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 re-convened 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) 648-6599	**Pennyrile District** 206 W. 15th 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** 1502 Western Ave. Ste. 1 Bowling Green, KY 42104 (270) 746-9941 (800) 643-6233	**Lincoln Trail District** 1308-A Woodland Drive Elizabethtown, KY 42701 (270) 737-5921 (800) 678-1879
Kentuckiana Dstict 3717 Taylorsville Rd Louisville, KY 40220 (502) 459-0225 (800) 442-0087	**Northern KY District** 2014 Eastern Ave Covington, KY 41014 (859) 815-3095 (888) 300-8866	**Buffalo Trace District** 738 Kenton Station Rd Maysville, KY 41056 (606) 759-5510 (800) 335-4249	**FIVCO District** Summit Plaza Box 11 Ashland, KY 41102 (606) 929-9155 ext 17 (800) 650-1329 ext 17	**Gateway District** 39 Cedar Creek Drive Owingsville, KY 40360 (606) 674-3204 (800) 718-0378
Big Sandy District P.O. Box 279 Staville, KY 41659 (606) 478-8572 (800) 230-6011	**KY River District** 115 Rockwood Ln Hazard, KY 41701 (606) 439-1325 (800) 328-1767	**Cumberland Valley District** P.C. Box 568 Corbin, 40702 (606) 523-0229 (800) 509-9559	**Lake Cumberland District** 259 Parkers Mill Road Somerset, KY 42501 (606) 678-2821 (800) 378-2821	**Bluegrass District** 3161 Custer Drive Ste 4 Lexington, KY 40517 (859) 271-9448 (800) 454-2704

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.

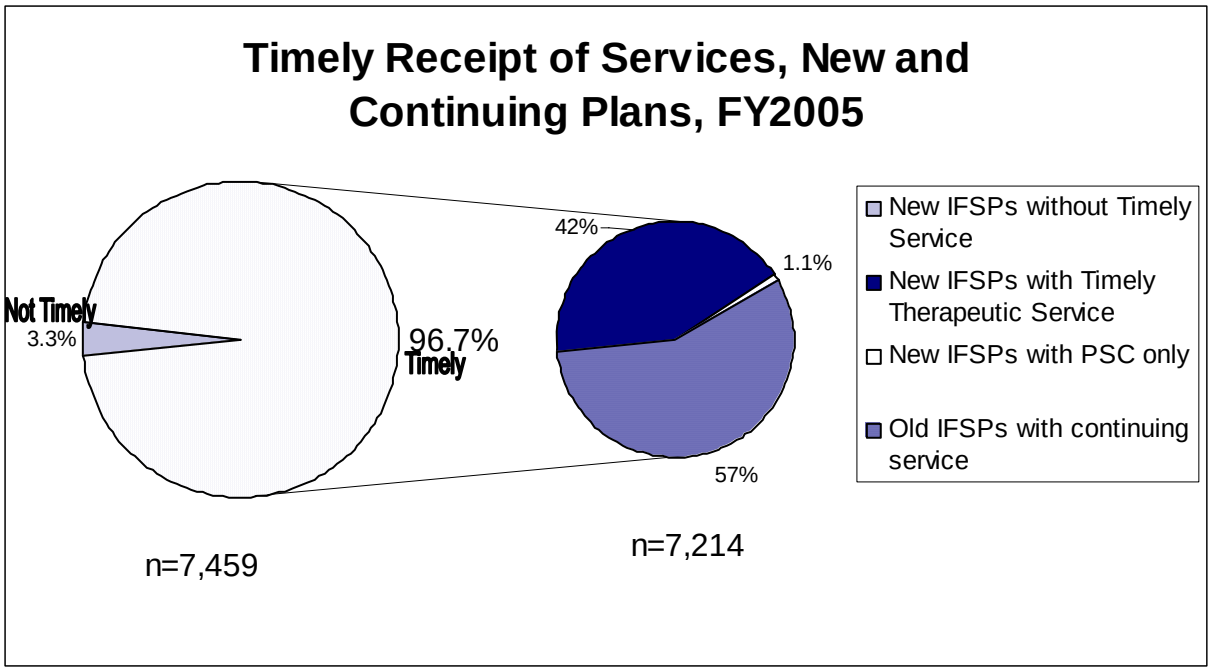

Figure 1

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.

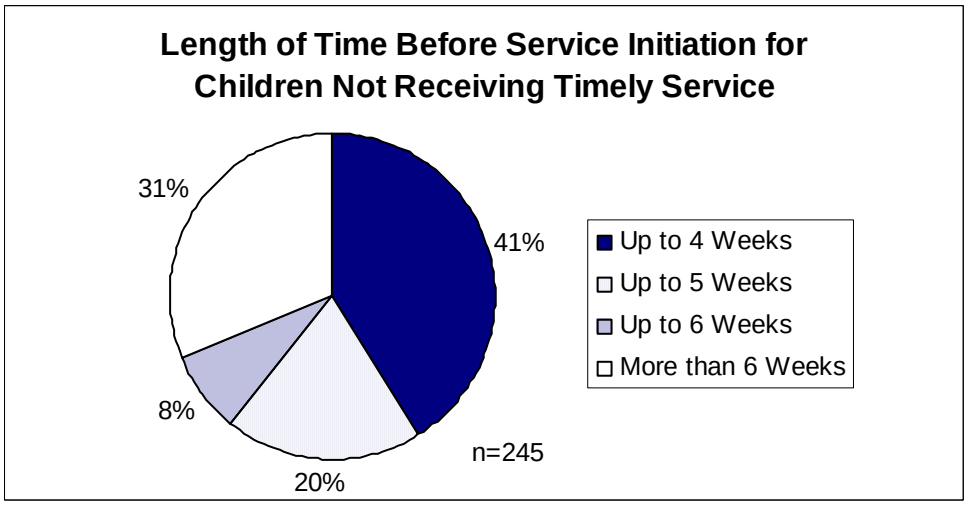

Figure 2

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.

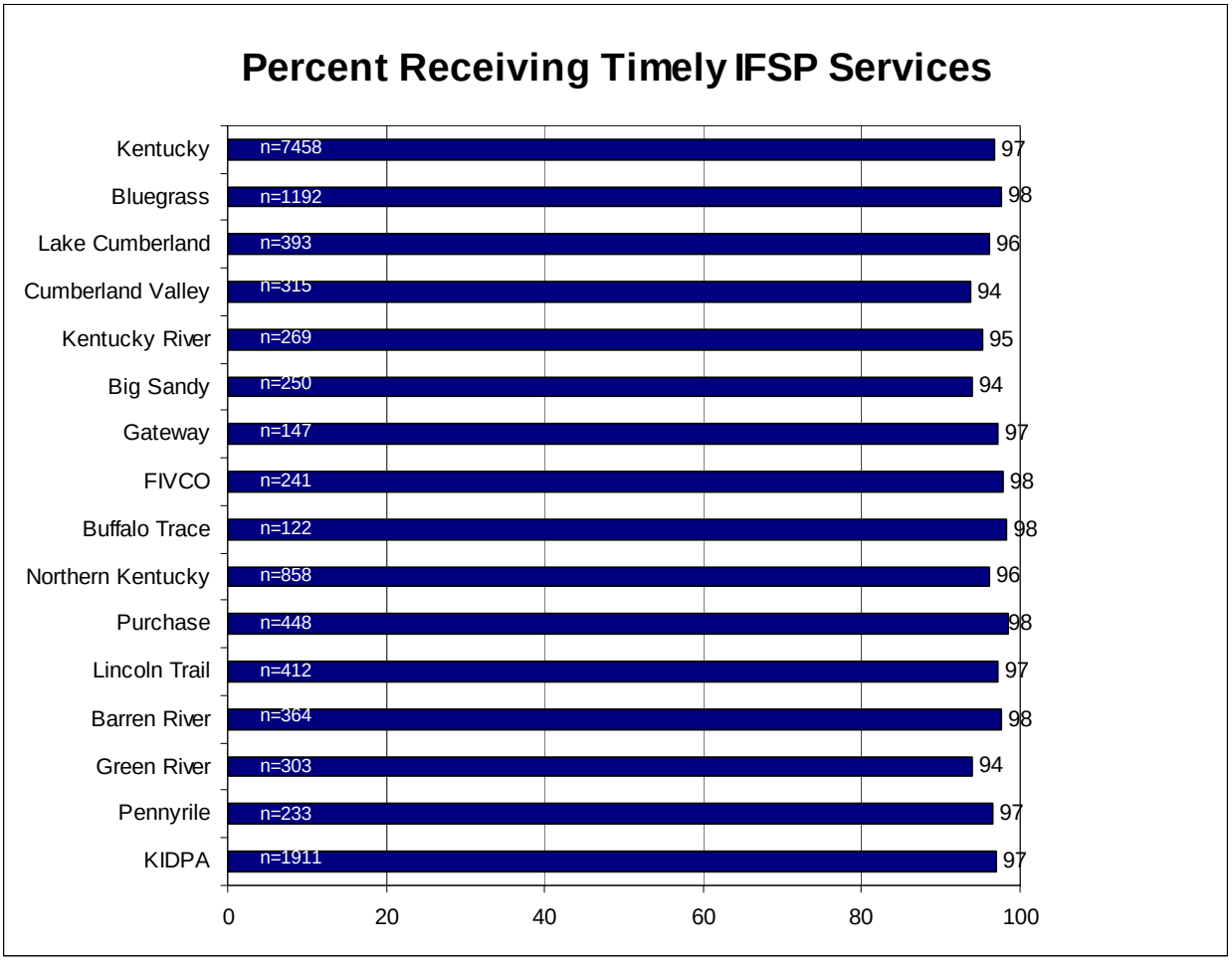

Figure 3

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.

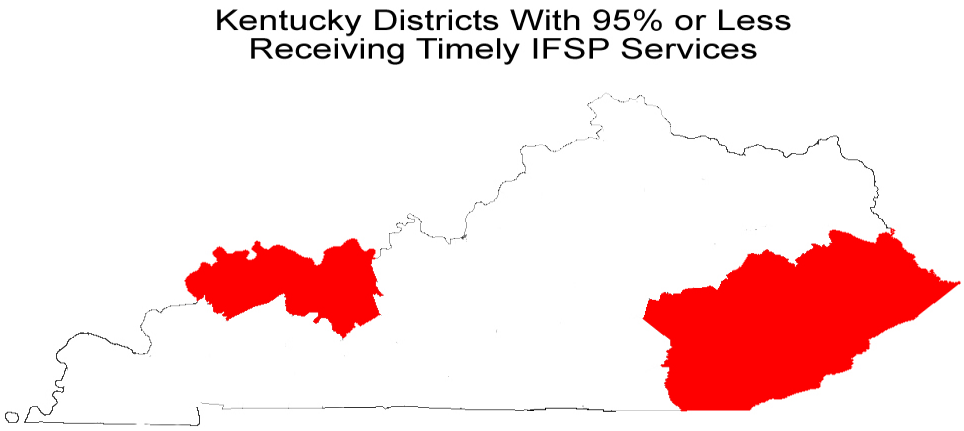

Figure 4

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.

