

Overview of Kentucky's State Performance Plan Development Process

Part 1: Broad input from stakeholders

Input from stakeholders in Kentucky has been an on-going process since the program was transferred from the Commission for Children with Special Health Care Needs to the Department for Public Health in July 2004. In spring of 2004 a large workgroup was selected to re-design the First Steps program. That process was described in Kentucky's 2003 APR documents. As a follow-up to the initial workgroup, three sub specialist workgroups were formed to address long term issues that remained from the initial workgroup's recommendations. In November/December 2004, the three workgroups were formed in Kentucky made up of parents, providers, state staff, contracted staff, ICC members, Point of Entry, Primary Service Coordinators, Primary Level Evaluators, and Intensive level Evaluators. All geographic areas of the state were represented, urban as well as rural. Each group had a program area to examine: Evaluation and Assessment (41 members); Service Coordination (51 members); and Covered Services and Payment (31 members). The groups met independently to work and then reconvened in December 2004 to report their findings to the whole group. There were 33 separate recommendations for program improvement. Those recommendations were reviewed by the central office staff. Recommendations that would not comply with federal or state statute and/or regulation were eliminated. The remaining recommendations were categorized as "immediate", "short term" and "long term". Immediate recommendations were implemented and the other recommendations were referred to the State Performance Plan work group.

The State Performance Plan (SPP) work group consisted of state staff, contracted staff, ICC representative, Point of Entry representative, parents, program consultants and program evaluators. The 19 member group held a one day retreat on July 7, 2005. They reviewed a draft document of the then "proposed" SPP. Next they reviewed all of the proposed recommendations from the three previous workgroups, discussed how those might support sections of the SPP and sorted them over a 6-year time line. The group reconvened in August of 2005, after state staff had attended the OSEP Summer Institute to obtain training on how to complete the SPP. The SPP document itself was examined and potential data sources, targets, activities, timelines and resources were discussed for each Indicator.

The SPP workgroup met as a large group on five occasions, with several weeks in between meeting dates for gathering data, researching, writing drafts and reviewing other's drafts. Our federal OSEP officer, Mary Williams, made a visit to the state in October 2005 to provide guidance and to assist with the development of the SPP.

To obtain even broader stakeholder input on the SPP, though difficult to schedule given the short timeline for the SPP, the following activities were completed. Representatives of the SPP workgroup met with the following groups to solicit input and recommendations

around all aspects of the SPP: the potential data sources, measurable and rigorous targets, improvement activities, timelines and resources.

8/25/05 – Met with early intervention providers and parents attending the Infant Toddler Conference in Lexington, KY: over seventy (70) attendees gave input

9/8/05 – Met with the ICC: eighteen (18) attendees gave input

9/22/05 – Met with state-wide First Steps Technical Assistance teams (Program Consultants, Parent Consultants and Evaluators) – twenty-three (23) attendees gave input

10/11/05 – Met with Point of Entry personnel – forty-four (44) attendees gave input

10/26/05 - Draft documents sent to SPP workgroup, the seven (7) Technical Assistance Teams, the Interagency Coordinating Council (ICC) and three (3) providers from each of the fifteen (15) Kentucky districts for further review and comment.

11/10/05 Final document presented to ICC for approval

11/11/05 Final document submitted to Department for Public Health/Cabinet for Health and Family Services for approval

Part 2: Dissemination of the SPP to the public

The SPP will be published on the First Steps website when it is submitted to OSEP. The web address is: <http://www.chfs.ky.gov/dph/firststeps.htm> . In addition, it will be e-mailed to the University Technical Assistance Teams and the ICC with instructions to share the document with the District Early Intervention Committees and any other interested parties in the state. Interested parties without web access can contact the central office or any of the seven (7) regional technical assistance teams for a copy. In addition, all of the public libraries in Kentucky have web access, so anyone in Kentucky could access the web and thus the report at the local public library. The same dissemination method will be used annually with the Annual Performance Reports (APR) to report to the public. The APR will be an annual report on the progress and/or slippage in meeting the ‘measurable and rigorous targets’ found in the SPP. Because the SPP process is new, an overview of the SPP will be among the topics presented to providers attending optional provider forums planned throughout Kentucky in the fall of 2005. Final arrangements for those forums were not complete at the time of the submission of the SPP, but the intent is to offer optional provider forums in several locations throughout the state.

OSEP also requires that states report annually to the public on the performance of each early intervention service program (EIS program) located in the State on the targets in the SPP. Kentucky’s early intervention program (First Steps) is not organized by smaller “service program” entities in the state. Rather, Kentucky provides services through a network of approximately 2,500 individually contracted providers. Some of those providers work for ‘agencies or companies’ within the state, but the majority are independent individual contractors. Reporting on each individual provider would not provide the data necessary to assess regional trends and/or problems and would be unwieldy. Kentucky’s Point of Entry system is divided into 15 districts which follow the boundaries of the state’s Area Development Districts. (See attached map). Kentucky will report data by those 15 districts, considering each district to be an ‘EIS program’ even though they are each

constituted of many independent providers. Each of the 15 districts houses one Point of Entry (POE) site and those will be considered to be 'EIS programs' to report any data related to POE (i.e. 45-day timeline). Thus any POE data will be representative of that district. To report that district data to the public, the information will be posted by each of the 15 districts on the Central Billing and Information System's (CBIS - the data manager for First Steps) web site. The web address is: <http://cbis.louisville.edu/>. On the home page, they would click on "District Profile Data". In addition, a reference to the data will be found on the First Steps web site in the same section as the SPP and APR documents with a link to the CBIS website, so the public who visit the First Steps website can more easily connect to CBIS to view the state-wide data reported in SPP/APR broken out by district.

RES-2 (Rev. 8-05)

Point of Entry Locations
1-800-442-0087

Purchase District 2850 Adams St Paducah, KY 42001 (270) 442-5831 (800) 648-6590	Pennyrile District 286 W. 15 th St Hopkinsville, KY 42240 (270) 886-5186 (800) 609-0047	Green River District 1600 Breckinridge St Owensboro, KY 42303 (270) 686-5982 (881) 686-1414	Barren River District 1503 Western Ave. Ste. 1 Bowling Green, KY 42104 (270) 346-9941 (800) 643-6233	Lincoln Trail District 1308-A Woodland Drive Ellettsburg, KY 42161 (270) 737-5921 (800) 678-1879
Kentuckiana District 3717 Taylorsville Rd Louisville, KY 40229 (502) 459-0225 (800) 442-0087	Northern KY District 2014 Eastern Ave Covington, KY 41004 (859) 815-1085 (800) 305-8866	Buffalo Trace District 7318 Kenton Station Rd Maysville, KY 41056 (606) 759-5510 (800) 335-4249	FIVCO District Summit Plaza Box 11 Ashland, KY 41102 (606) 928-9155 ext. 17 (800) 650-1329 ext. 17	Gateway District 39 Cedar Creek Drive Owensville, KY 40368 (606) 676-3204 (800) 718-0378
Big Sandy District P.O. Box 279 Hassard, KY 41609 (606) 478-8572 (800) 230-6011	KY River District 115 Rockwood Ln Hassard, KY 41701 (606) 478-1325 (800) 328-1767	Cumberland Valley District P.O. Box 568 Corbin, KY 40702 (606) 523-0229 (800) 599-9559	Lake Cumberland District 259 Parkers Mill Road Somerset, KY 42561 (606) 678-2821 (800) 378-2821	Bluegrass District 3181 Caster Drive Ste 4 Lexington, KY 40517 (859) 271-9448 (800) 454-2304



Part 3: Report of Record Review process to exceed service limits

In the OSEP letter dated September 8, 2005, written in response to Kentucky's FY 2003 APR, OSEP expressed concerns that Kentucky's new procedures regarding the use of the Record Review Team may result in the (Individualized Family Service Plan (IFSP) teams

not identifying all needed early intervention services on the IFSP. For that reason OSEP wants data from the Record Review process for FY 2005 (July 1, 2004 through June 30, 2005). OSEP has requested the following:

1. The number of service requests submitted by IFSP teams to the Record Review Team pursuant to 911 KAR 2:200, Section 3(4) for a recommendation regarding early intervention service units that exceeded the preauthorized amounts.

In FY 2005 IFSP teams in Kentucky submitted two hundred sixty-five (265) requests to the Record Review Team to exceed the preauthorized number of units.

OSEP further defined a service request to mean if a team submits a request to exceed the preauthorized amounts for both speech and physical therapy for one child, that request should be counted as two requests. Kentucky was unable to interpret our data in that manner for the following reason. The preauthorized service amounts given to IFSP teams are 96 units (1 unit = 15 minutes) if the child is getting only 1 therapeutic intervention service, 144 units if the child is getting more than one therapeutic intervention service and 192 units of group services. Three (3) of the 265 IFSP team submissions for Record Review involved a child who was getting only one therapeutic intervention service (96 units are preauthorized in that case). Each of these three were requesting an increase in speech therapy only and in each case the Record Review Team recommended the number of additional units requested by the IFSP team.

Kentucky does not define how the 144 preauthorized units are to be allotted; each team determines that based on the individual child's needs, so it is impossible for Kentucky to determine from the IFSP team's request, exactly which particular therapeutic intervention service "exceeds the preauthorized amount". Those 144 units could have been configured by the IFSP team in a multitude of ways when there are two or more therapies involved. The requests are submitted to Record Review as a complete package of services, an IFSP service plan with units assigned to each intervention area; the team does not indicate which units in which intervention area are in "excess of the preauthorized amount". The team does indicate how many units of each service they are requesting and that the total number of units exceeds 144, but they do not specify which units are the ones that cause them to exceed the 144 preauthorized units. Therefore the data reported counts each complete submission of records from an IFSP team to the Record Review Team as one request.

2. Of the number of service requests in number one above, provide the number of approved recommendations from the Record Review Team and the number of disapproved recommendations from the Record Review Team.

The number of Record Review requests in which number of units recommended by the Record Review Team equaled the number of units requested by the IFSP team was twenty-one (21). In the other two hundred forty-four (244) records reviewed, the Record Review Team recommended a different amount of units. The Record Review Team did not "disapprove" IFSP Team requests per se, the Record Review Team did recommend a total amount of units that the team should have and how those units should be allocated to each therapy. The IFSP team was allowed the total number of units recommended, but

was not bound to the allocation plan for those units recommended by the Record Review team. The IFSP team could choose to allocate that total amount of service units in any configuration of therapies they determined would meet the child's needs. (For instance, if Record Review recommended 150 units total, with 50 of those for Speech Therapy, 50 of those for Physical Therapy and 50 of those for Occupational Therapy, the IFSP team could meet and approve that recommendation. Or, the IFSP team could meet and determine that the child really needed the 150 units in another manner: 70 units of Speech Therapy, 30 units of Physical Therapy and 50 units of Occupational Therapy.)

3. Of the number of service requests in number two above that were disapproved by the Record Review Team, the number that the IFSP team determined should nevertheless be implemented, based on an IFSP team decision as well as the number that were disapproved and were not identified on the child's IFSP by the IFSP team.

In Kentucky's Record Review process, if the IFSP team does not agree with the recommended number of units from the Record Review Team, they request a "Reconsideration of the Record Review Recommendations". So in no case would there be services "disapproved" and not identified on the Child's IFSP by the IFSP team. If the IFSP team felt the child needed more services than Record Review authorized, they have two more opportunities to get those services authorized. In FY 2005 there were thirty-four (34) requests from IFSP Teams for Reconsideration. The Reconsideration requests are submitted to the Part C Coordinator. A three person team from the Department for Public Health, Division of Adult and Child Health Improvement, including the division director renders a recommendation. (Again at this level, the IFSP team is free to allocate the number of units recommended in any manner they determine meets the child's needs). The IFSP team meets and accepts or rejects that recommendation. If the IFSP team is not in agreement with the Reconsideration recommended number of units, the IFSP team then reconvenes for an IFSP meeting with a representative from the record review team and a representative from the three member reconsideration team. If the IFSP team concludes at that IFSP meeting that the services are still needed, the IFSP team writes the services into the IFSP and payment for those services is authorized by First Steps. In FY 2005, three (3) IFSP teams did not agree with the reconsideration recommendations, so the IFSP team met with representation from Record Review and Reconsideration teams in attendance and agreed upon a plan of service to meet the child's needs. All services on the agreed upon plan were authorized for payment by First Steps.

4. For those that were disapproved and not identified on the child's IFSP, an explanation for why the service was not identified.

In FY 2005 there were zero (0) cases where services were disapproved and not identified on a child's IFSP. In all cases, the IFSP team reviewed and accepted the recommendations of Record Review or Reconsideration or the IFSP team met with First Steps staff in attendance. In all cases, an IFSP plan was developed by the IFSP team and all services on the plan were authorized for payment by First Steps. In Kentucky, the IFSP team always makes the final determination of needs and services – even when they ask for recommendations to increase the amount of service units from the Record Review or Reconsideration Teams.

Part 4: How programs are selected for monitoring

First Steps Program Evaluation staff reviews all enrolled providers through a random selection process at least once every two years. Providers are selected for monitoring based on length of time since their last review, complaints, or billing concerns that are communicated from the First Steps Financial Administrator. In addition, when new providers enroll in the First Steps system, the Program Evaluator makes note of that and schedules them for review within one year of beginning service.

Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development: see Overview of Kentucky's State Performance Plan Development Process document.

(The following items are to be completed for each monitoring priority/indicator.)

Monitoring Priority: EARLY INTERVENTION SERVICES IN NATURAL ENVIRONMENTS

Indicator 1 – Percent of infants and toddlers with IFSP's who receive the early intervention services on their IFSP's in a timely manner. (20 USC 1416(a) (3) (A) and 1442)

Measurement: Percent = # of infants and toddlers with IFSP's who receive the early intervention services on their IFSP's in a timely manner divided by the total # of infants and toddlers with IFSP's times 100.

Overview of Issue/Description of System or Process:

The timely services measurement system for Kentucky includes:

1. Policies and procedures to guide timely services practices
2. Provision of training and technical assistance supports to administrators and service providers in the provision of timely services
3. Quality assurance and monitoring procedures to ensure the accuracy of the timely services data
4. Data system elements for timely services data input and maintenance, and timely services data analysis functions

Each of these is described below:

The State of Kentucky has adopted twenty-one (21) calendar days from the IFSP to the start of services as the definition of "timely" delivery of services. This definition was derived taking into consideration this program's philosophy as a family centered program. As a family centered program, the family drives the system of service delivery. As a result, everyday family events (vacations, illnesses, appointments) that could delay the process were taken into consideration in determining 21 days as our definition of timely.

The State of Kentucky has also adopted use of a consultative model of service delivery. This model emphasizes family education of early intervention goals and service delivery, such that families can more completely implement early intervention goals on a daily basis, thereby deemphasizing the need for frequent therapy services. As a result, many therapeutic services will only be provided on a bimonthly or monthly basis. The use of such a consultative model of service delivery, deemphasizing the more traditional "medical model" of weekly service delivery, was also therefore taken into consideration when defining "timely" service delivery.

1. Policies and procedures to guide timely services practices

Kentucky has adopted the use of a consultative model of service delivery, emphasizing family education to carry out the goals on a daily basis. The family is the constant in the child's life and this process provides services to the child through their caregiver. This model empowers the family and supports the family, not the professional goals. The family identifies their needs/concerns and providers appropriate to meet the identified needs and they become part of the IFSP team. The

family drives the IFSP team and together they determine a “primary” provider who will see the child more frequently and work closely with other providers on the IFSP.

2. Provision of training and technical assistance supports to administrators and service providers in the provision of timely services

Kentucky’s current providers have already been trained on use of a consultative model for service delivery. On going support for providers is given by our seven (7) regional technical assistance teams (TAT), most of which are based in regional universities. The current providers will need training on Kentucky’s current definition of “timely” delivery of services, which will also be provided by the TAT’s. New providers entering the First Steps system will receive training regarding “timely” delivery of services and use of a consultative model of service delivery by the TAT’s during the required orientation.

3. Quality assurance and monitoring procedures to ensure the accuracy of the timely services data

Kentucky did not monitor providers for timely services during this reporting period. However Central Billing and Information System (CBIS) collects reliable data on timely services. In the future, Program Evaluators will verify with each provider that services are timely and cite them accordingly if timely services are not provided.

4. Data system elements for timely services data input and maintenance, and timely services data analysis functions

Data regarding the initiation date of services after the start of the IFSP will be gathered from information provided to Central Billing and Information Systems (CBIS) by the service coordinator. It is entered manually by data entry personnel at CBIS into fields designed to capture the data to determine if early intervention services were delivered in a “timely” manner defined as twenty-one (21) calendar days.

Baseline Data for FFY 2004 (2004-2005):

Statewide during fiscal year 2005 (July 1, 2004 through June 30, 2005) 96.7% of all children in Part C received services on their IFSP’s in a timely manner (Figure 1).

Services considered timely include the following:

- Initial (new) IFSP’s where therapeutic services were initiated in less than 3 weeks (21 days or less) from the initial IFSP meeting date
- Initial (new) IFSP’s where the child was receiving service coordination only
- Existing (old) IFSP’s where services continued uninterrupted

Percentages are based on a total of 7,459 total eligible Part C children served throughout the fiscal year.

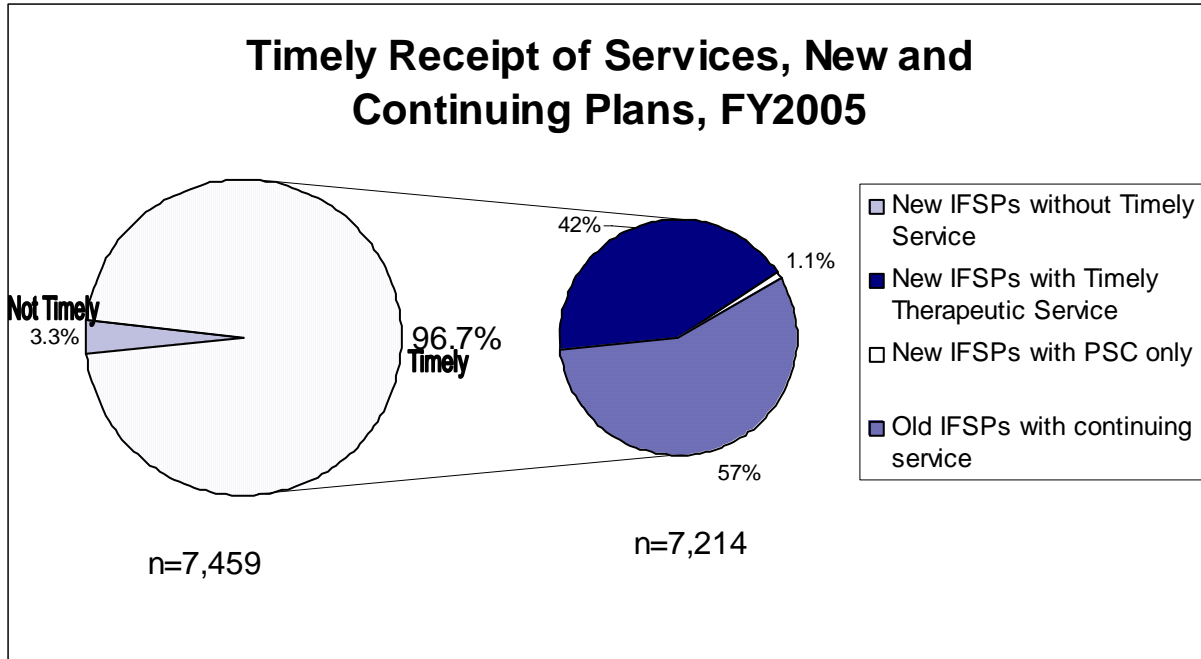


Figure 1

For the 245 children who did not receive timely services, the majority (41%) did receive services within 4 weeks (Figure 2). Some of these children may have only required service once per month. This left only 59% (or 147 children, which was only 2% of the overall eligible children served during the year) who took more than a month to receive their first therapeutic service. Some districts may have had a shortage of providers, and some children had health issues that prevented timely service.

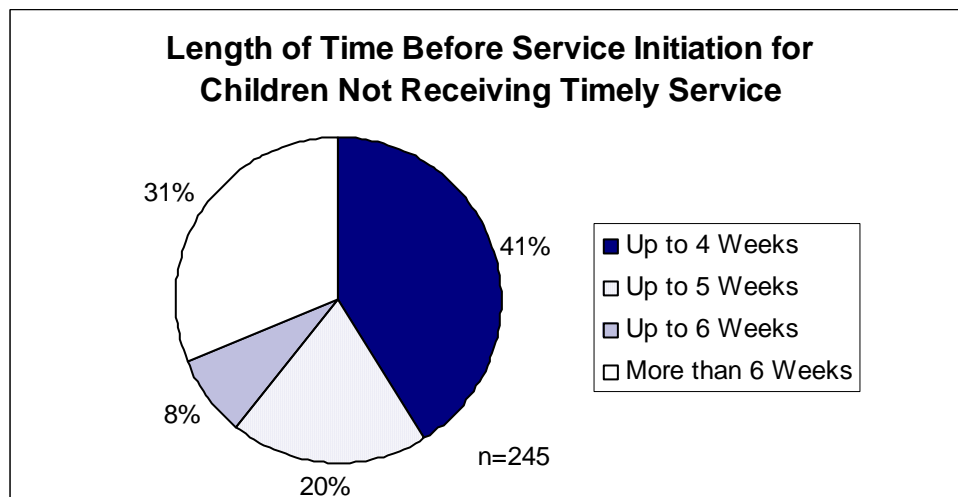


Figure 2

District Data

Figure 3 shows the percent of children in Part C receiving timely services by district compared to the state. Although most districts are very similar, urban centers show some of the highest percentages. These are KIPDA (97%), Barren River (98%), Lincoln Trail (97%), Purchase (98%), Northern Kentucky (96%), FIVCO (98%), and Bluegrass (98%). Buffalo Trace also had a high percentage (98%). It is a small district with the fewest number of Part C children of any district. It is noteworthy that the mountainous, eastern districts have lower percentages of children receiving timely service (Lake Cumberland (96%), Cumberland Valley (94%), Kentucky River (95%), and Big Sandy (94%)). These are areas where access to providers and access to major highways are issues in Kentucky. Gateway (97%) is a moderately sized district that lies between Lexington and Ashland. Although in Eastern Kentucky, access may not be as problematic as elsewhere because Interstate 64, a main east-west thoroughfare, cuts across the Gateway district. Green River also had a lower percentage (94%). Green River includes the city of Owensboro, but is mostly rural in its makeup and has no major intersecting interstates.

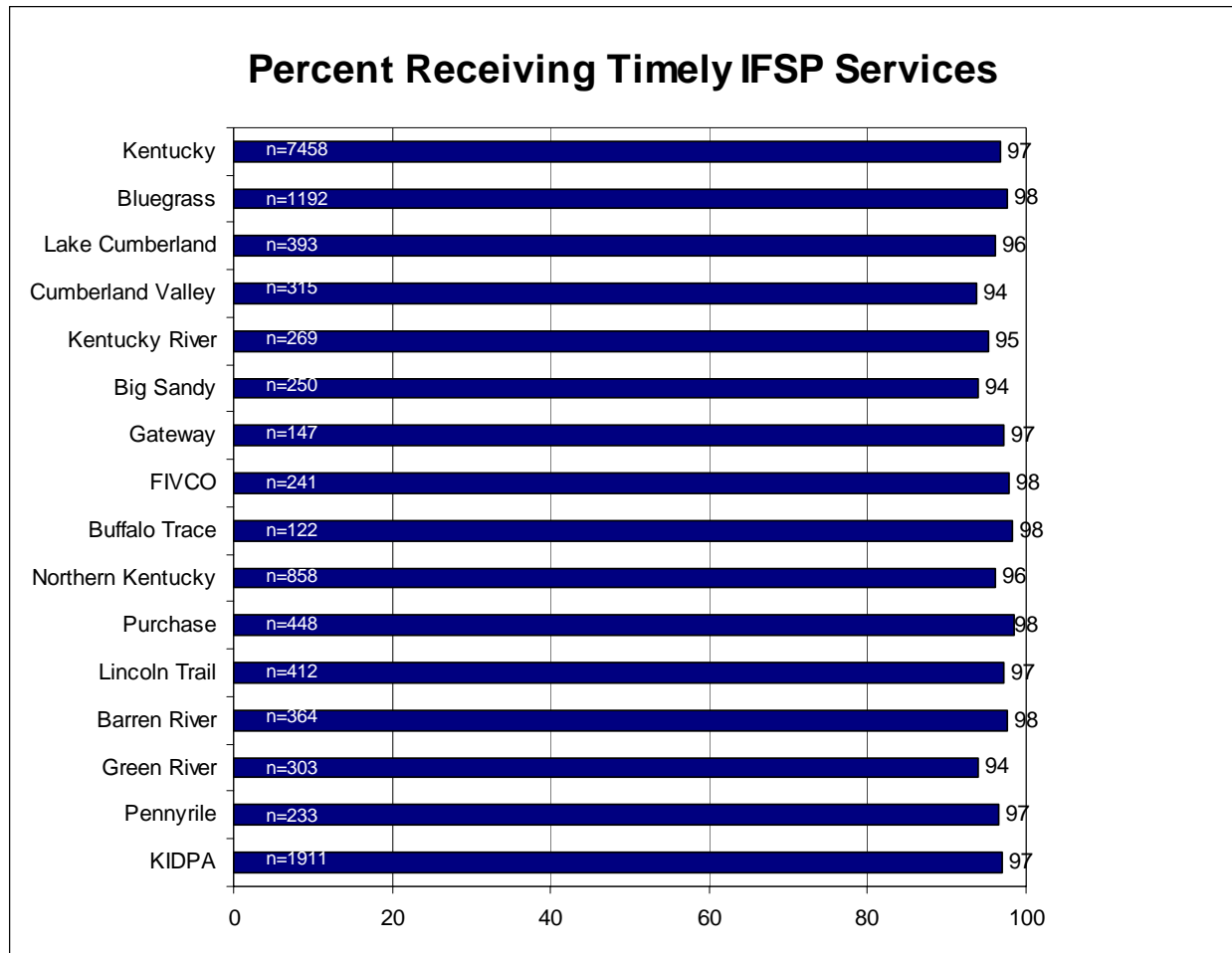


Figure 3

Figure 4 graphically shows that the districts with the lowest percentages of infants and toddlers receiving timely services are clustered in specific geographic areas. The three districts making up the large area on the right of the map are all in very rural, mountainous regions in Kentucky. The smaller area on the left is the Green River District and is a mixed urban and rural region located between the population centers of Louisville and Paducah.

Kentucky Districts With 95% or Less Receiving Timely IFSP Services

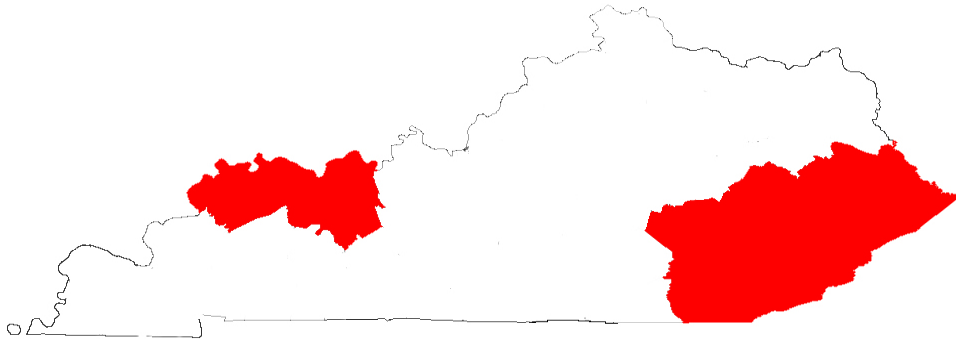


Figure 4

IFSP Services Actually Delivered

Figure 5 shows the percentage of IFSP services actually delivered. This percentage was computed by comparing the number of services listed on the IFSP to the number of services actually billed during the fiscal year. A total of 85% of children received all the services listed on their IFSP's.

