2,501 |

| **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)**

YES

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

The Assessment, Evaluation, and Programming System for Infants and Children (AEPS) was utilized in FFY 2021-22 to collect Early Childhood Outcomes (ECO) entrance, ongoing, and exit ratings. Developmental assessment data from the AEPS are gathered, beginning with the initial individualized Family Service Plan (IFSP), and for every six-month and annual IFSP review that follows.   
  
Early interventionists (EIs) who provide the IFSP service of developmental therapy or contracted agencies with staff who meet the same criteria as EIs are responsible for administering the AEPS developmental assessment. They provide the assessment progress report, including ECO ratings, to TEIS service coordinators who enter the ECO ratings into TEIDS, which houses the child’s education record.   
  
FFY 2021-22 was the fourth full year ECO data were collected using the AEPS by EIRA early interventionists.

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

The COVID-19 pandemic continued to impact data collection for this indicator. In 2021-22, services were delivered via a combination of in-person and telehealth, based on parental request. For families opting for telehealth services, remote administration of the AEPS continued to be an option for families with teleconference capability in 2021-22. However, the rate of missing ECO data (either entrance or exit ratings) continues to be elevated due to the COVID-19 pandemic and children entering or exiting services during a time when face-to-face services were unavailable and families not having capacity for remote administration of the instrument. In 2021-22, there were 536 children missing ECO data. This is an improvement from 690 children in 2020-21 but still higher than pre-pandemic levels.

## 3 - Prior FFY Required Actions

None

## 3 - OSEP Response

## 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** | **2016** | **2017** | **2018** | **2019** | **2020** |
| A | 2013 | Target>= | 90.60% | 90.60% | 90.60% | 90.60% | 95.00% |
| A | 75.42% | Data | 88.00% | 84.99% | 97.38% | 98.26% | 95.33% |
| B | 2013 | Target>= | 93.60% | 93.60% | 93.60% | 93.60% | 96.00% |
| B | ###C04BBASEDATA### | Data | 91.25% | 85.90% | 97.34% | 97.79% | 96.13% |
| C | 2013 | Target>= | 90.60% | 90.60% | 90.60% | 90.60% | 93.00% |
| C | 74.58% | Data | 86.58% | 81.03% | 94.95% | 96.26% | 93.66% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target A>= | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% |
| Target B>= | 96.00% | 96.00% | 96.00% | 96.00% | 96.00% |
| Target C>= | 93.00% | 93.00% | 93.00% | 93.00% | 93.00% |

**Targets: Description of Stakeholder Input**

As stated in previous APRs, July 1, 2020, the lead agency moved to the Tennessee Department of Intellectual and Developmental Disabilities (DIDD). TEIS aligned its avenues for stakeholder involvement (i.e., state interagency coordinating council (SICC) membership and attending visitors; TEIS, EIRA, and Vendor committees, planned district or state stakeholder meetings) to DIDD’s structure, which is primarily through formal advisory councils. The TEIS-DIDD public information officer assisted the Part C monitoring coordinator and strategic planning coordinator to establish a SICC data committee. Using DIDD’s structure, volunteers from the SICC were invited to participate on a committee with a focus on TEIS data. This committee was established Oct. 2021. The SICC data committee, which includes parents, is a principle mechanism for direct TEIS stakeholder involvement related to SPP/APR efforts.   
  
TEIS Data and Operations Team members facilitate quarterly data committee meetings. The committee is used for input on analyses for topics such as target setting for results indicators; updates or revisions to state systemic improvement plan (SSIP); input and analyses related to results monitoring (being initiated in July 2022), family and early childhood outcomes analyses, etc. Pertinent information from the committee is shared during updates in quarterly SICC meetings.   
  
Additional stakeholder information.  
TEIS-DIDD Advisory Councils  
As mentioned in the past APR, in July 2020, the TEIS-DIDD public information officer established two advisory councils: 1) Early Intervention Resource Agency (EIRA)—agencies that provide the IFSP service of developmental therapy. 2) Vendor—agencies that provide IFSP services such as speech, physical, and occupational therapy.  
  
The two councils created by DIDD provide an open line of communication and feedback between the state and external stakeholders. Council membership is voluntary with membership from agency administrators and agency direct service providers across the three grand regions of Tennessee (East, Middle, West). Councils operate in an autonomous manner led by a chairperson recommended by the membership and appointed by the Commissioner of DIDD. The TEIS-DIDD public information officer serves as the council’s liaison and department support for quarterly meetings.  
  
In FFY 2021-22, the priority of the EIRA council continued to work to strengthen relationships with the EIRA community. Sub-committees focused on professional development, communication, and professionalism for EIRAs.   
  
Office Hours  
TEIS-DIDD leadership and the DIDD communications team provided opportunities to engage various stakeholders. The DIDD Commissioner held office hours with providers and with employees every other week via teleconference. TEIS-DIDD leadership continued to hold teleconference hours for early intervention providers (EIRAs and Vendors). These calls began weekly but are now held twice monthly. Office hours provide opportunities for DIDD to share/discuss pertinent information with stakeholders.

Status of FFY 2021-22 Indicator 4 data compared to the state target was shared with stakeholders, January 2023. Stakeholders included: TEIS Data Committee, State Interagency Coordinating Council (SICC) membership and attending visitors. Modifications to state targets were determined unnecessary for the upcoming fiscal year.

**FFY 2021 SPP/APR Data**

|  |  |
| --- | --- |
| The number of families to whom surveys were distributed | 4,940 |
| Number of respondent families participating in Part C | 3,583 |
| Survey Response Rate | 72.53% |
| A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights | 3,329 |
| A2. Number of responses to the question of whether early intervention services have helped the family know their rights | 3,581 |
| 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 | 3,262 |
| B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs | 3,552 |
| 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 | 3,368 |
| C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn | 3,565 |

| **Measure** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 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) | 95.33% | 95.00% | 92.96% | Did not meet target | 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) | 96.13% | 96.00% | 91.84% | Did not meet target | 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) | 93.66% | 93.00% | 94.47% | Met target | No Slippage |

**Provide reasons for part A slippage, if applicable**

TEIS analyzed the family outcomes data across several demographics (geography, socioeconomic status, race/ethnicity, primary language) and completed a qualitative analysis of the comments submitted with the surveys. Slippage is attributed to two primary causes: an increase in the total responses resulting in a more representative result and the COVID-19 pandemic. The qualitative analysis of the comments revealed many of the responses from families were related to COVID-19 service delivery challenges, such as teleconference service delivery. TEIS noted that even positive comments from families often mentioned satisfaction with progress given the challenges of the pandemic. It is already a practice that rights are discussed, and the rights brochure is given to families anytime an IFSP meeting is held.

**Provide reasons for part B slippage, if applicable**

TEIS analyzed the family outcomes data across several demographics (geography, socioeconomic status, race/ethnicity, primary language) and completed a qualitative analysis of the comments submitted with the surveys. Slippage is attributed to two primary causes: an increase in the total responses resulting in a more representative result and the COVID-19 pandemic. The qualitative analysis of the comments revealed many of the responses from families were related to COVID-19 service delivery challenges, such as teleconference service delivery. TEIS noted that even positive comments from families often mentioned satisfaction with progress given the challenges of the pandemic. While families expressed that they were happy to be able to receive services and were happy with providers, some identified that it was hard completing these services via telehealth.

| **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. | YES |

**Survey Response Rate**

|  |  |  |
| --- | --- | --- |
| **FFY** | **2020** | **2021** |
| Survey Response Rate | 70.23% | 72.53% |

**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 lead agency will continue to implement the Help Our Parents Excel (HOPE) annual survey process designed to eliminate any barriers to family participation in the survey. The goal is for every family with at least six months of services during the survey window to complete a survey.   
  
Since its initiation in 2018-19, TEIS has experienced annual increases in the family survey response rate, with the overall rate increasing from 15% in 2017-18 (prior to HOPE process) to 72.53% in 2021-22.   
  
TEIS has worked to improve both its survey response rate and representativeness. In January 2019, TEIS launched its new family outcomes data collection process called, Help Our Parents Excel (HOPE). TEIS service coordinators received training on 1) purpose of the survey, 2) data collection process, 3) survey methodology, 4) federal indicator 4: family outcomes, 5) ECO FOS-R survey instrument, 6) reliability and validity measures, and 7) potential for and minimizing bias. Training occurs each year before the start of the HOPE Family Survey process. All new service coordinators who have not been through the training completes the training before administering to their families. Each POE may determine the refresher training policy for seasoned staff.   
  
The change in the family outcomes data collection process was primarily focused on response rate, representativeness of responses, and dissemination of data, and eliminating barriers to parent participation. Any resulting changes in the actual outcomes has remained a secondary focus until the data stabilizes. At the time of the development and implementation of the new process, stakeholders expressed concern about the potential for courtesy bias in the sub-indicators due to the service coordinators’ role in collecting the data. TEIS wanted to assure service coordinators that there would be no negative consequences for staff, providers, or families as a result of changes in the outcomes data. Therefore, the state opted not to address resetting baselines or changing targets for this indicator when the new process was implemented.   
  
Since FFY 2013-14, TEIS has utilized the Early Childhood Outcomes Family Outcomes Survey Revised (ECO FOS-R) side B. TEIS uses the calculation methodology recommended by the ECO center whereby a family must have a mean score of four or higher on all of the items associated with the sub-indicator to be considered as having met the criteria for that particular sub-indicator. The lead agency continues to contract with East Tennessee State University (ETSU) to support the collection and analysis of survey data.   
  
Service coordinators collect family outcomes data for each family on their caseload with at least six months of service during the annual data collection window (generally January-April). It is notable that face-to-face services were suspended starting in mid-March 2020 through May 2021 due to the COVID-19 pandemic, which eliminated in-person options for survey completion during both the 2019-20 and 2020-21 survey collection periods. This change did not result in a decline in survey responses.   
  
The HOPE process allows service coordinators to use professional judgment regarding the timeframe, within the data collection window, and method most appropriate to the families on their caseload. Multiple avenues were available for the completion of surveys. These included: phone, mail, teleconference, online, paper, and by service coordinator interview. The family may opt to utilize service coordinator direct support to complete the survey, or they may prefer methods that communicate directly with ETSU. Surveys are available in English and Spanish. If other languages are needed, service coordinators were directed to the Early Childhood Technical Assistance (ECTA) Center’s website for surveys in additional languages. Interpreters may be used for survey completion. The lead agency is pleased to report that the revised process called HOPE continues to show progress. The statewide response rate for 2021-22 was 72.53%, which is the highest in TEIS history. This was an increase to the 2020-21 response rate of 70.23%, Prior to the HOPE process, response rates ranged from 9.22% to 25.91%.   
  
Additionally, each service coordinator received a report for their caseload detailing the response rate, race/ethnic population breakdown of responses, results of each sub-indicator, and family comments from surveys.   
  
Further details about the new family outcomes data collection process called, Help Our Parents Excel (HOPE) are available in the State Systemic Improvement Plan (SSIP) reports on the TEIS website at https://www.tn.gov/didd/for-consumers/tennessee-early-intervention-system-teis/reports---data.html.

**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.**

The response rate for the survey was 72.53% with 3583 of 4940 surveys returned. Reponses are analyzed and reports are provided to staff at the state, point of entry (POE) and service coordinator levels which show the response rate, race/ethnicity of respondents, and results.   
  
In addition to the race/ethnicity analysis described below, additional analysis was completed across county socioeconomic status and primary language spoken. No nonresponse bias was identified. Future efforts to improve response will be at the POE level and not targeted at a specific demographic sub-group based on data analysis and stakeholder input.

**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 analysis confirms that the HOPE process, which has been designed to eliminate barriers to participation and ensure every family’s voice is heard, continues to prove family outcome survey results are representative of population groups served by TEIS for 2021-22.   
  
The responses were analyzed by geography, race/ethnicity, county socioeconomic status and primary language demographics of the populations served. The overall response rate for the state was 72.53%. Geographically, all TEIS point of entry offices were represented in the data collection There was no POE with less than 55% response rate.   
  
Each county was grouped into one of five socioeconomic status (SES) categories based on an index of county economic status compiled by the Appalachian Regional Commission. The five categories are: Distressed, At-Risk, Transitional, Competitive, Attainment. The response rate was compared across these SES designations with the highest response rate being from the at-risk counties (80%). The lowest response rate was from the counties in Attainment status (64%).   
  