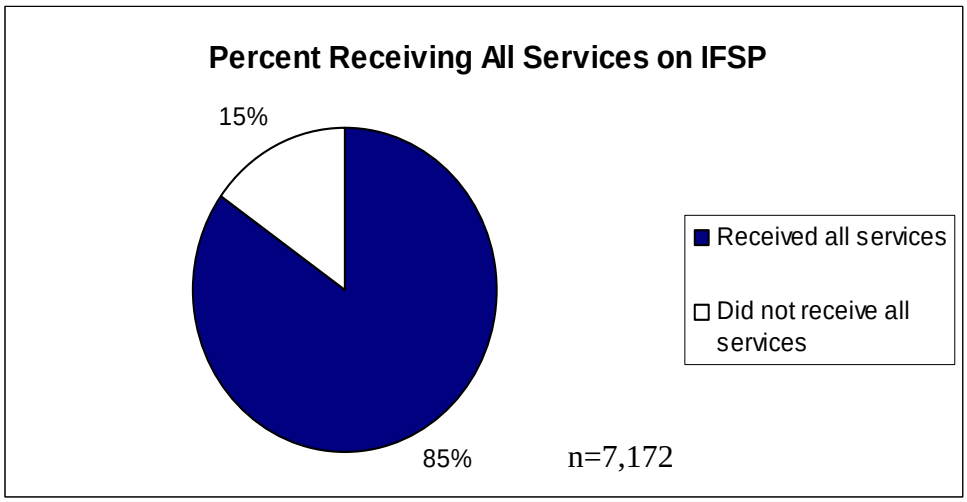

Figure 5

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

3. Provide training to the Service Coordinators on service provision in a timely manner.	March – June 2006	Technical Assistance Teams; Point of Entry Coordinator
4. Provide training to the Service Providers on service provision in a timely manner.	March – August 2006	Technical Assistance Teams
5. Provide Monitoring to review effects of training on service provision in a timely manner.	September 2006 – June 30, 2011	Program Evaluators; Quality Assurance Administrator; CBIS regional quarterly reports.
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.	July 2006 – June 2007	Part C Coordinator; Technical Assistance Teams
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.	July 2008 – June 2009	Part C Coordinator; Training Coordinator; Technical Assistance Teams.
8. Implement a system to gather data regarding the specific reason(s) for noncompliance with the initiation of services on the IFSP in a timely manner. **Improvement Activity #8 added February 1, 2007*	July, 2007 – June 2009	Kentucky is in need of a statewide data management system to facilitate the collection and analysis of information regarding a variety of aspects of early intervention service provision, documentation and billing. A statewide data management system will allow the state to accurately report the reasons for non-compliance related to this and other performance indicators. It is necessary to fully understand the reasons for delay before Improvement Activities to target performance problems can be developed. The Part C Coordinator, QA Administrator and a workgroup comprised of First Steps program evaluators will coordinate this activity.
9. Monitor the implementation of Improvement activities 1 through 8, assess their impact on the initiation of services on the IFSP in a timely manner, and revise as necessary. **Improvement Activity #9 added*	July, 2007 – June 2011	It is necessary to ensure that performance is being continually monitored and non-compliance is addressed in a timely manner. The Part C Coordinator, QA Administrator and a workgroup comprised of First Steps program evaluators will

February 1, 2007		coordinate this activity.

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.

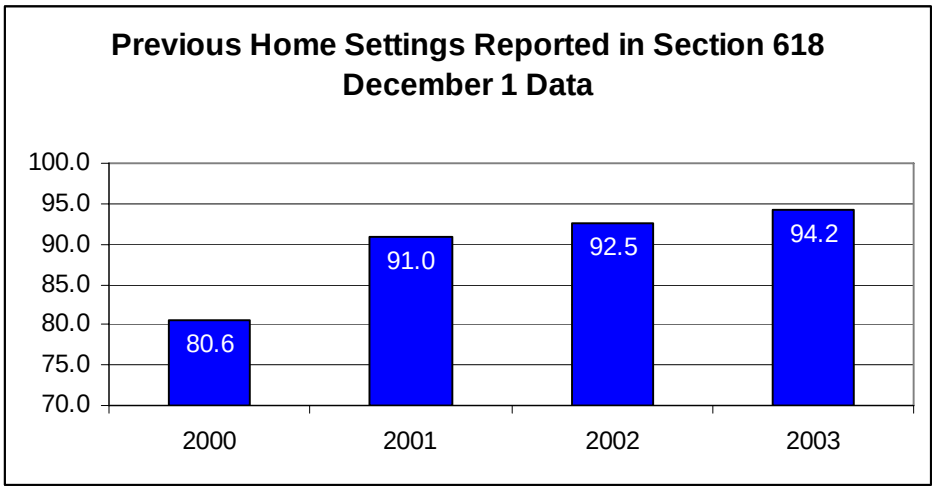

Figure 1

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.

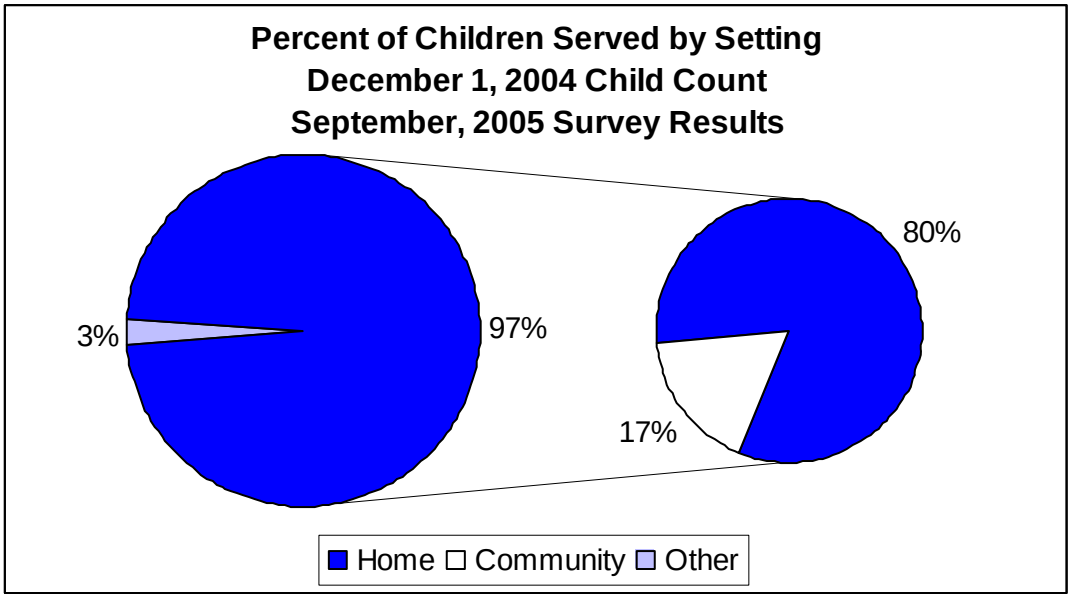

Figure 2

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.

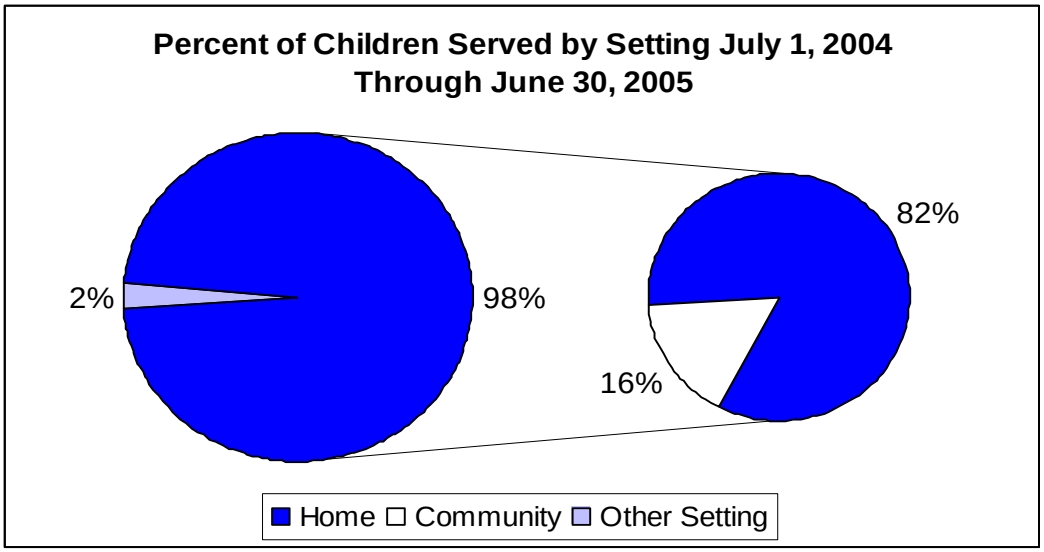

Figure 3

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.

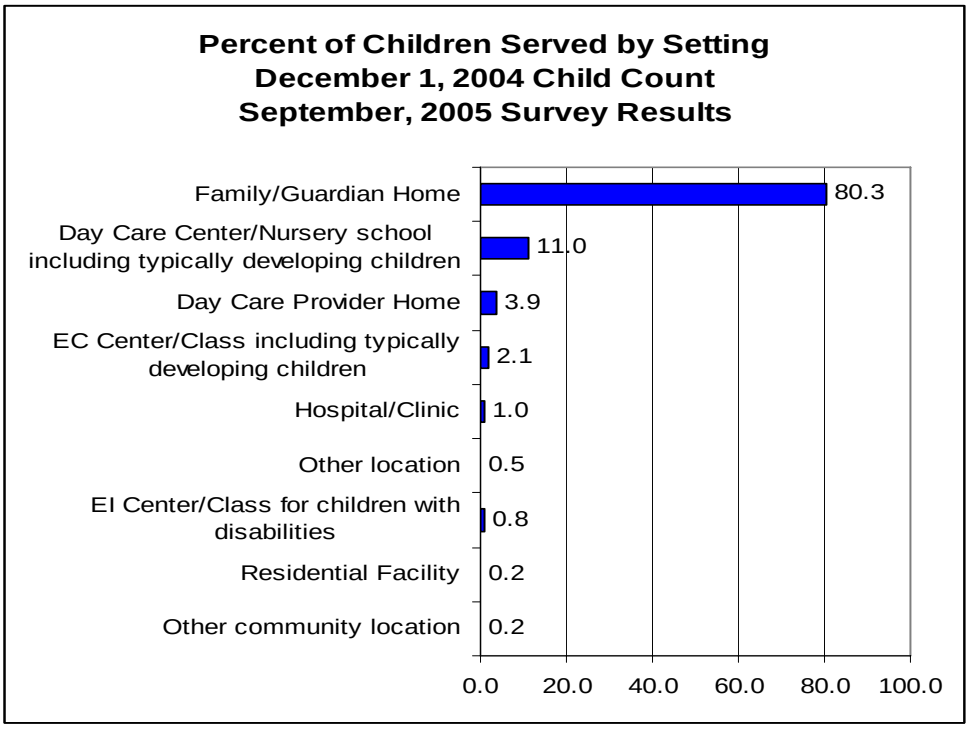

Figure 4

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.