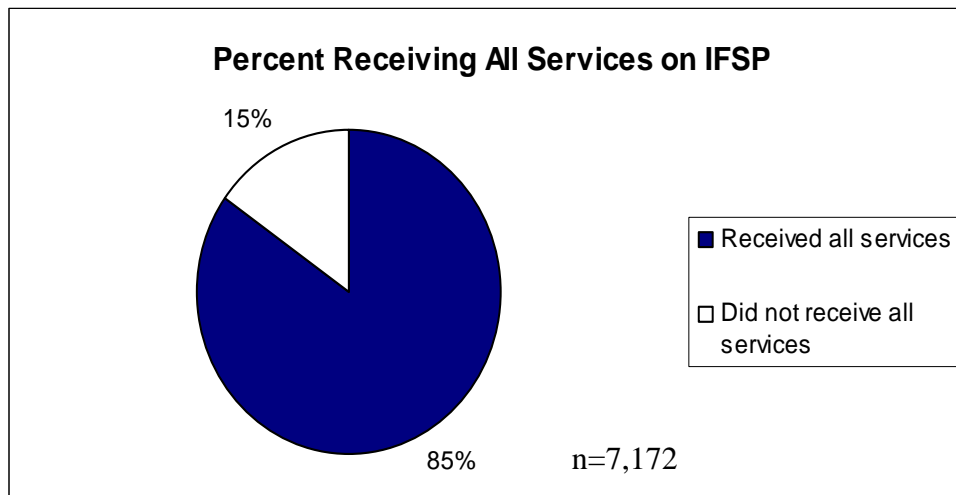


Figure 5

As noted in the data in Figure 5, 15% of children did not receive all services identified on the IFSP. Kentucky bases their six (6) month plans on a twenty-four (24) week cycle rather than a twenty-six (26) week cycle to allow for missed appointments and vacations. Kentucky's previous philosophy

was to include the maximum number of units that might be needed within the IFSP and then document the reasons why the child did not receive the service. These reasons needed to be agreed upon between the provider and the family and as long as documentation was presented, no citing was done. Kentucky thought that this was the “spirit” of the regulation. Kentucky’s Interagency Coordinating Council (ICC) Financial Committee previously recommended our goal on services received as being 80% of services provided and that under serving would be considered anything less than 80%. As a result, 85% at that time was deemed appropriate. Therefore, Kentucky has never addressed this as “noncompliance” since we had exceeded the ICC’s goal.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of infants and toddlers with IFSP’s will receive the early intervention services on their IFSP’s in a timely manner.
2006 (2006-2007)	100% of infants and toddlers with IFSP’s will receive the early intervention services on their IFSP’s in a timely manner.
2007 (2007-2008)	100% of infants and toddlers with IFSP’s will receive the early intervention services on their IFSP’s in a timely manner.
2008 (2008-2009)	100% of infants and toddlers with IFSP’s will receive the early intervention services on their IFSP’s in a timely manner.
2009 (2009-2010)	100% of infants and toddlers with IFSP’s will receive the early intervention services on their IFSP’s in a timely manner.
2010 (2010-2011)	100% of infants and toddlers with IFSP’s will receive the early intervention services on their IFSP’s in a timely manner.

Improvement Activities/Timelines/Resources:

IMPROVEMENT ACTIVITY	TIMELINE	RESOURCES
1. Allow Primary Level Evaluators to provide intervention services in areas of provider shortages to minimize the impact of provider shortages on timely service provision.	July 2005	Part C Coordinator
2. Provide training to the Technical Assistance Teams on service provision in a timely manner.	January 2006	Part C Coordinator; Training Coordinator; Quality Assurance Administrator

SPP Template – Part C (3)

KENTUCKY

State

<p>3. Provide training to the Service Coordinators on service provision in a timely manner.</p>	<p>March – June 2006</p>	<p>Technical Assistance Teams; Point of Entry Coordinator</p>
<p>4. Provide training to the Service Providers on service provision in a timely manner.</p>	<p>March – August 2006</p>	<p>Technical Assistance Teams</p>
<p>5. Provide Monitoring to review effects of training on service provision in a timely manner.</p>	<p>September 2006 – June 30, 2011</p>	<p>Program Evaluators; Quality Assurance Administrator; CBIS regional quarterly reports.</p>
<p>6. Investigate requiring semi-annual meetings/trainings for all providers in order to have a regular venue for trainings on changes and new developments such as timely services.</p>	<p>July 2006 – June 2007</p>	<p>Part C Coordinator; Technical Assistance Teams</p>
<p>7. Investigate having all independent Primary Service Coordinators under an umbrella of support, mentoring and supervision in order to observe and verify effects of training on topics such as timely services.</p>	<p>July 2008 – June 2009</p>	<p>Part C Coordinator; Training Coordinator; Technical Assistance Teams.</p>

Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development: see Overview of Kentucky’s State Performance Plan Development Process document.

(The following items are to be completed for each monitoring priority/indicator.)

Monitoring Priority: EARLY INTERVENTION SERVICES IN NATURAL ENVIRONMENTS

Indicator 2 – Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children. (20 USC 1416(a)(3)(A) and 1442)

Measurement: Percent = # of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children divided by the total # of infants and toddlers with IFSPs times 100.

Overview of Issue/Description of System or Process:

The natural environments measurement system for Kentucky includes:

1. Policies and procedures to guide implementation in natural environments
2. Provision of training and technical assistance supports to administrators and service providers in natural environments data collection, reporting, and use
3. Quality assurance and monitoring procedures to ensure the accuracy of the natural environments data
4. Data system elements for natural environments data input and maintenance, and natural environments data analysis functions

Each of these is described below:

Natural environments in Kentucky means settings and service delivery systems that are natural or typical for the family and for the child’s same-age peers who have no disability. This includes the home and other community settings in which children without disabilities participate. Natural learning environments are BOTH the places and opportunities where children experience everyday, typically occurring learning that promote and enhance their development. Natural environments are intended to allow parents to identify moments in their everyday lives to teach their child and ensure that learning and development occur within the child’s daily routines and interactions.

1. Policies and Procedures to guide implementation in natural environments:

IDEA Section 303.312 (b) states: "to the maximum extent appropriate to the needs of the child, early intervention services must be provided in natural environments, including the home and community settings in which children without disabilities participate." Section 303.18 refers to "settings that are natural or normal for the child’s age peers who have no disabilities." In Kentucky regulation 911KAR 2:130 Section 2 (4)(i)1-4, it states: Kentucky will ensure that families have access and knowledge of services that shall:

- 1) Be provided in as normal a fashion and environment as possible; and
- 2) Promote the integration of the child and family within the community;
- 3) Be embedded in the family’s normal routines and activities; and
- 4) Be conducted in the family’s natural environment, if possible, and in a way that services promote integration into a community atmosphere which includes children without disabilities.

The goal of First Steps is to increase the family’s ability to understand and meet the developmental needs of their child through the use of natural resources and supports. First Steps service providers help the family to

understand the importance of using natural environments and offer them assistance to identify their natural supports, routines and resources and incorporate those into the delivery of all First Steps services. First Steps helps families use and strengthen those natural supports to build connections to their community and its resources. Outcomes and strategies in the IFSP indicate the functional skills that the child will learn to enhance development. These skills are embedded into natural routines and activities in which the child and family participate and documented within the IFSP. If providers do not provide services in the natural environment, a rationale must be supplied within the IFSP to explain. Kentucky policy provides a higher reimbursement rate to providers on a fee per service basis for services in natural environments as an incentive to providers for compliance. The nine (9) categories for environments which Kentucky gathers data on include: 1) Family/Guardian Home; 2) Day Care provider Home; 3) Day Care Center/Nursery School including typically developing children; 4) Early Intervention Center/Class for children with disabilities; 5) Early Childhood Center/Class including typically developing children; 6) Community locations (libraries, grocery stores, parks, restaurants, etc.); 7) Hospital/Clinic; 8) Residential Facility; 9) Other location . Please note in the data section that these categories were expanded for analysis. We have included additional categories since the requested data is changing and will be reported on February 1, 2007.

2. Provision of training and technical assistance supports to administrators and service providers in natural environments data collection, reporting and use

Training for natural environments implementation is included in Provider Orientation Training, Primary Service Coordinator (PSC) Introductory Training (web-based) and the five (5) day Service Coordinator training. All providers are exposed to natural environment technical assistance through PSC Quarterly Meetings and on-going technical assistance by the Technical Assistance Teams with questions regarding the subject. Data is collected by Central Billing and Information System (CBIS) from information submitted by the PSC on the IFSP meeting form. This form will be put on-line for easy completion by the providers for data submission.

3. Quality assurance and monitoring procedures to ensure the accuracy of the natural environments data

Natural Environment data is collected on CBIS forms submitted by the PSC. In addition, surveys were mailed to all providers to further define compliance within Kentucky. Analysis of data occurs periodically and results are shared with the administrative team, the District Early Intervention Committees (DEIC), and the State Interagency Coordinating Council (ICC). Providers are cited for not providing services in Natural Environments by the Program Evaluators when they do not list the setting on the progress report or in staff notes and/or do not have a justification for not providing services in natural environments on the IFSP.

From July 1, 2004 through June 30, 2005, Kentucky's monitoring system reviewed a total of 169 providers either in Program Reviews or Complaint visits. During the monitoring process, the Program Evaluator checks to assure that services are provided in the natural environment. Of those reviewed fourteen (14) providers were cited for not documenting justification for not providing service in the natural environment. The providers had follow-up visits to ensure their future compliance in this area. At the follow-up visit all providers had corrected the non-compliance.

4. Data system elements for natural environments data input and maintenance and natural environment data analysis functions

Data for Indicator 2 is required to be taken from Section 618 data. In the past, Kentucky has had difficulty reporting natural environment data in the 618 data, because our data system recorded only whether services were delivered in the "home or community location," in the "office or center-based location," or in a "group setting." This has always been problematic. Kentucky captures data this way because our data system is primarily a centralized billing system. However, for the December 1, 2004 data tables due November 1, 2005 a survey was designed to capture better settings data. It was sent to all Primary Service Coordinators (PSC) who served children who received services between July 1, 2004 and June 30, 2005. Of 6,967 surveys sent to PSCs, 5,761 (82.7%) were returned in a mere three week period. This includes 2,992 (81.6%) of the 3,667 children in the Dec. 1, 2004 child count.

In previous years, given the constraint on Kentucky’s ability to provide settings data, the percentage reported in the home/community locations is shown in figure 1. Each year showed continued growth in the home/community settings.

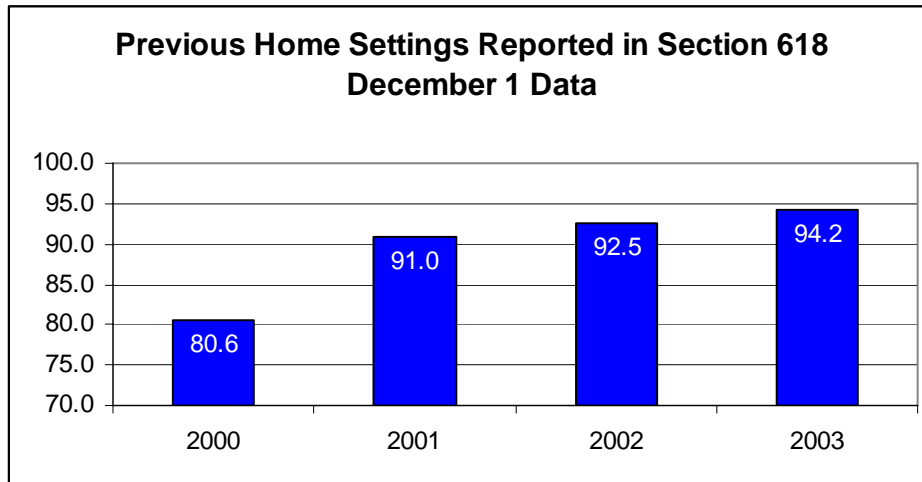


Figure 1

Baseline Data for FFY 2004 (2004-2005):

Data from Dec. 1, 2004 is not comparable to previous years, because we are now attempting to capture all categories specified in the Section 618 data, and will continue to do so. Data for the children identified with IFSPs on Dec. 1, 2004 for whom we collected surveys from the primary service coordinator in September, 2005 is shown in figure 2. Based on this data, fully 97% received services primarily in either home or community locations. Eighty percent alone received services in the family or guardian’s home. This is possible in Kentucky because of the use of independent contractors who deliver services mostly in the home.

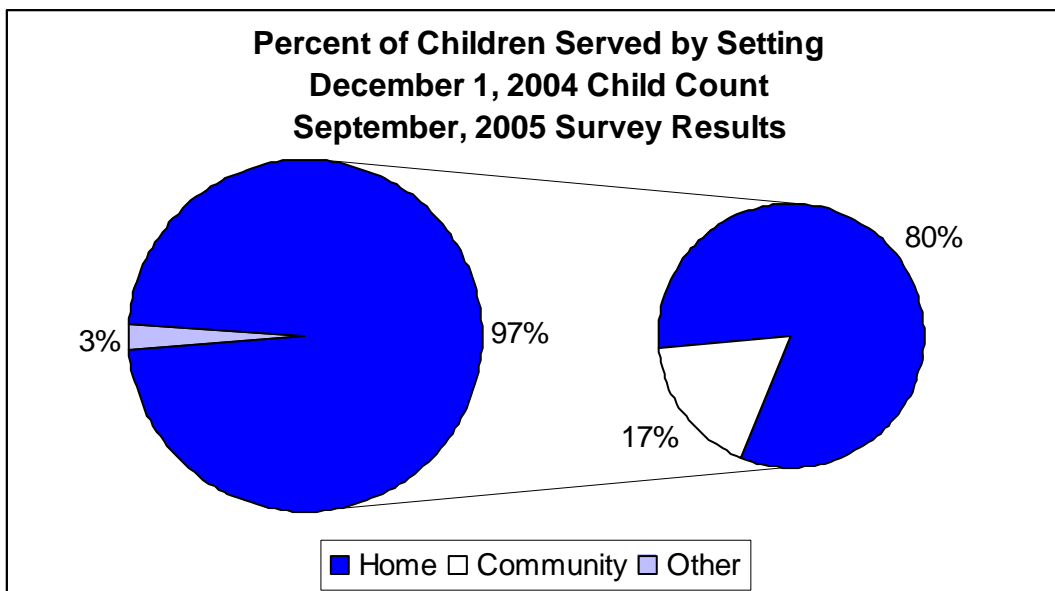


Figure 2

Surveys were sent to PSCs of *all* children who were served during our fiscal year. Like the Dec. 1 children, most all children served during the fiscal year received services in the home or community settings. Data for all children surveyed is presented below in Figure 3. Data are comparable to the Dec. 1 children, with 98% receiving services in the home or community settings.

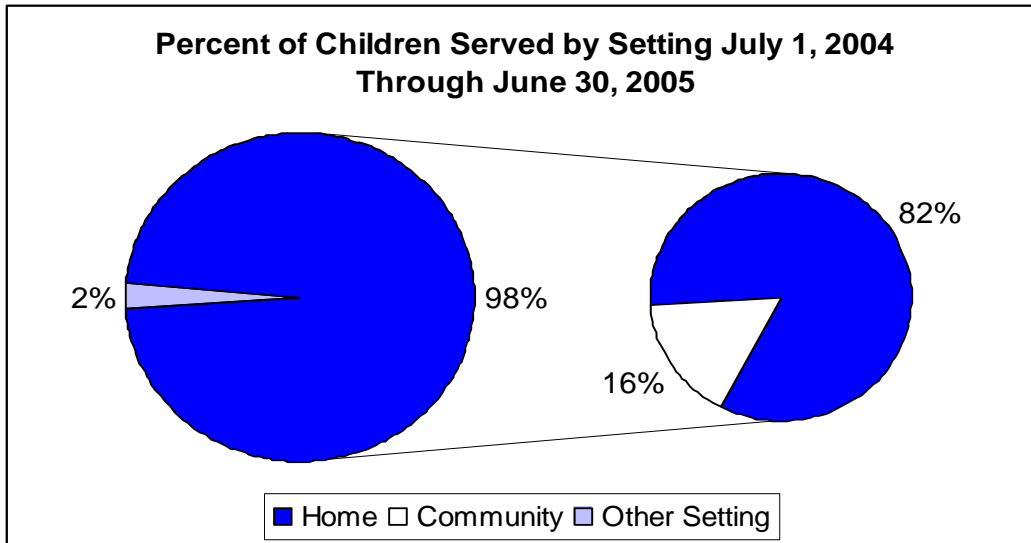


Figure 3

Figure 4 gives a breakdown for the Dec. 1, 2004 children based on individual settings categories. Most services in Kentucky are provided in the family or guardian home (80%). Another 11% are provided in day care centers or nursery schools including typically developing children, and 4% are provided in family day care homes. The remaining 2% of home and community services are delivered in early childhood centers or classes which include typically developing children. Settings that are *usually* considered to not be the child's natural environment make up the remaining 3% of children.

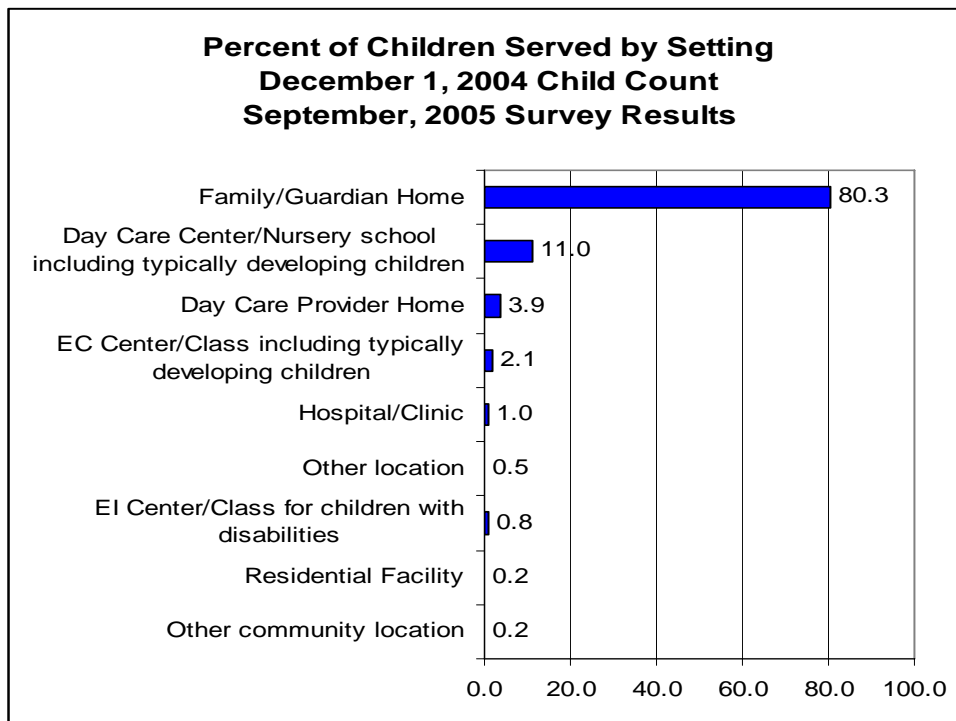


Figure 4

Kentucky is a state with several urban centers and many very rural locations as well. Children in the Dec. 1, 2004 child count were divided by counties considered to be urban or rural. Figure 5 shows the difference between children in Urban and Rural areas. Although the combined percentage of children in home and community settings is similar (98% rural children vs. 97% urban children), there is a difference in regards to services in the family or guardian home. Children in rural areas are more likely to receive services in the home than urban children (85% compared to 77%). This is most likely due to the travel difficulty in rural parts of the state.

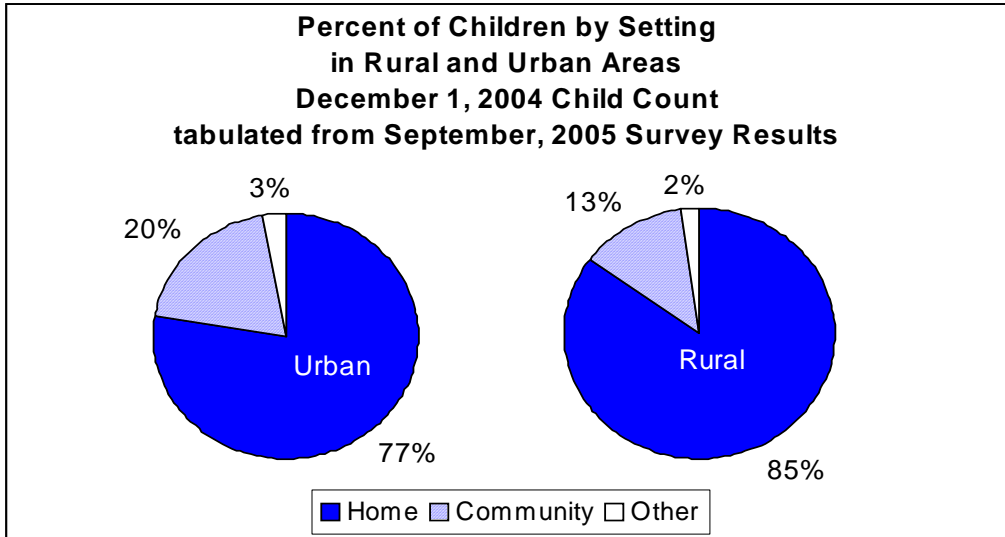


Figure 5

Finally, differences are noted in terms of ethnicity. Figure 6 shows that Whites and Hispanics are more likely to receive services in the family or guardian home than African-Americans (82% and 90% compared to 64%, respectively). African-Americans are more likely than Whites or Hispanics to receive services in community settings (34% compared to 16% and 10%, respectively). Thus, the overall percentage of home and community when combined is similar for all three groups (97.5% whites; 100% Hispanics, and 98% African-Americans). This discrepancy between home and community settings might partially explain the rural and urban differences shown in figure 5. African-Americans are primarily located in urban centers in Kentucky, and because they are more likely to receive community services rather than home services, the larger community service percentage also shows up among urban children.

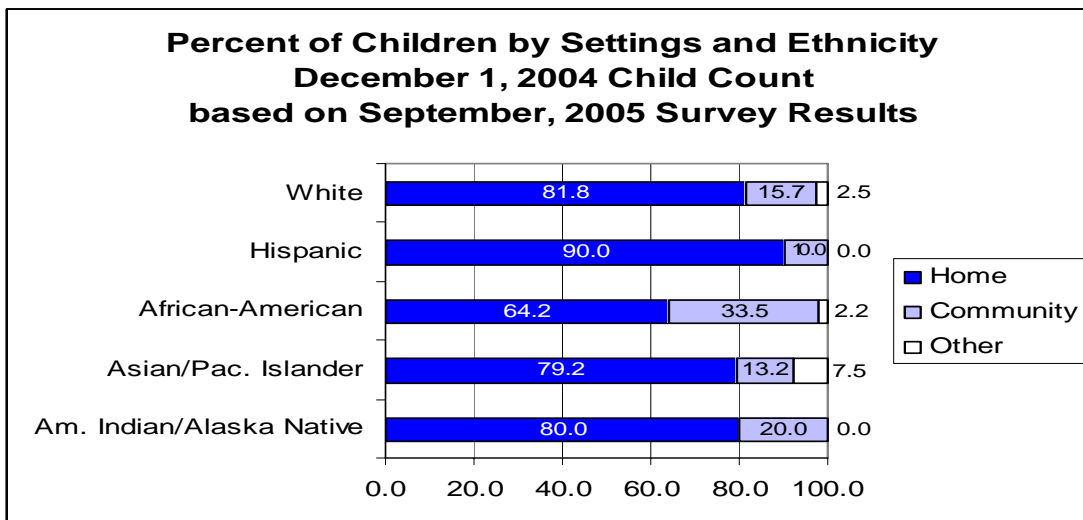


Figure 6

Discussion of Baseline Data: See specific figures above with narratives

The above data collected for services in Natural Environments reflects outstanding efforts on behalf of Kentucky’s children and families. Kentucky looks forward to providing data reflective of our focus on providing all services in natural environments, and is proud of the accomplishments in this area with 97.4% of Kentucky children receiving services in home and community settings based on the 618 data. Kentucky plans to use the 618 data (97.4% in natural environments) rather than the survey data (98% in natural environments) for the purpose of setting targets since we will not be surveying for this information every year. Kentucky plans to increase that percentage by .05% per year for each of the six (6) years in the SPP. This target will get Kentucky to 97.7% of services in natural environments by 2010 and indicates a steady increase over time.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	97.45% of infants and toddlers will receive early intervention services in the home or programs for typically developing children.
2006 (2006-2007)	97.50% of infants and toddlers will receive early intervention services in the home or programs for typically developing children.
2007 (2007-2008)	97.55% of infants and toddlers will receive early intervention services in the home or programs for typically developing children.
2008 (2008-2009)	97.60% of infants and toddlers will receive early intervention services in the home or programs for typically developing children.
2009 (2009-2010)	97.65% of infants and toddlers will receive early intervention services in the home or programs for typically developing children.
2010 (2010-2011)	97.70% of infants and toddlers will receive early intervention services in the home or programs for typically developing children.

Improvement Activities/Timelines/Resources:

IMPROVEMENT ACTIVITY	TIMELINE	RESOURCES
1. Revise the data system to capture all nine (9) settings categories.	April 2006	Part C Coordinator; Data Analysis Director

SPP Template – Part C (3)

KENTUCKY

State

2. Provide training to the Technical Assistance Teams on the nine (9) settings categories.	May 2006	Training Coordinator
3. Revise the six-month progress report requirements for therapeutic interventions to include data on the settings of all services delivered in that six months.	May 2006	Training Coordinator and Technical Assistance Teams
4. Train all providers on the nine (9) settings categories, the revised six-month progress report requirements and the revised data form to capture settings data.	June 2006 – August 2006	Training Coordinator; Technical Assistance Teams

Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development: see Overview of Kentucky's State Performance Plan Development Process document.

(The following items are to be completed for each monitoring priority/indicator.)

Monitoring Priority: EARLY INTERVENTION SERVICES IN NATURAL ENVIRONMENTS

Indicator 3 – 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 USC 1416(a)(3)(A) and 1442)

Measurement:

A. Positive Social-emotional skills (including social relationships):

- a. Percent of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers = # of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers divided by # of infants and toddlers with IFSPs assessed times 100.
- b. Percent of infants and toddlers who improve functioning = # of infants and toddlers who improved functioning divided by # of infants and toddlers with IFSPs assessed times 100.
- c. 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.

If children meet the criteria for a, report them in a. Do not include children reported in a in b or c. If a + b + c does not sum to 100% explain the difference.

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

- a. Percent of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers = # of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers divided by # of infants and toddlers with IFSPs assessed times 100.
- b. Percent of infants and toddlers who improve functioning = # of infants and toddlers who improved functioning divided by # of infants and toddlers with IFSPs assessed times 100.
- c. 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.

If children meet the criteria for a, report them in a. Do not include children reported in a in b or c. If a + b + c does not sum to 100% explain the difference.

C. Use of appropriate behaviors to meet their needs:

- a. Percent of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers = # of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers divided by # of infants and toddlers with IFSPs assessed times 100.
- b. Percent of infants and toddlers who improve functioning = # of infants and toddlers who

improved functioning divided by # of infants and toddlers with IFSPs assessed times 100.

c. 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.

If children meet the criteria for a, report them in a. Do not include children reported in a in b or c. If a + b + c does not sum to 100% explain the difference.

Overview of Issue/Description of System or Process:

The outcome measurement system for Kentucky includes:

1. Policies and procedures to guide outcome assessment and measurement practices
2. Provision of training and technical assistance supports to administrators and service providers in outcome data collection, reporting, and use
3. Quality assurance and monitoring procedures to ensure the accuracy of the outcome data
4. Data system elements for outcome data input and maintenance, and outcome data analysis functions

Each of these is described below:

1. Policies and procedures to guide outcome assessment and measurement practices

Kentucky has developed the First Steps Developmental Status Scale (formerly called Delay Ranking Scale), on which providers will record **current status** in each developmental domain on a scale of 0 – 3; with 0 = child has developmentally appropriate skills for that area, 1 = child is slightly behind same age peers for that area, 2 = child is markedly behind same age peers for that area, 3 = child is significantly behind same age peers for that area. The ratings will be obtained upon entry and each 6 months thereafter at the time of IFSP review. At each 6-month interval of enrollment after the initial evaluation, **progress status** for each domain will also be ranked using a three-point scale with a = age appropriate, child has reached or maintained functioning at level of same-aged peers, b = shows an improvement, child has improved functioning since last rating or c = no improvement, child did not improve functioning since last rating. IFSP team members will utilize informed clinical judgment, knowledge of typical child development, the child's response to the therapeutic intervention provided over the previous period, any formal or informal testing appropriate for the domain(s) that was administered, observation, and/or parent/caregiver report to assign a number and letter score. Kentucky has determined that the social-emotional domain scores will be used to report on the positive social-emotional skills strand of the indicator; cognitive and communication scores will be used to report on the acquisition and use of knowledge and skills strand and adaptive scores will be used to report on use of appropriate behaviors strand. In the OSEP letter dated September 8, 2005, written in response to Kentucky's FY 2003 APR, OSEP noted that Kentucky "must determine whether data collected related to this area will be responsive to those requirements" (referring to our progress scale for child outcomes). While Kentucky knows that there is not a complete, direct correspondence between certain domains and the three early childhood outcomes. The communication domain for example, has some crossover in all three outcomes. However, Kentucky has had this evaluation system in place for over a year and sees enough of a correspondence between the domains assigned to each outcome to yield a reasonable measure of progress on the outcomes. Our providers have been trained and currently use this scale and it is the best approximation we currently have to obtain some measure of progress on the child outcomes recently adopted. Kentucky anxiously awaits the research and reports from the Early Childhood Outcomes GSEGs and plans to change and implement a process validated by that research and recommended by the GSEGs and OSEP as soon as one becomes available.