Finally, the response rate was compared for families whose primary language was English to those whose primary language was a language other than English. The response rates were nearly identical for these groups (English 71%; Other Languages 73%).   
  
 The confidence interval calculation used for race/ethnicity representativeness is discussed in more detail below.

**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).**

Representativeness based on race/ethnicity demographics were evaluated using a confidence interval calculation of 95% across the three sub-indicators (4A, 4B, and 4C). The lower the confidence interval (CI) percentage, the greater the level confidence can be attributed to the data for a given demographic sub-group. Since TEIS uses a 95% CI calculation, 5% is used as a general benchmark where any race/ethnicity subgroup with a CI calculation greater than 5% across one of the three sub-outcomes would be reason for additional analysis. For 2021-22, the state overall had representative data based on CI calculations.   
  
The overall confidence range (CI) was .39-.47% across the three sub-outcomes for the state. This is comparable to the FFY 2020-21 survey results where the overall confidence range for the state was 0.25-0.36% and a marked improvement over the 2017-18 (pre-HOPE process) CI of 2.00-2.25%.   
  
State representativeness reported by each sub-indicator:   
• Outcome A (know their rights), 0.44%, compared with 2020-21 which was 0.25%   
• Outcome B (communicate their child’s needs), 0.47%, compared with 2020-21 which was 0.28%   
• Outcome C (help their child develop and learn), 0.39%, compared with 2020-21 which was 0.36%   
  
Below, representativeness is broken out from highest to lowest confidence for family outcome survey results representing a particular race/ethnicity group across the three sub-outcomes A, B, and C:   
• White: confidence interval (CI) range, 0.42-0.51% Comparable in CI compared to 2020-21 where survey data reported a range of 0.39-0.41%   
• Black or African American: CI range, 1.41-1.51%. Comparable in CI compared to 2020-21 where survey data reported a range of 1.34-1.72%   
• Hispanic/Latino: CI range, 1.41-1.81%. Comparable in CI compared to 2020-21 where survey data reported a range of 1.84-2.04%.   
• Two or more races: CI range, 1.59-1.92%. Comparable in CI compared to 2020-21 where survey data reported a range of 0.97-2.44%.   
• Asian: CI range, 5.44-6.2%. CI compared to 2020-21 where survey data reported a range of 1.99-3.41%. This variance is due to low possible numbers of surveys in the population. (Population of 63 with 38 of 63 responding)   
• Native Hawaiian or Pacific Islander: CI range, 3.67-12.65%. in CI compared to 2020-21 where survey data reported a range of 3.9-3.9. This variance is also due to low possible numbers of surveys in the population. (Population 8 with 7 of 8 responding)

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

In the original report submission, this "additional information about this indicator" section included details about the state’s process for data collection and dissemination, analyses for representativeness, and plans for continuous improvement. This information has been embedded into the appropriate sections throughout the indicator. The majority of information is in the section titled “Describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.”

## 4 - Prior FFY Required Actions

None

## 4 - OSEP Response

The State did not describe the metric used to determine representativeness, as required by the Measurement Table. The State indicated, "Representativeness based on race/ethnicity demographics were evaluated using a confidence interval calculation of 95% across the three sub-indicators (4A, 4B, and 4C). The lower the confidence interval (CI) percentage, the greater the level confidence can be attributed to the data for a given demographic sub-group."; however, the State did not indicate what the confidence interval provides an estimate of as it relates to the survey responses.

## 4 - Required Actions

In the FFY 2022 SPP/APR, the State must describe the metric used to determine representativeness. In addition, the State must report whether its FFY 2022 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 | 0.74% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target >= | 0.89% | 0.89% | 0.89% | 0.89% | 1.49% |
| Data | 1.12% | 1.20% | 1.38% | 1.49% | 1.51% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 1.50% | 1.51% | 1.52% | 1.53% | 1.54% |

Targets: Description of Stakeholder Input

As stated in previous APRs, July 1, 2020, the lead agency moved to the Tennessee Department of Intellectual and Developmental Disabilities (DIDD). TEIS aligned its avenues for stakeholder involvement (i.e., state interagency coordinating council (SICC) membership and attending visitors; TEIS, EIRA, and Vendor committees, planned district or state stakeholder meetings) to DIDD’s structure, which is primarily through formal advisory councils. The TEIS-DIDD public information officer assisted the Part C monitoring coordinator and strategic planning coordinator to establish a SICC data committee. Using DIDD’s structure, volunteers from the SICC were invited to participate on a committee with a focus on TEIS data. This committee was established Oct. 2021. The SICC data committee, which includes parents, is a principle mechanism for direct TEIS stakeholder involvement related to SPP/APR efforts.   
  
TEIS Data and Operations Team members facilitate quarterly data committee meetings. The committee is used for input on analyses for topics such as target setting for results indicators; updates or revisions to state systemic improvement plan (SSIP); input and analyses related to results monitoring (being initiated in July 2022), family and early childhood outcomes analyses, etc. Pertinent information from the committee is shared during updates in quarterly SICC meetings.   
  
Additional stakeholder information.  
TEIS-DIDD Advisory Councils  
As mentioned in the past APR, in July 2020, the TEIS-DIDD public information officer established two advisory councils: 1) Early Intervention Resource Agency (EIRA)—agencies that provide the IFSP service of developmental therapy. 2) Vendor—agencies that provide IFSP services such as speech, physical, and occupational therapy.  
  
The two councils created by DIDD provide an open line of communication and feedback between the state and external stakeholders. Council membership is voluntary with membership from agency administrators and agency direct service providers across the three grand regions of Tennessee (East, Middle, West). Councils operate in an autonomous manner led by a chairperson recommended by the membership and appointed by the Commissioner of DIDD. The TEIS-DIDD public information officer serves as the council’s liaison and department support for quarterly meetings.  
  
In FFY 2021-22, the priority of the EIRA council continued to work to strengthen relationships with the EIRA community. Sub-committees focused on professional development, communication, and professionalism for EIRAs.   
  
Office Hours  
TEIS-DIDD leadership and the DIDD communications team provided opportunities to engage various stakeholders. The DIDD Commissioner held office hours with providers and with employees every other week via teleconference. TEIS-DIDD leadership continued to hold teleconference hours for early intervention providers (EIRAs and Vendors). These calls began weekly but are now held twice monthly. Office hours provide opportunities for DIDD to share/discuss pertinent information with stakeholders.

Status of FFY 2021-22 Indicator 5 data compared to the state target was shared with stakeholders, January 2023. Stakeholders included: TEIS Data Committee, State Interagency Coordinating Council (SICC) membership and attending visitors. Modifications to state targets were determined unnecessary for the upcoming fiscal year.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Number of infants and toddlers birth to 1 with IFSPs | 1,137 |
| 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, 2020 to July 1, 2021 | 06/28/2022 | Population of infants and toddlers birth to 1 | 76,671 |

**FFY 2021 SPP/APR Data**

| **Number of infants and toddlers birth to 1 with IFSPs** | **Population of infants and toddlers birth to 1** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 1,137 | 76,671 | 1.51% | 1.50% | 1.48% | Did not meet target | No Slippage |

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

## 5 - Prior FFY Required Actions

None

## 5 - OSEP Response

## 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 | 1.80% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target >= | 2.37% | 2.37% | 2.37% | 2.37% | 3.37% |
| Data | 2.34% | 2.77% | 3.17% | 3.43% | 3.38% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 3.40% | 3.43% | 3.46% | 3.49% | 3.52% |

Targets: Description of Stakeholder Input

As stated in previous APRs, July 1, 2020, the lead agency moved to the Tennessee Department of Intellectual and Developmental Disabilities (DIDD). TEIS aligned its avenues for stakeholder involvement (i.e., state interagency coordinating council (SICC) membership and attending visitors; TEIS, EIRA, and Vendor committees, planned district or state stakeholder meetings) to DIDD’s structure, which is primarily through formal advisory councils. The TEIS-DIDD public information officer assisted the Part C monitoring coordinator and strategic planning coordinator to establish a SICC data committee. Using DIDD’s structure, volunteers from the SICC were invited to participate on a committee with a focus on TEIS data. This committee was established Oct. 2021. The SICC data committee, which includes parents, is a principle mechanism for direct TEIS stakeholder involvement related to SPP/APR efforts.   
  
TEIS Data and Operations Team members facilitate quarterly data committee meetings. The committee is used for input on analyses for topics such as target setting for results indicators; updates or revisions to state systemic improvement plan (SSIP); input and analyses related to results monitoring (being initiated in July 2022), family and early childhood outcomes analyses, etc. Pertinent information from the committee is shared during updates in quarterly SICC meetings.   
  
Additional stakeholder information.  
TEIS-DIDD Advisory Councils  
As mentioned in the past APR, in July 2020, the TEIS-DIDD public information officer established two advisory councils: 1) Early Intervention Resource Agency (EIRA)—agencies that provide the IFSP service of developmental therapy. 2) Vendor—agencies that provide IFSP services such as speech, physical, and occupational therapy.  
  
The two councils created by DIDD provide an open line of communication and feedback between the state and external stakeholders. Council membership is voluntary with membership from agency administrators and agency direct service providers across the three grand regions of Tennessee (East, Middle, West). Councils operate in an autonomous manner led by a chairperson recommended by the membership and appointed by the Commissioner of DIDD. The TEIS-DIDD public information officer serves as the council’s liaison and department support for quarterly meetings.  
  
In FFY 2021-22, the priority of the EIRA council continued to work to strengthen relationships with the EIRA community. Sub-committees focused on professional development, communication, and professionalism for EIRAs.   
  
Office Hours  
TEIS-DIDD leadership and the DIDD communications team provided opportunities to engage various stakeholders. The DIDD Commissioner held office hours with providers and with employees every other week via teleconference. TEIS-DIDD leadership continued to hold teleconference hours for early intervention providers (EIRAs and Vendors). These calls began weekly but are now held twice monthly. Office hours provide opportunities for DIDD to share/discuss pertinent information with stakeholders.

Status of FFY 2021-22 Indicator 6 data compared to the state target was shared with stakeholders, January 2023. Stakeholders included: TEIS Data Committee, State Interagency Coordinating Council (SICC) membership and attending visitors. Modifications to state targets were determined unnecessary for the upcoming fiscal year.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Number of infants and toddlers birth to 3 with IFSPs | 8,749 |
| 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, 2020 to July 1, 2021 | 06/28/2022 | Population of infants and toddlers birth to 3 | 237,271 |

**FFY 2021 SPP/APR Data**

| **Number of infants and toddlers birth to 3 with IFSPs** | **Population of infants and toddlers birth to 3** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 8,749 | 237,271 | 3.38% | 3.40% | 3.69% | Met target | No Slippage |

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

## 6 - Prior FFY Required Actions

None

## 6 - OSEP Response

## 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 2021 SPP/APR, the data for FFY 2020), 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 | 86.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 99.08% | 98.66% | 98.32% | 99.16% | 99.10% |

**Targets**

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

**FFY 2021 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 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 626 | 713 | 99.10% | 100% | 99.72% | 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.**

85

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

Documented exceptional family circumstances for delays in timely eligibility determination and initial IFSP development include: difficulty in locating or contacting family upon receipt of referral to TEIS, child/family sickness, family’s preferred schedule, family vacation/holiday, delay in receiving requested medical records required for eligibility determination, family “no show” for a timely scheduled appointment/meeting with the developmental evaluator or service coordinator, weather related events (e.g., snow, ice, tornado, flood), state or local disaster recovery (e.g., flood, tornado, ice storm), state or national pandemic (e.g., Coronavirus/COVID-19).  
  
System issues for delays include developmental evaluator and/or service coordinator delay in contacting family, delay in completing intake/developmental evaluation for eligibility determination upon receipt of referral to TEIS, delay in TEIS requesting medical records used in eligibility determination, delay in scheduling initial IFSP meeting after eligibility is determined, poor planning of the service coordinator around approved leave or state holidays, lack of documentation about the reason for delay.

**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).**

October 2021

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

FFY 2021-22 was the second year annual monitoring was based on census data for the month of October.  
  
In FFY 2020-21, annual monitoring moved from fiscal year census data (July 1-June 30) to census data for a specific month within the fiscal year. With federal TA support, three years of historical data across multiple data elements were analyzed to determine if there was a particular month that was more representative of the population served by Tennessee’s Early Intervention System (TEIS). Data analyzed were representative across all months. October was selected to facilitate monitoring and reporting timelines for issuing findings of noncompliance, annual Early Intervention Service (EIS) program determinations, and development of the annual public report occur the same fiscal year. This decision was reviewed with TN’s Office of Special Education Program (OSEP) federal contact.   
  