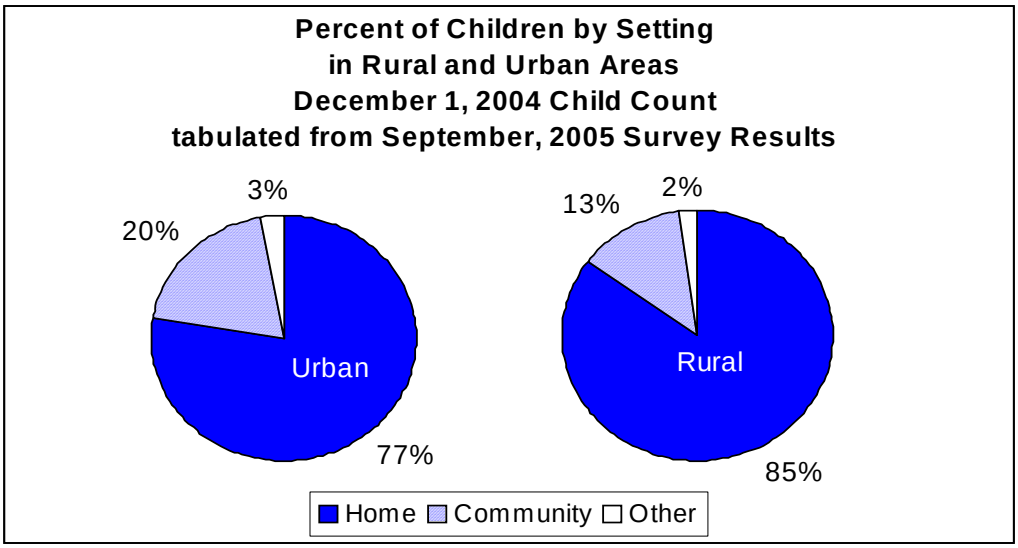

Figure 5

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.

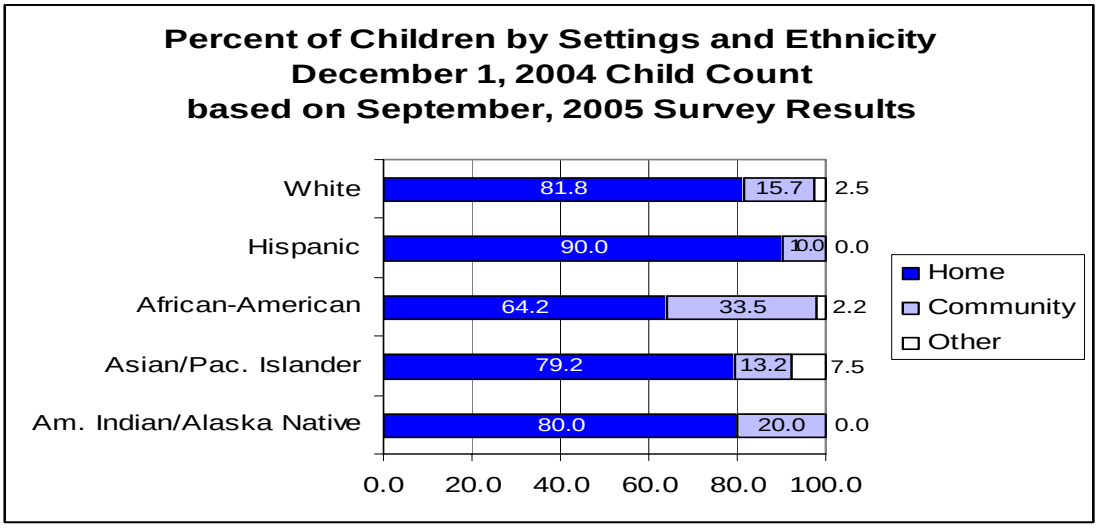

Figure 6

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%~~ 98.7%* of infants and toddlers will receive early intervention services in the home or programs for typically developing children.**
2007 (2007-2008)	**~~97.55%~~ 98.7%* of infants and toddlers will receive early intervention services in the home or programs for typically developing children.**
2008 (2008-2009)	**~~97.60%~~ 98.7%* of infants and toddlers will receive early intervention services in the home or programs for typically developing children.**
2009 (2009-2010)	**~~97.65%~~ 98.7%* of infants and toddlers will receive early intervention services in the home or programs for typically developing children.**
2010 (2010-2011)	**~~97.70%~~ 98.7%* of infants and toddlers will receive early intervention services in the home or programs for typically developing children.**

* Performance targets updated February 1, 2007 because program performance exceeded targets through FFY 2010

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

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
5. Revise monitoring document and embed data reporting to capture new information. **Improvement Activity #5 added February 1, 2007*	July 2007-June 2008	As we have exceeded all targets previously set, Kentucky now desires to embrace the evidence based literature which says natural environments includes the home, other community based settings in which children without disabilities participate, and are BOTH the places and opportunities where children experience everyday, typically occurring learning opportunities that enhance their growth and development. It will be necessary to revise the monitoring document and embed data reporting to capture new information regarding this new program focus. A workgroup comprised of First Steps program evaluators will be responsible for this activity.
6. Develop training on natural environments to include coaching parents and use of Kentucky's Early Childhood Standards. **Improvement Activity #6 added February 1, 2007*	July 2007-June 2008	Training will be necessary in order to facilitate statewide implementation. Lee Ann Jung, Ph.D. will assist the Training Coordinator and a designated workgroup in the development of this training.
7. Implement, evaluate and modify, as necessary, new monitoring procedures **Improvement Activity #7 added February 1, 2007*	July 2007-June 2011	Monitoring policies and procedures will need to address the new program focus. The Part C Coordinator will be responsible for this activity.

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

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

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 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:

Kentucky's December, 2005 State Performance Plan stated, "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." Kentucky's plan was to use developmental information gathered via the Developmental Status Scale (formerly called the Delay Ranking Scale) to report progress data for the children on whom baseline data was established in FY 2006.

In September, 2006 states were notified that the reporting categories for Child Outcomes had changed. As a result of this change Kentucky could no longer use the Developmental Status Scale to report progress in the manner in which it was now being requested. Therefore, Kentucky has revised its plan for Child Outcome data collection and submission. As required by OSEP, Kentucky is herein reporting status data at entry for FFY 2005 (July 1, 2005 – June 30, 2006).

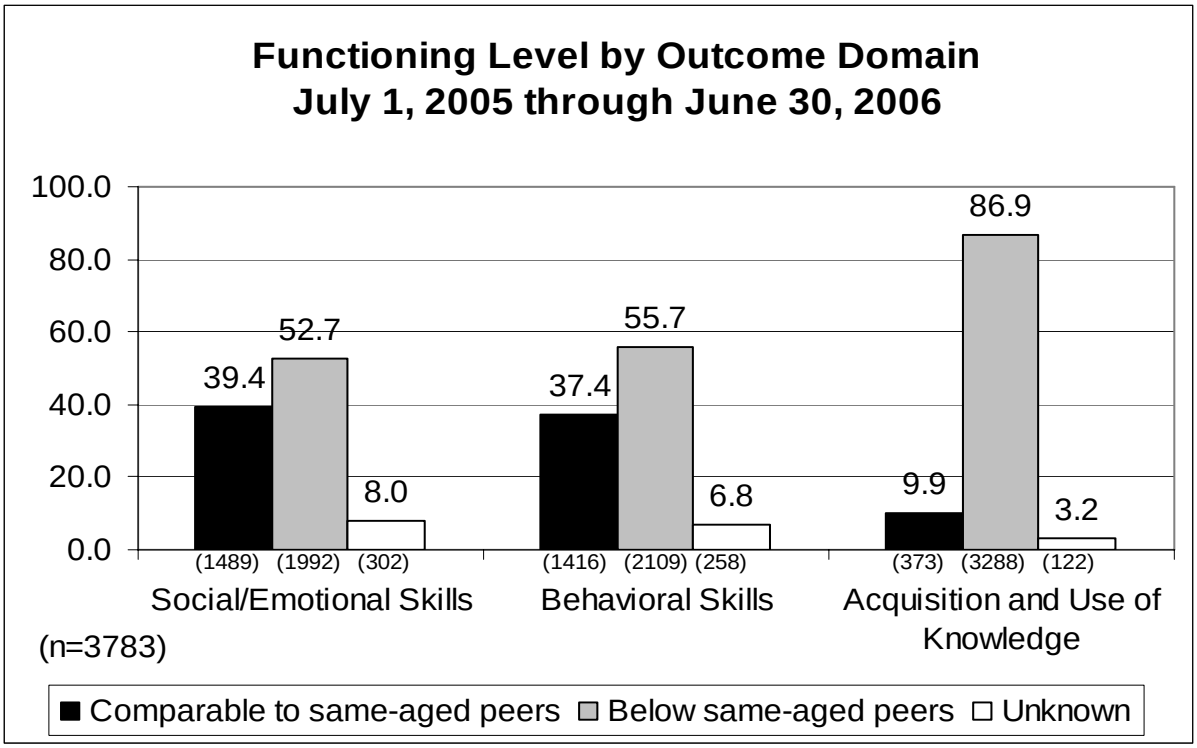

Figure 1

These data (Figure 1) are taken from the five domains that IFSP teams are asked to rate every six months. These ratings take place on a state-developed scale called the Developmental Status Scale (formerly called the Delay Ranking Scale). Providers 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, and 3 = child is significantly behind same age peers for that area.

Kentucky has determined that the social-emotional domain scores will be used to report on the positive social-emotional skills outcome, cognitive and communication scores will be used to report on the acquisition and use of knowledge and skills outcome, and adaptive scores will be used to report on use of appropriate behavior outcome. "Unknown" includes those children for whom the domain ranking was left

blank or who were otherwise erroneously scored. Children who were considered to be functioning at a level "comparable to same-aged peers" received a rating of *0 – Child has developmentally appropriate skills for that area* in the domain (or domains) Kentucky has corresponded to the Child Outcome areas. Children were first selected who had a new IFSP during July 1, 2005 through June 30, 2006, and then the data above were selected for the first ranking of the Developmental Status Scale (DSS) during that time period. It may be of interest to note that due to rounding errors in the data calculation, the percents identified in Figure 1 do not equal 100% for Social/Emotional Skills and Behavioral Skills. Differences of 0.1% are generally acceptable in the social sciences.