In FY 2006 (July 1, 2005 – June 30, 2006) Kentucky will gather current status baseline data on all new entrants to First Steps and will report that on the APR due February 2007. In FY 2007 Kentucky will report on progress status on the child outcomes for those children who were in the baseline pool.

2. Provision of training and technical assistance supports to administrators and service providers in outcome data collection, reporting, and use

Kentucky's current providers have already been trained on the use of and data reporting for the Developmental Status Scale (formerly called Delay Ranking Scale) "current status" measures. They will now need training on use of and data reporting for the "progress status" portion of the measure. This training and technical assistance will be provided by our seven regional technical assistance teams, most of whom are based in regional Universities, by April, 2006. Information about and training on the Developmental Status Scale will be included in the mandatory training required for all new providers in Kentucky as well. When a new process, validated by the GSEGs is adopted in Kentucky, a training and technical assistance plan will be developed to establish that new process.

3. Quality assurance and monitoring procedures to ensure the accuracy of the outcome data

Data forms submitted by service coordinators to CBIS with Developmental Status Scale reports by domain for current status and progress status will be checked to verify that the required data is reported. If it is absent, the Service Coordinator will be contacted to provide the needed data. In addition when individual providers are monitored by the Program Evaluator, child evaluation and progress reports will be audited to verify that those scores are included and supported by documentation as required.

4. Data system elements for outcome data input and maintenance, and outcome data analysis functions

Data on each child is reported on a data form by the Service Coordinator to Central Billing and Information Systems (CBIS). It is entered manually by data entry personnel at CBIS into fields designed to capture the data. To obtain baseline data a query will be developed by CBIS as described with the data reported below.

Baseline Data for FFY 2004 (2004-2005): NEW INDICATOR, NOT REQUIRED

In the OSEP letter dated September 8, 2005, written in response to Kentucky's FY 2003 APR, OSEP indicated that Kentucky must determine if the data collected related to the progress scale for child outcomes through the Delay Ranking Scale would be responsive to those requirements. OSEP noted that they look forward to reviewing updated early childhood outcome data in the State's SPP. Even though it is not required in this State Performance Plan, Kentucky has collected outcome data based on the five domain areas. Primary Service Coordinators were responsible for providing rankings for each domain (based on data provided through therapists serving the children) according to whether there was no delay, a mild delay, a moderate delay, or a severe delay. This procedure was started January 1, 2005 and was to be completed at each six month IFSP review, or sooner if a change in delay status prompted an amendment to the IFSP. For this analysis, we selected only those with more than 60 days between the two rankings, in order to show clear change (or lack thereof) between the rankings. To date, there are 783 children who have both a time 1 and time 2 delay ranking with a time greater than 60 days between the two rankings.

We were interested to discover if the delay rankings could be used to provide data for the new child outcomes indicator on the SPP and subsequent APRs. In order to do that, we had to combine rankings for the cognitive domain and the communication domain to show information about "acquisition and use of knowledge and skills (including early language/communication)." We used the social/emotional domain ranking for "positive social-emotional skills (including social relationships)" and we used the adaptive domain for "use of appropriate behaviors to meet their needs. Since the social/emotional and appropriate behaviors were one-to-one comparisons with our domains, they need no further discussion on how they were developed. The knowledge area was calculated as follows: If there was a severe

delay in either domain, time 1 ranking and/or time 2 ranking on knowledge was counted as a severe delay. If there was no severe delay, but a moderate delay in either domain, knowledge was counted as a moderate delay. If there was no moderate or severe delay, but a mild delay in either domain, knowledge was counted as a mild delay. If there was no delay in both domains, knowledge was counted as having no delay.

Once we had time 1 and time 2 rankings for each of the three areas, we then had to determine how to measure whether the child reached or maintained functioning comparable to same-age peers, improved functioning, or did not improve functioning. Since the delay ranking scales measured level of delay, we could assume that a ranking of “no delay” meant that the child was at a level of **same-aged peers**. Any type of delay at all, by the very definition of delay, meant that the child was below functioning of same-age peers. A child who showed any delay at time 1 and achieved no delay at time 2 was taken as having achieved functioning comparable to same-aged peers. A child who had no delay at both time 1 and time 2, had maintained same-age functioning. Children who were taken as having **improved functioning** are those who went from a severe delay at time 1 to a moderate or mild delay at time 2, or who went from a moderate delay at time 1 to a mild delay at time 2. Children who **did not improve functioning** were those who had more of a delay at time 2 than they had a time 1. Children with no change stayed at the same level of delay from time 1 to time 2. Finally, those shown as having no intervention at least during 1 time point are those who had only one ranking in that particular domain. The lack of a ranking was most likely attributable to the family working on other goals and priorities for that six month period, and does not indicate that there was no delay in that domain.

Figure 1 shows how children did in each of the three areas. In the use of appropriate behaviors to meet their needs, 14.7% reached or maintained same-aged functioning, 13.4% made improvement, 6.6% showed a decline and 26.9% show no change. For positive social-emotional relationships, 17.9% reached or maintained functioning at a level comparable to same-aged peers. Another 7.7% showed some improvement, 8.7% actually declined from time 1 to time 2, and 22.6% showed no improvement in delay ranking. For positive social-emotional relationships, 17.9% reached or maintained functioning at a level comparable to same-aged peers. Another 7.7% showed some improvement, 8.7% actually declined from time 1 to time 2, and 22.6% showed no improvement in delay ranking.

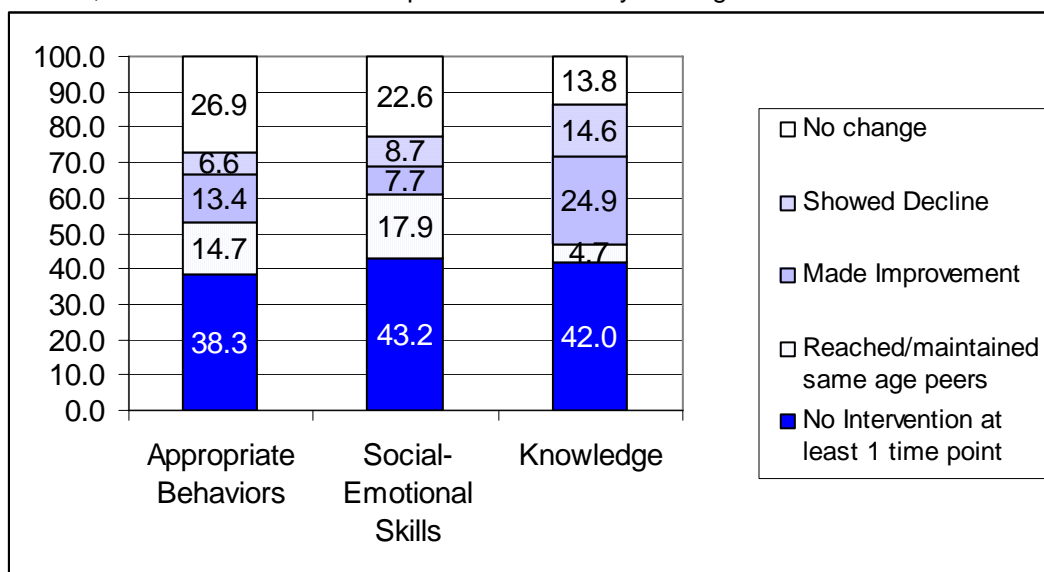


Figure 1

For acquisition and use of knowledge, 4.7% reached or maintained functioning at a level comparable to same-aged peers, while 24.9% made some improvement, 14.6% declined, and 13.8% showed no change.

We have determined that the delay ranking scale, while extremely helpful in determining change over time in delay level for the domains, does not adequately address the issues in indicator 3. (For that

reason, we have re-designed the system as described in the “Policies and Procedures to guide outcome assessment and measurement practices” section above.) One reason is that it is difficult to determine improvement. Those whose delay became worse clearly did not improve. However, it is not clear if the category of children for whom no change was apparent (e.g. they had a moderate delay at time 1 and a moderate delay at time 2) improved or did not improve. For example, maturation over time might help a child with a delay in communication learn a few new skills, but six months later the child is still in the same delay category because same-aged peers would have also learned new skills. Over time, each child is expected to learn more, do more and know more just because they are growing up. Using the definition of progress given at the 2005 OSEP Summer Institute, a child who showed no change on Kentucky’s delay ranking, did improve, if only slightly due to maturation. On the other hand, the child might not have made any improvement at all, in fact may have lost skills but still is in the same category of delay (mild, moderate or severe). Therefore, just because the delay ranking did not change, we cannot distinguish improvement from the lack of improvement. As a result, we have changed the scale to add a measure of “progress status” to distinguish those differences.

During September 2005, a survey was mailed to all primary service coordinators serving a child who received early intervention services in Kentucky from July 1, 2004 through June 30, 2005. Because we knew child outcomes would be an issue on the SPP and on February’s APR, we decided to simply ask three questions, worded exactly as they are in the SPP. We asked the PSCs to rate the child’s level of functioning demonstrated on the IFSPs during fiscal year 2005. We said, “Did the child reach or maintain a level of functioning comparable to same-aged peers, improve functioning but not reach a level of functioning comparable to same-aged peers, or not improve functioning at all?” Then we listed the three categories exactly as on the SPP. This data was compared to our delay ranking scale data (figure 1). Our survey results are in figure 2.

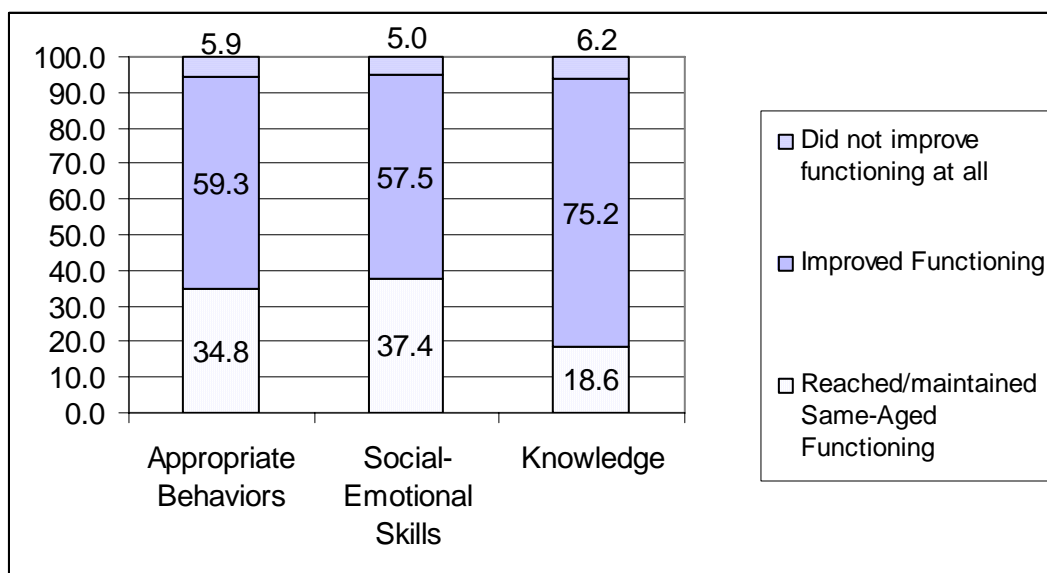


Figure 2

Primary service coordinators clearly felt that many children reached or maintained functioning at a level comparable to same age peers, and that the majority of those who did not definitely improved functioning. Few children were thought not to have improved.

Neither measure is a perfect indicator of child outcomes. The delay ranking scales, while more precise, rank delays on domains, rather than individual skills and behaviors. The survey, while supposed to be representative of objective measures in the child’s permanent record was most likely a rather subjective exercise for PSCs. We anxiously await the Early Childhood Outcomes Center’s advice in this area.

Discussion of Baseline Data: NEW INDICATOR, NOT REQUIRED

While baseline data and discussion of same was not required for this document, Kentucky included data – discussion of data can be found above.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	NEW INDICATOR, NOT REQUIRED
2006 (2006-2007)	NEW INDICATOR, NOT REQUIRED
2007 (2007-2008)	NEW INDICATOR, NOT REQUIRED
2008 (2008-2009)	NEW INDICATOR, NOT REQUIRED
2009 (2009-2010)	NEW INDICATOR, NOT REQUIRED
2010 (2010-2011)	NEW INDICATOR, NOT REQUIRED

Improvement Activities/Timelines/Resources:

While this information is not required for this SPP, Kentucky wishes to re-state that we plan to follow the progress of the Early Childhood Outcomes GSEGs closely and to change our system of obtaining this data to a research-validated plan proposed by the GSEGs when one becomes available.

Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development: see Overview of Kentucky's State Performance Plan Development Process document.

(The following items are to be completed for each monitoring priority/indicator.)

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 4 - 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 USC 1416(a)(3)(A) and 1442)

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.

Overview of Issue/Description of System or Process:

The family outcome measurement system for Kentucky includes:

- 1. Policies and procedures to guide family outcome assessment and measurement practices.**
- 2. Provision of training and technical assistance supports to administrators and service providers in family outcome data collection, reporting and use.**
- 3. Quality assurance and monitoring procedures to ensure the accuracy of the family outcome data.**
- 4. Data system elements for family outcome data input and maintenance and family outcome data analysis functions.**

Each of these is described below:

1. Policies and procedures to guide family outcome assessment and measurement practices.

Kentucky's current service coordinators, both initial and primary are required by regulation to provide families with an explanation of their family rights in the Part C program. A Handbook of Family Rights is given to each family at intake and explained in detail by the Initial Service Coordinator. At the initial IFSP meeting the Statement of Assurances, which explains family rights and is a part of the Family Rights

Handbook is reviewed with the family and each “right” is initialed by the family once they express understanding, and the completed document is signed by the parent(s) and the service coordinator. At each subsequent IFSP meeting a “Summary of Family Rights” is reviewed with the family and families check those categories on the IFSP and sign to indicate their understanding. Families are also given the name and contact information for the Parent Consultant on the Technical Assistance Team assigned to their area. The Parent Consultant serves as a “technical assistant” to families, to provide training, to answer questions, connect them with other families and generally assist families in their area.

Training and technical assistance to effectively communicate their child’s needs and for helping the child develop and learn are provided to the family by all of the service providers. Service Coordinators conduct a Routines Based Interview (RBI) with each family in preparation for the development of an IFSP. Through discussion of their “typical day”, routines that go well for the family and those that don’t go well are discussed. In this manner, families with the help of service coordinators can more easily identify and communicate their child’s needs. In an effort to assist families to help their child develop and learn, Kentucky has adopted the use of a consultative model of service delivery, emphasizing family education to carry out the goals on a daily basis. The family is the constant in the child’s life and this process provides services to the child through their caregiver. This model empowers the family and supports the family, not the professional goals. The family identifies their needs/concerns and priorities (through the RBI) and selects providers appropriate to meet those identified needs. The IFSP team develops the IFSP and the providers along with the family determine how strategies and activities can be incorporated into their everyday family activities and routines.

A family survey conducted yearly to collect data directly from families.

Kentucky will begin conducting a family survey to assess the measurement needs for this indicator each year. The Part C family survey from the National Center for Special Education Accountability Monitoring (NCSEAM) will be used. Additional questions may be added by Kentucky.

Data will be collected each year for all children in the December 1 child count from the previous year. Every child in the child count will receive several contact attempts; there will be no sampling. While this is not all children served during a given year, it is a representative cross section of children who have been in the program for a long time, children who have just entered the program, families of young babies, and families of children nearing age 3.

The Central Billing & Information System (CBIS) will provide addresses for each family. Surveys in both English and Spanish will be mailed to the families, and will include a prepaid return envelope to facilitate survey participation and response. Families who have not responded after 3 weeks will receive a second survey in the mail. Families who have still not returned a survey after 3 additional weeks will be called by personnel from the Central Billing & Information System to complete the survey over the phone. CBIS will make up to 25 attempts to reach the family by phone at various times during the day. When families are reached by phone, they will be asked if they are able to complete the survey at that time. If it is not convenient, a more convenient time for a follow-up phone call will be determined by the family. Those who cannot be reached by phone, who do not have a phone, or who have a language barrier will have a contact attempt by Kentucky’s Parent Consultants or Program Consultants. CBIS will provide training to these members of the TATs. Only after mail, phone, and personal contact attempts have been exhausted will a non-response be accepted.

Data will be tabulated by CBIS and reported in subsequent Annual Performance Reports.

2. Provision of training and technical assistance supports to administrators and service providers in family outcome data collection, reporting and use.

Kentucky’s providers are all provided with training on family rights when they enter the provider network. Periodic updates to that training are given by the Technical Assistance teams to service coordinators at quarterly meetings or through written communications. First Steps administration and CBIS will provide training to the Technical Assistance Teams on the Family Survey. CBIS will also provide more detailed instruction to the Parent Consultants and/or Program Consultants who may be involved in obtaining

surveys from families after all attempts made by CBIS to contact the family have failed. Providers will be trained on the contents and use of the family survey by the Technical Assistance Teams and through written communications. While they will not be directly involved in the collection of that survey data, they will be informed of the areas of First Steps practice that the survey measures.

3. Quality assurance and monitoring procedures to ensure the accuracy of the family outcome data.

The survey will be conducted by CBIS which is a part of the Urban Studies Institute (USI) of the University of Louisville. This is an excellent resource for conducting a family survey, because there are in-house staff with knowledge and expertise in conducting all types of social surveys (mail, phone, internet and personal). In addition, USI has a phone bank for conducting phone surveys which will be available to CBIS. The Director of CBIS also has a M.A. in Applied Social Research with special emphasis in survey construction, collection and data analysis. Phone surveys conducted in the phone bank are completed using a Computer Assisted Telephone Interviewing (CATI) system so that data are entered directly into a database as respondents answer the questions. Further, phone bank personnel are systematically reviewed while on the phone to ensure quality data collection. All paper surveys will be automatically data-entered through scanning technology to limit error.

4. Data system elements for family outcome data input and maintenance and family outcome data analysis functions.

Data from the family survey will be entered and tabulated by CBIS. A report of survey results will be provided to the lead agency.

Baseline Data for FFY 2004 (2004-2005): NEW INDICATOR, NOT REQUIRED

Discussion of Baseline Data: NEW INDICATOR, NOT REQUIRED

FFY	Measurable and Rigorous Target
2005 (2005-2006)	NEW INDICATOR, NOT REQUIRED
2006 (2006-2007)	NEW INDICATOR, NOT REQUIRED
2007 (2007-2008)	NEW INDICATOR, NOT REQUIRED
2008 (2008-2009)	NEW INDICATOR, NOT REQUIRED
2009 (2009-2010)	NEW INDICATOR, NOT REQUIRED

<p>2010 (2010-2011)</p>	<p>NEW INDICATOR, NOT REQUIRED</p>
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Improvement Activities/Timelines/Resources:

Since this is a new indicator, there are no new improvement activities to be discussed. However, Kentucky would like to point out that we will begin data collection with the December 1, 2005 child count. These data will be the baseline data reported in the February, 2007 APR.

NOTE: See attached copy of the survey tool on next two pages.

First Steps Family Survey - 2005/2006

This is a survey for families receiving Early Intervention services. Your responses will help guide efforts to improve services and results for children and families. For each statement below, please select one of the following response choices: very strongly disagree, strongly disagree, disagree, agree, strongly agree, very strongly agree. You may skip any item that you feel does not apply to your family.

Use pencil or black ink only.



Fill in circles completely:



Incorrect:



Family-Centered Services

- 1. I was offered help I needed, such as child care or transportation, to participate in the individualized Family Service Plan (IFSP) meeting(s).
- 2. I was asked whether I wanted help in dealing with stressful situations.
- 3. I was given choices concerning my family's services and supports.
- 4. My family's daily routines were considered when planning for my child's services.
- 5. I have felt part of the team when meeting to discuss my child.
- 6. The services on our IFSP have been provided in a timely way.

My family was given information about:

- 7. - modifications of routines, activities, and the physical setting that would help my child.
- 8. - the rights of parents regarding First Steps services.
- 9. - community programs that are open to all children.
- 10. - organizations that offer support for parents of children with disabilities.
- 11. - how to participate in different programs and services in the community.
- 12. - opportunities for my child to play with other children.
- 13. - how to advocate for my child and my family.
- 14. - who to call if I am not satisfied with the services my child receives.

Someone from First Steps:

- 15. - helped me get services like child care, transportation, respite care, or food stamps.
- 16. - helped me get in touch with other parents for help and support.
- 17. - asked whether the services my family was receiving were meeting our needs.
- 18. - went out into the community with me and my child to help us get involved in community activities and services

The First Steps service provider(s) that work with my child:

- 19. - are dependable.
- 20. - are easy for me to talk to about my child and my family.
- 21. - are good at working with my family.
- 22. - My service coordinator is available to speak with me on a regular basis.
- 23. - My service coordinator is knowledgeable and professional.
- 24. - Written information I receive is written in an understandable way.
- 25. - I was given information to help me prepare for my child's transition.

Please turn page over →

Draft



	Very (Strongly) Dislike	Dislike	Neutral	Like	Very (Strongly) Like					
Impact of First Steps Services on Your Family										
<i>Over the past year, First Steps services have helped me and/or my family:</i>										
26. - participate in typical activities for children and families in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
27. - know about services in the community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
28. - improve my family's quality of life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
29. - know where to go for support to meet my child's needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
30. - know where to go for support to meet my family's needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
31. - get the services that my child and family need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
32. - feel more confident in my skills as a parent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
33. - keep up friendships for my child and family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
34. - make changes in family routines that will benefit my child with special needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
35. - be more effective in managing my child's behavior.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
36. - do activities that are good for my child even in times of stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
37. - feel that I can get the services and supports that my child and family need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
38. - understand how the First Steps Early Intervention system works.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
39. - be able to evaluate how much progress my child is making.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
40. - feel that my child will be accepted and welcomed in the community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
41. - feel that my family will be accepted and welcomed in the community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
42. - communicate more effectively with the people who work with my child and family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
43. - understand the roles of the people who work with my child and family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
44. - know about my child's and family's rights concerning First Step's early intervention services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
45. - do things with and for my child that are good for my child's development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
46. - understand my child's special needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
47. - feel that my efforts are helping my child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
48. Overall, how satisfied are you with First Steps services? <input type="radio"/> Very Satisfied <input type="radio"/> Satisfied <input type="radio"/> Unsatisfied <input type="radio"/> Very Unsatisfied										
49. Overall, how satisfied are you with First Steps providers? <input type="radio"/> Very Satisfied <input type="radio"/> Satisfied <input type="radio"/> Unsatisfied <input type="radio"/> Very Unsatisfied										
50. Did you feel that services were delivered to your family in a timely way after your last Individualized Family Service Plan meeting? <input type="radio"/> Yes <input type="radio"/> No										
51. Do you feel that you are receiving all the early intervention services necessary to meet the needs of your child and family? <input type="radio"/> Yes <input type="radio"/> No										
52. Please indicate your child's race/ethnicity:. <input type="radio"/> White <input type="radio"/> Black or African-American <input type="radio"/> Hispanic or Latino <input type="radio"/> Asian or Pacific Islander <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Multi-racial					Office Use Only <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> </table>					



Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development: see Overview of Kentucky's State performance Plan Development Process document.

(The following items are to be completed for each monitoring priority/indicator.)

Monitoring Priority: EFFECTIVE GENERAL SUPERVISION PART C / CHILD FIND

Indicator 5 – Percent of infants and toddlers birth to 1 with IFSPs compared to: A. Other States with similar eligibility definitions; and B. National Data (20 USC 1416(a)(3)(B) and 1442)

Measurement:

A. Percent = # of infants and toddlers birth to 1 with IFSPs divided by the population of infants and toddlers birth to 1 times 100 compared to the same percent calculated for other States with similar (narrow, moderate or broad) eligibility definitions.

B. Percent = # of infants and toddlers birth to 1 with IFSPs divided by the population of infants and toddlers birth to 1 times 100 compared to National data.

Overview of Issue/Description of System or Process:

The outcome measurement system for Kentucky includes:

1. Policies and procedures to guide child find activities
2. Provision of training and technical assistance supports to Point of Entry Staff in conducting child find activities, data collection, reporting and use
3. Quality assurance monitoring procedures to ensure the accuracy of the child find data
4. Data system elements for child find data input and maintenance, and child find data analysis functions

Each of these is described below:

1. Policies and procedures to guide child find activities

Child find efforts in Kentucky are primarily the responsibility of the Point of Entry (POE) staff in each of the fifteen (15) strategically located districts across the state. Joining the POE staff in these efforts are such entities as the District Early Intervention Committees (DEICs), statewide Technical Assistance Teams, central office staff, and various community partners.

The POE child find responsibility is specified in Section 1 (2) of 911 KAR 2:110 – Kentucky Early Intervention Program Point of Entry. This section states the POE staff "shall coordinate child find efforts with other state and federal programs serving this population, including maternal and child health programs, early and periodic screening, diagnosis, and treatment programs, Head Start, Supplemental Security Income Program, and programs authorized through the developmental disabilities assistance and Bill of Rights Act". Section 1(3) of the same regulation states that, "The POE staff shall develop a child-find activity plan to be constructed in each district that includes: (a) Completing a minimum of two (2) face-to-face contacts per month to potential referral sources in the district to explain First Steps services."

The child-find activity plan is constructed in collaboration with the District Early Intervention Committee (DEIC) established per statutory requirement in KRS Title XVII, chapter 200.662 in each of the fifteen (15) service districts. These committees are comprised of fifteen (15) to twenty-five (25) members of whom at least five (5) are parents, at least five (5) are early intervention service providers and of at least one representative from each of the following: the local health department, the local office of the Department for Community Based Services, the local community mental health and mental retardation center, and the local Commission for Handicapped Children (in Kentucky this agency is called The Commission for Children with Special Health Care Needs). Representatives from such entities as a child day-care facility, a public school, a provider of medical services, a provider of therapy services, a home health agency, a university or college, a family resource center, a local business, a local charity, or others deemed appropriate may also be members.

All members of each DEIC and the agencies they represent work in collaboration with the POEs to plan and carry out the various child find activities. They make referrals, share information about First Steps with contacts within and outside their agencies, and in an advisory capacity, assist in the development and execution of a district child find activities plan. Child find activities are reported by the POE staff monthly to the local DEIC and to the administration on the aforementioned POE report. These activities include providing information to hospital personnel, physicians, nurses, therapists, social workers, child care providers, parents, educators, students, and the general public. In addition, First Steps information is provided to members of civic organizations, support groups, homeless shelters, spouse abuse shelters, social service groups, health departments, school systems, head start programs, refugee assistance programs, migrant programs, and numerous charitable organizations. Methods for disseminating this information include face-to-face contacts, public speaking engagements, public service announcements on local television and radio stations, setting up booths at local events such as back to school events, various fairs (i.e., baby fairs, volunteer fairs, family fairs), public events, expos, fundraisers, and professional conferences, and distribution of informational brochures, flyers, and posters in a variety of public locations (e.g., courthouses and other public buildings, donor centers, large retail stores, groceries, schools, universities, shelters, refugee assistance centers). As child find activities are reported to and reviewed by DEICs at regularly scheduled meetings, suggestions may be made as to additional locations and methods for use in disseminating First Steps information in that particular district.

The DEICs also support child find efforts in the various districts through the purchase of marketing materials and brochures for distribution at the various events mentioned above. Additionally, DEIC members periodically participate in child find activities with or on behalf of the POE staff. Members of the Technical Assistance Teams serving the state also assist with these efforts as time allows.