October 2021 census data from the Tennessee Early Intervention Data System (TEIDS) were used to determine the percent of Part C eligible infants and toddlers who had eligibility determination and initial Individualized Family Service Plan (IFSP) development within 45 days of referral to TEIS.  
  
The Statistical Analyst 4 (SA4) pulled data from TEIDS. Data were researched by three statistical analyst 2s (SA2s) for reasons where meetings were untimely (i.e., exceptional family circumstances, system). SA2s provided researched data to assigned TEIS Point of Entry (POE) district leadership for review before the SA4 compiled and prepared final indicator reports to the Part C Monitoring Coordinator and POE district leadership.   
  
Data accounted for reasons for untimely initial IFSP meetings. Refer to the section, “Provide reasons for delay” for examples of exceptional family circumstances and system reasons.

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

COVID-19 Impact  
COVID-19 did not impact the state’s ability to collect data required for this indicator nor did it impact data completeness, validity, and reliability for this indicator. The same process was used as described in section, “Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period” for the collection of data used for annual monitoring and the development of the FFY 2021-22 APR.  
  
The additional column added to the data research template in FFY 2019-20 continued to be used to capture information about COVID-19 impact on untimely eligibility determination and initial IFSP development in the analysis of October 2021 data researched for FFY 2021-22 monitoring.  
  
TEIS continued use of OSEP guidance to code untimely meetings as “untimely/ exceptional family circumstances” when documentation was found in the child’s record (TEIDS) that untimely eligibility determination and/or initial IFSP development were due to COVID-19. If there was any question about documentation, the coding of “Yes” for COVID-19 impact was not used.   
  
Of the 85 records in October 2021 data coded untimely/ exceptional family circumstances, there were 13 (15.29%) documented incidences where COVID-19 impacted timeliness.  
• Eligibility determination: 7 incidences (8.23%)  
• Initial IFSP development: 6 incidences (7.06%)

**Correction of Findings of Noncompliance Identified in FFY 2020**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 4 | 4 |  | 0 |

**FFY 2020 Findings of Noncompliance Verified as Corrected**

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

With the move from fiscal year data to a single month as the basis for annual monitoring, two monitoring cycles occurred closely together with findings issued in 2020. Information about the implementation of regulatory requirements is reported for each monitoring cycle in this section.  
  
FFY 2019-20 monitoring (July 1, 2019-June 30, 2020 data). Findings issued in 2020.  
Four of nine EIS programs had a finding of noncompliance issued through annual monitoring. All four findings were corrected timely (i.e., as soon as possible but in no case later than one year from the written notice of finding). The Part C Monitoring Coordinator verified the four programs were correctly implementing regulatory requirements for timely eligibility determination and initial IFSP development through a review of subsequent monthly data in TEIDS, demonstrating 100% compliance (prong 2 correction).   
  
Three of nine EIS programs demonstrated 100% compliance. Two of the nine EIS programs had pre-finding correction. The Part C Monitoring Coordinator verified that the two programs were correctly implementing regulatory requirements by a review of subsequent monthly data in TEIDS demonstrating 100% compliance prior to the issuance of written findings. Data demonstrated 100% compliance; all children had timely eligibility determination and initial IFSP development, (prong 2, pre-finding correction).  
  
FFY 2020-21 monitoring (October 2020 data). Findings issued in 2020.  
There were no findings of noncompliance issued through annual monitoring. Six of the nine EIS programs demonstrated 100% compliance. Three of the nine EIS programs had pre-finding correction. The Part C Monitoring Coordinator verified the three programs were correctly implementing regulatory requirements by a review of subsequent monthly data in TEIDS demonstrating 100% compliance prior to the issuance of written findings; all children had timely eligibility determination and initial IFSP development, (prong 2, pre-finding correction).  
  
Pre-finding correction for prong 2 occurs by verifying subsequent monthly census data in TEIDS demonstrate 100% compliance for timely eligibility determination and initial IFSP development prior to the issuance of written a finding. Refer to APR “Introduction: General Supervision System” for how TEIS ensures EIS programs are correctly implementing regulatory requirements and for information about pre-finding correction.

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

With the move from fiscal year data to a single month as the basis for annual monitoring, two monitoring cycles occurred closely together with findings issued in 2020. Information about Individual cases of noncompliance is reported for each monitoring cycle below.  
  
FFY 2019-20 monitoring (July 1, 2019-June 30, 2020 data). Findings issued in 2020.  
Four of nine EIS programs had a finding of noncompliance issued through annual monitoring. All four findings were corrected timely (i.e., as soon as possible but in no case later than one year from the written notice of finding). The Part C Monitoring Coordinator verified there was no remaining individual child-level noncompliance in monitoring data. All individual children had eligibly determination and initial IFSP development, however, late. There was no child-level noncompliance found in subsequent monthly TEIDS data reviewed when verifying correction for the indicator. Data demonstrated 100% compliance; all individual children had timely eligibility determination and initial IFSP development (prong 1, correction).  
  
Three of the nine EIS programs demonstrated 100% compliance. Two of the nine EIS programs had pre-finding correction. The Part C Monitoring Coordinator verified the two programs had no remaining individual child-level noncompliance in monitoring data. All individual children had eligibility determination and initial IFSP development, however, late. There was no individual child-level noncompliance found in subsequent monthly TEIDS data reviewed prior to the issuance of written findings. Data demonstrated 100% compliance; all children had timely eligibility determination and initial IFSP development, (prong 1, pre-finding correction).  
  
FFY 2020-21 monitoring (October 2020 data). Findings issued in 2020.  
There were no findings of noncompliance issued through annual monitoring. Six of the nine EIS programs demonstrated 100% compliance. Three of the nine EIS programs not reporting 100% compliance had pre-finding correction. The Part C Monitoring Coordinator verified the three programs had no remaining individual child-level noncompliance in monitoring data. All individual children had eligibility determination and initial IFSP development, however late. There was no individual child-level noncompliance found in subsequent monthly TEIDS data reviewed prior to the issuance of written findings. Data demonstrated 100% compliance; all children had timely eligibility determination and initial IFSP development, (prong 1, pre-finding correction).  
  
Pre-finding correction for prong 1 occurs by verifying subsequent monthly census data in TEIDS demonstrate 100% compliance for timely eligibility determination and initial IFSP development prior to the issuance of written a finding. Refer to APR “Introduction: General Supervision System” for how TEIS ensures there is no individual child-level noncompliance and for information about pre-finding correction.

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 7 - Prior FFY 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.

**Response to actions required in FFY 2020 SPP/APR**

## 7 - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2021- June 30, 2022). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

## 7 - Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 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 2022 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 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

# 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 2021 SPP/APR, the data for FFY 2020), 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** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |

**Targets**

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

**FFY 2021 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 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 8,632 | 8,632 | 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.**

**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, 2021-June 30, 2022

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

The Tennessee Early Intervention Data System (TEIDS) contains a validation that assures all initial Individual Family Service Plans (IFSPs) are developed with a transition outcome/goal, including steps and services. This transition goal must be in place before an initial IFSP can be saved as final in the child’s educational record. All infants and toddlers exiting in FFY 2021-22 had timely transition steps and services on their IFSPs.  
  
The transition goal is reviewed and updated at subsequent IFSP meetings, including the formal Local Education Agency (LEA) transition planning conference.

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

COVID-19 did not impact the state’s ability to collect data required for this indicator nor did it impact data completeness, validity, and reliability for this indicator. The same process was used as described in section, “Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period” for the collection of data used for annual monitoring and the development of the FFY 2021-22 APR.

**Correction of Findings of Noncompliance Identified in FFY 2020**

| **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 |

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 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 2021 SPP/APR, the data for FFY 2020), 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 | 81.18% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 99.83% | 99.97% | 100.00% | 100.00% | 99.96% |

**Targets**

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

**FFY 2021 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 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 4,901 | 4,906 | 99.96% | 100% | 99.90% | Did not meet 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.**

0

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

Notification data are pulled from TEIDS and sent by personnel in the state central office. Fiscal year data are analyzed annually where child SEA/LEA notifications were not made timely or where missed to determine whether the reason was a central office process issue or something that occurred at the local POE-level. Specific information is then reported under section, “Describe how data accurately reflect data for infants and toddlers for the full reporting year.”

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

Monthly child-level data are pulled from the Tennessee Early Intervention Data System (TEIDS) by personnel in the state central office for all children served by TEIS who reach the age of transition (i.e., nine months to not fewer than 90 days prior to third birthday) and who are potentially eligible for part B, 619 Special Education Preschool Services.  
  
Notification data are shared Local Education Agencies (LEAs) and the State Education Agency (SEA) for the notification of all contact information for these children is sent to the LEA where the child resides so the LEA can contact and prepare for toddlers who may be potentially eligible for Part B preschool service.

**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, 2021-June 30, 2022

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

For FFY 2021 (2021-22), data did not demonstrate 100% compliance for implementing requirements for State Education Agency (SEA)/ Local Education Agency (LEA) notification for five children  
• Four of the five children were in two TEIS districts (GN and SC). SEA/LEA notification was not sent during March and April when the central office staff person responsible was on unplanned medical leave. The four LEA transition conferences due during this period were either completed late (3) or not held (1).  
• One of the five children was in TEIS-SC district. SEA/LEA notification would have been sent by the central office person but was missed due the service coordinator’s late entry of the initial IFSP into TEIDS.  
  
SEA/LEA notifications were not sent in March and April when the central office staff person responsible was on unplanned medical leave. There was not a back-up person to complete notifications during the absence. The former State Data Manager, who was the back-up person, retired January 2022. The Part C Monitoring Coordinator worked with the Director of Data and Operations and the Part B 619 Preschool Coordinator and sent a partial notification file in March to support information to the SEA and LEAs. Discussions are underway to determine if monthly notifications can be automated.  
  
Pre-finding correction  
The Part C Monitoring Coordinator verified the central office process was correctly implementing regulatory requirements and all individual child-level noncompliance was corrected for SEA/LEA notification through a review of subsequent monthly notification data for TEIS districts (GN and SC) in TEIDS prior to the issuance the issuance of written findings. July 2021 notification data for all 162 children demonstrated 100% compliance. All children had timely SEA/LEA notification. The review affirmed the lead agency’s central office monthly notification process was working properly (prong 2 & 1 pre-finding correction).  
  
Pre-finding correction for prong 2 occurs by verifying subsequent monthly census data in TEIDS demonstrate 100% compliance with the regulatory requirement for timely SEA/LEA notifications prior to the issuance of written a finding. Pre-finding correction for prong 1 occurs by verifying subsequent monthly census data in TEIDS demonstrate 100% compliance for all children having timely SEA/LEA notifications prior to the issuance of written a finding. Refer to APR “Introduction: General Supervision System” for how TEIS ensures there is no individual child-level noncompliance and for information about pre-finding correction.

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

Opt-out Policy  
In FFY 2021-22, the Lead Agency adopted an Opt-out policy that would allow parents the opportunity to object to the disclosure of their child’s transition information (i.e., name, DOB, and parent contact information) to the Tennessee Department of Education (TDOE) and family’s Local Educational Agency (LEA) (school district) in accordance with Part C regulatory requirements. TEIS leadership worked with the Department of Intellectual and Developmental Disabilities (DIDD) and the federal Office of Special Education Programs (OSEP) leadership and legal personnel to develop the policy implemented May 1, 2022. The approved policy is on file with OSEP.  
  
The SEA/LEA monthly notification process was revised to ensure notification does not occur for families desiring to opt-out. FFY 2021-22 data reported two children whose family’s opted out of SEA/LEA notification. Both children exited TEIS prior to notification timeframe.  
  
COVID-19 Impact  
COVID-19 did not impact the state’s ability to collect data required for this indicator nor did it impact data completeness, validity, and reliability for this indicator. The same process was used as described in section, “Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period” for the collection of data used for annual monitoring and the development of the FFY 2021-22 APR. There were no interruptions to the monthly notification process to the SEA and LEAs due to COVID-19.

**Correction of Findings of Noncompliance Identified in FFY 2020**

| **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 |

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 8B - Prior FFY 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.

**Response to actions required in FFY 2020 SPP/APR**

State response  
In FFY 2020-21 there were no findings of noncompliance issued for the TEIS central office SEA/LEA notification process. Pre-finding correction was verified. See below for information reported in last year’s APR (FFY 2020-21).  
  