In September, 2006 states were notified that the reporting categories for Indicator 3 had changed. Based on the information obtained via the DSS, Kentucky is able to adequately report children in categories a, d and e However, the DSS does not provide data sufficient to allow Kentucky to adequately report children in categories b or c The reason is because OSEP's reporting category b, which addresses child progress, has been split. It is now necessary to differentiate children who have improved functioning <u>but not sufficient to move nearer to their same-aged peers</u> (i.e. progress due to maturation) from those children who have improved <u>functioning to a level nearer to same-aged peers but did not reach it</u> (i.e. progress reflecting an improved developmental trajectory). The DSS is not able to make this distinction – despite an added progress measurement component.

In order to obtain baseline data for FFY 2006 (July 1, 2006 – June 30, 2007) that will allow Kentucky to measure progress according to the new reporting categories, the State will begin to capture child assessment data via a state-developed data platform. The platform will allow for entry or upload of assessment data from criterion referenced/curriculum based assessment tools, each of which have been crosswalked with the Kentucky Early Childhood Standards and Benchmarks and in turn aligned with the three OSEP Child Outcome areas. Kentucky will gather assessment data on all children assessed between July 1, 2006 and June 30, 2007, which will provide a substantial baseline data pool for FY08 reporting purposes.

Baseline Data for FFY 2005 (2005-2006):

Baseline, targets, and improvement activities based on progress data will be provided with the FFY 2006 APR due February 1, 2008.

Discussion of Baseline Data:

Baseline, targets, and improvement activities based on progress data will be provided with the FFY 2006 APR due February 1, 2008.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	**To be determined**
2006 (2006-2007)	**To be determined**
2007 (2007-2008)	**To be determined**
2008 (2008-2009)	**To be determined**

2009 **(2009-2010)**	**To be determined**
2010 **(2010-2011)**	**To be determined**

Improvement Activities/Timelines/Resources:

To be determined

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

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

(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. Kentucky embraces the fact that information is powerful; therefore a Family Orientation to First Steps is being developed by parent consultants in a DVD format and will be given to all First Steps families. Emphasis has been placed on family rights. In fact, a significant portion of this video focuses on families being able to better communicate their families and child's needs thereby becoming better advocates for their child.

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 every day family activities and routines. 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. Through the IFSP the family has an opportunity to rate and revise the outcomes created through the RBI process.

To further support families' abilities to communicate their child's needs and help their child develop and learn, First Steps is distributing through their Points of Entry the "Building a Strong Foundation for School Success: The Kentucky Early Childhood Standards Parent Guide for Children Birth to Three." This tool provides continuity for First Steps families as they move toward Kentucky preschool programs.

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

Use of the National Council for Special Education Accountability and Monitoring (NCSEAM) family survey was adopted during the Fall of 2005 process to create the State Performance Plan for Kentucky in order to fulfill the new requirements to provide data for Indicator 4. The plan was to mail the survey to all families in the December 1, 2005 child count in both Spanish and English and follow-up by phone. The December 1, 2005 child count was available in February, 2006. However, there was some delay in obtaining an officially translated Spanish language version of the survey. This delay resulted in the mailing also being delayed until early June.

In February, the December 1, 2005 child count was submitted to OSEP. It reported 3,537 children with IFSPs on December 1, 2005. Because of the delay, by June, additional children had been identified due to the constant updating of our database. A total of 3,549 surveys were mailed. At the end of June, a second mailing was completed to those who had not yet returned the survey. The second mailing was made to 3,036 families. This mailing also included a copy of the survey in both Spanish and English. Each survey was preprinted with a child identifier, so that it would be possible to locate any that were returned in duplicate.

From both mailings, a total of 786 surveys were returned, for a response rate of 22%. While this is good in general for a mailed survey, expectations were higher for this sample. Due to the increased cost and staff time of requiring more phone interviews, the decision was made to forego the phone survey and rely on the mailed survey response rate, which was higher than expected. Analysis was done using the 786 completed surveys.

Only 6 surveys were completed in Spanish, and so these were combined with responses from the English surveys. Such a small number is unlikely to add any error introduced by translation errors, and it is also too small to look at the responses separately for the Spanish speaking group.

NCSEAM's survey consists of two Rasch scales. A Rasch scale is one in which several items are used which ask the respondent to indicate their level of agreement along a scale of very strongly disagree, strongly disagree, disagree, agree, strongly agree, or very strongly agree. Each item has been pretested

by NCSEAM and is calibrated along a continuum such that some items are harder or easier than others to agree to. Testing has shown that agreement with an item at the top of the scale is likely to mean that the respondent also agreed with all the items below it. Items are asked in no particular order, but the calibration order is known, based on NCSEAM's pretesting. By using a standardized scale from a pretested item bank, our state scores can be compared with others using the scale. It also means that measures can be predicted. It is these predicted measures that are used in reporting the data for Indicator 4.

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 Central Billing and Information System (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 was 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 contact). The Director of CBIS also has a M.A. in Applied Social Research with special emphasis in survey construction, collection and data analysis. All paper surveys were 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 were entered and tabulated by CBIS. A report of survey results was provided to the lead agency.

Baseline Data for FFY 2005:

Kentucky Report for SPP/APR Indicator #4(a)
Data Collected in 2005-06

Percent of families participating in Part C who report that early intervention services have helped the family know their rights.

82.2%

Standard: A .95 likelihood of a response of "strongly agree" or "very strongly agree" with the item, "Over the past year, early intervention services helped me and/or my family know about my child's and family's rights concerning early intervention services."

Kentucky Report for SPP/APR Indicator #4(b)
Data Collected in 2005-06

Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs.

73.3%

Standard: A .95 likelihood of a response of "strongly agree" or "very strongly agree" with the item, "Over the past year, early intervention services helped me and/or my family communicate more effectively with people who work with my child and my family."

Kentucky Report for SPP/APR Indicator #4(c)
Data Collected in 2005-06

Percent of families participating in Part C who report that early intervention services have helped the family help their child develop and learn.

89.1%

Standard: A .95 likelihood of a response of "strongly agree" or "very strongly agree" with the item, "Over the past year, early intervention services helped me and/or my family understand my child's special needs"

Measurement Reliability: .94

N of Valid Responses: 782

Statistics: M = 628, SD = 101, 95% CI = 578-678

Discussion of Baseline Data:

The first step in presenting the data is to look at the scale in order of decreasing hardness of agreement to the items. In figure 1, each item in the Impact on the Family scale is presented in decreasing order of hardness, such that the bottom item, "do things with and for my child that are good for my child's development" was the most likely to be agreed with (the easiest) while the top item, "participate in typical activites for children and families in my community" was the least likely to be agreed with (the hardest). Kentucky's mean measure of 628 can be directly compared to the item calibrations to see where Kentucky "fits" regarding impact on the family. A mean of 628 is just above the item "keep up friendships for my child and family" which indicates that in Kentucky, around half of all respondents at least agree with that item and all those below it. The three items above the mean are areas that Kentucky might consider targeting to increase family impact. All three of those items have to do with knowledge and participation in community services and activities.

In order to answer the three Indicator 4 categories, it was necessary to establish a standard to apply to the Rasch analysis to determine what the minimum item would be acceptable by the stakeholders to indicate success in the category. NCSEAM had already conducted stakeholder meetings in the national sample and made recommended standards. A standard is not about agreement with the individual item. Rather, because of the consistency of the pattern of responses to items in the scale, agreement with the threshold item indicates agreement to all those below it as well. NCSEAM's recommended standards are shown by the lines in figure 1 below.

NCSEAM Part C Impact of Early Intervention on Your Family Scale

Item Calibration	Item
678	Participate in typical activities for children and families in my community.
656	Know about services in the community.
640	Know where to go for support to meet my family's needs.
625	Keep up friendships for my child and family.
609	Know where to go for support to meet my child's needs.
584	Be more effective in managing my child's behavior.
576	Make changes in family routines that will benefit my child with special needs.
576	Do activities that are good for my child even in times of stress.
570	Improve my family's quality of life.
565	Feel that I can get the services and supports that my child and family need.
563	Get the services that my child and family need.
562	Feel that my family will be accepted and welcomed in the community
559	Feel more confident in my skills as a parent.
559	Feel that my child will be accepted and welcomed in the community.
556	Communicate more effectively with the people who work with my child and family.
553	Understand how the Early Intervention system works.
546	Understand the roles of the people who work with my child and family.
539	Know about my child's and family's rights concerning Early Intervention services.
534	Be able to evaluate how much progress my child is making.
516	Understand my child's special needs.
498	Feel that my efforts are helping my child.
498	Do things with and for my child that are good for my child's development.

Figure 1

FFY	Measurable and Rigorous Target
2006 (2006-2007)	**A. 82.2%** **B. 73.3%** **C. 89.1%**
2007 (2007-2008)	**A. 83.2%** **B. 74.3%** **C. 89.6%**
2008 (2008-2009)	**A. 84.2%** **B. 75.3%** **C. 90.1%**
2009 (2009-2010)	**A. 85.2%** **B. 76.3%** **C. 90.6%**
2010 (2010-2011)	**A. 86.2%** **B. 77.3%** **C. 91.1%**

For FFY 2006, targets have been set to maintain data that were obtained for FFY 2005. Due to the Spring 2007 release of the family orientation DVD, Kentucky expects families to have an increased knowledge of their rights, ability to communicate needs and their child's growth and development. Kentucky already has a relatively high mean measure on the family survey and it is difficult to determine what a rigorous target is going to be with only one year of data. For indicator 4a and 4b, after the DVD is available Kentucky is estimating one percentage point increase each for each year. For indicator 4c, a half percentage point per year is predicted, since the state is already at 89.1%.