All of the activities mentioned above are aimed at identifying children who might benefit from First Steps services and at informing families and others about the services available and the route for accessing them. Most of the efforts previously mentioned would be aimed at the entire population of children aged birth to three (3) years of age – thus including the birth to one (1) year population. However, some of the child find activities are specific to the birth to one (1) year population. These activities include: face-to-face meetings with obstetricians, pediatricians, midwives, nurses, staff in neonatal hospital units, personnel working with Kentucky Universal Newborn Hearing Screening Program, and programs such as the HANDS (a home visitation program), personnel working with the Kentucky Birth Surveillance Registry (KBSR) and other programs which provide assistance and education to families with infants. In addition, personnel with such programs as Visually Impaired Services (VIPS), Kentucky School for the Deaf, Kentucky's Deaf/Blind Project, and other specialized programs are provided with frequent updates and information regarding the First Steps Program to ensure that early and appropriate referrals are made.

At the state level, partnering agencies are involved with the central office staff in the review and revision of First Steps regulations and in program planning. This involvement not only provides needed input to ensure the effectiveness of our child find and service delivery systems, but also offers

yet another avenue for disseminating information about our program to the various programs across the state from which referrals to First Steps are generated.

Kentucky's multifaceted approach to child find allows for both district-focused and state-focused efforts. While the percentage of children aged birth to one (1) year who received early intervention services in Kentucky was somewhat below the national rate, it compared favorably with other states having comparable eligibility requirements. In addition, during the period for which this data was gathered, Kentucky had a regulation in place which required children with Established Risk conditions to exhibit a delay in order to receive therapeutic intervention services (KAR 911 2:120 Section 1(5)(b)2(a)). While those children could be enrolled to receive Service Coordination only, a majority of families chose not to enroll at all. Since most of the children referred prior to age one (1) are typically those with Established Risk conditions, this would have adversely affected the percentages during the time this regulation was in place. This regulation was eliminated via an emergency regulation filed on July 1, 2004. The emergency regulation became an ordinary regulation in January, 2005. It is anticipated that this change will result in an improvement in the enrollment numbers for children under age one (1) in subsequent years.

2. Provision of training and technical assistance supports to Point of Entry Staff in conducting child find activities, data collection, reporting and use

Kentucky's Point of Entry Staff receive, as a part of their initial training, education on the regulations, policies, and procedures governing child find activities as well as on the completion of reports from which data is gathered. As reports and data are analyzed, the POE staff receives direction and suggestions from First Steps Technical Assistance teams, First Steps Administrative Staff, and DEIC membership about how to best address areas where referrals may be low or in decline. The POE staff receives ongoing training in methods and techniques to ensure efficient and pervasive child find efforts in each district of the state. This training is provided by the POE Coordinator and other administrative staff at the quarterly POE meetings and by Technical Assistance Team staff during one-on-one sessions as well as during quarterly service coordinator meetings which POE staff attends.

3. Quality assurance monitoring procedures to ensure the accuracy of the child find data

The POE Coordinator monitors monthly POE reports to assure that the required child find activities are completed in each district. These reports are also reviewed by DEIC members and by technical assistance teams. These reviews, while confirming that the required number of child find activities are completed in each district, primarily assure that these efforts are being directed to the most appropriate and needed areas. Since the demographics of each district can vary greatly, there is a need for individualization of child find efforts based on these differences. A multi-level monitoring of the child find efforts helps to ensure that these differences are addressed.

4. Data system elements for child find data input and maintenance and child find data analysis functions

Data on child find efforts is reported in each district POE monthly report. As previously stated, this report is shared with and analyzed by each DEIC, the First Steps POE Coordinator, regional technical assistance teams and administrative staff. In addition, data on each child entering Kentucky's First Steps Program is reported by the POE staff on forms submitted to the Central Billing and Information Systems (CBIS). Data entry personnel at CBIS manually enter the data into fields which will capture the data and from which data reports can be generated.

Since 2000, Kentucky’s population of children with IFSPs birth to 1 has been declining (see figure 1). This is partly due to regulations introduced in 2002 that required children with established risk conditions to show a developmental delay to receive therapeutic services. Children with established risk conditions who did not yet show a delay received service coordination only. Since it is primarily children with established risk conditions that enter the program before age 1, this had the effect of reducing the number of children who entered the program early, and has since been repealed.

Baseline Data for FFY 2004 (2004-2005) and Discussion:

Indicator 5: Percent of Infants/Toddlers Birth-1 with IFSPs

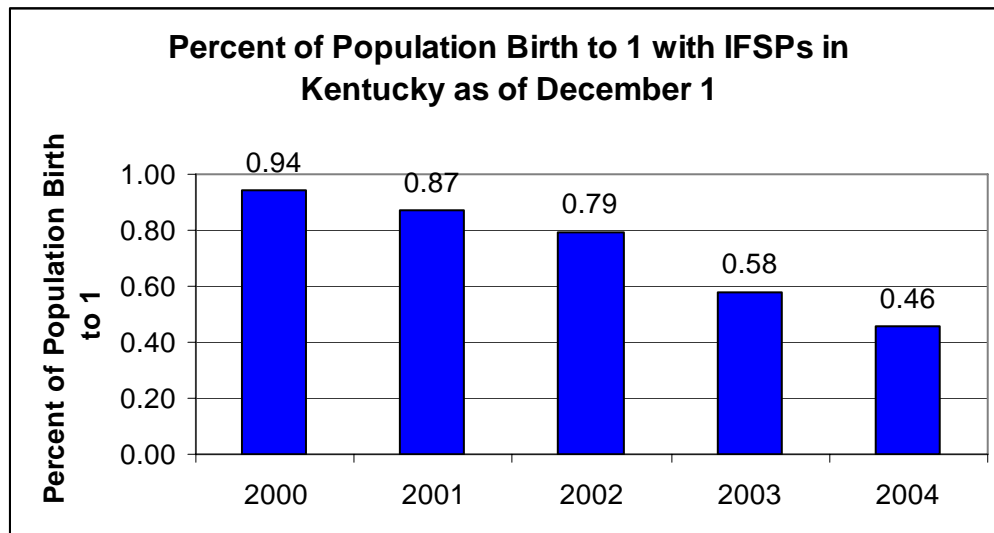


Figure 1

Kentucky's 2003 rate of 0.58 percent of children served between the ages of birth to 1 is lower than the national average of 0.97 percent (see figure 2). Compared to states with similar eligibility requirements, only Oregon, South Carolina and Georgia have lower rates of children in this age category.

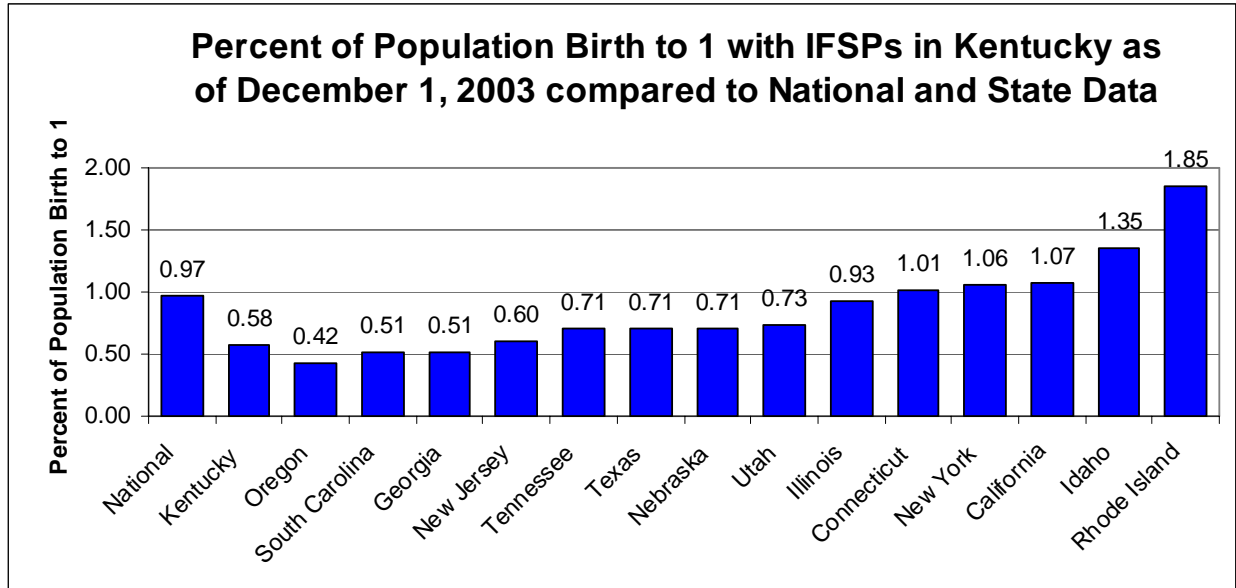


Figure 2

Across the districts of Kentucky, there is considerable variation as to the percentage of the birth to 1 population served as of the December 1, 2004 child count (see figure 3). Overall, Kentucky served .46% of the birth to 1 population in FY 2004. Purchase, Green River, Kentuckiana, Buffalo Trace, Kentucky River, Cumberland Valley and Lake Cumberland all exceeded the state average. However all other districts did not exceed .58%. Only one district, Buffalo Trace managed to exceed the national average of .97% (2003 data).

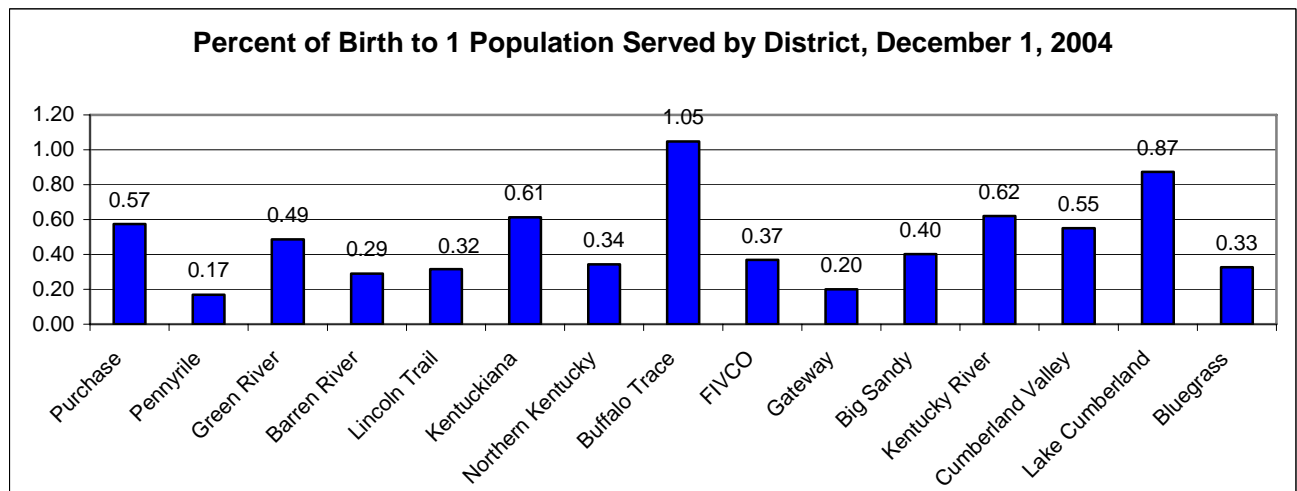


Figure 3

Discussion of Baseline Data: Discussion included in Data Representations above.

Measurable and Rigorous Target selection: Kentucky has chosen to increase the rate of identification of children ages birth – one (1) by .05% per year. This represents approximately 27 additional eligible children per year and will result in an identification of .96% by 2010. Using this target will allow Kentucky to exceed its highest level of identification (in 2000 = .94%) and to approximate the National rate of identification (in 2003 = .97%)

FFY	Measurable and Rigorous Target
2005 (2005-2006)	.51 % of infants and toddlers aged birth to 1 in Kentucky will have IFSPs.
2006 (2006-2007)	.56 % of infants and toddlers aged birth to 1 in Kentucky will have IFSPs.
2007 (2007-2008)	.66 % of infants and toddlers aged birth to 1 in Kentucky will have IFSPs.
2008 (2008-2009)	.76 % of infants and toddlers aged birth to 1 in Kentucky will have IFSPs.
2009 (2009-2010)	.86 % of infants and toddlers aged birth to 1 in Kentucky will have IFSPs.
2010 (2010-2011)	.96 % of infants and toddlers aged birth to 1 in Kentucky will have IFSPs.

Improvement Activities/Timelines/Resources:

IMPROVEMENT ACTIVITY	TIMELINE	RESOURCES
1. Revise and renew the memorandum of agreement with Head Start/Early Head Start which addresses mutual referral policies.	December 2005	Part C Coordinator
2. Meet with Neonatal Follow-up programs and discuss strategies to increase referrals from those programs.	January 2006	Part C Coordinator; Technical Assistance Teams

SPP Template – Part C (3)

KENTUCKY

State

3. Train Point of Entry Staff on the importance of early identification and enrollment in First Steps and identify strategies to improve identification Birth – 1 for each individual Point of Entry site.	February 2006	Point of Entry Coordinator; Part C Coordinator
4. Target child find visits to educate Kentucky Pediatricians about the eligibility requirements for First Steps and the referral process.	July 2006 – June 2007	Point of Entry Staff
5. Develop a communication & referral process for newborns identified by the Expanded Newborn Metabolic Screening Program and the Kentucky Birth Surveillance Registry (KBSR) in Kentucky.	July 2006 – June 2007	Part C Coordinator; Point of Entry Coordinator; Kentucky Early Childhood Transition Project
6. Increase child find efforts in foster care settings.	July 2007 – June 2008	Point of Entry Staff
7. Increase child find efforts in Family Resource Centers and with Early Childhood Councils.	July 2007 – June 2008	Point of Entry Staff
8. Improve the communication & referral process for newborns identified by the Kentucky Universal Newborn Hearing Screening Program (UNHS) in Kentucky.	July 2006 – June 2007	Part C Coordinator; Point of Entry Coordinator; Kentucky Early Childhood Transition Project, UNHS Coordinator at Commission for Children with Special Health Care Needs.
9. Investigate establishment of eligibility pathways for children with the following conditions: medically fragile, social communication delay/autism spectrum, deaf/blind, and extreme prematurity.	July 2007 – June 2008	Part C Coordinator; Point of Entry Coordinator; and a workgroup; Evaluation Coordinator
10. Investigate the possibility of a seven domain rather than a five domain system for eligibility as this will likely result in greater eligibility for the areas of motor and communication delays.	July 2007 – June 2008	Evaluation Coordinator and a workgroup
11. Investigate repeating the epidemiology study done in 1995 in Kentucky to predict the estimated incidence of developmental delay in the state.	July 2008 – June 2009	Part C Coordinator; Central Billing and Information System

Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development: see Overview of Kentucky's State Performance Plan Development Process document

(The following items are to be completed for each monitoring priority/indicator.)

Monitoring Priority: EFFECTIVE GENERAL SUPERVISION PART C / CHILD FIND

Indicator 6 – Percent of infants and toddlers birth to 3 with IFSPs compared to: A. Other States with similar eligibility definitions; and B. National data. (20 USC 1416(a)(3)(B) and 1442)

Measurement:

- A. Percent = # of infants and toddlers birth to 3 with IFSPs divided by the population of infants and toddlers birth to 3 times 100 compared to the same percent calculated for other states with similar (narrow, moderate or broad) eligibility definitions.
- B. Percent = # of infants and toddlers birth to 3 with IFSPs divided by the population of infants and toddlers birth to 3 times 100 compared to National data.

Overview of Issue/Description of System or Process:

The child find measurement system for Kentucky includes:

1. Policies and procedures to guide child find activities
2. Provision of training and technical assistance supports to Point of Entry Staff in conducting child find activities, data collection, reporting and use
3. Quality assurance monitoring procedures to ensure the accuracy of the child find data
4. Data system elements for child find data input and maintenance, and child find data analysis functions

Each of these is described below:

1. Policies and procedures to guide child find activities

Child find efforts for the birth to three (3) population in Kentucky are essentially the same as for the birth to one (1) population. These efforts are primarily the responsibility of the Point of Entry (POE) staff in each of the fifteen (15) strategically located districts across the state. Joining the POE staff in these efforts are such entities as the District Early Intervention Committees (DEICs), statewide Technical Assistance Teams, central office staff, and various community partners.

The POE child find responsibility is specified in Section 1 (2) of 911 KAR 2:110 – Kentucky Early Intervention Program Point of Entry. This section states the POE staff "shall coordinate child find efforts with other state and federal programs serving this population, including maternal and child health programs, early and periodic screening, diagnosis, and treatment programs, Head Start, Supplemental Security Income Program, and programs authorized through the developmental disabilities assistance and Bill of Rights Act". Section 1(3) of the same regulation states that, "The POE staff shall develop a child-find activity plan to be constructed in each district that includes: (a) Completing a minimum of two (2) face-to-face contacts per month to potential referral sources in the district to explain First Steps services."

The child-find activity plan is constructed in collaboration with the District Early Intervention Committee (DEIC) established per statutory requirement in KRS Title XVII, chapter 200.662 in each of the fifteen (15) service districts. These committees are comprised of fifteen (15) to twenty-five (25) members of whom at least five (5) are parents, at least five (5) are early intervention service providers and at least one representative from each of the following: the local health department, the local office of the Department for Community Based Services, the local community mental health and mental retardation center, and the local Commission for Handicapped Children (in Kentucky this agency is called The Commission for Children with Special Health Care Needs). Representatives from such entities as a child day-care facility, a public school, a provider of medical services, a provider of therapy services, a home health agency, a university or college, a family resource center, a local business, a local charity, or others deemed appropriate may also be members. All members of each DEIC and the agencies they represent work in collaboration with the POEs to plan and carry out the various child find activities. They make referrals, share information about First Steps with contacts within and outside their agencies, and in an advisory capacity, assist in the development and execution of a district child find activities plan. Child find activities are reported by the POE staff monthly to the local DEIC and to the administration on the aforementioned POE report (see Attachment CC.1 2) These activities include providing information to hospital personnel, physicians, nurses, therapists, social workers, child care providers, parents, educators, students, and the general public. In addition, First Steps information is provided to members of civic organizations, support groups, homeless shelters, spouse abuse shelters, social service groups, health departments, school systems, head start programs, refugee assistance programs, migrant programs, and numerous charitable organizations. Methods for disseminating this information include face-to-face contacts, public speaking engagements, public service announcements on local television and radio stations, setting up booths at local events such as back to school events, various fairs (i.e., baby fairs, volunteer fairs, family fairs), public events, expos, fundraisers, and professional conferences, and distribution of informational brochures, flyers, and posters in a variety of public locations (e.g., courthouses and other public buildings, donor centers, large retail stores, groceries, schools, universities, shelters, refugee assistance centers). As child find activities are reported to and reviewed by DEICs at regularly scheduled meetings, suggestions may be made as to additional locations and methods for use in disseminating First Steps information in that particular district.

The DEICs also support child find efforts in the various districts through the purchase of marketing materials and brochures for distribution at the various events mentioned above. Additionally, DEIC members periodically participate in child find activities with or on behalf of the POE staff. Members of the Technical Assistance Teams serving the state also assist with these efforts as time allows.

At the state level, partnering agencies and programs are involved with the central office staff in the review and revision of First Steps regulations and in program planning. This involvement not only provides needed input to ensure the effectiveness of our child find and service delivery systems, but also offers yet another avenue for disseminating information about First Steps to the various programs across the state from which referrals are generated.

Kentucky's multi-faceted approach to child find allows for both district-focused and statewide-focused efforts. The effectiveness of these efforts is evident in the achievement of a percentage rate for children receiving Early Intervention Services in the birth to three (3) population that is above the national rate. It is noted that the percentage rate was lower during the years when Kentucky had a regulation in place which required children with Established Risk conditions to exhibit a delay in order to receive therapeutic intervention services (KAR 911 2:120 Section 1(5)(b)2(a)). While those children could be enrolled to receive Service Coordination only, a majority of families chose not to enroll at all. While this regulation primarily affected children in the birth to one (1) population, it would have resulted in an adverse effect on the overall birth to three (3) percentage rate. With a continuation of the efforts delineated above in combination with the regulatory change and its anticipated effect as discussed in Indicator 5, it would be expected that the percentage rate for the birth to three population receiving Early Intervention Services in Kentucky would continue to be above the national average.

2. Provision of training and technical assistance supports to Point of Entry Staff in conducting child find activities, data collection, reporting and use

Kentucky's Point of Entry Staff receive, as a part of their initial training, education on the regulations, policies, and procedures governing child find activities as well as on the completion of reports from which data is gathered. As reports and data are analyzed, the POE staff receives direction and suggestions from First Steps Technical Assistance teams, First Steps Administrative Staff, and DEIC membership about how to best address areas where referrals may be low or in decline. The POE staff receives ongoing training in methods and techniques to utilize to ensure efficient and pervasive child find efforts in each district of the state. This training is provided by the POE Coordinator and other administrative staff at the quarterly POE meetings and by Technical Assistance Team staff during one-on-one sessions as well as during quarterly service coordinator meetings which POE staff attends.

3. Quality assurance monitoring procedures to ensure the accuracy of the child find data

The POE Coordinator monitors monthly POE reports to assure that the required child find activities are completed in each district. These reports are also reviewed by DEIC members and by technical assistance teams. These reviews, while confirming that the required number of child find activities are completed in each district, primarily assure that these efforts are being directed to the most appropriate and needed areas. Since the demographics of each district can vary greatly, there is a need for individualization of child find efforts based on these differences. A multi-level monitoring of the child find efforts helps to ensure that these differences are addressed.

4. Data system elements for child find data input and maintenance and child find data analysis functions

Data on child find efforts is reported in each district POE monthly report. As previously stated, this report is shared with and analyzed by each DEIC, the First Steps POE Coordinator, regional technical assistance teams and administrative staff. In addition, data on each child entering Kentucky's First Steps Program is reported by the POE staff on forms submitted to the Central Billing and Information Systems (CBIS). Data entry personnel at CBIS manually enter the data into fields which will capture the data and from which data reports can be generated.

Baseline Data for FFY 2004 (2004-2005):

Since 2000, Kentucky’s population of children birth to 3 was increasing until 2003 (see figure 1). Changes in regulations resulting from moving the lead agency twice may partly account for the slight decrease in percentage served. A decrease in the children with established risk conditions resulting from regulations introduced in 2002 also affected the percentage of all children birth to 3 served in Kentucky.

Indicator 6: Percent of Infants/Toddlers Birth-3 with IFSPs

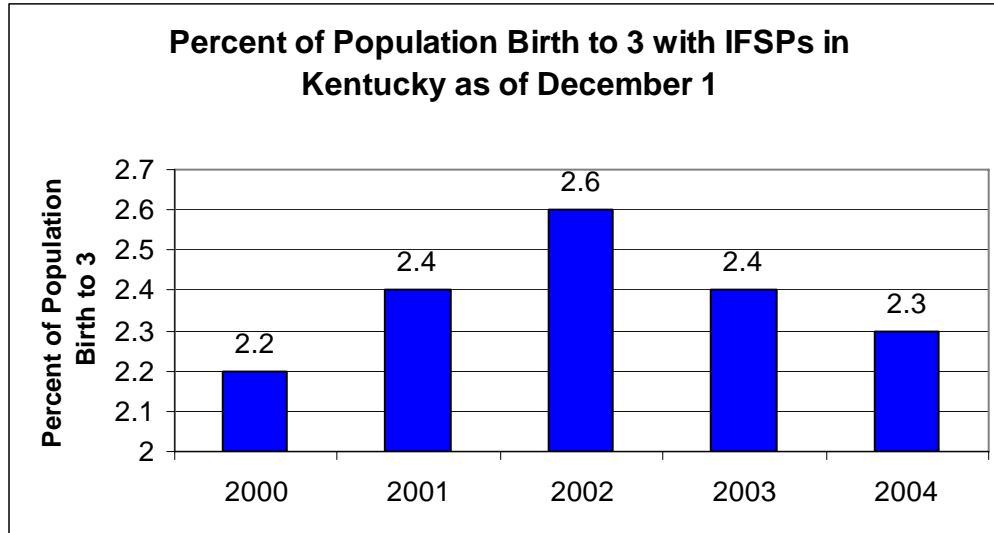


Figure 1

Kentucky’s 2003 rate of 2.4% of children served between the ages of birth to 3 is higher than the national average of 2.2 percent (see figure 2). Compared to states with similar eligibility requirements, only Connecticut, Rhode Island, and New York have higher percentages of children served in this age category.

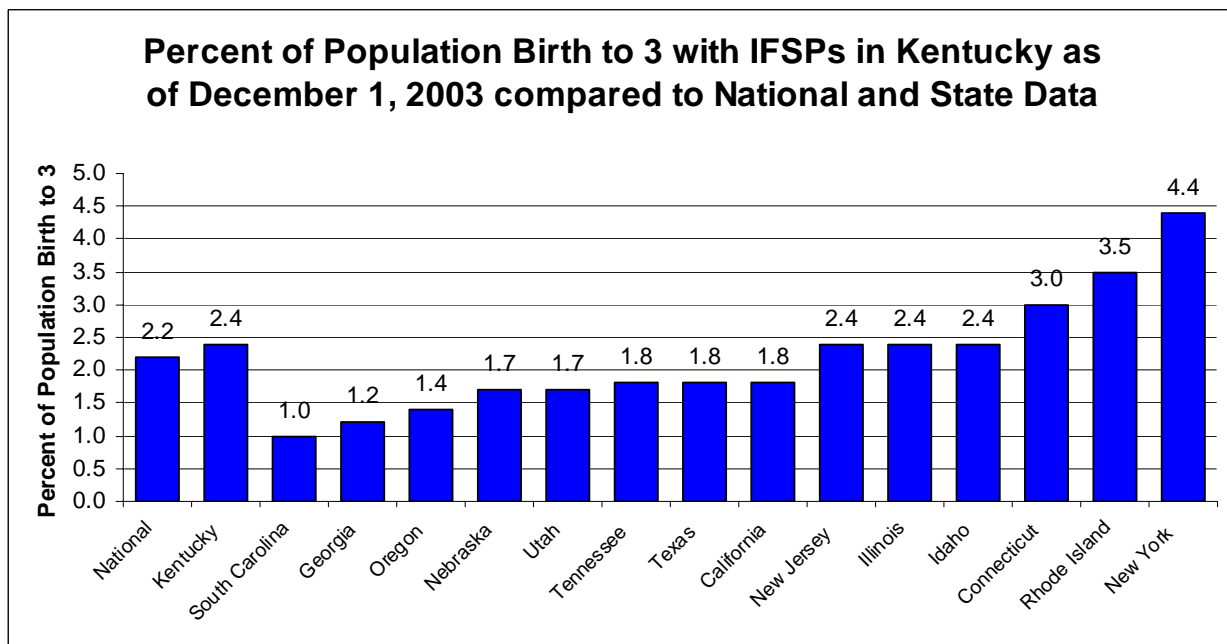


Figure 2

Across the districts of Kentucky, there is considerable variation as to the percentage of the birth to 3 population served as of the December 1, 2004 child count (see Figure 3). Overall, Kentucky served 2.3% of the birth to 3 population as of December 1, 2004 child count (see Figure 1). Purchase, Kentuckiana, Buffalo Trace, Fivco, Gateway, Kentucky River and Lake Cumberland all exceeded the state average of 2.3%. However all other districts did not exceed 2.3%.

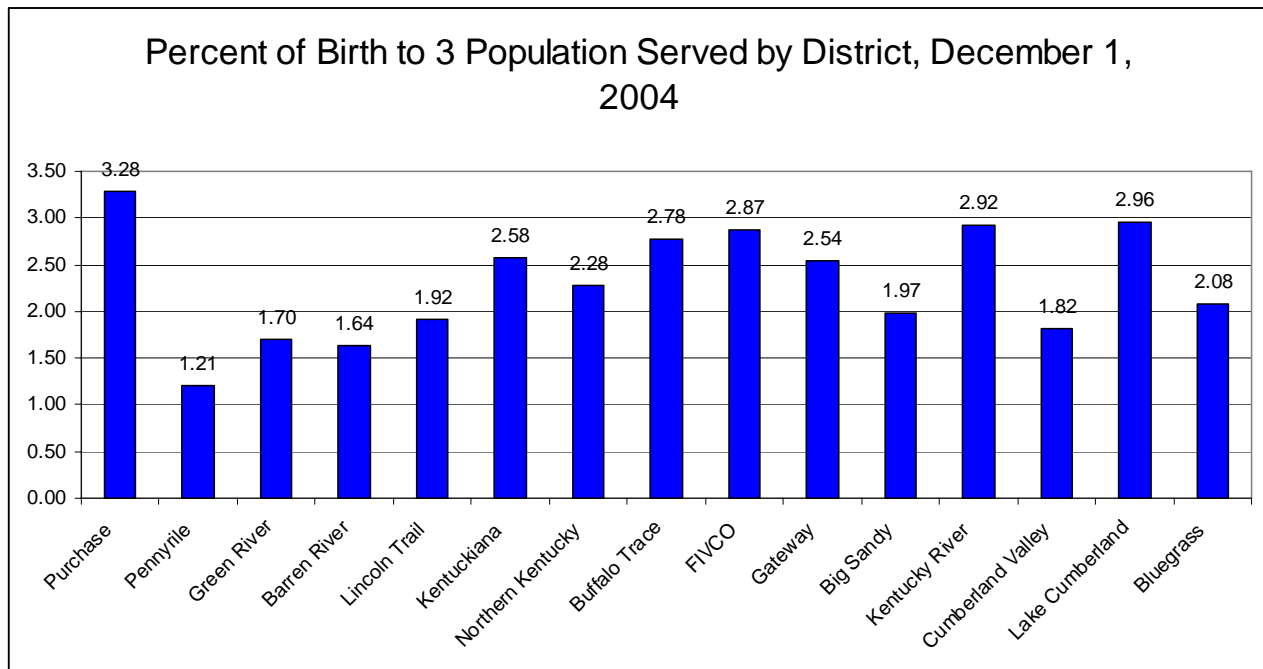


Figure 3

Discussion of Baseline Data:

Comparison data and discussion is included with charts above.