“Fiscal year data, however, did not demonstrate 100% compliance due data entry errors in two TEIS Point of Entry (TEIS POE) offices.   
1) In one district the service coordinator in error clicked on a box in TEIDS that indicated a transition conference occurred when it did not. This error caused the data system to not alert the service coordinator that an upcoming transition conference was due. The transition meeting was held late, thus SEA and LEA notification occurred late.  
2) In the other district when the family refused a transition conference with the LEA, the service coordinator in error clicked on a box in TEIDS that indicated a transition conference occurred when it did not. The error was not corrected until after the child exited the system, thus SEA and LEA notification did not occur.  
  
Subsequent monthly notification data for these two TEIS districts were reviewed to ensure the proper functioning of the SEA/LEA notification process. July 2021 data demonstrated all 73 children eligible for SEA/LEA notification had timely notification. This review confirmed the monthly notification process was working properly.”  
  
Pre-finding correction for prong 2 occurs by verifying subsequent monthly census data in TEIDS demonstrate 100% compliance with the regulatory requirement for timely SEA/LEA notifications prior to the issuance of written a finding. Pre-finding correction for prong 1 occurs by verifying subsequent monthly census data in TEIDS demonstrate 100% compliance for all children having timely SEA/LEA notifications prior to the issuance of written a finding. Refer to APR “Introduction: General Supervision System” for how TEIS ensures there is no individual child-level noncompliance and for information about pre-finding correction.

## 8B - OSEP Response

## 8B - Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 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 2022 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 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

# 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 2021 SPP/APR, the data for FFY 2020), 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 | 88.08% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 99.51% | 98.25% | 99.12% | 98.66% | 96.76% |

**Targets**

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

**FFY 2021 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 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 349 | 454 | 96.76% | 100% | 99.74% | 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.**

65

**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.**

39

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

Documented exceptional family circumstances for delays in timely Local Education Agency (LEA) transition conferences include: child/family sickness, family vacation/holiday, family’s preferred schedule, family “no show” for a timely scheduled meeting, weather related events (e.g., snow, ice, tornado, flood), state or local disaster recovery (e.g., flood, tornado, ice storm), state or national pandemic (e.g., Coronavirus/COVID-19).  
  
System issues for delays include service coordinator delay in contacting the LEA to schedule a conference, availability issues with LEAs to meet (e.g., spring/summer, availability of personnel for the needed number of meetings), lack of documentation about the reason for delay.

**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).**

October 2021

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

FFY 2021-22 was the second year annual monitoring was based on census data for the month of October.  
  
In FFY 2020-21, annual monitoring moved from fiscal year census data (July 1-June 30) to census data for a specific month within the fiscal year. With federal TA support, three years of historical data across multiple data elements were analyzed to determine if there was a particular month that was more representative of the population served by Tennessee’s Early Intervention System (TEIS). Data analyzed were representative across all months, October was selected to facilitate monitoring and reporting timelines for issuing findings of noncompliance, annual Early Intervention Service (EIS) program determinations, and development of the annual public report occur the same fiscal year. This decision was reviewed with TN’s Office of Special Education Program (OSEP) federal contact.  
  
The Statistical Analyst 4 (SA4) pulled data from TEIDS. Data were researched by three statistical analyst 2s (SA2s) for reasons where Local Education Agency (LEA) transition conferences with approval from the family were held untimely (i.e., exceptional family circumstances, system). SA2s provided researched data to assigned TEIS Point of Entry (POE) district leadership for review before the SA4 compiled and prepared final indicator reports to the Part C Monitoring Coordinator and POE district leadership.   
  
Data accounted for reasons for untimely LEA transition conferences. Refer to the section, “Provide reasons for delay” for examples of exceptional family circumstances and system reasons.

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

COVID-19 Impact  
COVID-19 did not impact the state’s ability to collect data required for this indicator nor did it impact data completeness, validity, and reliability for this indicator. The same process was used as described in section, “Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period” for the collection of data used for annual monitoring and the development of the FFY 2021-22 APR.  
  
The additional column added to the data research template in FFY 2019-20 continued to be used to capture information about COVID-19 impact on untimely LEA transition conferences when October 2021 data were researched for FFY 2021-22 monitoring.  
  
TEIS continued use of OSEP guidance to code untimely meetings as “untimely/ exceptional family circumstances” when documentation was found in child records (TEIDS) an untimely or missed LEA transition conferences was due to COVID-19. If there was any question about documentation, the coding of “Yes” for COVID-19 impact was not used.   
  
There were no documented incidences in FFY 2021-22 monitoring data where COVID-19 impacted LEA transition conferences.

**Correction of Findings of Noncompliance Identified in FFY 2020**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 3 | 3 |  | 0 |

**FFY 2020 Findings of Noncompliance Verified as Corrected**

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

With the move from fiscal year data to a single month as the basis for annual monitoring, two monitoring cycles occurred closely together with findings issued in 2020. Information about the implementation of regulatory requirements is reported for each monitoring cycle in this section.  
  
FFY 2019-20 monitoring (July 1, 2019-June 30, 2020 data). Findings issued in 2020.  
Two of nine EIS programs had a finding of noncompliance issued through annual monitoring. The two findings were corrected timely (i.e., as soon as possible but in no case later than one year from the written notice of finding). The Part C Monitoring Coordinator verified the two programs were correctly implementing regulatory requirements for timely Local Education Agency (LEA) transition conferences with approval from the family through a review of subsequent monthly data in TEIDS demonstrating 100% compliance (prong 2 correction).   
  
One of nine EIS programs demonstrated 100% compliance. Six of the nine EIS programs had pre-finding correction. The Part C Monitoring Coordinator verified the six programs were correctly implementing regulatory requirements by a review of subsequent monthly data in TEIDS demonstrating 100% compliance prior to the issuance of written findings. Data demonstrated 100% compliance; all children had timely Local Education Agency (LEA) transition conferences with approval from the family (prong 2, pre-finding correction).  
  
FFY 2020-21 monitoring (October 2020 data). Findings issued in 2020.  
One of nine EIS programs had a finding of noncompliance issued through annual monitoring. The one finding was corrected timely (i.e., as soon as possible but in no case later than one year from the written notice of finding). The Part C Monitoring Coordinator verified the one program was correctly implementing regulatory requirements for timely Local Education Agency (LEA) transition conferences with approval from the family through a review of subsequent monthly data in TEIDS demonstrating 100% compliance (prong 2 correction).   
  
Five of nine EIS programs demonstrated 100% compliance. Three of the nine EIS programs had pre-finding correction. The Part C Monitoring Coordinator verified the three programs were correctly implementing regulatory requirements by a review of subsequent monthly data in TEIDS demonstrating 100% compliance prior to the issuance of written findings. Data demonstrated 100% compliance; all children had timely Local Education Agency (LEA) transition conferences with approval from the family (prong 2, pre-finding correction).  
  
Pre-finding correction for prong 2 occurs by verifying subsequent monthly census data in TEIDS demonstrate 100% compliance for timely Local LEA transition conferences with approval from the family prior to the issuance of written a finding. Refer to APR “Introduction: General Supervision System” for how TEIS ensures EIS programs are correctly implementing regulatory requirements and for information about pre-finding correction.

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

With the move from fiscal year data to a single month as the basis for annual monitoring, two monitoring cycles occurred closely together with findings issued in 2020. Information about Individual cases of noncompliance is reported for each monitoring cycle below.  
  
FFY 2019-20 monitoring (July 1, 2019-June 30, 2020 data). Findings issued in 2020.  
Two of nine EIS programs had a finding of noncompliance issued through annual monitoring. The two findings were corrected timely (i.e., as soon as possible but in no case later than one year from the written notice of finding). The Part C Monitoring Coordinator verified there was no remaining individual child-level noncompliance in monitoring data. All individual children had timely Local Education Agency (LEA) transition conferences with approval from the family, however late, unless the child was no longer under the jurisdiction of TEIS, There was no child-level noncompliance found in subsequent monthly TEIDS data reviewed when verifying correction for the indicator. Data demonstrated 100% compliance; all individual children had timely transition conferences (prong 1, correction).  
  
One of the nine EIS programs demonstrated 100% compliance. Six of the nine EIS programs had pre-finding correction. The Part C Monitoring Coordinator verified the six programs had no remaining individual child-level noncompliance in monitoring data. All individual children had LEA transition conferences with approval from the family, however late, unless the child was no longer under the jurisdiction of TEIS. There was no individual child-level noncompliance found in subsequent monthly data reviewed prior to the issuance of written findings. Data demonstrated 100% compliance; all children had timely LEA transition conferences with approval from the family, (prong 1, pre-finding correction).  
  
FFY 2020-21 monitoring (October 2020 data). Findings issued in 2020.  
One of nine EIS programs had a finding of noncompliance issued through annual monitoring. The one finding was corrected timely (i.e., as soon as possible but in no case later than one year from the written notice of finding). The Part C Monitoring Coordinator verified there was no remaining individual child-level noncompliance in monitoring data. All individual children had timely LEA transition conferences with approval from the family, however late, unless the child was no longer under the jurisdiction of TEIS, There was no child-level noncompliance found in subsequent monthly TEIDS data reviewed when verifying correction for the indicator. Data demonstrated 100% compliance; all individual children had timely transition conferences (prong 1, correction).  
  
Five of the nine EIS programs demonstrated 100% compliance. Three of the nine EIS programs had pre-finding correction. The Part C Monitoring Coordinator verified the three programs had no remaining individual child-level noncompliance in monitoring data. All individual children had Local Education Agency (LEA) transition conferences with approval from the family, however late, unless the child was no longer under the jurisdiction of TEIS. There was no individual child-level noncompliance found in subsequent monthly data reviewed prior to the issuance of written findings. Data demonstrated 100% compliance; all children had timely LEA transition conferences with approval from the family (prong 1, pre-finding correction).  
  
Pre-finding correction for prong 1 occurs by verifying subsequent monthly census data in TEIDS demonstrate 100% compliance for timely LEA transition conferences with approval from the family prior to the issuance of written a finding. Refer to APR “Introduction: General Supervision System” for how TEIS ensures there is no individual child-level noncompliance and for information about pre-finding correction.

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 8C - Prior FFY 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.

**Response to actions required in FFY 2020 SPP/APR**

## 8C - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2021- June 30, 2022). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

## 8C - Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 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 2022 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 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

# 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.**

NO

**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 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints | 11/02/2022 | 3.1 Number of resolution sessions | 0 |
| SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints | 11/02/2022 | 3.1(a) Number resolution sessions resolved through settlement agreements | 0 |

**Targets: Description of Stakeholder Input**

As stated in previous APRs, July 1, 2020, the lead agency moved to the Tennessee Department of Intellectual and Developmental Disabilities (DIDD). TEIS aligned its avenues for stakeholder involvement (i.e., state interagency coordinating council (SICC) membership and attending visitors; TEIS, EIRA, and Vendor committees, planned district or state stakeholder meetings) to DIDD’s structure, which is primarily through formal advisory councils. The TEIS-DIDD public information officer assisted the Part C monitoring coordinator and strategic planning coordinator to establish a SICC data committee. Using DIDD’s structure, volunteers from the SICC were invited to participate on a committee with a focus on TEIS data. This committee was established Oct. 2021. The SICC data committee, which includes parents, is a principle mechanism for direct TEIS stakeholder involvement related to SPP/APR efforts.   
  
TEIS Data and Operations Team members facilitate quarterly data committee meetings. The committee is used for input on analyses for topics such as target setting for results indicators; updates or revisions to state systemic improvement plan (SSIP); input and analyses related to results monitoring (being initiated in July 2022), family and early childhood outcomes analyses, etc. Pertinent information from the committee is shared during updates in quarterly SICC meetings.   
  
Additional stakeholder information.  
TEIS-DIDD Advisory Councils  
As mentioned in the past APR, in July 2020, the TEIS-DIDD public information officer established two advisory councils: 1) Early Intervention Resource Agency (EIRA)—agencies that provide the IFSP service of developmental therapy. 2) Vendor—agencies that provide IFSP services such as speech, physical, and occupational therapy.  
  
The two councils created by DIDD provide an open line of communication and feedback between the state and external stakeholders. Council membership is voluntary with membership from agency administrators and agency direct service providers across the three grand regions of Tennessee (East, Middle, West). Councils operate in an autonomous manner led by a chairperson recommended by the membership and appointed by the Commissioner of DIDD. The TEIS-DIDD public information officer serves as the council’s liaison and department support for quarterly meetings.  
  