Improvement Activities/Timelines/Resources:

IMPROVEMENT ACTIVITY	TIMELINE	RESOURCES
1. Family Orientation to First Steps DVD kit	Spring, 2007	Technical Assistance Teams, First Steps Training Coordinator
2. Develop training and implementation process for "Building a Strong Foundation for School Success: The Kentucky Early Childhood Standards Parent Guide for Children Birth to Three" for TA teams to better assist providers on its use	July 2007 – June 2008	Kentucky Early Childhood Interagency Transition Team, Technical Assistance Teams, First Steps Training Coordinator, Kentucky Office of Early Childhood, Regional Training Center
3. Explore reproduction and dissemination of the "Step by Step Guide to Transition" and DVD	July 2007 – June 2008	First Steps Training Coordinator, Kentucky Early Childhood Transition Project, Kentucky Early Childhood Interagency Transition Team, Service Coordinators

4. Explore using CBIS to send a letter reminding families that the Part C to Part B transition process should have begun and provide information to access the Step by Step guide to Transition in order to help families know their rights, effectively communicate their children's needs and to help their children develop and learn.	January 2008 – December 2008	CBIS, Kentucky Early Childhood Transition Project, Parent Consultants
5. Add a page to the CBIS website for families to access information regarding rights, support, and information on early intervention and resources.	July 2007 – June 2008	CBIS, Technical Assistance Teams, Kentucky Early Childhood Transition Project
6. Monitor the implementation of Improvement Activities and future family satisfaction survey findings on an ongoing basis and adjust Improvement Activities accordingly.	July 2007 – June 2011	Part C Coordinator, SPP/APR 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 / 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

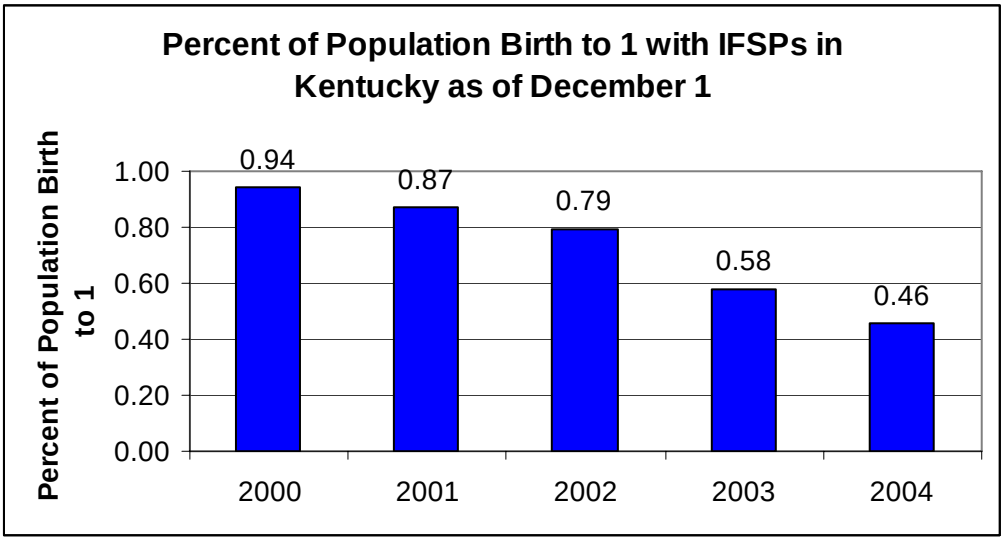

Figure 1

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.

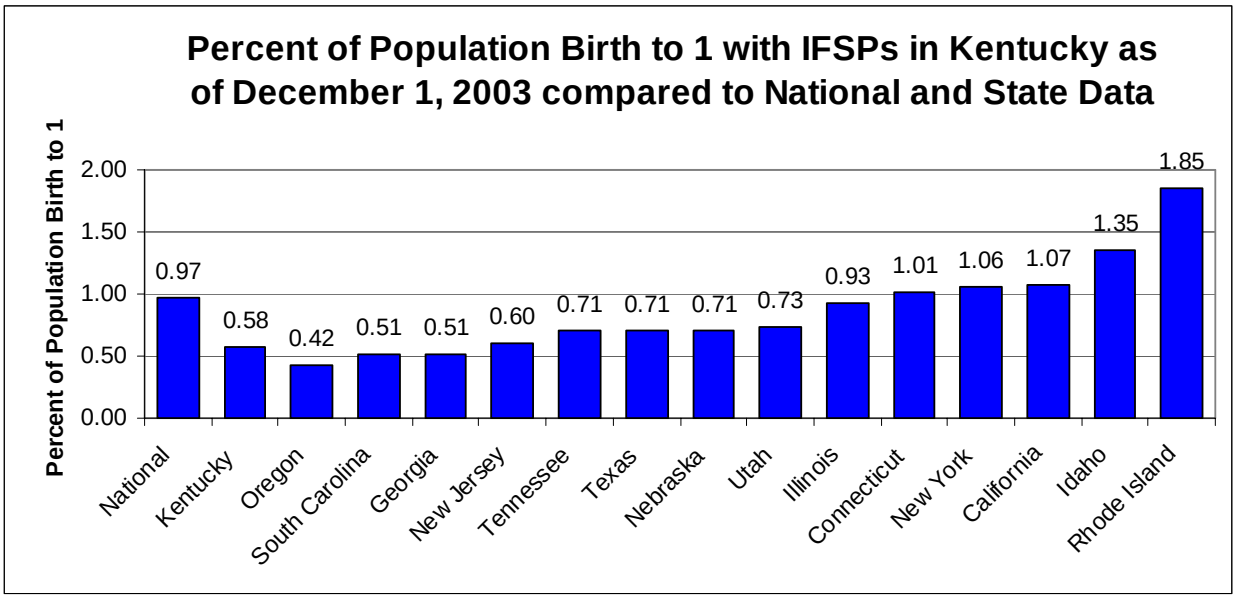

Figure 2

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).

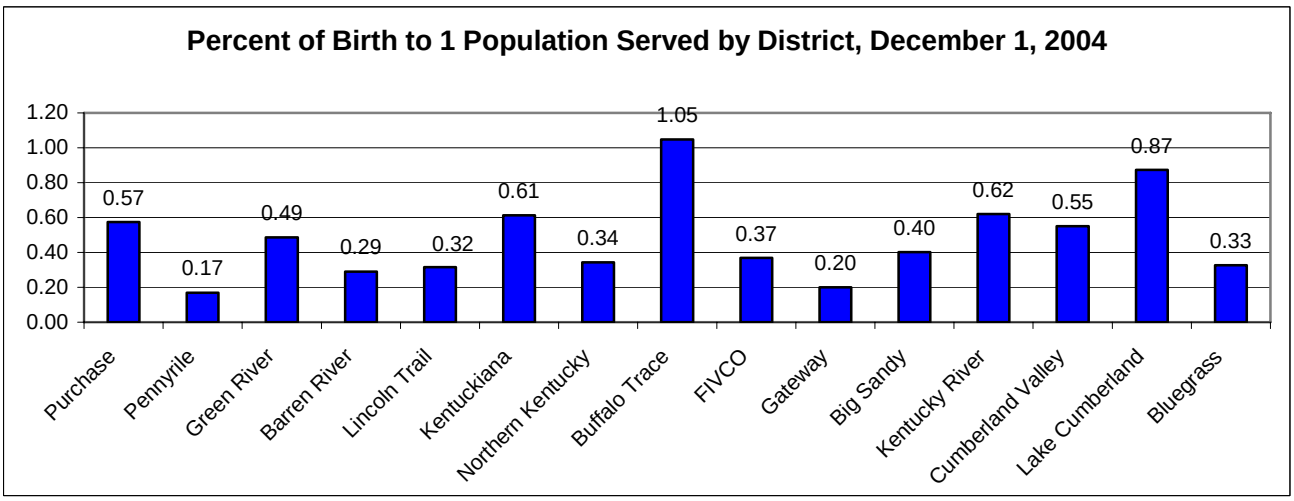

Figure 3

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

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
12. Support Child find efforts in the local	January 2007 – June	Activity 12 supports the

districts (DEICs and POEs) by lead agency providing training to the TA and they will in turn provide support to local community. **Improvement Activity #12 added February 1, 2007*	2011	information and training in the area of Child Find. This activity has been imitated in 2006 and a training plan is in place for 2007. The Training Coordinator will facilitate this activity.
13. To review our established risk list yearly to ensure pertinent conditions are included that have a high probability of significant delay. **Improvement Activity #13 added February 1, 2007*	January 2007 – June 2011	Activity 13 will result in policy that will ensure that established risk conditions are reviewed annually. Central Office will be responsible for the coordination of this activity. The Part C Coordinator will facilitate this activity.
14. Review child screening procedures and revise those found to be a deterrent to children entering the system.	April 2007 – June 2011	Activity 14 was developed to address a problem identified by the Point of Entry staff, who report that the Kentucky Screening System using the DOCS is eliminating the Birth to one population from service. Many of the children who are denied services are later found to be qualified either by a five area assessment conducted by the Primary Level Evaluator or the child enters the system at a later date because of a second referral or concern of the family. In addition to concerns coming from field staff, a 2005 pilot study (n=25) calls into question the effectiveness of the DOCS as a screening tool for the birth to one population. Findings of the study suggest that infant's were excluded from services based on the screening and were later found to be eligible. The findings further suggest that children were excluded due to the combination of gross and fine motor scores, as well as the combination for receptive and expressive scores. Also, due to the limited number of items on the DOCS for children less than 6 months of age. These concerns resulted in the addition

**Improvement Activity #14 added February 1, 2007*		of Activity 14. The Part C Coordinator and QA Administrator will facilitate this activity with the assistance of a stakeholder workgroup convened in January, 2007.

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

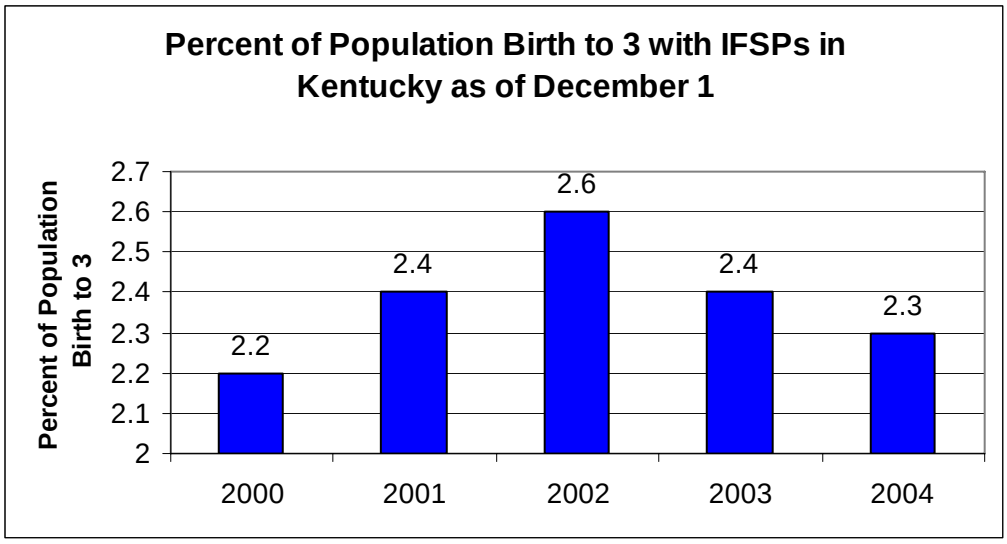

Figure 1

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.