Measurable and Rigorous Target selection: Kentucky has chosen to increase the rate of identification of children ages birth – three (3) by .05% per year. This represents approximately 82 additional eligible children per year and will result in an identification of 2.6% by 2010. Using this target will allow Kentucky to equal its highest level of identification (in 2002 = 2.6%) and to exceed the National rate of identification (in 2003 = 2.2%)

FFY	Measurable and Rigorous Target
2005 (2005-2006)	2.35 % of infants and toddlers aged birth to 3 in Kentucky will have IFSPs.
2006	2.40 % of infants and toddlers aged birth to 3 in Kentucky will have IFSPs.

(2006-2007)	
2007 (2007-2008)	2.45 % of infants and toddlers aged birth to 3 in Kentucky will have IFSPs.
2008 (2008-2009)	2.50 % of infants and toddlers aged birth to 3 in Kentucky will have IFSPs.
2009 (2009-2010)	2.55 % of infants and toddlers aged birth to 3 in Kentucky will have IFSPs.
2010 (2010-2011)	2.60 % of infants and toddlers aged birth to 3 in Kentucky will have IFSPs.

Improvement Activities/Timelines/Resources:

IMPROVEMENT ACTIVITY	TIMELINE	RESOURCES
1. Ensure that all inter-agency partners are involved in child find as reported by the Kentucky Early Childhood Transition Project (KECTP).	July 2006 – June 2007	Transition Contractors (KECTP)
2. Expand strategies used in birth to 1 to the birth to 3 populations. Those include child find in foster care, family resource centers, head start/early head start, with pediatricians and with Early Childhood Councils in Kentucky.	July 2006 – June 2007	Part C Coordinator; Point of Entry Coordinator; Point of Entry Staff; Technical Assistance Teams
3. Investigate establishment of eligibility pathways for children with the following conditions: medically fragile, social communication delay/autism spectrum, deaf/blind, and extreme prematurity.	July 2006 – June 2007	Part C Coordinator; Point of Entry Coordinator; and a workgroup
4. Investigate obtaining data from Part B on eligible 3 and 4 year olds who did not participate in Part C to identify potential gaps in child find for Part C.	July 2006 – June 2007	Part c Coordinator; Part B Coordinator; Kentucky Special Education Director; KECTP coordinator.
5. Investigate the possibility of a seven domain rather than a five domain system for eligibility as this will likely result in greater eligibility for the areas of motor and communication delays.	July 2007 – June 2008	Evaluation Coordinator and a workgroup

SPP Template – Part C (3)

KENTUCKY

State

6. Investigate repeating the epidemiology study done in 1995 in Kentucky to predict the estimated incidence of developmental delay in the state.	July 2008 – June 2009	Part C Coordinator; Central Billing and Information System
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Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development: see Overview of Kentucky's State Performance Plan Development Process document.

(The following items are to be completed for each monitoring priority/indicator.)

Monitoring Priority: EFFECTIVE GENERAL SUPERVISION PART C / CHILD FIND

Indicator 7 – Percent of eligible infants and toddlers with IFSP's for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline. (20 USC 1416(a) (3) (B) and 1442)

Measurement: Percent = # of eligible infants and toddlers with IFSP's for whom an evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline divided by # of eligible infants and toddlers evaluated and assessed times 100. Account for untimely evaluations.

Overview of Issue/Description of System or Process:

The 45-day timeline measurement system for Kentucky includes:

1. Policies and procedures to guide meeting the 45-day timeline
2. Provision of training and technical assistance supports to Point of Entry Staff in meeting the 45-day timeline, data collection, reporting and use
3. Quality assurance monitoring procedures to ensure the accuracy of the 45-day timeline data
4. Data system elements for 45-day timeline data input and maintenance, and 45-day timeline data analysis functions

Each of these is described below:

Kentucky regulations outline many timelines and procedures for Points of Entry (POE) and providers to ensure that IFSP's are initiated within the Part C required forty-five (45) days (see 911 KAR 2:110 – POE; 911 KAR 2:120 – Evaluation). 911 KAR 2:110 is the Kentucky regulation pertaining to the Point of Entry (POE) responsibilities in meeting the Part C 45-day timeline requirement. These regulations include, but are not limited to, family contact, initial screening, family visitation, explanation of the First Steps program, arranging appropriate evaluation/assessment, and assisting the family to identify their Primary Service Coordinator (PSC) and necessary service providers. 911 KAR 2:120 is the Kentucky regulation pertaining to evaluation including, but not limited to, the evaluator's responsibility for scheduling, documentation, and necessary timelines in order to meet the required Part C 45-day timeline.

All children are referred to one of fifteen (15) District Point of Entry (POE) offices. The staff at the POE is responsible for all Child Find and intake duties necessary to ensure that children are referred and that those referrals are acted upon in a timely, appropriate manner (see 911 KAR 2:110). This regulation includes, but is not limited to, coordinating Child Find efforts with other state and federal programs, developing a Child Find activity plan, providing public awareness activities, and acting upon referrals. The Point of Entry staff takes the referrals, screens, arranges the Primary Level Evaluations that determine eligibility where required, arranges assessments of those children with established risk diagnoses, arranges any additional recommended assessments, and facilitates the initial IFSP. They also help the family choose the Primary Service Coordinator (PSC) who is responsible for all service coordination until the child exits the First Steps program.

At the POE level, Kentucky has implemented a new intake system utilizing the Developmental Observation Checklist System (DOCS). The DOCS makes use of a series of questions in the areas of motor development, social development, language development, and cognitive development to identify those children whose development might be delayed in one or more of these areas. This tool has a high sensitivity rate, meaning that many children are initially identified as possibly delayed who ultimately are found to be “normal” in their development. This means there is a good degree of certainty that those children who are found to be without delay on the DOCS are truly “normal” in their development. This tool is designed to more effectively identify those children who will go on to need First Steps services (911 KAR 2:110, section 1 (6) (c) 4). By identifying those children without developmental delay who do not need early intervention services, this screening tool thereby allows POE staff to focus their attention and resources on meeting the 45-day time frame for those children with suspected delays. If the child passes the screening but the parents still have concerns, they are allowed to continue with the evaluation process.

The state of Kentucky also has in effect a timely, comprehensive, multidisciplinary evaluation system to assess the functioning of each infant or toddler with a disability in the State (911 KAR 2:120) as well as a means of family-directed identification of the needs of such children and families (Routine Based Interview). 911 KAR 2:120 is the Kentucky regulation pertaining to evaluation including, but not limited to, medical and developmental components of the evaluation/assessment and timelines in order to meet the Part C required 45-day timeline. The routine based interview is an interview process that helps the family identify their current needs/concerns by looking at the child's/family's daily routine and where within those routines the family has difficulty/concerns. Based upon the family's identified concerns, the team decides the most appropriate discipline to address the child's/family's needs.

1. Policies and procedures to guide meeting the 45-day timeline

Within 911 KAR 2:120 Kentucky has a regulation stating that the IFSP will be written within forty-five (45) days. There are also additional regulations, that when followed assist in meeting the Part C required 45-day timeline. These regulations include:

- The Point of Entry (POE) will make contact with the family by telephone or letter within five (5) days from the date of referral.
- If the POE is unable to contact the family by telephone (or gets no response from the letter sent above) within ten (10) working days from the date of referral, a letter is sent to the family.
- The POE staff will coordinate the evaluation process for eligibility determination (Primary Level Evaluation or Five Area Assessment) within the timeline of 45 days from receipt of referral.
- Evaluation/assessment (PLE or 5-Area) will be completed and returned to the POE within fourteen (14) calendar days from the date of referral to the evaluator.
- The therapist(s) has ten (10) working days from the date of referral to complete the necessary assessments and return them to the POE.

2. Provision of training and technical assistance supports to administrators and service providers in meeting the 45-day timeline, reporting, and use

Kentucky's current providers have already been trained on the regulations and policies and procedures regarding evaluation, assessment, and initial IFSP meetings as they relate to the Part C 45-day timeline. New providers entering the First Steps system will receive training by the Technical Assistance Teams during the required 1-day orientation module. Initial service coordinator training provided includes:

- POE quarterly training.
- Initial five (5) day orientation for new POE staff.

- Mentoring of new POE staff by experienced POE staff.
- Mandatory PSC quarterly meetings.
- POE coordinator within the Central Office.
- Technical assistance provided by the Technical Assistance Teams with administrative support from the Central Office.

3. Quality assurance and monitoring procedures to ensure the accuracy of the 45-day timeline data

Kentucky currently monitors Point of Entry offices on meeting the 45-day timeline per state and federal regulation. From July 1, 2004 through June 30, 2005, Kentucky’s monitoring system reviewed one (1) of the fifteen (15) Point of Entry programs. The one (1) Point of Entry that was reviewed was not cited for noncompliance with the 45-day timeline. The Point of Entry that was reviewed was the FIVCO district, which you will see from our data below had the highest percentage of meeting the 45-day timeline. Obviously, none of the charts that exceeded the 45-day timeline happened to be in those randomly selected by the Evaluator. In the future, Program Evaluators will do bi-annual evaluations on all Point of Entry Program sites to more closely monitor and ensure compliance with the 45-day timeline.

4. Data system elements for the 45-day timeline data input and maintenance, and 45-day timeline data analysis functions

Data on each child is reported on a data form by the Service Coordinator to Central Billing Information Systems (CBIS). It is entered manually by data entry personnel at CBIS into fields designed to capture the data. A query is done on the data collected to obtain the information regarding the percent of infants and toddlers with IFSP’s for whom an evaluation, assessment, and initial IFSP meeting were conducted within the Part-C required 45-day timeline.

Baseline Data for FFY 2004 (2004-2005):

The percent of children who had a timely IFSP between July 1, 2004 and June 30, 2005 in Kentucky was 36% (see figure 1). This is out of compliance with federal mandates. In 2003, the percentage was 34%, and in 2004 it was 40%.

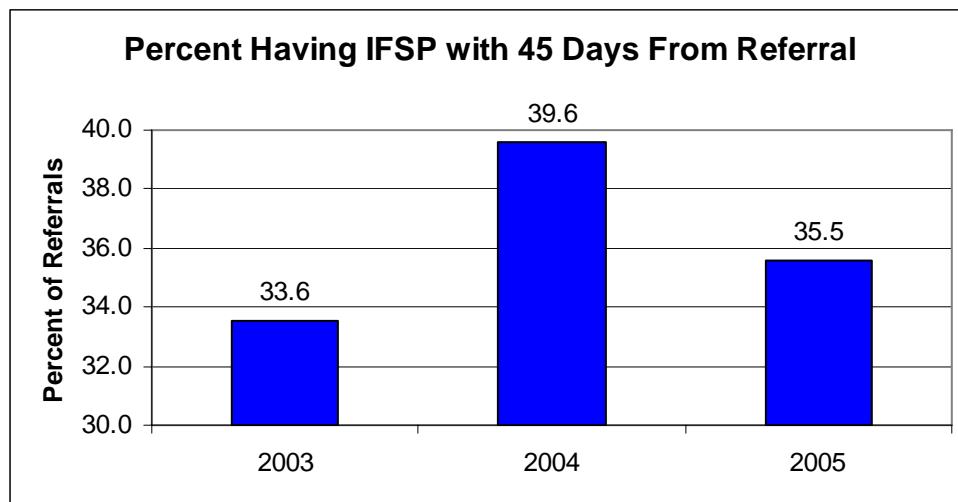


Figure 1

During August 2005, a survey was sent to each Point Of Entry (POE) office on every child who had not achieved an IFSP in 45 days between July 1, 2004 and June 30, 2005. A total of 2,174 surveys were sent, and 2,137 were returned. On the survey, initial service coordinators (ISC's) were asked a short series of questions about each child regarding why the IFSP was not completed within 45 days. ISC's most often indicated that the child, family, or state guardian was not available (60%; see figure 2) as the reason most IFSP's were not completed within the 45-day timeline. Families were not available for a variety of reasons including not having phones which made confirming appointments difficult, not being home for scheduled appointments, canceling appointments, failing to return contact attempts by phone or letter, and taking vacations to name a few. The second most common reason cited was a shortage of ISC's (29%). In one district, an ISC died suddenly, creating a shortage. Strategies in this SPP document will address the need to increase the number of ISC's. Thirdly, assessment reports were frequently delayed (19%). This was sometimes due to the child needing multiple assessments. ISC's also cited difficulties scheduling providers (19%). Kentucky has a large number of independent, contracted providers who primarily provide services in the home. While this is a wonderful opportunity to provide services in the natural environment, it makes scheduling more difficult. Finally, the last reason cited more than 10% of the time was a delay in receiving primary level evaluation (PLE) reports (17%). For children without an established risk, these reports are required to determine eligibility and so evaluators are greatly in demand.

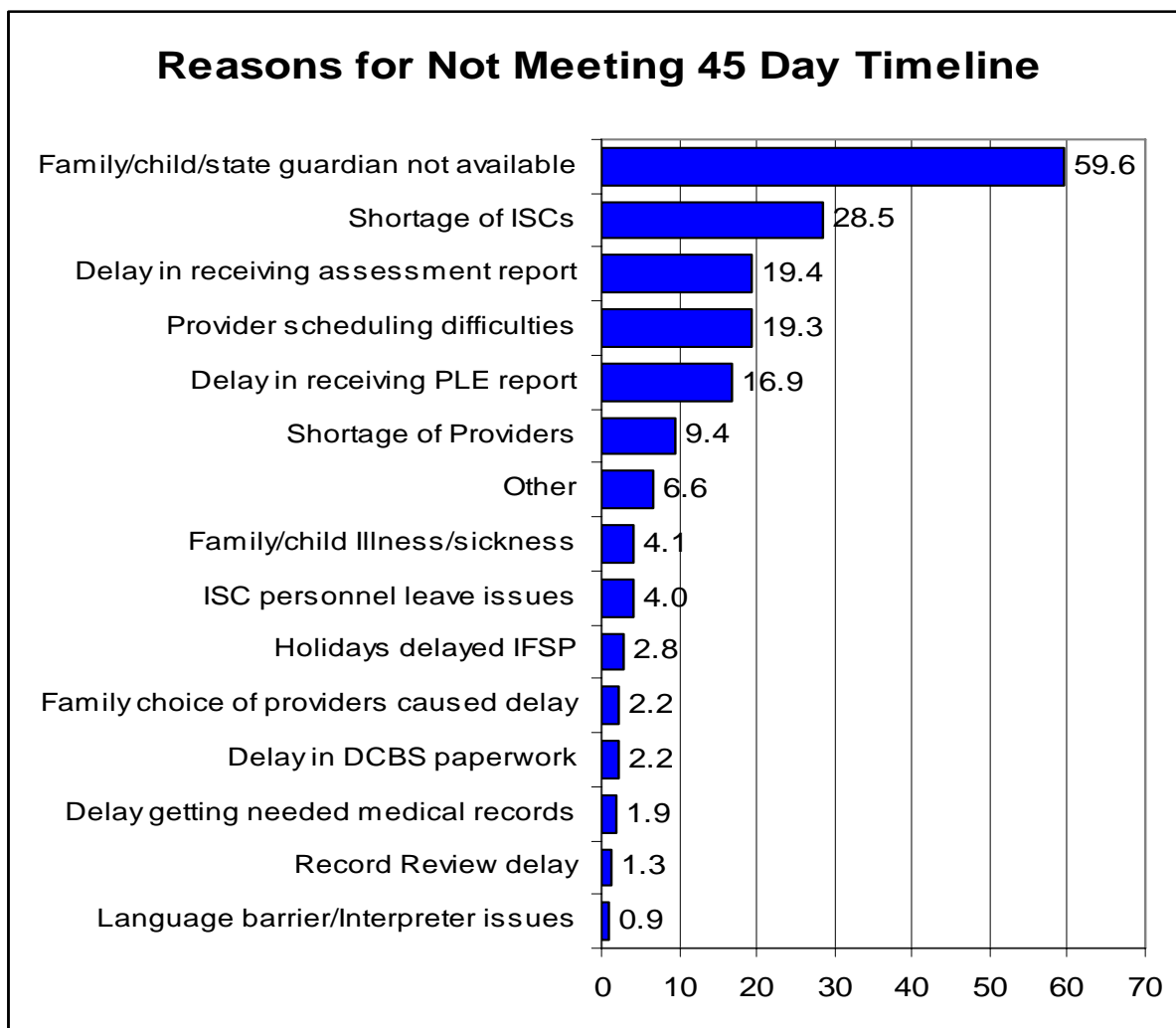


Figure 2

When all July 1, 2004 to June 30, 2005 IFSPs are taken into consideration with regard to the 45 day timeline and the source of the delay in meeting the timeline (if any), the data (see figure 3) show that 55% either met the timeline or had a delay in meeting the timeline driven solely by the family (family out of town, family didn't return phone calls or respond to letters, birth of new baby in family, family/child illness, etc.). An additional 19% had a combination of factors causing the delay: family driven delays (family out of town, family did not respond to phone calls or letters, etc.) along with delays caused for other reasons out of the family's control (shortage of providers, illness/leave of initial service coordinator, delay in receiving medical records, etc.). Finally, 26% were delayed beyond 45 days for reasons not caused by the family at all (i.e. delay in receiving assessment report, provider scheduling difficulties, shortage of ISCs, etc.).

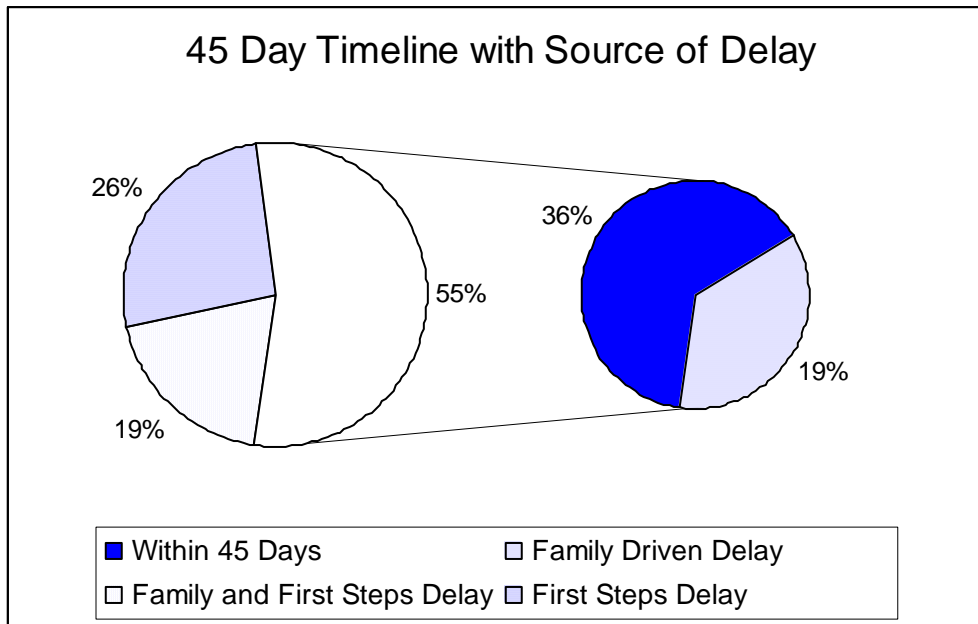


Figure 3

Since intake in Kentucky occurs in 15 regional (district) Points Of Entry (POE), it is noteworthy to look at the differences between the districts on this indicator (see figure 4). Some districts do a much better job of getting IFSP's completed within the 45 day timeframe than others. FIVCO, one of Kentucky's easternmost districts did the best job of getting IFSP's completed on time (84%; see figure 4). However, all districts fall short of the federally mandated goal of 100%. Only 3 districts managed to have a majority of their IFSP's completed on time: Lake Cumberland (61%), Fivco (84%) and Buffalo Trace (71%). Lincoln Trail, a district in which there was a significant ISC shortage, managed to complete only 7% of their IFSP's within 45 days.

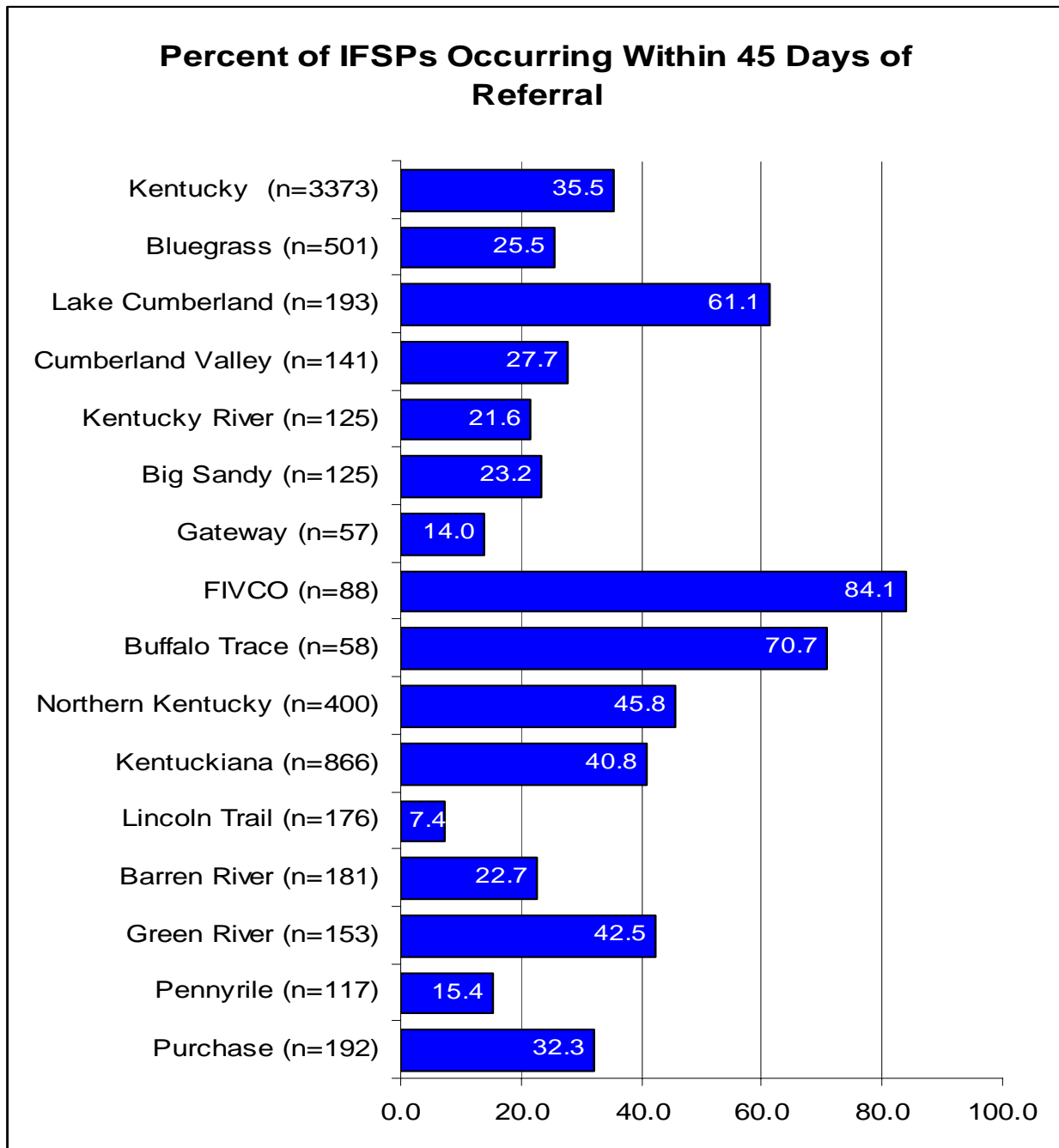


Figure 4

Districts also varied as to the reason they gave for IFSP’s going beyond the 45-day timeline (see figure 5). Kentuckiana, the most urban of all Kentucky districts, most often gave the unavailability of the family, child, or state guardian as the reason for the delay (72%). For Lincoln Trail, with the lowest percentage of children achieving IFSP within 45 days, family unavailability was only cited in 10% of cases.

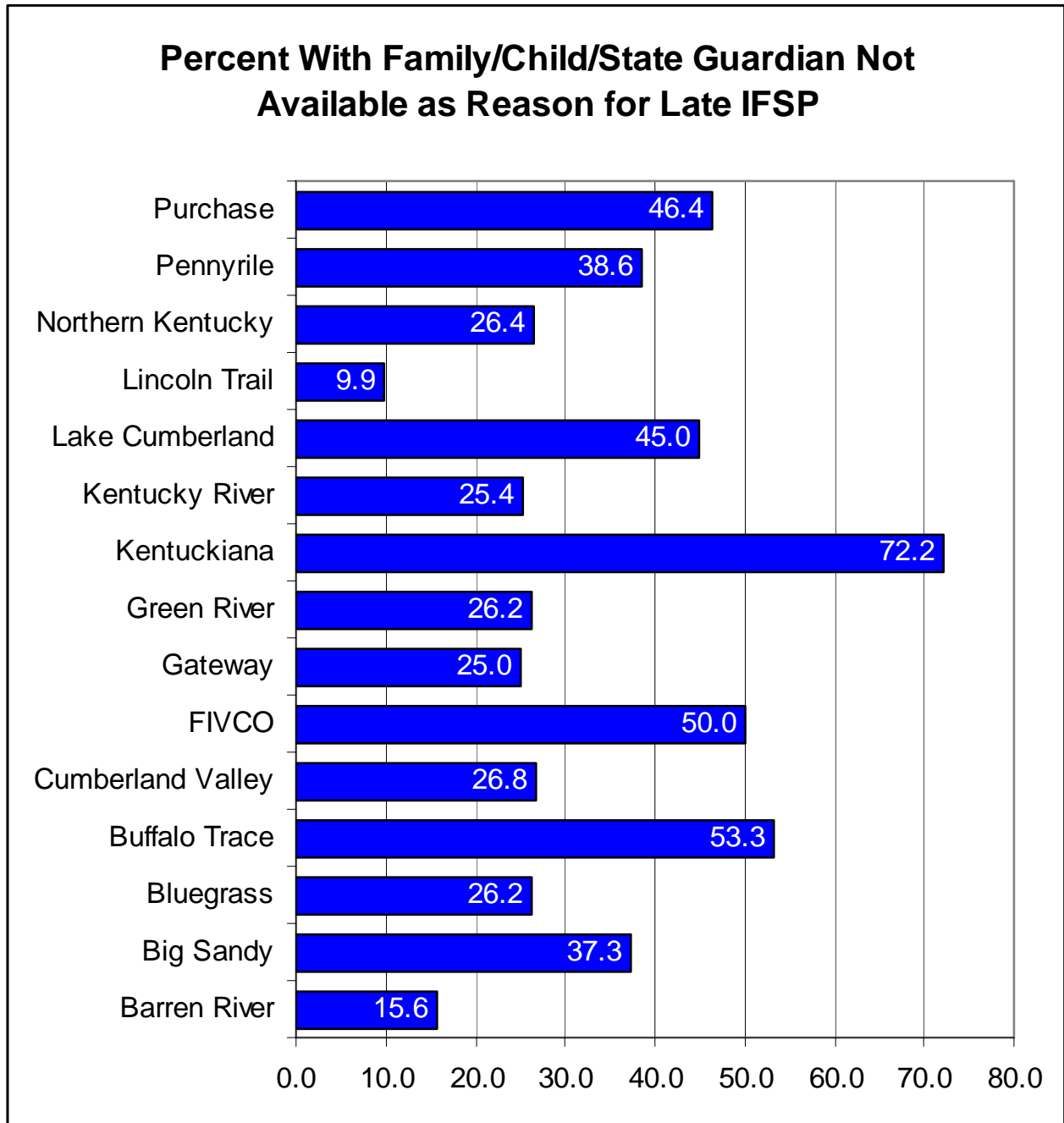


Figure 5

Some districts did experience a shortage of initial service coordinators (see figure 6). These districts are shown in figure 6, below. Lincoln Trail had the most difficulty completing IFSP's on time because of this shortage (86% of late IFSP's). Cumberland Valley (35%), Northern Kentucky (22%), Bluegrass (19%), Barren River (12%) and Kentuckiana (10%) also experienced significant ISC shortages.