In FFY 2021-22, the priority of the EIRA council continued to work to strengthen relationships with the EIRA community. Sub-committees focused on professional development, communication, and professionalism for EIRAs.   
  
Office Hours  
TEIS-DIDD leadership and the DIDD communications team provided opportunities to engage various stakeholders. The DIDD Commissioner held office hours with providers and with employees every other week via teleconference. TEIS-DIDD leadership continued to hold teleconference hours for early intervention providers (EIRAs and Vendors). These calls began weekly but are now held twice monthly. Office hours provide opportunities for DIDD to share/discuss pertinent information with stakeholders.

Status of FFY 2021-22 Indicator 9 data was shared with stakeholders, January 2023. Stakeholders included: TEIS Data Committee, State Interagency Coordinating Council (SICC) membership and attending visitors. Stakeholders did not have questions about the data.

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
|  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target>= |  |  |  | .00% |  |
| Data |  |  |  |  |  |

**Targets**

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

**FFY 2021 SPP/APR Data**

| **3.1(a) Number resolutions sessions resolved through settlement agreements** | **3.1 Number of resolutions sessions** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 0 | 0 |  |  |  | N/A | N/A |

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

There were no resolution sessions held during FFY 2021-22. States are not required to establish a baseline or targets if the number of resolution sessions is less than 10.

## 9 - Prior FFY Required Actions

None

## 9 - OSEP Response

The State reported fewer than ten resolution sessions held in FFY 2021. The State is not required to provide targets until any fiscal year in which ten or more resolution sessions were held.

## 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 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/02/2022 | 2.1 Mediations held | 0 |
| SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/02/2022 | 2.1.a.i Mediations agreements related to due process complaints | 0 |
| SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/02/2022 | 2.1.b.i Mediations agreements not related to due process complaints | 0 |

Targets: Description of Stakeholder Input

As stated in previous APRs, July 1, 2020, the lead agency moved to the Tennessee Department of Intellectual and Developmental Disabilities (DIDD). TEIS aligned its avenues for stakeholder involvement (i.e., state interagency coordinating council (SICC) membership and attending visitors; TEIS, EIRA, and Vendor committees, planned district or state stakeholder meetings) to DIDD’s structure, which is primarily through formal advisory councils. The TEIS-DIDD public information officer assisted the Part C monitoring coordinator and strategic planning coordinator to establish a SICC data committee. Using DIDD’s structure, volunteers from the SICC were invited to participate on a committee with a focus on TEIS data. This committee was established Oct. 2021. The SICC data committee, which includes parents, is a principle mechanism for direct TEIS stakeholder involvement related to SPP/APR efforts.   
  
TEIS Data and Operations Team members facilitate quarterly data committee meetings. The committee is used for input on analyses for topics such as target setting for results indicators; updates or revisions to state systemic improvement plan (SSIP); input and analyses related to results monitoring (being initiated in July 2022), family and early childhood outcomes analyses, etc. Pertinent information from the committee is shared during updates in quarterly SICC meetings.   
  
Additional stakeholder information.  
TEIS-DIDD Advisory Councils  
As mentioned in the past APR, in July 2020, the TEIS-DIDD public information officer established two advisory councils: 1) Early Intervention Resource Agency (EIRA)—agencies that provide the IFSP service of developmental therapy. 2) Vendor—agencies that provide IFSP services such as speech, physical, and occupational therapy.  
  
The two councils created by DIDD provide an open line of communication and feedback between the state and external stakeholders. Council membership is voluntary with membership from agency administrators and agency direct service providers across the three grand regions of Tennessee (East, Middle, West). Councils operate in an autonomous manner led by a chairperson recommended by the membership and appointed by the Commissioner of DIDD. The TEIS-DIDD public information officer serves as the council’s liaison and department support for quarterly meetings.  
  
In FFY 2021-22, the priority of the EIRA council continued to work to strengthen relationships with the EIRA community. Sub-committees focused on professional development, communication, and professionalism for EIRAs.   
  
Office Hours  
TEIS-DIDD leadership and the DIDD communications team provided opportunities to engage various stakeholders. The DIDD Commissioner held office hours with providers and with employees every other week via teleconference. TEIS-DIDD leadership continued to hold teleconference hours for early intervention providers (EIRAs and Vendors). These calls began weekly but are now held twice monthly. Office hours provide opportunities for DIDD to share/discuss pertinent information with stakeholders.

Status of FFY 2021-22 Indicator 10 data was shared with stakeholders, January 2023. Stakeholders included: TEIS Data Committee, State Interagency Coordinating Council (SICC) membership and attending visitors. Stakeholders did not have questions about the data.

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target>= |  |  |  | .00% |  |
| Data | 100.00% | 0.00% |  |  |  |

**Targets**

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

**FFY 2021 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 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 0 | 0 |  |  |  | N/A | N/A |

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

There were no mediations held during FFY 2021-22. States are not required to establish baseline or targets if the number of mediation sessions is less than 10.

## 10 - Prior FFY Required Actions

None

## 10 - OSEP Response

The State reported fewer than ten mediations held in FFY 2021. 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 2021 SPP/APR, due February 1, 2023, the State must provide measurable and rigorous targets (expressed as percentages) for each of the five years from FFY 2021 through FFY 2025. The State’s FFY 2025 target must demonstrate improvement over the State’s baseline data.

***Updated Data:*** In its FFYs 2021 through FFY 2025 SPPs/APRs, due February 1, 2023 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 2021 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 2021 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., February 1, 2022). 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 2021 APR, report on anticipated outcomes to be obtained during FFY 2022, i.e., July 1, 2022-June 30, 2023).

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 2021 APR, report on activities it intends to implement in FFY 2022, i.e., July 1, 2022-June 30, 2023) 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)?**

The percent of infants and toddlers who demonstrate improved acquisition and use of knowledge and skills and who function within age expectations by the time they exit or turn age three will increase [ECO Outcome 3B, Summary Statement 2]

**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)**

NO

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

https://www.tn.gov/didd/for-consumers/tennessee-early-intervention-system-teis/reports---data.html

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** |
| --- | --- |
| 2016 | 32.00% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= | 34.00% | 34.00% | 34.00% | 34.00% | 34.00% |

**FFY 2021 SPP/APR Data**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Numerator | Denominator | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| 1,917 | 5,595 | 33.03% | 34.00% | 34.26% | Met target | No Slippage |

**Provide the data source for the FFY 2021 data.**

Data source for the SiMR is Outcome B, summary statement 2. Numerator equals the percent of infants/toddlers who were functioning within age expectations in ECO Outcome B by the time they turned 3 or exited the program (Outcome B; progress categories d+e). Denominator equals all infants/toddlers who exited with at least six months of services in FFY 2021 who had both entrance and exit ECO ratings in Outcome B (Outcome B; progress categories (a) + (b) + (c) + (d) + (e) times 100.

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

The Assessment, Evaluation, and Programming System for Infants and Children (AEPS) was utilized in FFY 2021-22 to collect Early Childhood Outcomes (ECO) entrance, ongoing, and exit ratings. The AEPS provides 1-7 ratings in each of the three ECO sub-outcomes. Developmental assessment data from the AEPS are gathered, beginning with the initial individualized Family Service Plan (IFSP), and for every six-month and annual IFSP review that follows. For ECO data reporting, only the entry and exit scores are utilized.   
  
Early interventionists (EIs) who provide the IFSP service of developmental therapy or contracted agencies with staff who meet the same criteria as EIs are responsible for administering the AEPS developmental assessment. They provide the assessment progress report, including ECO ratings, to TEIS service coordinators who enter the ECO ratings into TEIDS, which houses the child’s education record.   
  
FFY 2021-22 was the fourth full year ECO data were collected using the AEPS by EIRA early interventionists.

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

**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)**

YES

**Describe any data quality issues, unrelated to COVID-19**, **specific to the SiMR data and include actions taken to address data quality concerns.**

TEIS noted outcome B, acquisition and use of knowledge and skills, continues to trend lower than the other two outcomes. Data analysis was conducted of the specific items that comprise Outcome B within the AEPS to determine if there was a pattern of specific items driving the trend for this Outcome.   
  
Based on the findings of this prior analysis shared in previous SSIP reports, TEIS has developed a plan to transition Early Childhood Outcomes data collection, initial eligibility, and ongoing assessment to a new tool, which will streamline eligibility, ongoing assessment, and ECO data collection. TEIS is participating in federal TA through the BDI users’ group. Information about this transition is available on the Information for Vendors and EIRAs section of the TEIS website under BDI-3 Assessment Information for Vendors & Early Intervention Resource Agencies (EIRAs) (tn.gov).   
  
Additional details will be shared in the 2022-23 SSIP submission. https://www.dropbox.com/s/zzlin4shn1t67r2/TEIS Assessment Fact Sheet - FINAL\_1032022.pdf?dl=0

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

YES

**If data for this reporting period were impacted specifically by COVID-19, the State must include in the narrative for the indicator: (1) the impact on data completeness, validity and reliability for the indicator; (2) an explanation of how COVID-19 specifically impacted the State’s ability to collect the data for the indicator; and (3) any steps the State took to mitigate the impact of COVID-19 on the data collection.**

The COVID-19 pandemic continued to impact data collection for this indicator. Face-to-face were suspended from March 2020 through May 2021. For FFY 2021-22, remote administration of the AEPS continued to be an offered to families with teleconference capability. The pandemic continues to impact ECO data through an increase in missing records, longer gaps between entrance and exit ratings, and/or a gap between the child’s entrance and first ECO rating.  
   
While remote AEPS administration was available, this was only possible for families who could participate in teleconference services as observation of the child is a requirement for AEPS. The lead agency considered other options, such as implementing an alternative methodology for collecting the data that would not utilize the AEPS, but ultimately decided that since 2019-20 was the first full year with both entrance and ECO ratings collected via the AEPS, it was in the state’s best interest to maintain the reliability and validity of the ECO data to the best of our ability by not introducing alternative methods at this juncture. TEIS is continuing to monitor this and review best practices for ECO data collection to meet ongoing needs in the future, including ensuring data fidelity for children to the extent possible through the state’s transition to a new tool for collecting ECO data.

Section B: Implementation, Analysis and Evaluation

**Please provide a link to the State’s current evaluation plan.**

TEIS's implementation and evaluation plan can be found on the "Reports and Data" section of our website at this link https://www.tn.gov/didd/for-consumers/tennessee-early-intervention-system-teis/reports---data.html

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

YES

**If yes, provide a description of the changes and updates to the evaluation plan.**

The steps in the IFSP team function, Family-centered services, and ECO data improvement strategies were updated to reflect the current status. The last submission of the evaluation plan stated the steps were to be determined for the ECO data improvement strategy. Minor language changes/updates in the other improvement strategies were made to evaluation plan timelines and steps.

**If yes, describe a rationale or justification for the changes to the SSIP evaluation plan.**

The changes to the implementation/evaluation plan were made to capture current information or areas where prior evaluation measures are no longer applicable due to incomparability of current data to pre-pandemic baseline.

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

In 2021-22, the infrastructure improvement strategies TEIS continued to focus on were related to assimilation of TEIS into the new lead agency, including procedures for communication internally and externally with stakeholders, development of an ongoing data/reporting plan, and revision of the internal monitoring systems. The work on these activities has continued through 2021-22 with hiring of a new Assistant Commissioner for TEIS and ongoing restructuring of the central office to better accommodate workflow and priorities. As described in the introduction to the APR, changes to the compliance monitoring process went into effect in FY 2020-21, which allowed TEIS to redistribute workload among personnel to support data/reporting plans and the development of a robust results monitoring system, which was implemented in July 2022.   
  
The ongoing infrastructure improvement strategy that has been a focus from the beginning of SSIP work has been on the reduction of service coordinator (SC) caseloads. TEIS and DIDD leadership are currently focused on achieving a goal with a realistic target of 60 children per SC. The work on the eligibility procedures improvement strategy has increased referrals and eligibility rates, which has strained the system. TEIS has converted as many positions as possible to SCs and was also granted new positions from the state legislature to reduce caseloads. However, increases in referrals and staff leave/turnover mean that high caseloads continue to be an issue. Some districts are impacted by caseloads more than others.