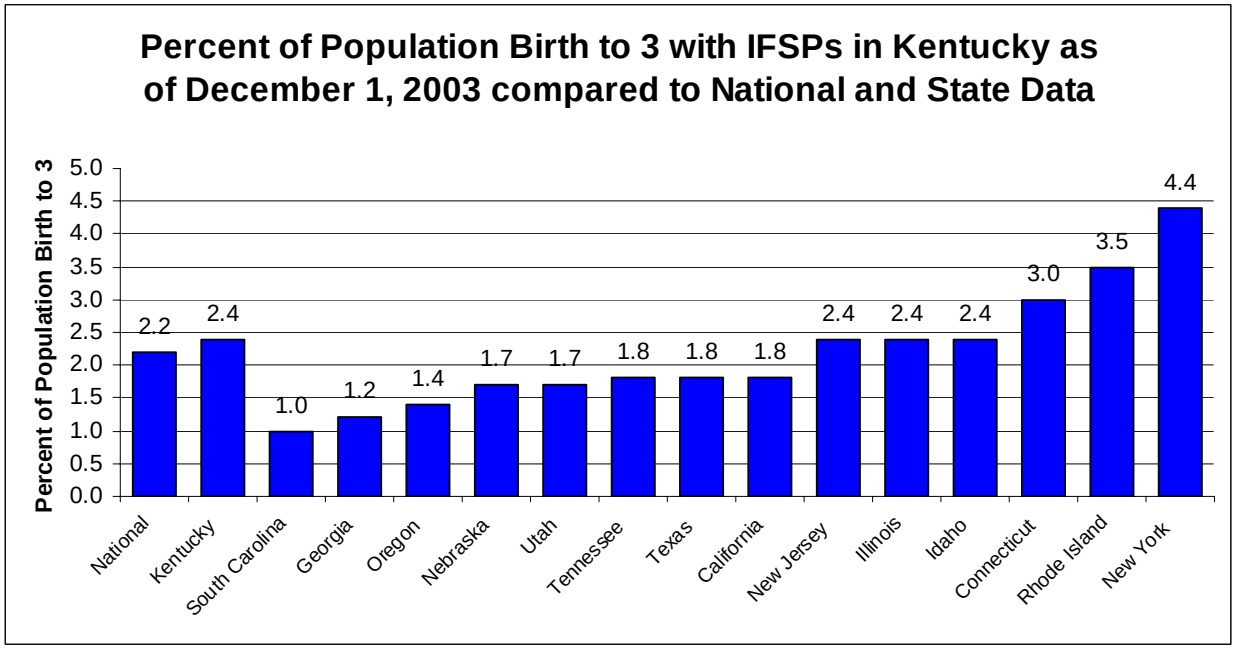

Figure 2

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%.

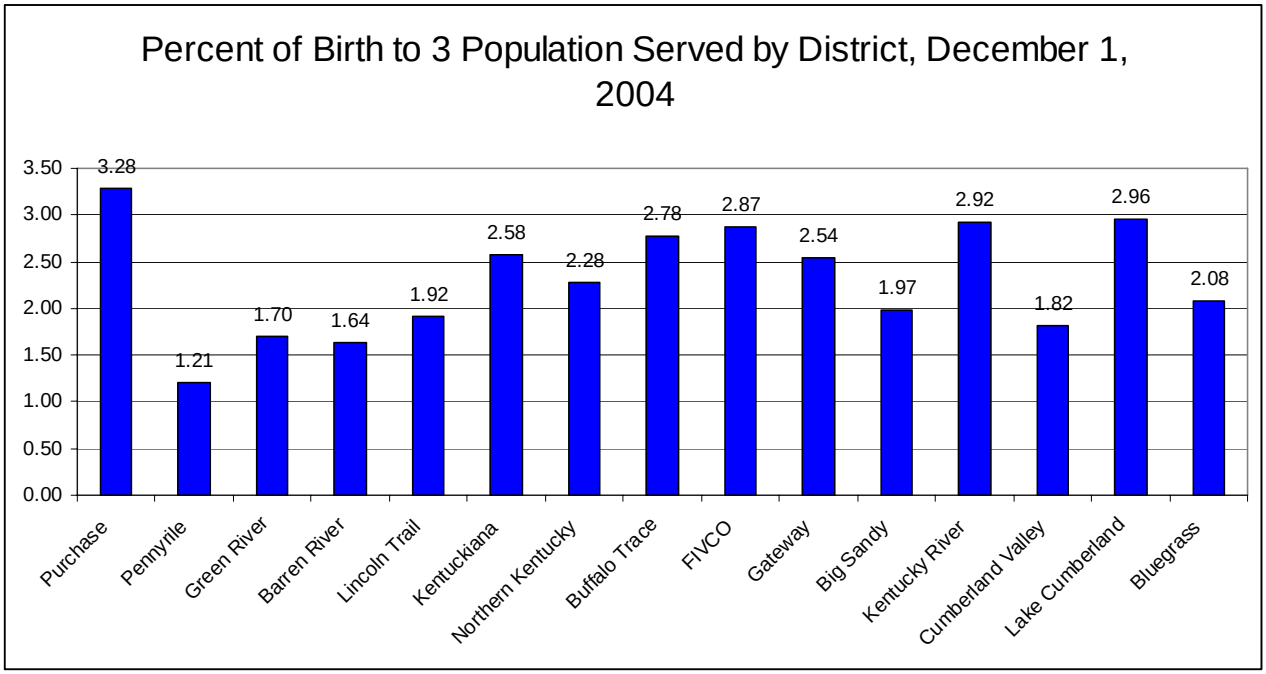

Figure 3

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

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
7. Support Child find efforts in local districts (DEICs and POEs). This will be accomplished by the lead agency providing training to the TA teams and they will in turn provide support to local community. **Improvement Activity #7 added February 1, 2007*	January 2007 – June 2011	Activity 7 supports the provision of information and training in the area of Child Find at all levels within the system of early intervention and community service providers. The Training Coordinator will facilitate this activity.
8. To review our established risk list yearly to ensure pertinent conditions are included that have a high probability of significant delay. **Improvement Activity #8 added February 1, 2007*	January 2007 – June 2011	Like indicator 5 describes, Kentucky has repealed regulation emphasizing the delay requirement in service provision to Established Risk children. Furthermore, changes in regulation in 2003 resulted in a reduction in the established risk list. Through Activity 8 we will establish a policy where the list will be systematically reviewed and modified to support identification of children with a high probability of significant developmental difficulties/delay. Activity 8 will result in policy that will ensure that established risk conditions being reviewed annually. This will accomplished through a charge to the evaluation sub-committee of the ICC. The Part C Coordinator will facilitate this activity.
9. Review child screening procedures and revise those found to be a deterrent to children entering the system.	April 2007 – June 2011	Activity 9 (also found in Indicator 5) was developed to address a problem identified by the Point of Entry staffs who are reporting that the Kentucky Screening System using the DOCS is eliminating the Birth to one population from service. Many of the children who are denied services are later found to be qualified either by a five area assessment conducted by the Primary Level Evaluator or the

**Improvement Activity #9 added February 1, 2007*		child enters the system at a later date because of a second referral or concern of the family. In addition to concerns coming from field staff, a 2005 pilot study (n=25) calls into question the effectiveness of the DOCS as a screening tool for the birth to one population. Findings of the study suggest that infants were excluded from services based on the screening and were later found to be eligible. The findings further suggest that children were excluded due to the combination of gross and fine motor scores, as well as the combination for receptive and expressive scores. Also, due to the limited number of items on the DOCS for children less than 6 months of age. These concerns resulted in the addition of Activity 9. The Part C Coordinator and QA Administrator will facilitate this activity with the assistance of a stakeholder workgroup convened in January, 2007.
10. Ensure that POE are appropriately staffed to accommodate increase Child Find referral rates. **Improvement Activity #10 added February 1, 2007*	July 2007 – June 2011	Kentucky's Child Find activities and goals will be ineffective without proper staff to handle the increase in referrals (Activity 10). Expanded Child Find efforts will assumedly result in a rise in referrals. Increased referrals will require additional personnel resources at the POE. This activity supports the review of duties, paperwork, and efforts in Kentucky's POE. Furthermore, if the POE's are understaffed then our Child Find efforts will have a more negative than positive impact on the system. Furthermore, this activity will support an overall structure to the POE system resulting in consistent service provision statewide. The Part C Coordinator will monitor this activity.

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%.

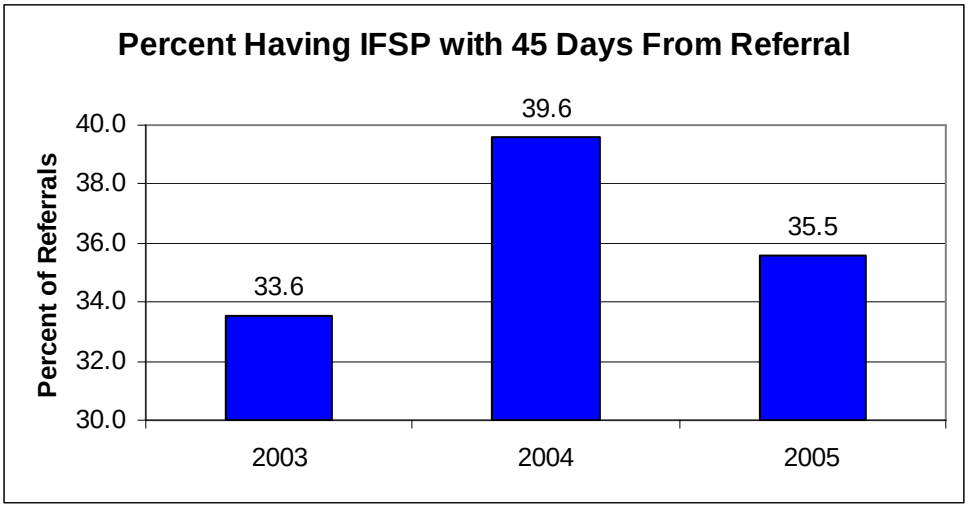

Figure 1

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.