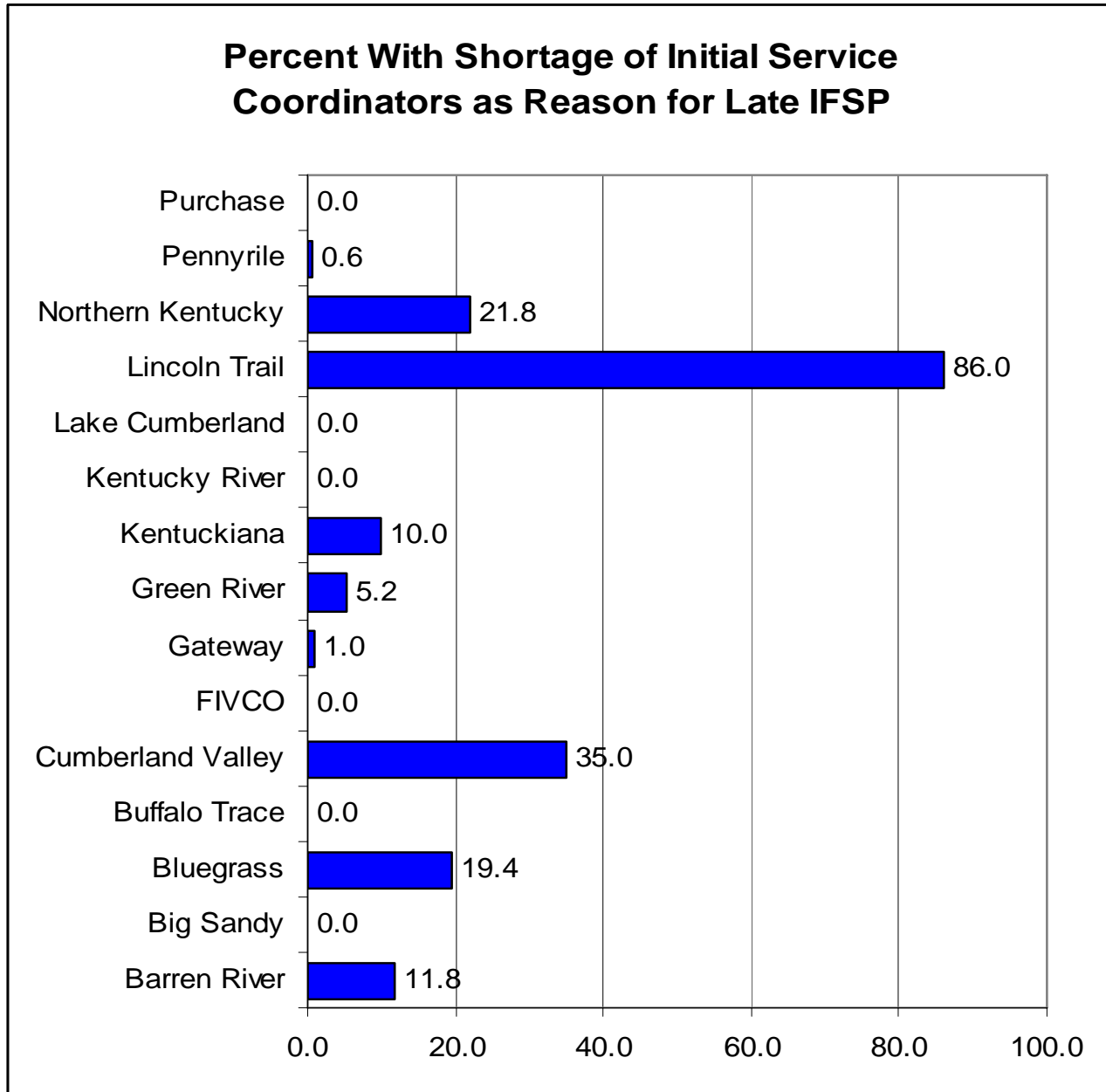


Figure 6

For individual districts, the data are varied (see figure 7). For Fivco district, 92% of all IFSPs either met the 45 day timeline or were delayed solely for family-driven reasons. In Lincoln Trail, this number was only 11.5%. Other districts fell somewhere in-between.

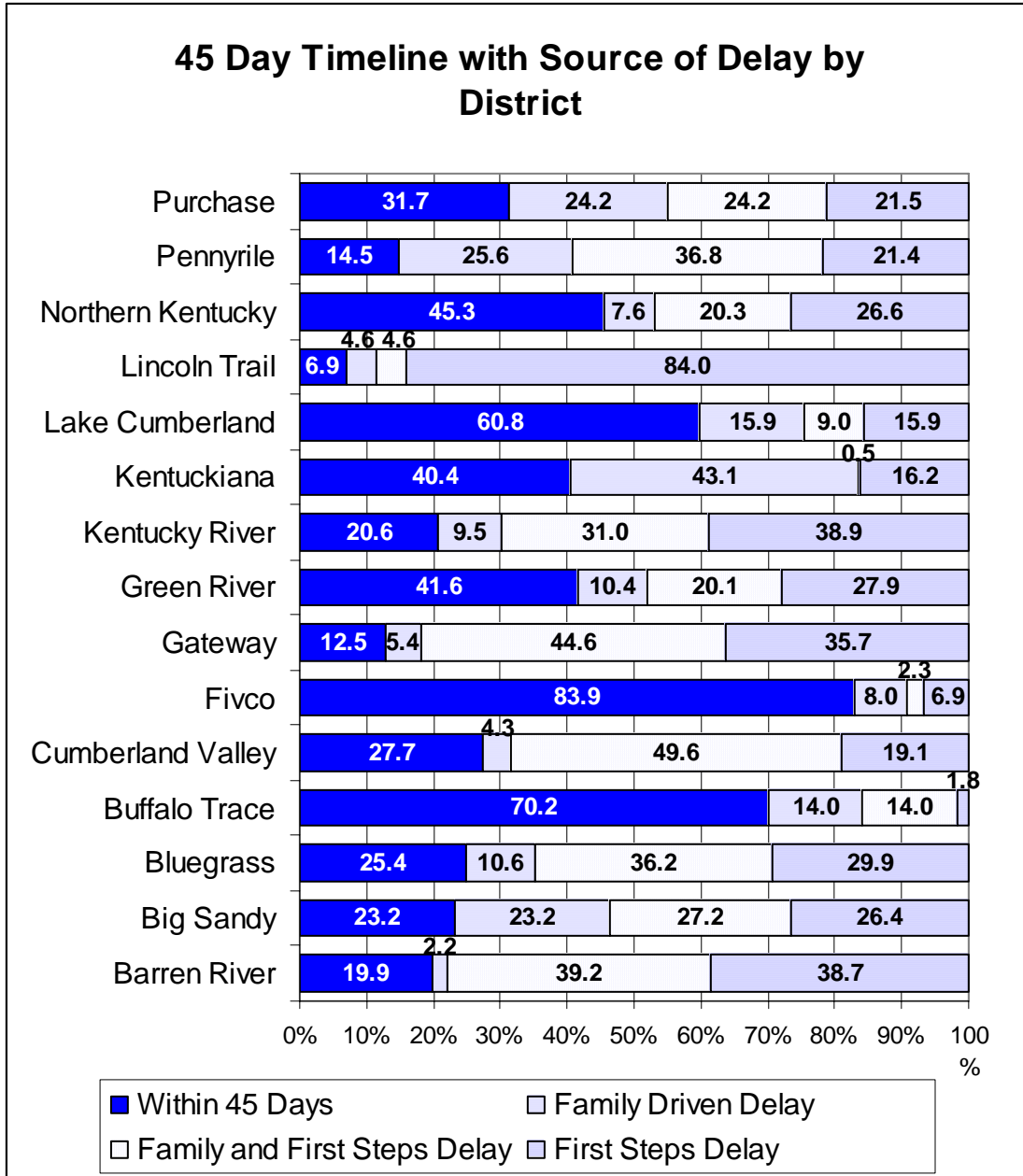


Figure 7

It is useful to note the data (see Figure 8) regarding initial contact required by the Initial Service Coordinator (ISC). 911 KAR 2:110 Section 1(6)(c) states “If it is determined that the referral is appropriate, POE staff shall contact the family by telephone or letter within five (5) working days...” The survey sent to ISC’s for children with late IFSP’s asked “Did you attempt to contact this family within 5 days of the referral date to inform them about First Steps services, advise them that the services were voluntary, and ask if they would like to schedule a home visit?” Results are shown below in Figure 8. For those with late IFSP’s, ISC’s made the initial contact attempt within (5) five days 85% of the time. An additional 12% made a late initial contact, and 3% reported no initial contact.

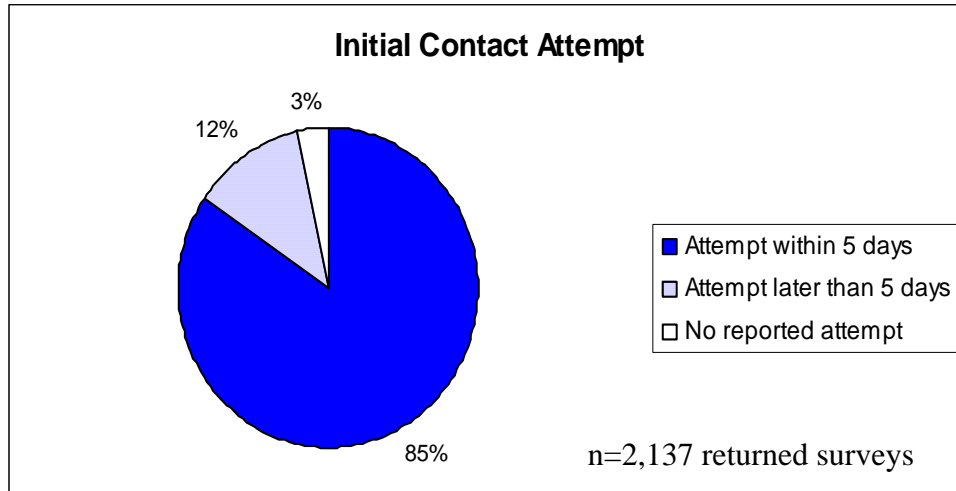


Figure 8

911 KAR 2:110 Section 1(6)(f) states that “If efforts to contact the family by telephone and in writing fail, in order to bring closure to the referral the POE staff shall send a follow-up letter within ten (10) working days of the referral encouraging the family to contact the POE at anytime.” The survey sent to the points of entry also asked “Did you make a follow-up contact attempt by letter within 10 days from the referral date?” Results are shown below in Figure 9. Most (83%) did not require a follow-up letter because contact had already been established. Ten percent did have a follow-up letter sent by the Point Of Entry within 10 days, while 2% received a letter later than 10 days. An additional 5% did not report sending a follow-up letter.

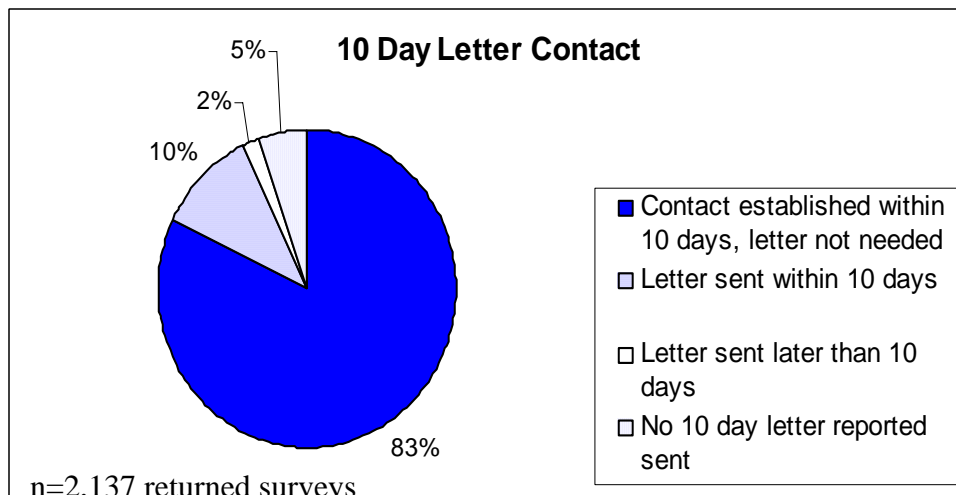


Figure 9

Discussion of Baseline Data: Comparison data and discussion is included with the charts above.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of eligible infants and toddlers in Kentucky will have evaluation, assessment and an initial IFSP meeting conducted within Part C's 45-day timeline.
2006 (2006-2007)	100% of eligible infants and toddlers in Kentucky will have evaluation, assessment and an initial IFSP meeting conducted within Part C's 45-day timeline.
2007 (2007-2008)	100% of eligible infants and toddlers in Kentucky will have evaluation, assessment and an initial IFSP meeting conducted within Part C's 45-day timeline.
2008 (2008-2009)	100% of eligible infants and toddlers in Kentucky will have evaluation, assessment and an initial IFSP meeting conducted within Part C's 45-day timeline.
2009 (2009-2010)	100% of eligible infants and toddlers in Kentucky will have evaluation, assessment and an initial IFSP meeting conducted within Part C's 45-day timeline.
2010 (2010-2011)	100% of eligible infants and toddlers in Kentucky will have evaluation, assessment and an initial IFSP meeting conducted within Part C's 45-day timeline.

Improvement Activities/Timelines/Resources:

IMPROVEMENT ACTIVITY	TIMELINE	RESOURCES
1. When there is an ISC vacancy, require contractors to recruit a replacement quickly, then have TA Team provide one-on-one training to newly hired ISC, so they can begin providing services sooner and not have to wait for the next regularly scheduled training module.	July 2005	Technical Assistance Teams; Training Coordinator; POE Coordinator; POE Contractors
2. Have staff position that provides supervision/oversight to Primary Level Evaluators to further ensure that evaluations are completed timely.	August 2005	Part C Coordinator; Evaluation Coordinator

SPP Template – Part C (3)

KENTUCKY

State

3. Gather monitoring data on each POE relative to the 45 day timeline; analyze for problem areas.	July 2005 - June 2006	Program Evaluators; Quality Assurance Administrator
4. Provide training to POE's on any problems identified by monitoring of 45-day timeline.	July 2005 - June 2006	Technical Assistance Teams
5. Provide training to the agencies who hold Point of Entry contracts on the requirement of the 45-day timeline	July 2005 – June 2006	Point of Entry Coordinator; Part C Coordinator
6. Provide training to all providers on the requirement of the 45-day timeline to increase awareness of all providers contribution to meeting this requirement	July 2005 – June 2006	Technical Assistance Teams; Training Coordinator
7. Investigate requiring semi-annual meetings/trainings for all providers in order to provide training/technical assistance on the 45-day timeline and other important issues.	July 2006 – June 2007	Part C Coordinator; Technical Assistance Teams
8. Investigate establishment of eligibility pathways for children with the following conditions: medically fragile, social communication delay/autism spectrum, deaf/blind, and extreme prematurity.	July 2006 – June 2007	Part C Coordinator; Point of Entry Coordinator; and a workgroup
9. Investigate changing the state regulation time line for evaluation from 14 calendar days to 10 calendar days and the assessment time line from 10 working days to 10 calendar days.	July 2006 – June 2007	Part C Coordinator; Evaluation Coordinator; Quality Assurance Administrator
10. Recruit and retain adequate supply of service providers to meet evaluation, assessment and initial service coordination needs.	July 2007- June 2008	Technical Assistance Teams; DEIC's; Point of Entry staff
11. Investigate the development of standard forms for all formal First Steps processes/procedures that meet state criteria. (i.e. discharge summaries; intake forms; progress notes, etc.)	July 2008 – June 2009	Part C Coordinator; Technical Assistance teams and a workgroup
12. Investigate having Points of Entry also do Primary Level Evaluations in order to shorten the time requirements for evaluation.	July 2008 – June 2009	Evaluation coordinator; Point of Entry Coordinator; and a workgroup.

Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development: see Overview of Kentucky's State Performance Plan Development Process document.

(The following items are to be completed for each monitoring priority/indicator.)

Monitoring Priority: EFFECTIVE GENERAL SUPERVISION PART C / EFFECTIVE TRANSITION

Indicator 8 – Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: A. IFSPs with transition steps and services; B. Notification to LEA, if child potentially eligible for Part B; and C. Transition conference, if child potentially eligible for Part B. (20 USC 1416(a)(3)(B) and 1442)

Measurement:

- A. Percent = # of children exiting Part C who have an IFSP with transition steps and services divided by the # of children exiting Part C times 100.**
- B. Percent = # of children exiting Part C and potentially eligible for Part B where notification to the LEA occurred divided by the # of children exiting Part C who were potentially eligible for Part B times 100.**
- C. Percent = # of children exiting Part C and potentially eligible for Part B where the transition conference occurred divided by the # of children exiting Part C who were potentially eligible for Part B times 100.**

Overview of Issue/Description of System or Process:

The transition system in Kentucky related to Part C/Effective Transition includes:

- 1. Policies and procedures to guide transition planning effectiveness**
- 2. Provision of training and technical assistance supports to administrators and service providers in transition planning data collection, reporting and use**
- 3. Quality assurance and monitoring procedures to ensure the accuracy of the transition planning data**
- 4. Data system elements for transition data input and maintenance and transition data analysis functions**

Kentucky Early Intervention System (First Steps) has reviewed the issues addressed in the FFY2003 APR for IDEA Part C and the OSEP comments, analysis and determinations of the OSEP letter to Secretary Holsinger received September 8, 2005 related to transition. While Kentucky implements a comprehensive, coordinated transition system, First Steps actually begins the transition process for First Steps families when they enter the system and continues to provide information to families in increments throughout service delivery which impact the outcomes of many of the OSEP indicators. However, the transition specifics related to this indicator are described below:

1. Policies and procedures to guide transition planning effectiveness

Policies and procedures delineating roles and responsibilities are documented within the Interagency Transition Agreement with essential partners including parents, First Steps, Child

Care, Medical Community, SEA/LEA, other agencies (e.g. EHS/HS, Community Based Services, Commission for Children with Special Health Care Needs, etc.). These agreements enhance established decisions/partnerships to implement the transition process from Part C to Part B (State, Regional, and Local). Interagency agreements between Part C and Part B currently exist with all 176 school districts in KY. (These can be viewed at <http://www.transitiononestop.org/getIA.aspx>) Each of the transition process steps/agreement components related to this indicator are defined below:

- **(A.) IFSPs with transition steps and services and (C.) Transition Conference, if child potentially eligible for Part B**

First Steps has implemented a revised IFSP which provides an extensive transition planning page. (34 CFR §§303.148(b)(4) and 303.344(h). The Transition Planning page is a part of every Transition Conference IFSP, thus every child in First Steps who has a Transition Conference has an IFSP written at that conference with transition steps and services. The Transition page also offers the option to the IFSP team to plan for transition at any transition point which the family expresses transition as a priority or concern (e.g. divorce, moving, hospital, etc.). The Transition Conference occurs “6 months to 90 calendar days prior to the 3rd birthday”. (The IFSP with Transition Page H can be viewed at <http://chfs.ky.gov/dph/pptablecontents.htm#rf> – scroll down to click on RF -10 and Instructions) Kentucky intends to change the Kentucky Administrative Regulations (KAR 911.2:130 Section 2) to align with the reauthorization of IDEA 2004 when the federal regulations are final. Kentucky recommends and expects the IFSP teams to plan with the family near the 30 month window to allow adequate time for implementation of the activities within the transition plan which will be developed. The Service Coordinator obtains permission from the family 35-40 calendar days prior to the Transition Conference target, obtains 2-3 dates, and contacts the school district to schedule. Notification is then sent 30 calendar days prior to the meeting to the IFSP team members, school district representative, and any other people/program options the family has selected. The Transition Conference is the opportunity for the family to share their priorities and concerns related to the upcoming transition at the 3rd birthday; obtain information about potential options/services; clarify and delineate the steps in the transition process including the referral timeline of 90 calendar days prior to the 3rd birthday; provide permission for the sharing of information from First Steps; discuss how copies of these records will be shared; ask and receive answers to their questions; and develop strategies with the other IFSP team members to prepare their child, family members, and potential receiving programs prior to the transition. The above is documented within the IFSP Transition Plan according to 911KAR2:140 (14). The Point of Entry (POE) staff shall function as the primary service coordinator to ensure that the transition conference and transition plan are completed if the primary service coordinator resigns and no other primary service coordinator can be assigned in time, or the referral is received within forty-five (45) days of the child’s third birthday. 911KAR 2:110 (15) (a) (b) (c).

- **(B.) Notification to the LEA –**

- As a part of the GSEG grant, an electronic notification system to the school system is currently being piloted in Kentucky to provide child find information to every school district for children in the First Steps system who are 30 months or older. This information will be provided on a quarterly basis and includes basic contact information regarding the child and family. (Elder letter from United States Department of Education, Office of Special Education and Rehabilitative Services, dated February 11, 2004, U.S.C. §1437(a)(8)(A);34 CFR §303.148). An evaluation survey is being conducted to determine the effectiveness of the information provided.
- Kentucky also sends a Non-Identify List (NIL) to assist with district planning purposes to all school districts. This list includes all children when they enter the

First Steps system, regardless of age. Within the list, each child who may be eligible for Part B services at the 3rd birthday are identified by the CBIS number (no identifiable information), contact information of the Primary Service Coordinator is provided, the current services provided are listed, and projected needs of the children are identified. The list is provided on a quarterly basis to school district contact persons as stipulated within the local interagency agreement.

2. Provision of training and technical assistance supports to administrators and service providers in transition planning data collection, reporting and use

Part C and Part B contract with the Kentucky Early Childhood Transition Project (KECTP) at the University of Kentucky. They provide statewide trainings, technical assistance and product development to both Part C and Part B with regard to early childhood transition. They have been instrumental in facilitating local interagency transition agreements between all 176 school districts and First Steps providers. KECTP in collaboration with the First Steps Training and Technical Assistance network provide training to assure effective implementation of a high quality system with emphasis on the following:

- a. Timelines – parents give permission to convene the Transition Planning Conference between “6 months to 90 calendar days” prior to the 3rd birthday and parents give permission to initiate the referral to the school district 90 calendar days prior to the 3rd birthday according to 911 KAR 2:140:14 (b); 911 KAR 2:130 (8).
- b. Implementation of steps of the transition process, roles/responsibilities, and timelines with decisions documented in the interagency transition agreement and IFSP while supporting families throughout process using the Kentucky Early Childhood Transition Project publication “Step by Step: A Guide to Transition” (on-line at <http://www.ihdi.uky.edu/kectp/publication.asp>), the accompanying video, and providing guidance to families in increments as the steps occur according to 911 KAR 2:140 (a); KAR 911:2:130 Section 2 (8)(k)
- c. Intentional development and implementation of a meaningful transition plan (using KY IFSP Form 10, page H and instructions) within the Transition Conference, which includes strategies linked to family priorities and concerns around transition, with appropriate documentation according to 34 CFR 303.344 (a) (i); 911KAR 2:140(14).

3. Quality assurance and monitoring procedures to ensure the accuracy of the transition planning data

- Kentucky will continue to collect discharge data to assure that transition needs are met
- Kentucky will continue to monitor providers to assure compliance with regulations regarding transition
- Kentucky will continue to monitor for notification and attendance of Part B representative/others as specified by family for Transition Conference
 - Monitor IFSPs for documentation of transition conference with development of transition plan
 - Monitor IFSPs for documentation of transition steps and services
 - Monitor IFSPs for transition plans to include family participation, agency participation, program options, outcomes/strategies to prepare child, family, potential receiving agency (as appropriate), referral process, and how records will be transferred

4. Data system elements for transition planning data input and maintenance, and transition data analysis functions

Kentucky did not collect data on B in the manner that meets the intent of the SPP regarding the notification of the LEA for this reporting period. That notification was done using the non-

identifying list provided by all Service Coordinators to the Technical Assistance Teams, who sorted the information by school district and provided the information to the appropriate school district. The Technical Assistance Teams were responsible for collecting, collating and sending that data to the appropriate school systems. The TAs report that they do that task, but the TAs were not monitored on that task. Kentucky was participating in a GSEG addressing sharing of data from Part C to Part B during this reporting period however the pilot for that GSEG did not occur until August 2005 – after this reporting period. Once this process is in place permanently, Kentucky will be able to show 100% compliance on notification of the LEA. Part C and Part B are currently negotiating a Memorandum of Understanding to finalize the process.

Data for A and C are the same in Kentucky and are collected by Central Billing and Information System (CBIS). Since Kentucky’s IFSP form includes a Transition page, if the team held a Transition Conference, they were required to complete that page including transition steps and processes. Data for A and C also come from monitoring of providers through Program Reviews or Complaint visits. The Evaluators for First Steps monitor the IFSP for determination of the appropriateness of the transition planning according to the information provided above regarding A, B, and C.

Baseline Data for FFY 2004 (2004-2005):

Monitoring data from July 1, 2005 through June 30, 2005: Kentucky’s monitoring system reviewed a total of 169 providers either in Program Reviews or Complaint visits. During the monitoring process, the Program Evaluator checks to assure that all components of the IFSP/Transition Conference were completed timely and documented. Of those reviewed, seven (7) were cited for incomplete transitions. Follow-up visits were completed on all seven (7) providers and all had corrected the noncompliance.

CBIS data on the occurrence of transition conferences including transition steps and services: Figure 1 shows the percentage of children potentially eligible for Part B that did have a transition conference with transition steps and services (84%). Some of these children ultimately did not become eligible for Part B.

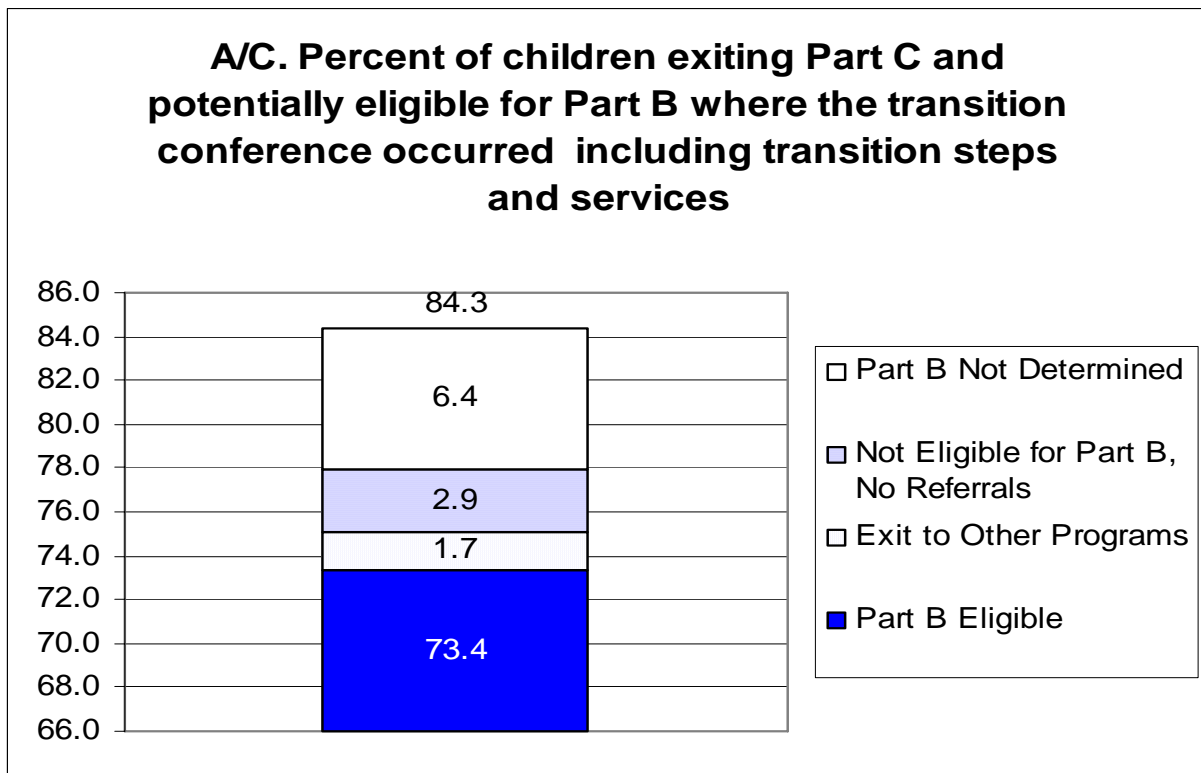


Figure 1

When the children found to not be eligible for Part B are excluded, 92% did receive a transition conference with transition steps and services (see figure 2).