**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.**

As reported in last year’s SSIP, TEIS’s primary infrastructure improvement is around the reduction of service coordinator (SC) caseloads, which relates to quality standards and professional development. As reported in the last SSIP, the average SC caseload in 2019-20 was 87 and in the 2020-21 SSIP report in April, the average was down to 78. However, by the end of the fiscal year it was back up to 82 due to staff vacancies. In June 2022, the average caseload was 84. With the COVID-19 pandemic, some TEIS point of entry (POE) offices experienced higher than usual turnover and difficulties filling vacant positions. As a result, a higher-than-normal proportion of staff is new and still in training and unable to carry a full caseload. The average caseload is monitored monthly and strategies, such as shifting personnel from other districts is utilized when needed. Work on this strategy in 2021-22 included another review and revision to the Targeted Case Management process to ease the burden on service coordinators. hiring of statewide service coordinators to bolster support in areas of greatest need, utilizing administrative and other staff to remove clerical burden from staff, and identifying strategies for restructuring workloads and caseload assignments in districts with the highest caseloads.

**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.**

In the FY 2022-23 reporting cycle, TEIS implemented a new results monitoring plan to improve child find and outcomes for children, launched the TEIS extended option to provide additional service options to families of children over three, and continued to implement strategies to address high service coordinator caseloads. With these strategies, TEIS expects to see continued growth in the program and ongoing success in eliminating barriers to identification and participation in services for eligible children and families.   
  
Infrastructure improvements relative to the transition of assessment tools and data collection processes will be discussed in the ECO data improvement strategy in the 2022-23 SSIP submission.

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

• Eligibility Procedures: Eliminate barriers preventing eligible children from accessing early intervention services.   
• IFSP Teaming: Establish clear expectations for IFSP team members.   
• Family-Centered Services: Implement Family Guided Routines Based Intervention (FGRBI) model of service delivery.  
• Early Childhood Outcomes (ECO) Data: Improve collection, accuracy, and quality of ECO data.

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

Eligibility Procedures  
This improvement strategy was implemented to determine if TEIS was missing potentially eligible children or losing eligible children prior to initial IFSP. Through extensive data analysis, family and stakeholder input, TEIS opted to eliminate the use of screening prior to initial eligibility evaluation and streamline the front-end service through contracting for eligibility evaluations.   
  
IFSP Team Function  
This improvement strategy was implemented to support each IFSP team member, including families in their role and eliminate barriers to communication or teaming. Past work on this strategy has included development of contract performance measures/payment structures to support IFSP meeting or other teaming opportunities, development of data system enhancements to capture co-visiting, and district-specific work on IFSP teaming goals.   
  
Family-Centered Services  
This improvement strategy was selected to support the implementation of evidence-based practices within service delivery that emphasizes the role of the parent/caregiver in the intervention and working with the child and family to support their daily routines. This strategy has evolved into implementation of the Family Guided Routines Based Intervention (FGRBI) model of service delivery.   
  
ECO Data  
This improvement strategy focuses on efforts to improve the quality of the ECO data used to measure the SiMR. Work on this strategy has resulted in moving from professional judgement to the implementation of the AEPS tool to collect the data.

**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.**

See the introduction to the APR for specific training, technical assistance, and professional development activities conducted during 2021-22 to support these improvement strategies.   
  
Eligibility Procedures  
Eliminate barriers preventing eligible children from accessing TEIS services. This impacts the SiMR by maximizing potential time for intervention services. Work on this activity this year primarily focused on ensuring services continued safely throughout the recovery from the COVID-19 pandemic by providing guidance to evaluation agencies and TEIS Point of Entry offices around navigating evaluation options to support the requests of families and the needs of their staff and agency for flexibility in remote eligibility evolutions. TEIS also began work on shifting to a new eligibility evaluation instrument that will also be used for ECO data collection and can be administered both in-person and remotely.   
  
IFSP Team Function  
Establish clear expectations for role of team members, which impacts the SIMR by providing a coordinated approach to service delivery. Work on this activity this year continued to focus primarily on ongoing service delivery and communication among IFSP team members in a post pandemic service delivery landscape, procedural safeguards with families, gathering input and providing information to stakeholders around the TEIS extended option.  
  
Family-Centered Services  
Implement Family-Guided Routines Based (FGRBI) model of service delivery, which impacts the SiMR by ensuring services are delivered in alignment with an evidence-based model that focuses on family needs, routines, and natural environments. Work on FGRBI implementation this year included implementation of a qualified rater training system to build capacity for team leaders to support peers and their agencies in using FGRBI. In 2021-22, 55 early interventionists participated in the qualified rater cohort.   
  
ECO Data  
Improve collection, accuracy, and quality of child outcomes data, which impacts the SiMR by ensuring child outcomes data is valid and reliable. Work on this activity this year included data analysis on ECO data history, research on tools and options for data collection, and development of a transition plan for ECO data collection in the future.

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

Data collection for each strategy is described below. Challenges with current data analysis/reporting and comparing current data to previous years exist all four improvement strategies continued due to the service delivery changes necessitated by the COVID-19 pandemic. TEIS reviewed each of these strategies with stakeholders for current relevance and is currently developing updated measurements for each of the improvement strategies that are reflective of current practices and priorities.  
  
Eligibility Procedures  
Data collection includes monthly analysis of referrals, number and percent of eligibility, ineligibility, and family decline by district, number/percent resulting in IFSPs, average age at referral, and average length of time from referral to eligibility. Based on stakeholder input, county-level data related to eligibility and IFSP throughput was included as a data element in the results monitoring system that launched July 2022.   
  
IFSP Team Function  
Data included monthly reporting/analysis of developmental therapy visits that were either IFSP team meetings or co-visits with other providers. Challenges with this strategy that were first noted in 2019-20 relative to the COVID-19 pandemic continued through 2021-22 where the teleconference service delivery model results in inconsistencies in the data relative to the baseline. TEIS is actively working to gather input from TEIS staff, providers, and stakeholders relative to updated practices for of IFSP teaming that could be considered for updated measurements.   
  
Family-Centered Services  
Data analysis included quarterly staff observations and service log reviews by early interventionists entered into online checklists and reviewed by TEIS direct services coordinators. TEIS continued to offer technical assistance to EIRAs around implementation of FGRBI and each agency director has access to their own agency’s individual and aggregate observation data for analysis. DSCs provided coaching to agency directors on utilizing their own data.   
  
In addition to this data, additional pre/post survey data from candidates in the FGRBI qualified rater training series were analyzed. Results showed a decline in self-assessment of skills following initial training, indicating a better understanding of the concepts presented during training.   
  
ECO Data  
Data analysis included annual APR data reporting, quarterly data reporting, monthly missing data review/follow-up, and in-depth analysis of ECO at POE and EIRA levels. Challenges with ECO data during COVID were described above in the COVID-19 section. Additional analysis on this improvement strategy included trend data over time at the POE and EIRA levels to identify any areas for inclusion in the development of the results monitoring system as well as analysis of days of service and item-level analysis as described previously. These analyses have led to the development of the plan to transition the tools the lead agency utilizes for ECO data collection as previously mentioned. It is anticipated that the change in the tool to collect ECO data is likely to impact data over the next few years.

**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.**

TEIS reviewed each strategy and available data with stakeholders during 2021-22 to determine the relevance of each strategy to current practices. Based on the information from stakeholders, it was determined to continue each strategy but that updates to the implementation and evaluation plan would be needed for IFSP Team Function and Family Centered Services in 2022-23. Additional measurements and data flags relative to eligibility procedures were incorporated into the new results monitoring system, which launched July 2022. Once this system is operational, it is possible that the eligibility procedures improvement strategy may no longer be a necessary component of the SSIP. Based on extensive data analysis of ECO data and the SiMR previously described, TEIS developed a plan to transition ECO data collection instruments.

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

Eligibility Procedures  
In 2022-23, TEIS will initiate plans to move from the BDI-2 to the BDI-3 instrument for eligibility evaluations, ongoing assessment, and ECO data collection. This will involve updated contracts, training for contracted evaluation agencies and TEIS staff, data system updates, and development of procedures/protocols. TEIS will also launch results monitoring that includes an in-depth analysis of child find efforts to target any underserved areas.  
  
IFSP Team Function  
TEIS will continue to monitor IFSP teaming data monthly and gather input from stakeholders on current practices relative to IFSP teaming in order to develop and updated evaluation plan for this strategy.   
  
Family-Centered Services  
In 2022-23, TEIS will review progress toward FGRBI implementation and determine updated goals and strategies for measurement and evaluation of this improvement strategy. TEIS will also continue to provide training, technical assistance, and professional development opportunities to EIRAs and vendors and will expand these opportunities for vendors.   
  
ECO Data  
TEIS will implement a revised ECO data collection process while developing strategies to ensure data completeness during the transition of the tools. In addition, TEIS will work with the State Interagency Coordinating Council (SICC) data stakeholder committee to develop reporting and communication strategies to share child outcomes data with public and early intervention stakeholders.

**Does the State intend to continue implementing the SSIP without modifications? (yes/no)**

NO

**If no, describe any changes to the activities, strategies or timelines described in the previous submission and include a rationale or justification for the changes.**

TEIS has reviewed the SSIP with stakeholders and intends to continue with the current SiMR, but changes to the individual activities, timelines, and evaluation measures are being updated to ensure the plan is reflective of current needs and priorities. Based on stakeholder input, described in the next section, TEIS plans to continue with the current improvement strategies of IFSP Team Function, Family-Centered Services, and ECO Data but may consider eliminating the eligibility procedures improvement strategy from future SSIP reporting based on the success of this strategy.

**Section C: Stakeholder Engagement**

Description of Stakeholder Input

As stated in previous APRs, July 1, 2020, the lead agency moved to the Tennessee Department of Intellectual and Developmental Disabilities (DIDD). TEIS aligned its avenues for stakeholder involvement (i.e., state interagency coordinating council (SICC) membership and attending visitors; TEIS, EIRA, and Vendor committees, planned district or state stakeholder meetings) to DIDD’s structure, which is primarily through formal advisory councils. The TEIS-DIDD public information officer assisted the Part C monitoring coordinator and strategic planning coordinator to establish a SICC data committee. Using DIDD’s structure, volunteers from the SICC were invited to participate on a committee with a focus on TEIS data. This committee was established Oct. 2021. The SICC data committee, which includes parents, is a principle mechanism for direct TEIS stakeholder involvement related to SPP/APR efforts.   
  
TEIS Data and Operations Team members facilitate quarterly data committee meetings. The committee is used for input on analyses for topics such as target setting for results indicators; updates or revisions to state systemic improvement plan (SSIP); input and analyses related to results monitoring (being initiated in July 2022), family and early childhood outcomes analyses, etc. Pertinent information from the committee is shared during updates in quarterly SICC meetings.   
  
Additional stakeholder information.  
TEIS-DIDD Advisory Councils  
As mentioned in the past APR, in July 2020, the TEIS-DIDD public information officer established two advisory councils: 1) Early Intervention Resource Agency (EIRA)—agencies that provide the IFSP service of developmental therapy. 2) Vendor—agencies that provide IFSP services such as speech, physical, and occupational therapy.  
  
The two councils created by DIDD provide an open line of communication and feedback between the state and external stakeholders. Council membership is voluntary with membership from agency administrators and agency direct service providers across the three grand regions of Tennessee (East, Middle, West). Councils operate in an autonomous manner led by a chairperson recommended by the membership and appointed by the Commissioner of DIDD. The TEIS-DIDD public information officer serves as the council’s liaison and department support for quarterly meetings.  
  
In FFY 2021-22, the priority of the EIRA council continued to work to strengthen relationships with the EIRA community. Sub-committees focused on professional development, communication, and professionalism for EIRAs.   
  
Office Hours  
TEIS-DIDD leadership and the DIDD communications team provided opportunities to engage various stakeholders. The DIDD Commissioner held office hours with providers and with employees every other week via teleconference. TEIS-DIDD leadership continued to hold teleconference hours for early intervention providers (EIRAs and Vendors). These calls began weekly but are now held twice monthly. Office hours provide opportunities for DIDD to share/discuss pertinent information with stakeholders.

Status of FFY 2021-22 Indicator 11 data was shared with stakeholders, January 2023. Stakeholders included: TEIS Data Committee, State Interagency Coordinating Council (SICC) membership and attending visitors. In addition to the stakeholder input described in the introduction, the TEIS data committee and TEIS staff provided input on the improvement strategies described in the SSIP. In particular, the TEIS data committee met in 2021-22 to review the SSIP improvement strategies and data and provide input into changes to relevance, changes in practices due to COVID-19, and possible measurement updates to the implementation and evaluation plan. Stakeholders confirmed the importance of the IFSP teaming improvement strategy and the need for updates to the measurement. Ongoing stakeholder discussions are taking place and will be reported in future submissions.