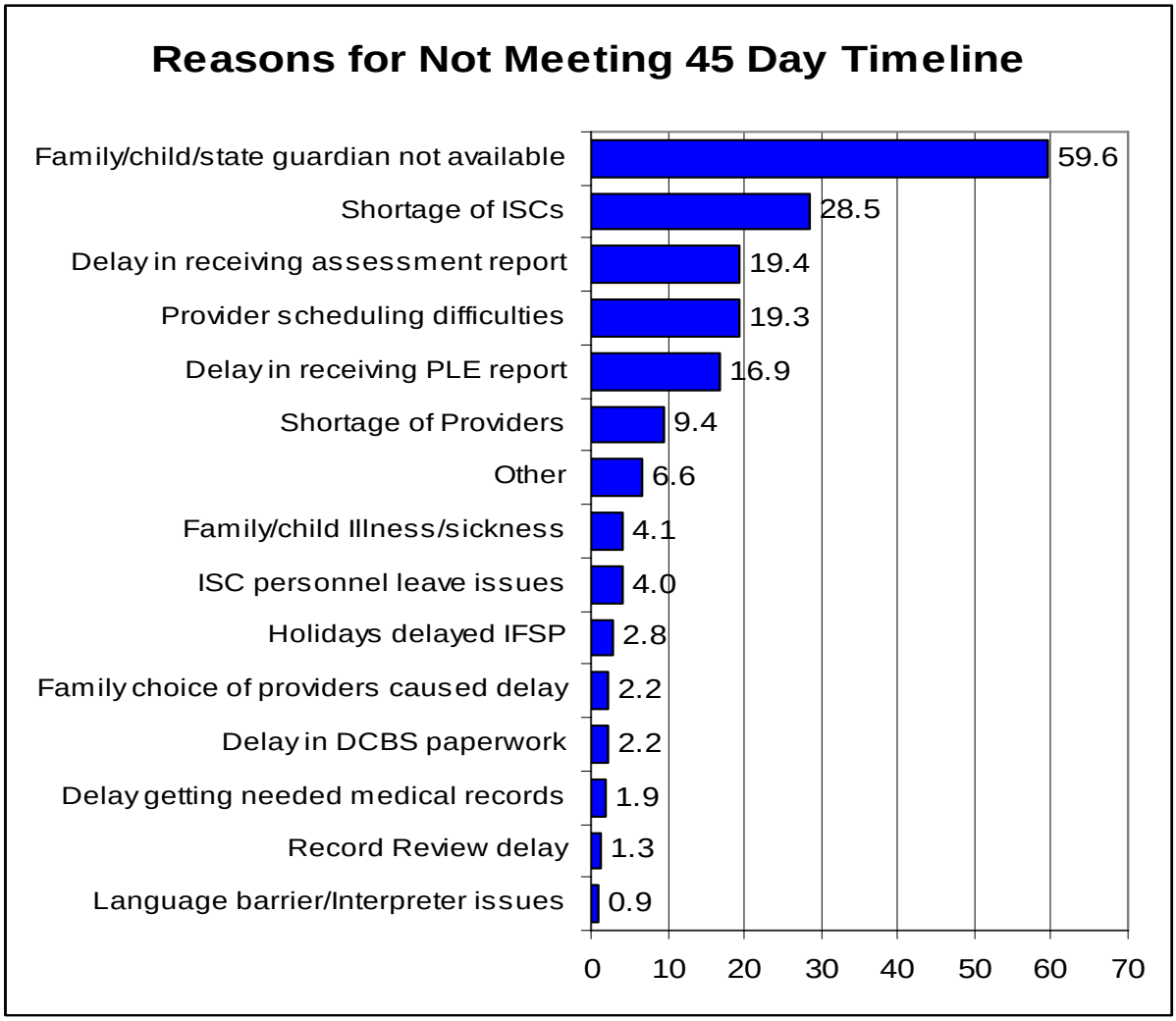

Figure 2

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.).

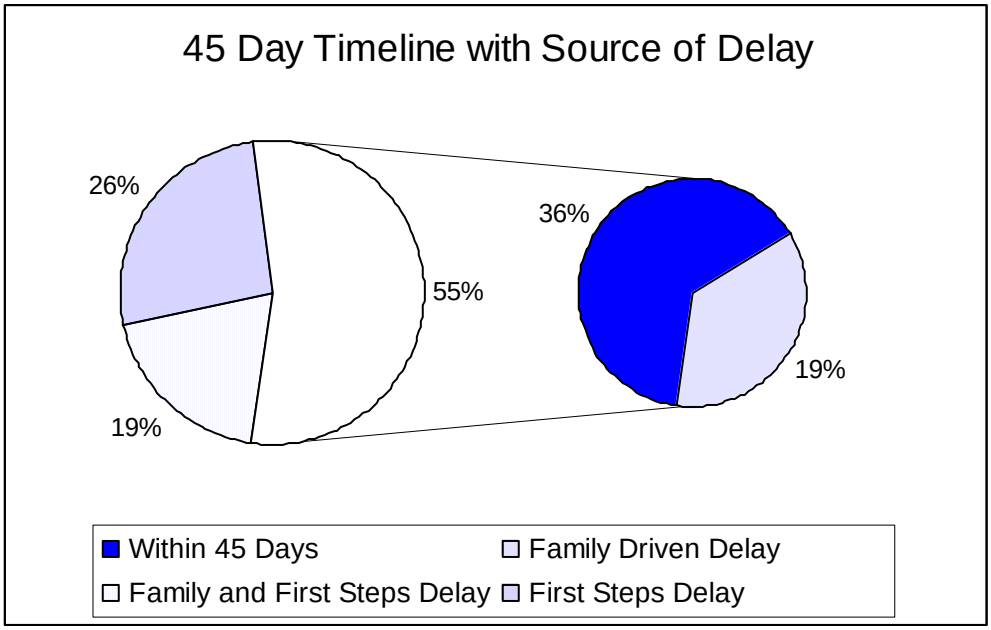

Figure 3

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.

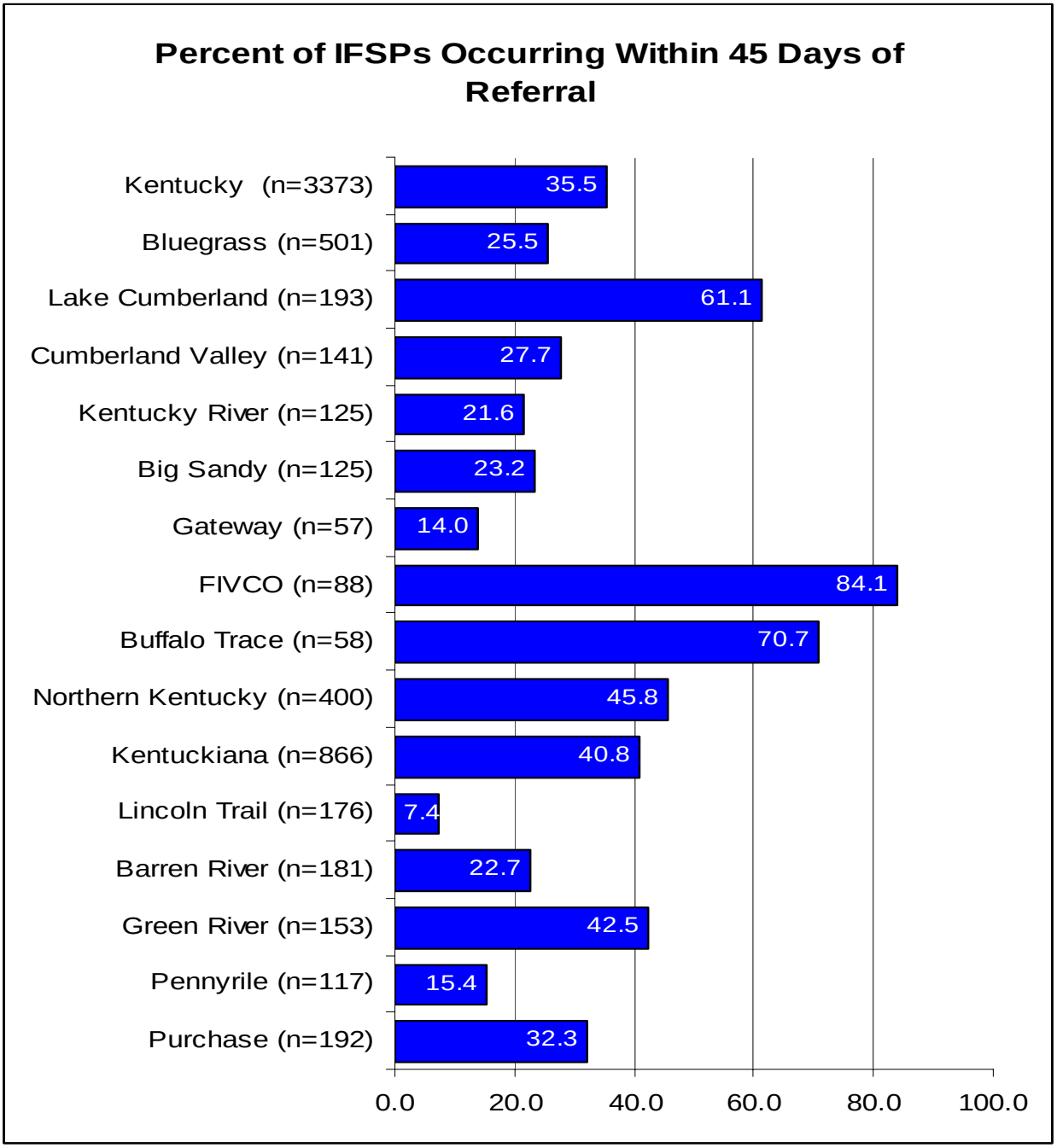

Figure 4

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.

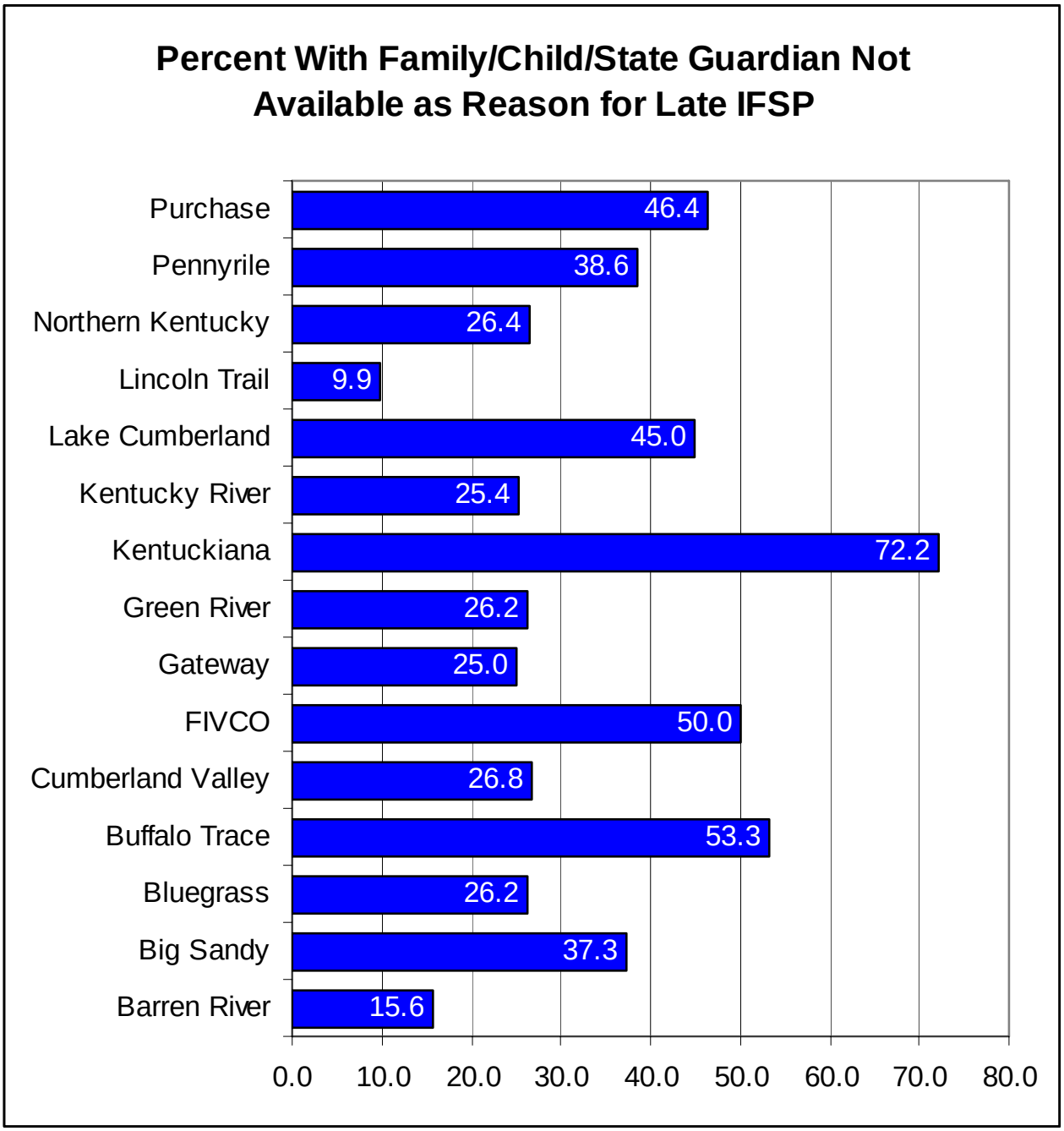

Figure 5

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.