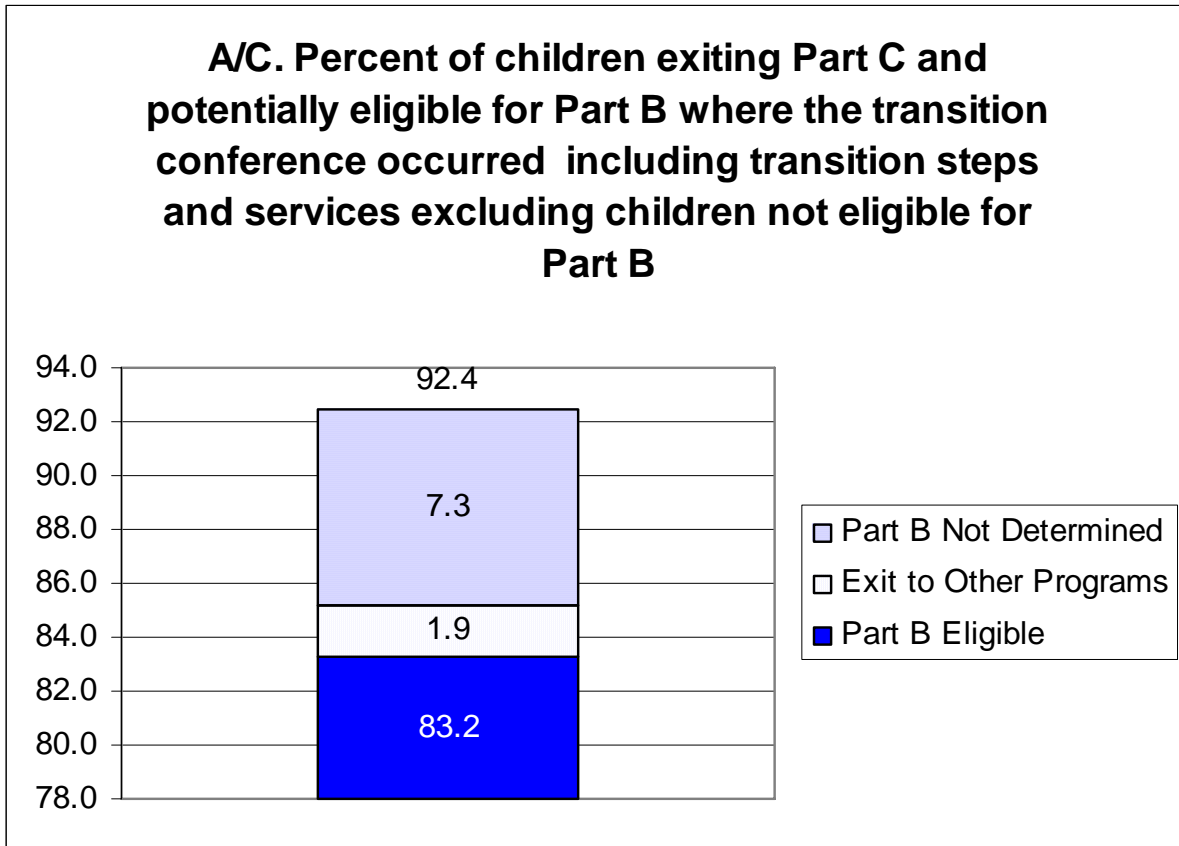


Figure 2

Discussion of Baseline Data: Comparison data and discussion is included with the charts above.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of all children exiting Part C will receive timely transition planning to support the child’s transition to preschool and other appropriate community services by their third birthday by: having IFSPs with transition steps and services; notification of LEA if child potentially eligible for Part B; and a transition conference, if child potentially eligible for Part B.
2006 (2006-2007)	100% of all children exiting Part C will receive timely transition planning to support the child’s transition to preschool and other appropriate community services by their third birthday by: having IFSPs with transition steps and services; notification of LEA if child potentially eligible for Part B; and a transition conference, if child potentially eligible for Part B.

<p>2007 (2007-2008)</p>	<p>100% of all children exiting Part C will receive timely transition planning to support the child’s transition to preschool and other appropriate community services by their third birthday by: having IFSPs with transition steps and services; notification of LEA if child potentially eligible for Part B; and a transition conference, if child potentially eligible for Part B.</p>
<p>2008 (2008-2009)</p>	<p>100% of all children exiting Part C will receive timely transition planning to support the child’s transition to preschool and other appropriate community services by their third birthday by: having IFSPs with transition steps and services; notification of LEA if child potentially eligible for Part B; and a transition conference, if child potentially eligible for Part B.</p>
<p>2009 (2009-2010)</p>	<p>100% of all children exiting Part C will receive timely transition planning to support the child’s transition to preschool and other appropriate community services by their third birthday by: having IFSPs with transition steps and services; notification of LEA if child potentially eligible for Part B; and a transition conference, if child potentially eligible for Part B.</p>
<p>2010 (2010-2011)</p>	<p>100% of all children exiting Part C will receive timely transition planning to support the child’s transition to preschool and other appropriate community services by their third birthday by: having IFSPs with transition steps and services; notification of LEA if child potentially eligible for Part B; and a transition conference, if child potentially eligible for Part B.</p>

Improvement Activities/Timelines/Resources:

IMPROVEMENT ACTIVITY	TIMELINE	RESOURCES
<p>1. Monitor discharge summaries in each district for the date of a transition conference; and validate through program reviews</p>	<p>July 2005-June 2006</p>	<p>Program Evaluators; CBIS</p>
<p>2. Train all providers on the importance of accurate transition planning /reporting.</p>	<p>July 2005-June 2006</p>	<p>KECTP, Technical Assistance Teams; Training Coordinator, Evaluators</p>
<p>3. Develop State Interagency Transition Agreement between/among all EI/EC agencies.</p>	<p>July 2005-June 2006</p>	<p>KECTP, First Steps, interagency partners</p>
<p>4. Train all providers on transition steps/roles/responsibilities/timelines</p>	<p>July 2006-June 2007</p>	<p>KECTP, TATs, Training Coordinator</p>

SPP Template – Part C (3)

KENTUCKY
State

5. Train all service coordinators on completion of the IFSP Transition Plan to assure appropriate documentation via web based training with pre- and post-evaluation	July 2007- June 2008	KECTP, Training Coordinator
6. Replicate decisions across agencies into regional/local interagency transition agreements	July 2010 – June 2011	KECTP, First Steps, interagency partners

Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development: See Overview of Kentucky's State Performance Plan Development Process document

(The following items are to be completed for each monitoring priority/indicator.)

Monitoring Priority: EFFECTIVE GENERAL SUPERVISION PART C / GENERAL SUPERVISION

Indicator 9 – General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification (20U.S.C. 1416(a)(3)(B) and 1442)

Measurement:

A. Percent of noncompliance related to monitoring priority areas and indicator corrected within one year of identification:

- a. # of findings of noncompliance made related to priority areas.
- b. # of corrections completed as soon as possible but in no case later than one year from identification.

Percent = b divided by a times 100

For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.

B. Percent of noncompliance related to areas not included in the above monitoring priority areas and indicators corrected within one year of identification:

- a. # of findings of noncompliance made related to such areas.
- b. # of corrections completed as soon as possible but in no case later than one year from identification.

Percent = b divided by a times 100

For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.

C. Percent of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) corrected within one year of identification:

- a. # of EIS programs in which noncompliance was identified through other mechanisms.
- b. # of findings of noncompliance made.
- c. # of corrections completed as soon as possible but in no case later than one year from identification.

Percent = c divided by b times 100.

For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.

Overview of Issue/Description of System or Process:

The general supervision system for Kentucky includes:

1. Policies and procedures to guide general supervision practices

2. **Provision of training and technical assistance supports to administrators and service providers in general supervision**
3. **Quality assurance and monitoring procedures to ensure the accuracy of the general supervision data**
4. **Data system elements for general supervision data input and maintenance, and general supervision data analysis functions**

Each of these is described below:

1. Policies and procedures to guide general supervision practices

The Kentucky Early Intervention monitoring system is designed for the supervision and evaluation of the First Steps program in Kentucky. Information gathered will be analyzed to provide direction regarding allocation of resources, ongoing development of family and staff partnerships and the highest quality of service to infants and toddlers with disabilities and their families.

The Kentucky Department for Public Health (DPH), contracts with six (6) state universities and one (1) Community Care Center in order to provide Technical Assistance to the various regions within Kentucky through Technical Assistance Teams (TATs). They are broken down into 15 districts with each team assigned to counties in various regions. This ensures that we have statewide coverage for technical assistance and monitoring for the First Steps Program.

The Eastern Kentucky University Team serves counties in the Cumberland Valley, Kentucky River and Lake Cumberland Area Development Districts, including:

- Cumberland Valley District - Bell, Clay, Harlan, Jackson, Knox, Laurel, Rockcastle and Whitley counties;
- KY River District - Breathitt, Knott, Lee, Leslie, Letcher, Owsley, Perry and Wolfe counties;
- Lake Cumberland District - Adair, Casey, Clinton, Cumberland, Green, McCreary, Pulaski, Russell, Taylor and Wayne counties.

The Morehead State University Team serves counties in the Big Sandy, FIVCO and Gateway Area Development Districts, including:

- Big Sandy District - Floyd, Johnson, Magoffin, Martin and Pike counties;
- FIVCO District - Boyd, Carter, Elliot, Greenup and Lawrence counties;
- Gateway District - Bath, Menifee, Montgomery, Morgan and Rowan counties.

The Murray State University Team serves counties in the Pennyrile and Purchase Area Development Districts, including:

- Pennyrile District - Caldwell, Christian, Crittenden, Hopkins, Livingston, Lyon, Muhlenberg, Todd and Trigg counties;
- Purchase District - Ballard, Carlisle, Calloway, Fulton, Hickman, Graves, Marshall and McCracken counties.

The North Key Community Care Team serves counties in the Buffalo Trace and Northern Kentucky Area Development Districts, including:

- Buffalo Trace District - Bracken, Fleming, Lewis, Mason and Robertson counties;
- Northern KY District - Boone, Campbell, Carroll, Gallatin, Grant, Kenton, Owen and Pendleton counties.

The University of Kentucky Team serves counties in the Bluegrass Area Development District, including:

- Anderson, Bourbon, Boyle, Clark, Estill, Fayette, Franklin, Garrard, Harrison, Jessamine, Lincoln, Madison, Mercer, Nicholas, Powell, Scott and Woodford counties.

The University of Louisville Team serves counties in the KIPDA and Lincoln Trail Area Development Districts, including:

- Kentuckiana District - Bullitt, Henry, Jefferson, Oldham, Shelby, Spencer and Trimble counties;
- Lincoln Trail District - Breckinridge, Grayson, Hardin, Larue, Marion, Meade, Nelson and Washington counties.

The Western Kentucky University Team serves counties in the Barren River and Green River Area Development Districts, including:

- Barren River District - Allen, Barren, Butler, Edmonson, Hart, Logan, Metcalfe, Monroe, Simpson and Warren counties;
- Green River District - Daviess, Hancock, Henderson, McLean, Ohio, Union and Webster counties.

The TATs have a three (3) person team designed to provide training, technical assistance to families as they request and to all providers; as well as to monitor all providers every other year. The team is comprised of a Program Consultant, Parent Consultant and Program Evaluator. Their duties are as follows:

The First Steps program consultant is responsible for:

- Technical assistance and training to providers for programmatic issues such as regulations, policies and procedures, best practices and billing.
- Training new providers and assisting them throughout the enrollment process to become First Steps providers.
- Maintaining a resource library of early intervention materials.
- Acting as a liaison to District Early Intervention Councils (DEIC).
- Conducting quarterly service coordinator meetings and other informational meetings for providers.

The First Steps parent consultant is responsible for:

- Providing information and resources to families.
- Offering a parent perspective to other families and providers (each is a parent of a child currently or formerly enrolled in First Steps) and representing family interests and concerns to other stakeholders and staff.
- Coordinating training and special events for families of children with developmental delays such as Fireside Chats which focus on preparing families for the transition from First Steps to preschool.
- Linking families to DEIC and other groups to encourage the participation of families in planning and meeting the needs of children with development delays.

The First Steps program evaluator/monitor is responsible for:

- Conducting periodic review of provider records to assure regulatory compliance.
- Monitoring quality of services and outcomes. Identifying training and technical assistance needs based on reviews.

- Consulting with providers and program consultants during the development of corrective action plans.
- Responding to complaints and quality concerns reported by families, providers and others.

First Steps Program Evaluation staff reviews all enrolled providers through a random selection process at least once every two years. Providers are selected for monitoring based on length of time since their last review, complaints, and/or billing concerns that are communicated from the First Steps Financial Administrator. In addition, when new providers enroll in the First Steps system, the Program Evaluator makes note of that and schedules them for review within one year of beginning service. The Program Evaluator monitors providers based on Federal Part C requirements as well as State Regulations and First Steps Policies and Procedures. The process starts with the Program Evaluator who reviews provider's records, billing documents and observes their practice, if needed. Once the Program Evaluator has visited the provider and conducted an exit conference to briefly review their findings, they send a written report to the Quality Assurance Administrator in the Central Office. The Quality Assurance Administrator reviews the report and forwards it to the provider within (2) two weeks of the on-site visit. This process is called Program review.

The Program Review Report lists the findings by both non-compliance and lack of best practice issues. The provider must respond to that report in writing with an Action Plan within 21 working days of receiving the Program Review Report. This Action Plan must give the details of how that provider will come into compliance on the identified issues. Once this Action Plan is accepted by the Administration, the Program Evaluator will do a follow-up visit within (6) six months or sooner depending on the issues, to review that the Action Plan is in effect. In order to ensure non-compliance is corrected, the Program Evaluator pulls from a sample of records beginning with the time after the approval of the Action Plan. The Provider has one year from identification to correct non-compliance issues. The Lead Agency will work closely with a provider to get them to successfully complete a program review. However, the ultimate sanction for not completing their review successfully is the termination of the provider contract.

Other types of sanctions which may be imposed by the Cabinet for Health and Family Services on the enrolled provider are as follows:

1. Requirement of enrolled provider to repay misspent or misapplied funds.
2. Withholding of funds until corrective action is taken by the enrolled provider.
3. Limiting the provider's caseload.
4. Cancellation of enrolled provider status with the Cabinet for Health and Family Services.

2. Provision of training and technical assistance supports to administrators and service providers in general supervision

Another part of the Program Review Process is sharing findings with other members of the Technical Assistance Team. Each Program Review Report completed by the Program Evaluator is sent to the Parent and Program Consultant. Their responsibility in the process is to review the areas and make either training changes or technical assistance activities to help the provider to improve in the area of non-compliance. In addition, when they see a trend in their region where the same or similar areas of non-compliance are occurring, then they are charged with training the entire region on the appropriate ways to ensure compliance in those areas. The TAT's have mandatory quarterly meetings with Service Coordinators to address several issues, one of which is the findings of recent Program Reviews.

3. **Quality assurance and monitoring procedures to ensure the accuracy of the general supervision data**

There is a three level approach to identifying and correcting non-compliance: on-site monitoring and follow-up; revising training and technical assistance at both the regional and state level; and actual regulatory or policy changes. The complete Program Review process and reports are filed in the Central Office and overseen by the Quality Assurance Administrator. The Quality Assurance Administrator reviews all reports and approves all Action Plans. This staff person also has the responsibility to look for possible trends in areas of non-compliance and bringing those trends to the attention of the Lead Agency. Once those trends are identified, the Lead Agency either requests that the statewide Training Coordinator revise existing training to ensure that those areas are clear and stressed in the mandatory provider trainings or request specific training be developed to address the trend then shared with each TAT to be carried out in their region. In addition, if the problem will be clarified by changing policies and procedure or regulations, the Lead Agency may re-write to provide more direction on the issue. Once the changes are approved the Lead Agency will provide training and information to the TAT to have them alert their providers of the new language.

4. **Data system elements for general supervision data input and maintenance, and general supervision data analysis functions**

The Quality Assurance Administrator reviews monitoring data sent from the TAT's and enters it into a spreadsheet. Each citation is logged into the spreadsheet after each program review has been completed. From the data entered, the Quality Assurance Administrator can identify certain trends within the data that needs to be addressed. The Quality Assurance Administrator will routinely monitor the data in order to identify trends.

All data in the section 618 tables comes from Kentucky's Central Billing and Information System (CBIS) database. CBIS maintains billing and demographic records for all children served under Part C in the state of Kentucky.

CBIS has procedures in place to limit data entry errors (and is by contract required to do so). Having all data entry take place in one location also has the advantage of providing oversight and supervision of staff.

Initial and primary service coordinators receive training before they can become service coordinators on how to properly complete the CBIS forms. ISC's attend quarterly point of entry meetings where any new updates to forms can be discussed and questions can be answered. Primary service coordinators must attend mandatory quarterly meetings which serve the same purpose. (See Indicator #14)

A: Percent of Noncompliance related to monitoring priority areas and indicator corrected within one year of identification:

Baseline Data for FFY 2004 (2004-2005):

District	NE (34 CRF Part 303.12) (b) (911 KAR 2:130)				45 Day timeline (34 CRF Part 303.321) (911 KAR 2:110)				Transition (34 CRF Part 303.44) (911 KAR 2:130)			
	M	a	b	O	M	a	b	O	M	a	b	O
Bluegrass	11	8	8	0	0	0	0	0	11	3	3	0
Purchase	10	1	1	0	1	1	0	1	10	0	0	0
Pennyrile	2	1	1	0	1	1	0	1	2	0	0	0
Northern KY	19	0	0	0	0	0	0	0	19	0	0	0
Green River	20	0	0	0	1	1	0	1	3	0	0	0
Buffalo Trace	5	0	0	0	0	0	0	0	5	0	0	0
Lake Cumberland	7	2	2	2	0	0	0	0	7	2	2	2
Big Sandy	0	0	0	0	0	0	0	0	0	0	0	0
Cumberland Valley	8	3	3	1	0	0	0	0	8	3	3	0
Gateway	0	0	0	0	0	0	0	0	0	0	0	0
Barren River	18	0	0	0	1	1	0	1	3	1	1	0
FIVCO	6	3	3	0	0	0	0	0	6	1	1	0
Lincoln Trail	10	0	0	0	1	1	0	1	10	1	0	1
Kentuckiana	27	3	2	1	0	0	0	0	27	2	2	0
Kentucky River	7	1	1	0	0	0	0	0	7	3	3	1

M= # Monitored
a= # of findings of non-compliance
b = # corrections completed within one year of identification
O= outstanding non-compliance not corrected in one year

Grand Total = 150 Providers Monitored

(Note: During an audit of 2003 Annual Performance Report data it was discovered that a calculation error occurred when reporting the number of providers monitored. The number of providers reported was only initial reviews.)

Discussion of Baseline Data:**Indicator #1: Timely Service**

Kentucky did not monitor for timely services during this reporting period. However, Central Billing and Information System (CBIS) collects reliable data on timely services. In the future, Program Evaluators will also verify with each provider that services are timely and cite them accordingly. (See Indicator # 1).

Indicator #2 Natural Environment: a= 22 b= 21 O= 4; b/a x 100= 95%

For FFY 2004 95% of providers reviewed corrected noncompliance within one year of identification. There were three (3) providers with outstanding non-compliance. This was due to the providers no longer participating in the First Steps program after the Program Review. Rather than address their non-compliance, the providers chose to resign. In the event that these providers want to participate in the future the citations will have to be corrected prior to reenrollment in the program.

Indicator #3 & #4: New Indicator**Indicator #5 & #6 Child Find:**

The Point of Entry Coordinator monitors monthly POE reports to assure that the required child find activities are completed in each district. These reports are also reviewed by DEIC members and by Technical Assistance Teams. These reviews, while confirming that the required numbers of child find activities are completed in each district, primarily assure that these efforts are being directed to the most appropriate needed areas. (See Indicator #5 & #6)

Indicator #7 45-Day Timeline: a=5 b=0 O=5; b/a X 100= 0%

For FFY 2004 (5) five of the (15) fifteen Point of Entry's were reviewed. The five (5) have outstanding noncompliance in the area of the forty-five (45) day timeline. Kentucky was not able to determine if the five (5) POEs were successful in correcting noncompliance that was identified in the area of the 45 day timeline within one year of identification. This was due to Program Evaluator vacancies in two regions as well as other Program Evaluation staff not completing follow-up reviews in the necessary time frame. The two (2) Program Evaluator vacancies have since been filled and the remaining Program Evaluators have been trained on the requirement to complete follow-up reviews within established timelines. In order to further ensure compliance with the 45 day timeline, Program Evaluators will be monitoring every Point of Entry every other year. In addition, training has been provided to Program Evaluators and Point of Entry staff to ensure the timelines will be met.

Indicator #8 Transition: a= 16 b = 15; b/a X 100 = 94%

For FFY 2004 94% of providers reviewed corrected noncompliance within one year of identification. There were (3) three providers with outstanding non-compliance. This was due to the providers no longer participating in the First Steps program after the Program Review. Rather than address their non-compliance, the providers chose to resign. In the event that these providers want to participate in the future the citations will have to be corrected prior to reenrollment in the program.

SPP Template – Part C (3)

KENTUCKY

State

B: Percent of noncompliance related to areas not included in the above monitoring priority areas and indicators corrected within one year of identification:

Baseline Data for FFY 2004 (2004-2005):

District	Service Coordination (34 CRF Part 303.23(a) (b)) (911 KAR 1:40)				Justification of Services not in Natural environment (34 CRF Part 303.12 (b)) (911 KAR 2:130)				Personnel Requirements (34 CRF Part 303.169) (911 KAR 2:150)				Evaluation (34 CRF Part 303.322) (911 KAR 2:120)			
	M	a	b	O	M	a	b	O	M	a	b	O	M	a	b	O
Bluegrass	11	8	8	0	11	2	2	0	11	0	0	0	11	0	0	0
Purchase	10	0	0	0	10	0	0	0	10	0	0	0	10	0	0	0
Pennyrile	2	0	0	0	2	0	0	0	2	0	0	0	2	0	0	0
Northern KY	19	2	0	2	19	0	0	0	19	0	0	0	19	0	0	0
Green River	20	1	1	0	20	0	0	0	20	0	0	0	20	0	0	0
Buffalo Trace	5	0	0	0	5	0	0	0	5	1	1	0	5	0	0	0
Lake Cumberland	7	3	1	2	7	2	2	1	7	0	0	0	7	4	4	0
Big Sandy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cumberland Valley	8	4	4	0	8	3	2	1	8	0	0	0	8	0	0	0
Gateway	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Barren River	18	2	1	1	18	0	0	0	18	0	0	0	18	0	0	0
FIVCO	6	6	5	1	6	1	1	0	6	0	0	0	6	4	4	0
Lincoln Trail	10	0	0	0	10	0	0	0	10	0	0	0	10	0	0	0
Kentuckiana	27	10	10	0	27	3	2	1	27	0	0	0	27	0	0	0
Kentucky River	7	3	2	1	7	1	1	0	7	1	0	1	7	2	1	1

M= # Monitored
a= # of findings of non-compliance
b = # corrections completed within one year of identification
O= outstanding non-compliance not corrected in one year

Grand Total =150 Providers

Discussion of Baseline Data for FFY 2004:**Service Coordination: a= 39 b=32 O= 7; b/a X 100= 82%**

For FFY 2004 82% of providers reviewed corrected noncompliance within one year of identification. There were seven (7) providers with outstanding non-compliance. This was due to the providers no longer participating in the First Steps program after the Program Review. Rather than address their non-compliance, the providers chose to resign. In the event that these providers want to participate in the future the citations will have to be corrected prior to reenrollment in the program.

Justification of Services not in Natural environment: a= 12 b=11 O= b/a= 92%

For FFY 2004 92% of providers reviewed corrected noncompliance within one year of identification. There were three (3) providers with outstanding non-compliance. This was due to the providers no longer participating in the First Steps program after the Program Review. Rather than address their non-compliance, the providers chose to resign. In the event that these providers want to participate in the future the citations will have to be corrected prior to reenrollment in the program.

Personnel Requirements: a= 2 b=1 O=1 b/a X 100= 50%

For FFY 2004 50% of providers reviewed corrected noncompliance within one year of identification. There was one (1) provider with outstanding non-compliance. This was due to the providers no longer participating in the First Steps program after the Program Review. Rather than address the non-compliance, the provider chose to resign. In the event that this provider wants to participate in the future the citations will have to be corrected prior to reenrollment in the program.

Evaluation in 5 areas: a=10 b= 9 O=1 b/a= 90%

For FFY 2004, 90% of providers reviewed corrected noncompliance within one year of identification. There was one (1) provider with outstanding non-compliance. This was due to that provider no longer participating in the First Steps program after the Program Review. Rather than address the non-compliance, the provider chose to resign. Any providers, who leave First Steps with outstanding non-compliance then in the future want to participate, will have to correct the non-compliance prior to reenrollment in the program.

C. Percent of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc) corrected within one year of identification.

After review of the data that was submitted in the 2003 APR, it appears Kentucky had 25 informal complaints that identify concerns with services provided by First Steps Providers. There was one informal complaint identified during this period that was not resolved in 60 days. This was due to the administration change of First Steps from the Commission for Children with Special Health Care Needs to the Department for Public Health. This provider was eventually turned over to the Kentucky Attorney General's Office and subsequently the provider's contract with the First Steps Program was terminated.

There were no due process hearings or mediations filed in that time period. In the event that one occurs, efforts would be made to ensure that concerns are resolved in a timely manner.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of instances of noncompliance will be identified and corrected by the general supervision system of First Steps as soon as possible but in no case later than one year from identification.
2006 (2006-2007)	100% of instances of noncompliance will be identified and corrected by the general supervision system of First Steps as soon as possible but in no case later than one year from identification.
2007 (2007-2008)	100% of instances of noncompliance will be identified and corrected by the general supervision system of First Steps as soon as possible but in no case later than one year from identification.
2008 (2008-2009)	100% of instances of noncompliance will be identified and corrected by the general supervision system of First Steps as soon as possible but in no case later than one year from identification.
2009 (2009-2010)	100% of instances of noncompliance will be identified and corrected by the general supervision system of First Steps as soon as possible but in no case later than one year from identification.
2010 (2010-2011)	100% of instances of noncompliance will be identified and corrected by the general supervision system of First Steps as soon as possible but in no case later than one year from identification.

Improvement Activities/Timelines/Resources:

IMPROVEMENT ACTIVITY	TIMELINE	RESOURCES
1. Work closely with Federal Contact on ways to strengthen current monitoring system.	October 2005	Federal Contact, Quality Assurance Administrator
2. Contact Mid-South Regional Resource Center, National Center for Special Education Accountability Monitoring (NCSEAM) and National Early Childhood Technical Assistance Center (NECTAC) regarding ways to develop stronger monitoring and data collection process.	October 2005	NCSEAM Contact, Quality Assurance Administrator, Mid-South Contact, NECTAC Contact

SPP Template – Part C (3)

KENTUCKY

State

<p>3. Revisit monitoring policies and procedures with Technical Assistance Teams in order to ensure monitoring is covered in each district to identify systemic problems based on Part C requirements.</p>	<p>December 2006</p>	<p>Quality Assurance Administrator, State Training Coordinator</p>
<p>4. Design a report to collect training and technical assistance activities related to specific non-compliance sited.</p>	<p>September 2007</p>	<p>Quality Assurance Administrator, State Training Coordinator</p>
<p>5. Develop Training Module on Program Monitoring in relation to non-compliance issues that have been identified in order to ensure it is corrected.</p>	<p>September 2008</p>	<p>Quality Assurance Administrator, State Training Coordinator, Technical Assistance Teams</p>
<p>6. Develop a follow-up questionnaire to trainings in order to ensure if training on correcting non-compliance is effective.</p>	<p>September 2008</p>	<p>Quality Assurance Administrator, State Training Coordinator, Technical Assistance Teams</p>
<p>7. Provide training to providers on Program review procedures in order to ensure they are familiar with the Program review process.</p>	<p>June 2009</p>	<p>Quality Assurance Administrator, State Training Coordinator, Technical Assistance Teams</p>
<p>8. Develop web based reporting regarding systemic issues identified through program monitoring for providers to correct non-compliance.</p>	<p>June 2010</p>	<p>Quality Assurance Administrator, State Training Coordinator</p>

Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development: see Overview of Kentucky's State Performance Plan Development Process document.