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

TEIS has been actively engaging stakeholders in discussions around the transition of the tools used for initial eligibility, ongoing assessment, and ECO data collection. In the upcoming year, the TEIS data committee and other stakeholders will be engaged in developing avenues to support TEIS in sharing child outcomes data with families and the public.

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

YES

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

Changes to service delivery and communication methodology brought about by the COVID-19 pandemic have led to changing dynamics within IFSP teams. Stakeholders on the TEIS data committee shared ongoing challenges as well as recommendations for measurements for the IFSP teaming improvement strategy that would make it more reflective of current practices and caseload considerations.   
  
TEIS providers have also shared their questions and concerns relative to the lead agency’s plan to transition the tool used for eligibility evaluation, ongoing assessment, and ECO data collection. TEIS has provided regular updates in office hours and in newsletters to keep stakeholders informed of the changes.

**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.**

There are no additional activities at this time that have not already been described in this report.

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

NA

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

NA

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

## 11 - Prior FFY Required Actions

None

## 11 - OSEP Response

## 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:**

Shannon Pargin

**Title:**

Director of IDEA Implementation

**Email:**

shannon.pargin@tn.gov

**Phone:**

615-924-1007

**Submitted on:**

04/21/23 2:31:01 PM

# Determination Enclosures

## RDA Matrix

**Tennessee**

2023 Part C Results-Driven Accountability Matrix

**Results-Driven Accountability Percentage and Determination[[1]](#footnote-2)**

| **Percentage (%)** | **Determination** |
| --- | --- |
| 93.75% | Meets Requirements |

**Results and Compliance Overall Scoring**

|  | **Total Points Available** | **Points Earned** | **Score (%)** |
| --- | --- | --- | --- |
| **Results** | 8 | 7 | 87.50% |
| **Compliance** | 16 | 16 | 100.00% |

**2023 Part C Results Matrix**

**I. Data Quality**

**(a) Data Completeness: The percent of children included in your State’s 2021 Outcomes Data (Indicator C3)**

|  |  |
| --- | --- |
| Number of Children Reported in Indicator C3 (i.e., outcome data) | 5,595 |
| Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data) | 8,632 |
| Percentage of Children Exiting who are Included in Outcome Data (%) | 64.82 |
| **Data Completeness Score[[2]](#footnote-3)** | 2 |

**(b) Data Anomalies: Anomalies in your State’s FFY 2021 Outcomes Data**

|  |  |
| --- | --- |
| **Data Anomalies Score**[[3]](#footnote-4) | 2 |

**II. Child Performance**

**(a) Data Comparison: Comparing your State’s 2021 Outcomes Data to other States’ 2021 Outcomes Data**

|  |  |
| --- | --- |
| **Data Comparison Score[[4]](#footnote-5)** | 1 |

**(b) Performance Change Over Time: Comparing your State’s FFY 2021 data to your State’s FFY 2020 data**

|  |  |
| --- | --- |
| **Performance Change Score[[5]](#footnote-6)** | 2 |

| **Summary Statement Performance** | **Outcome A: Positive Social Relationships SS1 (%)** | **Outcome A: Positive Social Relationships SS2 (%)** | **Outcome B: Knowledge  and Skills SS1 (%)** | **Outcome B: Knowledge and Skills SS2 (%)** | **Outcome C: Actions to Meet Needs  SS1 (%)** | **Outcome C: Actions to Meet Needs SS2 (%)** |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY 2021** | 69.03% | 48.61% | 47.18% | 34.26% | 64.08% | 59.61% |
| **FFY 2020** | 68.02% | 45.83% | 47.13% | 33.03% | 65.46% | 57.27% |

**2023 Part C Compliance Matrix**

| **Part C Compliance Indicator[[6]](#footnote-7)** | **Performance (%)** | **Full Correction of Findings of Noncompliance Identified in FFY 2020** | **Score** |
| --- | --- | --- | --- |
| **Indicator 1: Timely service provision** | 98.63% | YES | 2 |
| **Indicator 7: 45-day timeline** | 99.72% | YES | 2 |
| **Indicator 8A: Timely transition plan** | 100.00% | N/A | 2 |
| **Indicator 8B: Transition notification** | 99.90% | N/A | 2 |
| **Indicator 8C: Timely transition conference** | 99.74% | YES | 2 |
| **Timely and Accurate State-Reported Data** | 100.00% |  | 2 |
| **Timely State Complaint Decisions** | 100.00% |  | 2 |
| **Timely Due Process Hearing Decisions** | N/A |  | N/A |
| **Longstanding Noncompliance** |  |  | 2 |
| **Specific Conditions** | None |  |  |
| **Uncorrected identified noncompliance** | None |  |  |

**Appendix A**

**I. (a) Data Completeness:**

**The Percent of Children Included in your State's 2021 Outcomes Data (Indicator C3)**

Data completeness was calculated using the total number of Part C children who were included in your State’s FFY 2021 Outcomes Data (C3) and the total number of children your State reported in its FFY 2021 IDEA Section 618 data. A percentage for your State was computed by dividing the number of children reported in your State’s Indicator C3 data by the number of children your State reported exited during FFY 2021 in the State’s FFY 2021 IDEA Section 618 Exit Data.

|  |  |
| --- | --- |
| **Data Completeness Score** | **Percent of Part C Children included in Outcomes Data (C3) and 618 Data** |
| **0** | **Lower than 34%** |
| **1** | **34% through 64%** |
| **2** | **65% and above** |

**Appendix B**

**I. (b) Data Quality:**

**Anomalies in Your State's FFY 2021 Outcomes Data**

This score represents a summary of the data anomalies in the FFY 2021 Indicator 3 Outcomes Data reported by your State. Publicly available data for the preceding four years reported by and across all States for each of 15 progress categories under Indicator 3 (in the FFY 2017 – FFY 2020 APRs) were used to determine an expected range of responses for each progress category under Outcomes A, B, and C. For each of the 15 progress categories, a mean was calculated using the publicly available data and a lower and upper scoring percentage was set 1 standard deviation above and below the mean for category a, and 2 standard deviations above and below the mean for categories b through e[[7]](#footnote-8)[[8]](#footnote-9). In any case where the low scoring percentage set from 1 or 2 standard deviations below the mean resulted in a negative number, the low scoring percentage is equal to 0.

If your State's FFY 2021 data reported in a progress category fell below the calculated "low percentage" or above the "high percentage" for that progress category for all States, the data in that particular category are statistically improbable outliers and considered an anomaly for that progress category. If your State’s data in a particular progress category was identified as an anomaly, the State received a 0 for that category. A percentage that is equal to or between the low percentage and high percentage for each progress category received 1 point. A State could receive a total number of points between 0 and 15. Thus, a point total of 0 indicates that all 15 progress categories contained data anomalies and a point total of 15 indicates that there were no data anomalies in all 15 progress categories in the State's data. An overall data anomaly score of 0, 1, or 2 is based on the total points awarded.

|  |  |
| --- | --- |
| **Outcome A** | **Positive Social Relationships** |
| **Outcome B** | **Knowledge and Skills** |
| **Outcome C** | **Actions to Meet Needs** |

|  |  |
| --- | --- |
| **Category a** | **Percent of infants and toddlers who did not improve functioning** |
| **Category b** | **Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers** |
| **Category c** | **Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it** |
| **Category d** | **Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers** |
| **Category e** | **Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers** |

**Expected Range of Responses for Each Outcome and Category, FFY 2021**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outcome\Category** | **Mean** | **StDev** | **-1SD** | **+1SD** |
| **Outcome A\Category a** | 1.43 | 1.62 | -0.19 | 3.05 |
| **Outcome B\Category a** | 1.26 | 2.27 | -1.01 | 3.53 |
| **Outcome C\Category a** | 1.14 | 1.59 | -0.45 | 2.73 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outcome\Category** | **Mean** | **StDev** | **-2SD** | **+2SD** |
| **Outcome A\ Category b** | 23.62 | 8.94 | 5.75 | 41.49 |
| **Outcome A\ Category c** | 20.32 | 12.69 | -5.05 | 45.69 |
| **Outcome A\ Category d** | 27.33 | 9.46 | 8.42 | 46.24 |
| **Outcome A\ Category e** | 27.3 | 15.11 | -2.92 | 57.52 |
| **Outcome B\ Category b** | 25.16 | 9.76 | 5.65 | 44.68 |
| **Outcome B\ Category c** | 28.73 | 12.11 | 4.5 | 52.95 |
| **Outcome B\ Category d** | 31.76 | 8.06 | 15.64 | 47.87 |
| **Outcome B\ Category e** | 13.09 | 8.56 | -4.02 | 30.21 |
| **Outcome C\ Category b** | 20.27 | 8.49 | 3.29 | 37.26 |
| **Outcome C\ Category c** | 23.01 | 13.08 | -3.16 | 49.17 |
| **Outcome C\ Category d** | 34.09 | 8.09 | 17.9 | 50.28 |
| **Outcome C\ Category e** | 21.49 | 15.06 | -8.62 | 51.6 |

|  |  |
| --- | --- |
| **Data Anomalies Score** | **Total Points Received in All Progress Areas** |
| 0 | 0 through 9 points |
| 1 | 10 through 12 points |
| 2 | 13 through 15 points |

**Anomalies in Your State’s Outcomes Data FFY 2021**

|  |  |
| --- | --- |
| **Number of Infants and Toddlers with IFSP’s Assessed in your State** | **5,595** |

| **Outcome A — Positive Social Relationships** | **Category a** | **Category b** | **Category c** | **Category d** | **Category e** |
| --- | --- | --- | --- | --- | --- |
| **State Performance** | 20 | 1,441 | 1,414 | 1,842 | 878 |
| **Performance (%)** | 0.36% | 25.76% | 25.27% | 32.92% | 15.69% |
| **Scores** | 1 | 1 | 1 | 1 | 1 |

| **Outcome B — Knowledge and Skills** | **Category a** | **Category b** | **Category c** | **Category d** | **Category e** |
| --- | --- | --- | --- | --- | --- |
| **State Performance** | 29 | 2,633 | 1,016 | 1,362 | 555 |
| **Performance (%)** | 0.52% | 47.06% | 18.16% | 24.34% | 9.92% |
| **Scores** | 1 | 0 | 1 | 1 | 1 |

| **Outcome C — Actions to Meet Needs** | **Category a** | **Category b** | **Category c** | **Category d** | **Category e** |
| --- | --- | --- | --- | --- | --- |
| **State Performance** | 14 | 1,430 | 816 | 1,760 | 1,575 |
| **Performance (%)** | 0.25% | 25.56% | 14.58% | 31.46% | 28.15% |
| **Scores** | 1 | 1 | 1 | 1 | 1 |

|  | **Total Score** |
| --- | --- |
| **Outcome A** | 5 |
| **Outcome B** | 4 |
| **Outcome C** | 5 |
| **Outcomes A-C** | 14 |

|  |  |
| --- | --- |
| **Data Anomalies Score** | 2 |

**Appendix C**

**II. (a) Data Comparison:**

**Comparing Your State’s 2021 Outcomes Data to Other States’ 2021 Outcome Data**

This score represents how your State's FFY 2021 Outcomes data compares to other States' FFY 2021 Outcomes Data. Your State received a score for the distribution of the 6 Summary Statements for your State compared to the distribution of the 6 Summary Statements in all other States. The 10th and 90th percentile for each of the 6 Summary Statements was identified and used to assign points to performance outcome data for each Summary Statement[[9]](#footnote-10). Each Summary Statement outcome was assigned 0, 1, or 2 points. If your State's Summary Statement value fell at or below the 10th percentile, that Summary Statement was assigned 0 points. If your State's Summary Statement value fell between the 10th and 90th percentile, the Summary Statement was assigned 1 point, and if your State's Summary Statement value fell at or above the 90th percentile the Summary Statement was assigned 2 points. The points were added up across the 6 Summary Statements. A State can receive a total number of points between 0 and 12, with 0 points indicating all 6 Summary Statement values were at or below the 10th percentile and 12 points indicating all 6 Summary Statements were at or above the 90th percentile. An overall comparison Summary Statement score of 0, 1, or 2 was based on the total points awarded.

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

*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.*

**Scoring Percentages for the 10th and 90th Percentile for Each Outcome and Summary Statement, FFY 2021**

| **Percentiles** | **Outcome A SS1** | **Outcome A SS2** | **Outcome B SS1** | **Outcome B SS2** | **Outcome C SS1** | **Outcome C SS2** |
| --- | --- | --- | --- | --- | --- | --- |
| **10** | 43.42% | 36.60% | 54.62% | 29.02% | 55.14% | 36.15% |
| **90** | 82.74% | 69.30% | 79.34% | 55.52% | 85.72% | 76.15% |

|  |  |
| --- | --- |
| **Data Comparison Score** | **Total Points Received Across SS1 and SS2** |
| **0** | 0 through 4 points |
| **1** | 5 through 8 points |
| **2** | 9 through 12 points |

**Your State’s Summary Statement Performance FFY 2021**

| **Summary Statement (SS)** | **Outcome A: Positive Social Relationships SS1** | **Outcome A: Positive Social Relationships SS2** | **Outcome B: Knowledge and Skills SS1** | **Outcome B: Knowledge and Skills SS2** | **Outcome C: Actions to meet needs SS1** | **Outcome C: Actions to meet needs SS2** |
| --- | --- | --- | --- | --- | --- | --- |
| **Performance (%)** | 69.03% | 48.61% | 47.18% | 34.26% | 64.08% | 59.61% |
| **Points** | 1 | 1 | 0 | 1 | 1 | 1 |

|  |  |
| --- | --- |
| **Total Points Across SS1 and SS2(\*)** | 5 |

|  |  |
| --- | --- |
| **Your State’s Data Comparison Score** | 1 |

**Appendix D**

**II. (b) Performance Change Over Time:**

**Comparing your State’s FFY 2021 data to your State’s FFY 2020 data**

The Summary Statement percentages in each Outcomes Area from the previous year’s reporting (FFY 2020) is compared to the current year (FFY 2021) using the test of proportional difference to determine whether there is a statistically significant (or meaningful) growth or decline in child achievement based upon a significance level of p<=.05. The data in each Outcome Area is assigned a value of 0 if there was a statistically significant decrease from one year to the next, a value of 1 if there was no significant change, and a value of 2 if there was a statistically significant increase across the years. The scores from all 6 Outcome Areas are totaled, resulting in a score from 0 – 12. The Overall Performance Change Score for this results element of ‘0’, ‘1’, or ‘2’ for each State is based on the total points awarded. Where OSEP has approved a State’s reestablishment of its Indicator C3 Outcome Area baseline data the State received a score of ‘N/A’ for this element.

**Test of Proportional Difference Calculation Overview**

The summary statement percentages from the previous year’s reporting were compared to the current year using an accepted formula (test of proportional difference) to determine whether the difference between the two percentages is statistically significant (or meaningful), based upon a significance level of p<=.05. The statistical test has several steps.

Step 1: Compute the difference between the FFY 2021 and FFY 2020 summary statements.

e.g., C3A FFY2021% - C3A FFY2020% = Difference in proportions

Step 2: Compute the standard error of the difference in proportions using the following formula which takes into account the value of the summary statement from both years and the number of children that the summary statement is based on[[10]](#footnote-11)

Sqrt[([FFY2021% \* (1-FFY2021%)] / FFY2021N) + ([FFY2022% \* (1-FFY2022%)] / FFY2022N)] = Standard Error of Difference in Proportions

Step 3: The difference in proportions is then divided by the standard error of the difference to compute a z score.

Difference in proportions /standard error of the difference in proportions = z score

Step 4: The statistical significance of the z score is located within a table and the *p* value is determined.

Step 5: The difference in proportions is coded as statistically significant if the *p* value is it is less than or equal to .05.

Step 6: Information about the statistical significance of the change and the direction of the change are combined to arrive at a score for the summary statement using the following criteria

0 = statistically significant decrease from FFY 2020 to FFY 2021

1 = No statistically significant change

2= statistically significant increase from FFY 2020 to FFY 2021

Step 7: The score for each summary statement and outcome is summed to create a total score with a minimum of 0 and a maximum of 12. The score for the test of proportional difference is assigned a score for the Indicator 3 Overall Performance Change Score based on the following cut points:

|  |  |
| --- | --- |
| **Indicator 3 Overall Performance Change Score** | **Cut Points for Change Over Time in Summary Statements Total Score** |
| **0** | Lowest score through 3 |
| **1** | 4 through 7 |
| **2** | 8 through highest |

| **Summary Statement/ Child Outcome** | **FFY 2020 N** | **FFY 2020 Summary Statement (%)** | **FFY 2021 N** | **FFY 2021 Summary Statement (%)** | **Difference between Percentages (%)** | **Std Error** | **z value** | **p-value** | **p<=.05** | **Score: 0 = significant decrease; 1 = no significant change; 2 = significant increase** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SS1/Outcome A: Positive Social Relationships** | 4,593 | 68.02% | 4,717 | 69.03% | 1.01 | 0.0096 | 1.0495 | 0.294 | NO | 1 |
| **SS1/Outcome B: Knowledge and Skills** | 4,848 | 47.13% | 5,040 | 47.18% | 0.05 | 0.0100 | 0.0495 | 0.9605 | NO | 1 |
| **SS1/Outcome C: Actions to meet needs** | 4,018 | 65.46% | 4,020 | 64.08% | -1.38 | 0.0107 | -1.2912 | 0.1966 | NO | 1 |
| **SS2/Outcome A: Positive Social Relationships** | 5,280 | 45.83% | 5,595 | 48.61% | 2.78 | 0.0096 | 2.9052 | 0.0037 | YES | 2 |
| **SS2/Outcome B: Knowledge and Skills** | 5,280 | 33.03% | 5,595 | 34.26% | 1.23 | 0.0091 | 1.3597 | 0.1739 | NO | 1 |
| **SS2/Outcome C: Actions to meet needs** | 5,280 | 57.27% | 5,595 | 59.61% | 2.33 | 0.0095 | 2.4688 | 0.0136 | YES | 2 |

|  |  |
| --- | --- |
| **Total Points Across SS1 and SS2** | **8** |

|  |  |
| --- | --- |
| **Your State’s Performance Change Score** | **2** |

## Data Rubric

**Tennessee**

**FFY 2021 APR**[[11]](#footnote-12)

|  | **Part C Timely and Accurate Data -- SPP/APR Data** |  |
| --- | --- | --- |
| **APR Indicator** | **Valid and Reliable** | **Total** |
| **1** | 1 | 1 |
| **2** | 1 | 1 |
| **3** | 1 | 1 |
| **4** | 1 | 1 |
| **5** | 1 | 1 |
| **6** | 1 | 1 |
| **7** | 1 | 1 |
| **8A** | 1 | 1 |
| **8B** | 1 | 1 |
| **8C** | 1 | 1 |
| **9** | 1 | 1 |
| **10** | 1 | 1 |
| **11** | 1 | 1 |
|  | **Subtotal** | 13 |
| **APR Score Calculation** | **Timely Submission Points** - If the FFY 2021 APR was submitted on-time, place the number 5 in the cell on the right. | 5 |
|  | **Grand Total** - (Sum of Subtotal and Timely Submission Points) = | 18 |

|  |  | **618 Data[[12]](#footnote-13)** |  |  |
| --- | --- | --- | --- | --- |
| **Table** | **Timely** | **Complete Data** | **Passed Edit Check** | **Total** |
| **Child Count/Settings Due Date: 4/6/22** | 1 | 1 | 1 | 3 |
| **Exiting Due Date: 11/2/22** | 1 | 1 | 1 | 3 |
| **Dispute Resolution Due Date: 11/2/22** | 1 | 1 | 1 | 3 |
|  |  |  | **Subtotal** | 9 |
| **618 Score Calculation** |  |  | **Grand Total** (Subtotal X 2) = | 18.00 |

| **Indicator Calculation** |  |
| --- | --- |
| A. APR Grand Total | 18 |
| B. 618 Grand Total | 18.00 |
| C. APR Grand Total (A) + 618 Grand Total (B) = | 36.00 |
| Total N/A Points in APR Data Table Subtracted from Denominator | 0 |
| Total N/A Points in 618 Data Table Subtracted from Denominator | 0.00 |
| **Denominator** | 36.00 |
| D. Subtotal (C divided by Denominator\*) = | 1.0000 |
| E. Indicator Score (Subtotal D x 100) = | 100.00 |

**\*Note that any cell marked as N/A in the APR Data Table will decrease the denominator by 1, and any cell marked as N/A in the 618 Data Table will decrease the denominator by 2.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APR and 618 -Timely and Accurate State Reported Data**

**DATE: February 2023 Submission**

**SPP/APR Data**

**1) Valid and Reliable Data** - Data provided are from the correct time period, are consistent with 618 (when appropriate) and the measurement, and are consistent with previous indicator data (unless explained).

**Part C 618 Data**

**1) Timely** – A State will receive one point if it submits counts/ responses for an entire EMAPS survey associated with the IDEA Section 618 data collection to ED by the initial due date for that collection (as described the table below).

|  |  |  |
| --- | --- | --- |
| **618 Data Collection** | **EMAPS Survey** | **Due Date** |
| Part C Child Count and Setting | Part C Child Count and Settings in EMAPS | 1st Wednesday in April |
| Part C Exiting | Part C Exiting Collection in EMAPS | 1st Wednesday in November |
| Part C Dispute Resolution | Part C Dispute Resolution Survey in EMAPS | 1st Wednesday in November |

**2) Complete Data** – A State will receive one point if it submits data for all data elements, subtotals, totals as well as responses to all questions associated with a specific data collection by the initial due date. No data is reported as missing. No placeholder data is submitted. State-level data include data from all districts or agencies.

**3) Passed Edit Check –** A State will receive one point if it submits data that meets all the edit checks related to the specific data collection by the initial due date. The counts included in 618 data submissions are internally consistent within a data collection. See the EMAPS User Guide for each of the Part C 618 Data Collections for a list of edit checks (available at: <https://www2.ed.gov/about/inits/ed/edfacts/index.html>).

## Dispute Resolution



## How the Department Made Determinations

Below is the location of How the Department Made Determinations (HTDMD) on OSEP’s IDEA Website.  How the Department Made Determinations in 2023 will be posted in June 2023. Copy and paste the link below into a browser to view.

[https://sites.ed.gov/idea/how-the-department-made-determinations/](https://nam10.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsites.ed.gov%2Fidea%2Fhow-the-department-made-determinations%2F&data=05%7C01%7Cdan.royal%40aemcorp.com%7C56561a053eed4e4dffea08db4cd0ea7f%7C7a41925ef6974f7cbec30470887ac752%7C0%7C0%7C638188232405320922%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=REJfNg%2BRs0Gk73rS2KzO2SIVRCUhHLglGd6vbm9wEwc%3D&reserved=0)

1. For a detailed explanation of how the Compliance Score, Results Score, and the Results-Driven Accountability Percentage and Determination were calculated, review "How the Department Made Determinations under Section 616(d) of the *Individuals with Disabilities Education Act* in 2023: Part C." [↑](#footnote-ref-2)
2. Please see Appendix A for a detailed description of this calculation. [↑](#footnote-ref-3)
3. Please see Appendix B for a detailed description of this calculation. [↑](#footnote-ref-4)
4. Please see Appendix C for a detailed description of this calculation. [↑](#footnote-ref-5)
5. Please see Appendix D for a detailed description of this calculation. [↑](#footnote-ref-6)
6. The complete language for each indicator is located in the Part C SPP/APR Indicator Measurement Table at: <https://sites.ed.gov/idea/files/2023_Part-C_SPP-APR_Measurement_Table.pdf> [↑](#footnote-ref-7)
7. Numbers shown as rounded for display purposes. [↑](#footnote-ref-8)
8. Values based on data for States with summary statement denominator greater than 199 exiters. [↑](#footnote-ref-9)
9. Values based on data for States with summary statement denominator greater than 199 exiters. [↑](#footnote-ref-10)
10. Numbers shown as rounded for display purposes. [↑](#footnote-ref-11)
11. In the SPP/APR Data table, where there is an N/A in the Valid and Reliable column, the Total column will display a 0. This is a change from prior years in display only; all calculation methods are unchanged. An N/A does not negatively affect a State's score; this is because 1 point is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the SPP/APR Data table. [↑](#footnote-ref-12)
12. In the 618 Data table, when calculating the value in the Total column, any N/As in the Timely, Complete Data, or Passed Edit Checks columns are treated as a ‘0’. An N/A does not negatively affect a State's score; this is because 2 points is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the 618 Data table. [↑](#footnote-ref-13)