(The following items are to be completed for each monitoring priority/indicator.)

Monitoring Priority: EFFECTIVE GENERAL SUPERVISION PART C / GENERAL SUPERVISION

Indicator 10 – Percent of signed written complaints with reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

Measurement:

Percent = (1.1(b) + 1.1(c)) divided by (1.1) times 100

Overview of Issue/Description of System or Process:

The written complaint measurement system for Kentucky includes:

1. Policies and procedures to guide written complaint practices
2. Provision of training and technical assistance supports to administrators and service providers in written complaint data collection, reporting and use
3. Quality assurance and monitoring procedures to ensure the accuracy of the written complaint data
4. Data system elements for written complaint data input and maintenance, and written complaint data analysis functions

Each of these is described below:

A complaint may be submitted by an individual or provider, and is defined as *a written, signed allegation that a federal or state law, rule, or regulation has been violated*. A complainant is defined as *the one who files the complaint*. This procedure was adapted from procedures described in §§ 34 CFR 303.510 through 303.512. The complaint must include a statement that a requirement of Part C has been violated and a statement of the facts on which the complaint is based. The complaint must allege a violation that occurred no more than one year prior to the date the complaint is received in accordance with §§303.511. An example of a reason for a complaint is the provider fails to provide services to a family as indicated on the IFSP. A complaint can be initiated by families or other providers.

1. Policies and procedures to guide written complaint practices

Once a complaint is received First Steps has sixty (60) calendar days (unless exceptional circumstances exist which would necessitate additional time or the parties request additional time to pursue alternative methods to resolve the dispute) to:

- carry out an independent on-site investigation if it determines that such an investigation is necessary;
- give the person who submitted the complaint an opportunity to submit additional information, either orally or in writing;
- give the Provider named in the complaint an opportunity to respond to the complaint which could include a proposal to resolve the complaint or a request, with the consent of the parent, to pursue mediation or other alternative means of dispute resolution;
- review all relevant information and make an independent determination about the alleged violations;

- issue a written decision to the complainant that addresses each allegation and contains findings of fact, conclusions, the reasons for the final decision, and procedures for effective implementation of the decision such as technical assistance, negotiations, or corrective actions.

The TA Teams implement the complaint process in First Steps. Each new family is given the "Family Rights Handbook" upon entry into the program. This Handbook is intended to outline their rights and describes the various ways that a family can file a complaint, Mediation or Due Process. Then at each IFSP meeting, the family is again given a summary of those rights which includes how to file a complaint, Mediation or Due Process. As required, families may go immediately to Mediation or Due Process. However, Kentucky also has a system in place where families can call any TA Team member and register a complaint. All complaints registered with the TAT are given to the Program Evaluator. The Program Evaluator must respond to the complaint by gathering initial information on the Complaint form and send it to the Program Evaluation Coordinator within forty-eight (48) hours. The Program Evaluator may investigate each complaint in a variety of methods according to the nature of the complaint. The investigation can include phone interviews with providers and parents, on-site visits or review of requested documents. If the complaint is unsubstantiated (defined as not proven or supported by evidence), the Complaint form is finalized and sent to the Lead Agency with the reason that the complaint was unsubstantiated. If the investigation indicates substantiated findings, a Program Review will be completed. A report will be written and sent to the Lead Agency following this program review. Depending on those findings, an Action Plan could be required. In either situation, the person filing the complaint is contacted and told that the complaint had been investigated and if appropriate, the result of the investigation.

2. Provision of training and technical assistance supports to administrators and service providers in written complaint data collection, reporting, and use

Another part of the Complaint Process is sharing findings with other members of the Technical Assistance Team. Each Program Review Report completed by the Program Evaluator is sent to the Parent Consultant and the Program Consultant. Their responsibility in the process is to review the areas and make either training changes or technical assistance activities to help the provider to improve in the area of non-compliance. In addition, when they see a trend in their region where same or similar areas of non-compliance are occurring, then they are charged with training the entire region on the appropriate ways to ensure compliance in those areas.

3. Quality assurance and monitoring procedures to ensure the accuracy of the written complaint data

Kentucky strives to complete complaints within the 60 day timeframe. The Complaint process and reports are filed in the Central Office and overseen by the Quality Assurance Administrator. Their responsibility is to review all reports and approve all Action Plans. This staff person also has the responsibility to look for possible trends in areas of non-compliance and bringing those trends to the attention of the Lead Agency. Once those trends are identified, the Lead Agency either requests that the statewide Training Coordinator revise existing training to ensure that those areas are clear and stressed in the mandatory provider trainings or request specific training be developed to address the trend then shared with each TAT to be carried out in their region. In addition, if the problem will be clarified by changing policies and procedure or regulations, the Lead Agency may re-write to provide more direction on the issue. Once the changes are approved the Lead Agency will provide training and information to the TAT to have them alert their providers of the new language.

4. Data system elements for written complaint data input and maintenance, and written complaint data analysis functions

After the completion of the complaint investigation, the findings are logged into an excel spreadsheet. The spreadsheet contains information on the findings of the investigation and if it is completed in the necessary 60 day time frame.

Baseline Data for FFY 2004 (2004-2005): There were no formal complaints filed for federal fiscal year July 1, 2004 to June 30, 2005. However, Kentucky had a total of thirty-three (33) informal complaint investigations. All except one complaint investigation was completed within the sixty (60) days. The one complaint not completed within the required timeframe is due to the complaint coming in at the end of the fiscal year. This occurrence has been resolved in FY 2005 (2005-2006) and will be reported on in the February, 2007 Annual Performance Report (APR).

Discussion of Baseline Data: There were no formal complaints filed for federal fiscal year July 1, 2004 to June 30, 2005. However, Kentucky had a total of thirty-three (33) informal complaint investigations. All except one complaint investigation was completed within the sixty (60) days. The one complaint not completed within the required timeframe is due to the complaint coming in at the end of the fiscal year. This occurrence has been resolved in FY 2005 (2005-2006) and will be reported on in the February, 2007 Annual Performance Report (APR). Review of the (33) thirty-three complaints filed revealed the majority of the allegations were submitted from other providers. In order to address these issues, Kentucky is investigating adopting the National Association for the Education of Young Children (NAEYC) code of ethical conduct and establishing minimum standards of practice. In addition, from provider allegations we are also investigating adding a signature line for parents/guardians on provider notes to ensure that families received services as planned.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100 % of signed written complaints will have reports issued and be resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.
2006 (2006-2007)	100 % of signed written complaints will have reports issued and be resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.
2007 (2007-2008)	100 % of signed written complaints will have reports issued and be resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.
2008 (2008-2009)	100 % of signed written complaints will have reports issued and be resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.
2009 (2009-2010)	100 % of signed written complaints will have reports issued and be resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.
2010 (2010-2011)	100 % of signed written complaints will have reports issued and be resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

Improvement Activities/Timelines/Resources:

IMPROVEMENT ACTIVITY	TIMELINE	RESOURCES
1. Develop a Complaint form for filing formal complaints and also outline procedures to ensure families can get complaints to First Steps Administration.	June 2006	Quality Assurance Administrator, State Training Coordinator, Technical Assistance Teams
2. Revisit the complaint process and timelines with Technical Assistance Teams to ensure timely completion of complaints and through investigations.	September 2006	Quality Assurance Administrator, State Training Coordinator
3. Revise the Family Rights Handbook to include a complaint form and procedures in order for families to be aware of how to file a formal complaint.	June 2007	Quality Assurance Administrator, State Training Coordinator
4. Revisit trainings for providers and families to ensure complaint process procedures are detailed and that they are aware of how to file a formal complaint.	June 2007	Quality Assurance Administrator, State Training Coordinator, Technical Assistance Teams

Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development: See Overview of Kentucky's State Performance Plan Development Process document

(The following items are to be completed for each monitoring priority/indicator.)

Monitoring Priority: **EFFECTIVE GENERAL SUPERVISION PART C / GENERAL SUPERVISION**

Indicator 11 – Percent of fully adjudicated due process hearing requests that were fully adjudicated within the applicable timeline. (20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement: Percent = (3.2(a) + 3.2(b)) divided by (3.2) times 100.

Overview of Issue/Description of System or Process:

The due process hearing request measurement system for Kentucky includes:

1. Policies and procedures to guide due process hearing request measurement practices
2. Provision of training and technical assistance supports to administrators and service providers in due process hearing request data collection, reporting, and use
3. Quality assurance and monitoring procedures to ensure the accuracy of the due process hearing request data
4. Data system elements for due process hearing request data input and maintenance, and due process hearing request data analysis functions

Each of these is described below:

Each new family is given the "Family Rights Handbook" upon entry into the program. This handbook is intended to outline their rights and addresses the various ways that a family can file a complaint, mediation, or due process. A parent or provider may file a request for due process hearing on any matter relating to services that were not given to families or children in the First Steps Program. The alleged violation must have occurred not more than three (3) years before the person filing the request knew or should have known about the alleged violation. This 3-year timeline will not apply if the parent was prevented from filing the request due to:

- Specific misrepresentations by the First Steps Program that the problem had been resolved; or
- First Steps withheld information from the parent that was required by IDEA to be provided.

1. Policies and procedures to guide due process hearing request measurement practices

The Program Evaluation Section XI as well as the Family Rights Handbook outline the procedures for fully adjudicated due process hearings. This Handbook outlines their rights and describes the various ways that a family can file a complaint, mediation or due process. Then at each IFSP meeting, the family is again given a summary of those rights which includes how to file a complaint, mediation or due process. As required, families may go immediately to mediation or due process. The Hearings Branch Coordinator sends a copy of the request for Due Process to the Part C Coordinator within twenty-four (24) hours of receipt of request. The Hearing Branch sets up a Due Process Hearing

date and assigns a Hearing Officer. The Hearing Officer conducts the hearing and sends the written report within forty-five (45) days of the receipt of request for due process.

2. Provision of training and technical assistance supports to administrators and service providers in due process hearing request data collection, reporting, and use

The Point of Entry (POE) provides the Statement of Assurances and the Family Rights Handbook to families upon entrance into the First Steps system. In addition, these are also reviewed at each IFSP meeting. The Technical Assistance Teams also provide information on due process hearings in the Family Orientation training.

3. Quality assurance and monitoring procedures to ensure the accuracy of the due process hearing request data

Kentucky has had no Due Process Hearings during this reporting year. If Kentucky were to have a due process hearing filed, the findings from that hearing will be shared with the state and local staff. These findings will by be used as appropriate in training materials and policy language.

4. Data system elements for due process hearing request data input and maintenance, and due process hearing request data analysis functions

In the event that a hearing occurs it will be added into a spreadsheet and maintained by the Quality Assurance Administrator.

Baseline Data for FFY 2004 (2004-2005): There were no due process hearings conducted during this reporting period.

Discussion of Baseline Data: There were no due process hearings conducted during this reporting period.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of due process hearing requests will be fully adjudicated within the applicable timeline.
2006 (2006-2007)	100% of due process hearing requests will be fully adjudicated within the applicable timeline.
2007 (2007-2008)	100% of due process hearing requests will be fully adjudicated within the applicable timeline.
2008 (2008-2009)	100% of due process hearing requests will be fully adjudicated within the applicable timeline.

<p>2009 (2009-2010)</p>	<p>100% of due process hearing requests will be fully adjudicated within the applicable timeline.</p>
<p>2010 (2010-2011)</p>	<p>100% of due process hearing requests will be fully adjudicated within the applicable timeline.</p>

Improvement Activities/Timelines/Resources:

<p>IMPROVEMENT ACTIVITY</p>	<p>TIMELINE</p>	<p>RESOURCES</p>
<p>1. Review policies and procedures for obtaining a Due Process Hearing with Technical Assistance Teams.</p>	<p>June 2006</p>	<p>Quality Assurance Administrator, State Training Coordinator</p>
<p>2. Monitor Family Orientation Trainings to ensure procedures are explained to families regarding obtaining a Due Process Hearing</p>	<p>June 2006</p>	<p>State Training Coordinator</p>

Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development: see Overview of Kentucky's State Performance Plan Development Process document.

(The following items are to be completed for each monitoring priority/indicator.)

Monitoring Priority: **EFFECTIVE GENERAL SUPERVISION PART C / GENERAL SUPERVISION**

Indicator 12 – Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures are adopted). (20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement: Percent – 3.1 (a) divided by (3.1) times 100.

Overview of Issue/Description of System or Process: The hearing request measurement system for Kentucky includes:

1. Policies and procedures to guide hearing request measurement practices
2. Provision of training and technical assistance supports to administrators and service providers in hearing request data collection, reporting, and use
3. Quality assurance and monitoring procedures to ensure the accuracy of the hearing request data
4. Data system elements for hearing request data input and maintenance, and hearing request data analysis functions

Each of these is described below:

Each new family is given the "Family Rights Handbook" upon entry into the program. This handbook is intended to outline their rights and addresses the various ways that a family can file a complaint, mediation, or due process. A parent or provider may file a request for due process hearing on any matter relating to services that were not given to families or children in the First Steps Program. The alleged violation must have occurred not more than three (3) years before the person filing the request knew or should have known about the alleged violation. This 3-year timeline will not apply if the parent was prevented from filing the request due to:

- Specific misrepresentations by the First Steps Program that the problem had been resolved; or
- First Steps withheld information from the parent that was required by IDEA to be provided.

1. Policies and procedures to guide hearing request measurement practices

The Program Evaluation Section XI as well as the Family Rights Handbook outline the procedures for fully adjudicated due process hearings. This Handbook is intended to outline their rights and describes the various ways that a family can file a complaint, mediation or due process. Then at each IFSP meeting, the family is again given a summary of those rights which includes how to file a complaint, Mediation or Due Process. As required, families may go immediately to mediation or due process. The Hearings Branch Coordinator sends a copy of the request for due process to the Part C Coordinator within twenty-four (24) hours of receipt of request. The Hearing Branch sets up a Due

Process Hearing date and assigns a Hearing Officer. The Hearing Officer conducts the hearing and sends the written report within forty-five (45) days of the receipt of request for Due Process.

2. Provision of training and technical assistance supports to administrators and service providers in hearing request data collection, reporting, and use

The Point of Entry (POE) provides the Statement of Assurances and the Family Rights Handbook to families upon entrance into the First Steps system. In addition, these are also reviewed at each IFSP meeting. The Technical Assistance Teams also provide information on Due Process hearings in the Family Orientation training.

3. Quality assurance and monitoring procedures to ensure the accuracy of the hearing request data

Kentucky has had no Due Process Hearings during this reporting year. If Kentucky were to have a due process hearing filed, the findings from that hearing will be shared with the state and local staff. These findings will by be used as appropriate in training materials and policy language.

4. Data system elements for hearing request data input and maintenance, and hearing request data analysis functions

In the event that a hearing occurs it will be added into a spreadsheet and maintained by the Quality Assurance Administrator.

Baseline Data for FFY 2004 (2004-2005): NEW INDICATOR, NOT REQUIRED

Discussion of Baseline Data: NEW INDICATOR, NOT REQUIRED

FFY	Measurable and Rigorous Target
2005 (2005-2006)	NEW INDICATOR, NOT REQUIRED
2006 (2006-2007)	NEW INDICATOR, NOT REQUIRED
2007 (2007-2008)	NEW INDICATOR, NOT REQUIRED
2008 (2008-2009)	NEW INDICATOR, NOT REQUIRED
2009 (2009-2010)	NEW INDICATOR, NOT REQUIRED
2010 (2010-2011)	NEW INDICATOR, NOT REQUIRED

SPP Template – Part C (3)

KENTUCKY

State

Improvement Activities/Timelines/Resources:

IMPROVEMENT ACTIVITY	TIMELINE	RESOURCES
1. Review policies and procedures for obtaining a Due Process Hearing with Technical Assistance Teams.	June 2006	Quality Assurance Administrator, State Training Coordinator
2. Monitor Family Orientation Trainings to ensure procedures are explained to families regarding obtaining a Due Process Hearing	June 2006	State Training Coordinator

Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development: See Overview of Kentucky's State Performance Plan Development Process document.

(The following items are to be completed for each monitoring priority/indicator.)

Monitoring Priority: **EFFECTIVE GENERAL SUPERVISION PART C / GENERAL SUPERVISION**

Indicator 13 – Percent of mediations held that resulted in mediation agreements. (20U.S.C. 1416(a)(3)(B) and 1442)

Measurement: Percent = $(2.1(a)(i) + 2.1(b)(i))$ divided by (2.1) times 100.

Overview of Issue/Description of System or Process:

The mediation measurement system for Kentucky includes:

1. Policies and procedures to guide mediation measurement practices
2. Provision of training and technical assistance supports to administrators and service providers in mediation data collection, reporting, and use
3. Quality assurance and monitoring procedures to ensure the accuracy of the mediation data
4. Data system elements for mediation data input and maintenance, and mediation data analysis functions

Each of these is described below:

Each new family is given the "Family Rights Handbook" upon entry into the program. This handbook is intended to outline their rights and addresses the various ways that a family can file a complaint, mediation, or due process. A parent or provider may file a request for mediation on any matter relating to services that were not given to families or children in the First Steps Program. The alleged violation must have occurred not more than three (3) years before the person filing the request knew or should have known about the alleged violation. This 3-year timeline will not apply if the parent was prevented from filing the request due to:

- Specific misrepresentations by the First Steps Program that the problem had been resolved; or
- First Steps withheld information from the parent that was required by IDEA to be provided.

1. **Policies and procedures to guide mediation measurement practices**

The mediation process is outlined in State Regulation 911 KAR 2:180 Section 1 and also corresponds with federal requirements outlined in 34 CFR §300.506. In addition, the Program Evaluation Section XI as well as the Family Rights Handbook outline the procedures for mediations. This Handbook outlines their rights and describes the various ways that a family can file a complaint, mediation or due process. Then at each IFSP meeting, the family is again given a summary of those rights which includes how to file a complaint, mediation or due process.

Mediation is voluntary and freely agreed to by both parties, and shall not preclude the opportunity for a due process hearing to be conducted at any time. The time table for the mediation process shall be:

- Within five (5) working days after a request for mediation is made to the cabinet, the appointment of a mediator shall be made.
- Either party may waive the mediation and if waived the parents shall be informed by the cabinet within two (2) working days of this decision.
- Mediation shall be completed within thirty (30) working days of the receipt by the cabinet of the request for mediation.
- At any time during the mediation process, a request for a due process hearing may be initiated.
- Mediation resolutions may not conflict with state or federal laws and shall be to the satisfaction of both parties; satisfaction shall be indicated by the signature of both parties on the written resolution.
- A copy of the written resolution shall be mailed by the mediator to each party within five (5) working days following the mediation conference. A copy shall also be filed by the mediator with the cabinet. Seven (7) Mediators are trained in First Steps policies and procedures. (23 Ky.R. 3149; eff. 6-16-97)

2. Provision of training and technical assistance supports to administrators and service providers in mediation data collection, reporting, and use

The Point of Entry (POE) provides the Statement of Assurances and the Family Rights Handbook to families upon entrance into the First Steps system. In addition, these are also reviewed at each IFSP meeting. The Family Orientation training that is in the process of completion by the Program Parent Consultants will also detail procedures of how to obtain a Mediation.

3. Quality assurance and monitoring procedures to ensure the accuracy of the mediation data

Kentucky has had no Due Process Hearings during this reporting year. If Kentucky were to have a mediation filed, the findings from that hearing will be shared with the state and local staff. These findings will be used as appropriate in training materials and policy language.

4. Data system elements for mediation data input and maintenance, and mediation data analysis functions

In the event that a mediation occurs it will be added into a spreadsheet and maintained by the Quality Assurance Administrator.

Baseline Data for FFY 2004 (2004-2005): There were no mediation agreements conducted during this reporting period.

Discussion of Baseline Data: There were no mediation agreements conducted during this reporting period.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of mediation agreements will be fully conducted within the applicable timeline.
2006 (2006-2007)	100% of mediation agreements will be fully conducted within the applicable timeline.
2007 (2007-2008)	100% of mediation agreements will be fully conducted within the applicable timeline.
2008 (2008-2009)	100% of mediation agreements will be fully conducted within the applicable timeline.
2009 (2009-2010)	100% of mediation agreements will be fully conducted within the applicable timeline. 100% of mediation agreements will be fully conducted within the applicable timeline.
2010 (2010-2011)	100% of mediation agreements will be fully conducted within the applicable timeline.

Improvement Activities/Timelines/Resources:

IMPROVEMENT ACTIVITY	TIMELINE	RESOURCES
1. Review policies and procedures for requesting mediation with Technical Assistance Teams.	June 2006	Quality Assurance Administrator, State Training Coordinator
2. Monitor Family Orientation Trainings to ensure procedures are explained to families regarding mediation agreements.	June 2006	State Training Coordinator

Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development: see Overview of Kentucky's State Performance Plan Development Process document.

(The following items are to be completed for each monitoring priority/indicator.)

Monitoring Priority: **EFFECTIVE GENERAL SUPERVISION PART C / GENERAL SUPERVISION**

Indicator 14 – State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate. (20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement: State reported data, including 618 data, State Performance Plan, and annual Performance reports, are:

- a. Submitted on or before due dates (February 1 for child count, including race and ethnicity, settings and November 1 for exiting, personnel, dispute resolution); and
- b. Accurate (describe mechanisms for ensuring accuracy).

Overview of Issue/Description of System or Process:

All data in the section 618 tables comes from Kentucky's Central Billing and Information System (CBIS) database. CBIS maintains billing and demographic records for all children served under Part C in the state of Kentucky. When a child enters one of the fifteen district points of entry, paper forms are submitted by initial service coordinators (ISCs) to notify CBIS about the child. ISCs submit routine demographic and contact information for the child, as well as authorizations for service payment. These are entered manually at CBIS. Evaluators and other providers contract with the state for services. When they receive a First Steps referral, they deliver service and bill CBIS. Some providers send paper billing, others bill electronically. Paper bills are entered manually at CBIS. Electronic billing is imported into the database. Many of these providers go on to become part of the IFSP team. Once an IFSP is in place, primary service coordinators (PSCs) continue to submit paper authorization forms and demographic updates to CBIS.

CBIS has procedures in place to limit data entry errors (and is by contract required to do so). Having all data entry take place in one location also has the advantage of providing oversight and supervision of staff.

Initial and primary service coordinators receive training before they can become service coordinators on how to properly complete the CBIS forms. ISCs attend quarterly point of entry meetings where any new updates to forms can be discussed and questions can be answered. Primary service coordinators must attend mandatory quarterly meetings which serve the same purpose.

In the letter from OSEP to Secretary James Holsinger in response to Kentucky's FFY 2003 APR, it was requested that Kentucky respond to a previous request to provide explanation of a flawed data report in the FFY 2002 APR. The "flawed data" had to do with data regarding the 45 day timeline and the percentage of IFSP services that are delivered. The FFY 2002 APR was in error. The data are not flawed. This error came about due to miscommunication between the director of the Central Billing and Information System (CBIS) who serves as the data manager (and is contracted rather than a state employee) and the lead agency at the time (the lead agency has since changed). The data manager was not included in the writing of the FFY 2002 APR, nor informed of the purpose and importance of the document. And at the same time, the data manager was providing data for the

imminent change in lead agencies. The data manager included a statement to the then lead agency that data cleaning was involved with the 45 day timeline data to make sure that children originally determined not eligible and subsequently re-referred did not get days counted from the original referral, resulting in an inordinately (and inaccurately) long time period from referral to IFSP. The data manager completed this data cleaning before reporting the data to the then lead agency. In particular, the data manager looked at the electronic record of **every** referral that seemed to be a long period of time to ensure the dates were correct. But because of the statement that cleaning was necessary; the lead agency reported that the data were flawed. On the contrary, the data were exceptionally accurate. Specifically, the number of days from referral to IFSP was **not** overstated for the reason described above. Service coordinators might have made mistakes on re-referrals, but those were data-cleaned. The number of referrals was likewise not over-reported. The data manager in the data cleaning process ensured each child was only counted once. The FFY 2002 APR also indicated that the data report failed to capture reasons for not meeting the 45 day requirement. This is true, because the data requested came from the billing system. The lead agency was instructed by the data manager that reasons for not meeting the 45 day requirement should be obtained through the monitoring process.

As to the reported flaw in data which capture the percentage of IFSP services that are delivered, the then lead agency was told by the data manager that since the request came to the billing system, the actual IFSP was not available. The actual IFSP in Kentucky is kept in the child's permanent record at the Point of Entry. Services authorized on the IFSP are translated into billing codes and entered onto a Summary Sheet (which summarizes the IFSP services) for CBIS. As a billing system without access to the IFSP itself, it was impossible for CBIS to provide the information in the manner they had requested it. CBIS suggested the lead agency use monitoring data instead. But instead the then lead agency chose to use the CBIS data as it could be best conceived and report it as flawed.

In the section of this document under Indicator 7, Kentucky has reported how we are attempting to correct the problem of not tracking reasons the 45 day timeline is missed. We did complete a survey of all cases where the 45 day timeline was not in compliance with Federal Part C regulations. In the future, we will add fields and tables to the CBIS database to continually track and monitor this data. The data manager at CBIS is now part of the SPP and APR process so communication has been greatly improved.

Baseline Data for FFY 2004 (2004-2005): ALL DATA WERE SUBMITTED TIMELY.

Discussion of Baseline Data:

All data required to be submitted to OSEP was completed in a timely way. For the Section 618 data, Tables 2-5 for the December 1, 2003 child count were due November 1, 2004. They were submitted electronically to Westat, who confirmed receipt of same on that day. Westat returned a report showing significant year-to-year changes for tables 3 and 5. A response was made to this immediately upon receipt. Table 1 for the December 1, 2004 child count was due February 1, 2005. It was submitted January 13, 2005 electronically to Westat, who confirmed receipt of same the next day. No significant year-to-year changes were noted by Westat that required a response, so none was made.

The 2004 APR was due March 30, 2005. This was completed and submitted on March 24, 2005 to OSEP.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of state reported data (618 and State Performance Plan and Annual Performance Report) will be timely and accurate.
2006 (2006-2007)	100% of state reported data (618 and State Performance Plan and Annual Performance Report) will be timely and accurate.
2007 (2007-2008)	100% of state reported data (618 and State Performance Plan and Annual Performance Report) will be timely and accurate.
2008 (2008-2009)	100% of state reported data (618 and State Performance Plan and Annual Performance Report) will be timely and accurate.
2009 (2009-2010)	100% of state reported data (618 and State Performance Plan and Annual Performance Report) will be timely and accurate.
2010 (2010-2011)	100% of state reported data (618 and State Performance Plan and Annual Performance Report) will be timely and accurate.

Improvement Activities/Timelines/Resources:

IMPROVEMENT ACTIVITY	TIMELINE	RESOURCES
1. Kentucky will continue to contract with a data manager to assure that data reports are timely and accurate	July 2005 – June 2011	Kentucky Department for Public Health; Contracted Data Manager
2. Part C Coordinator will manage production of all required reports to meet timelines.	July 2005 – June 2011	Part C Coordinator

**Report of Dispute Resolution Under Part C of the Individuals with Disabilities Education Act
Complaints, Mediations, Resolution Sessions, and Due Process Hearings**

SECTION A: Signed, written complaints	
(1) Signed, written complaints total	0
(1.1) Complaints with reports issued	0
(a) Reports with findings	0
(b) Reports within timeline	0
(c) Reports within extended timelines	0
(1.2) Complaints withdrawn or dismissed	0
(1.3) Complaints pending	0
(a) Complaints pending a due process hearing	0

SECTION B: Mediation requests	
(2) Mediation requests total	0
(2.1) Mediations	
(a) Mediations related to due process	0
(i) Mediation agreements	0
(b) Mediations not related to due process	0
(i) Mediation agreements	0
(2.2) Mediations not held (including pending)	0

SECTION C: Hearing requests	
(3) Hearing requests total	0
(3.1) Resolution sessions	0
(a) Settlement agreements	0
(3.2) Hearings (fully adjudicated)	0
(a) Decisions within timeline SELECT timeline used {30 day/Part C 45 day/Part B 45 day}	0
(b) Decisions within extended timeline	0
(3.3) Resolved without a hearing	0