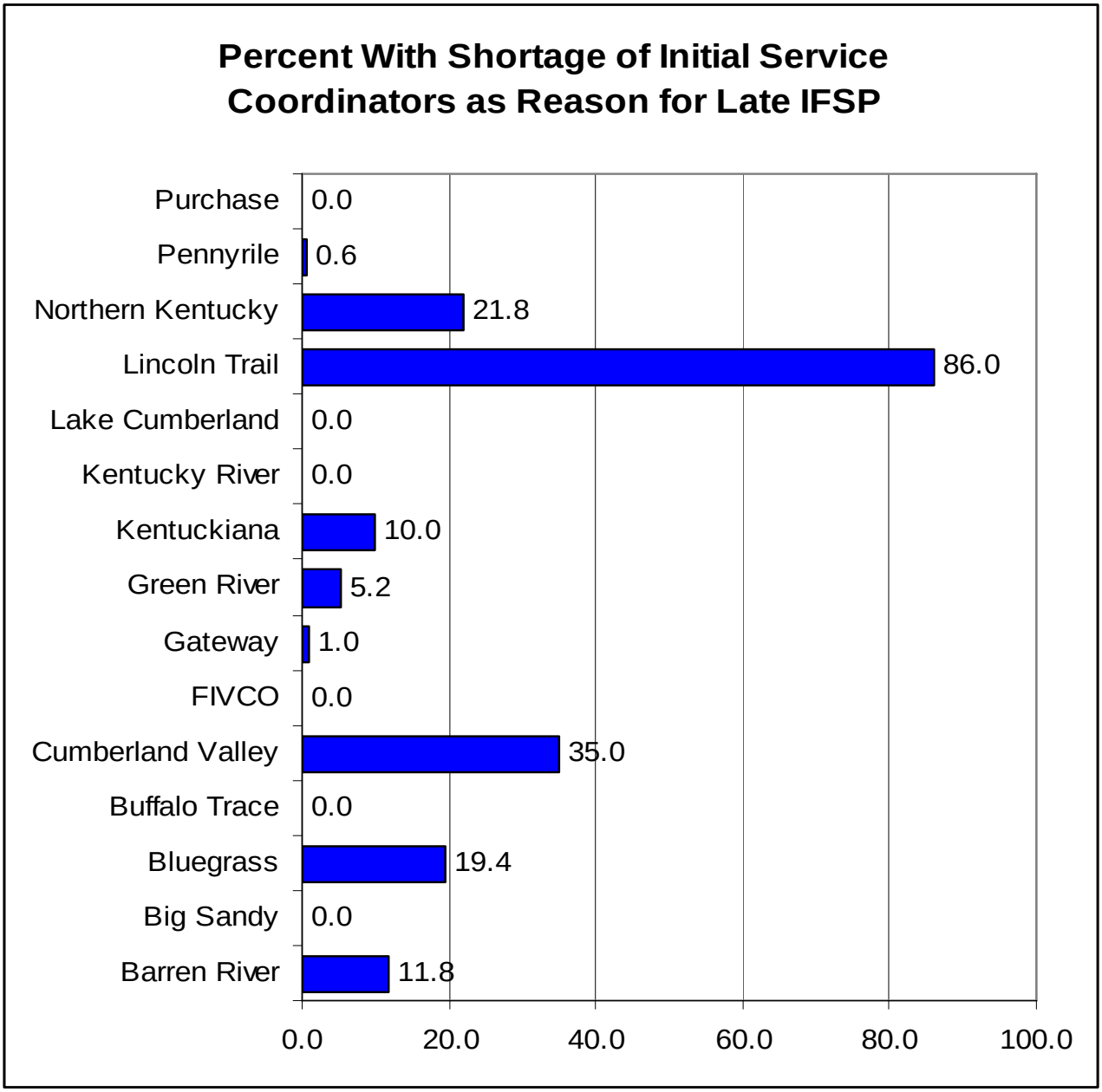

Figure 6

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.

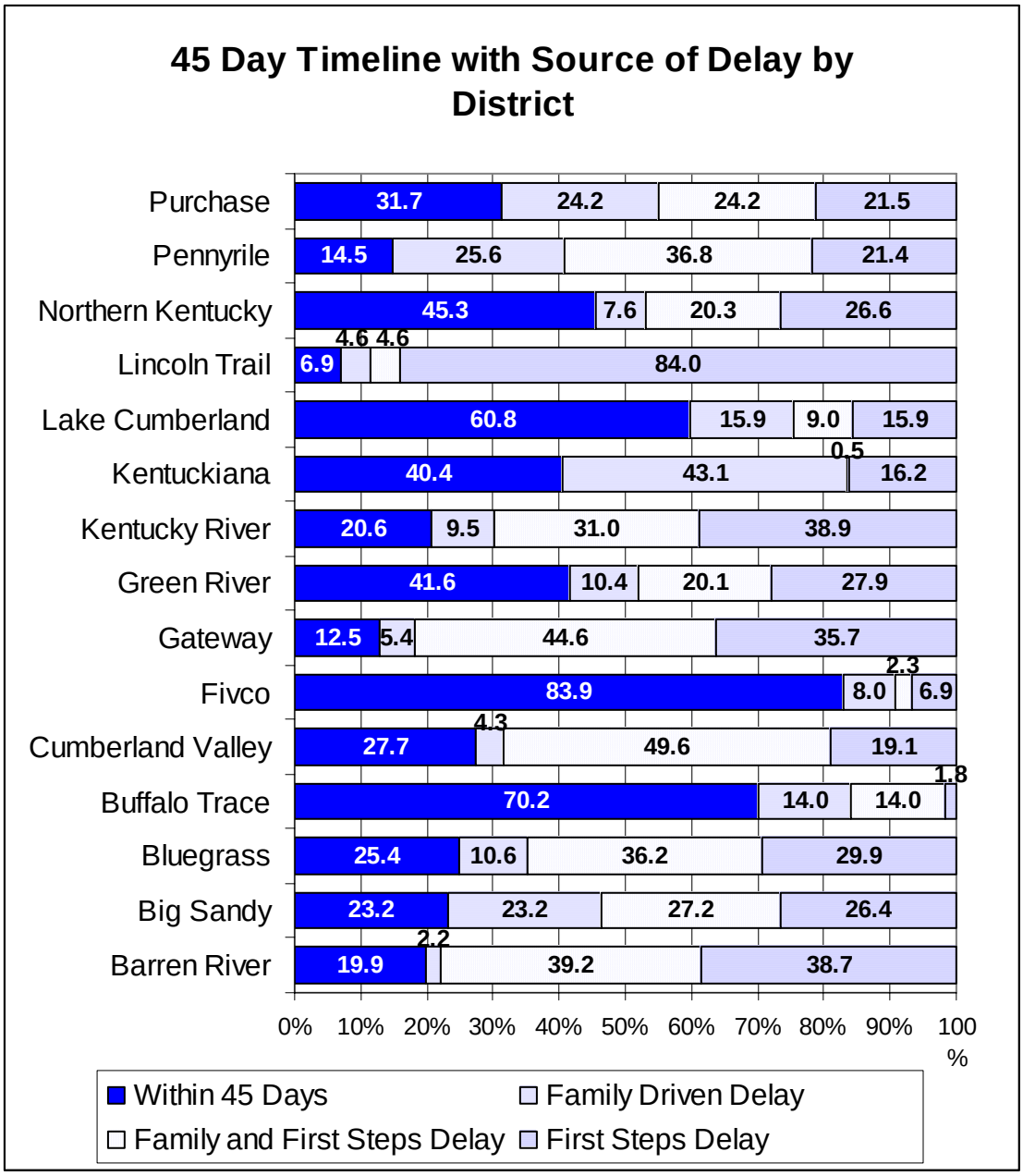

Figure 7

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.

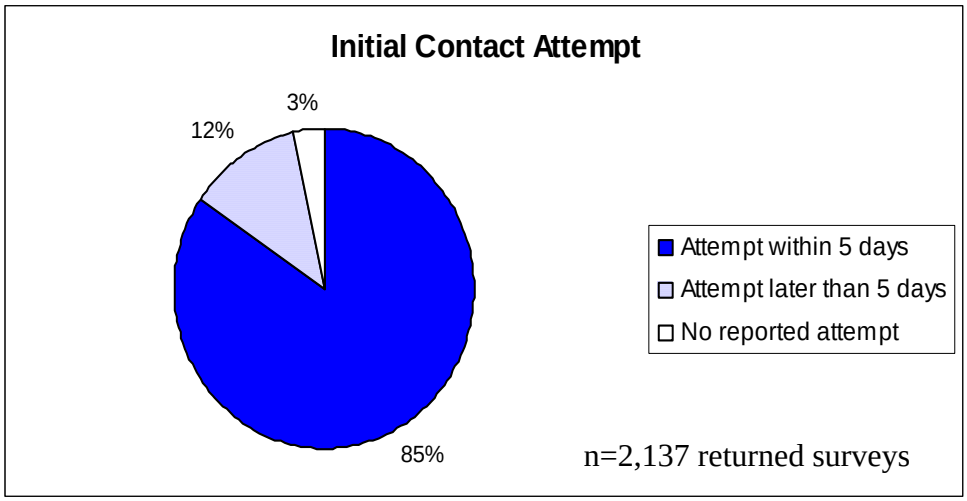

Figure 8

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.

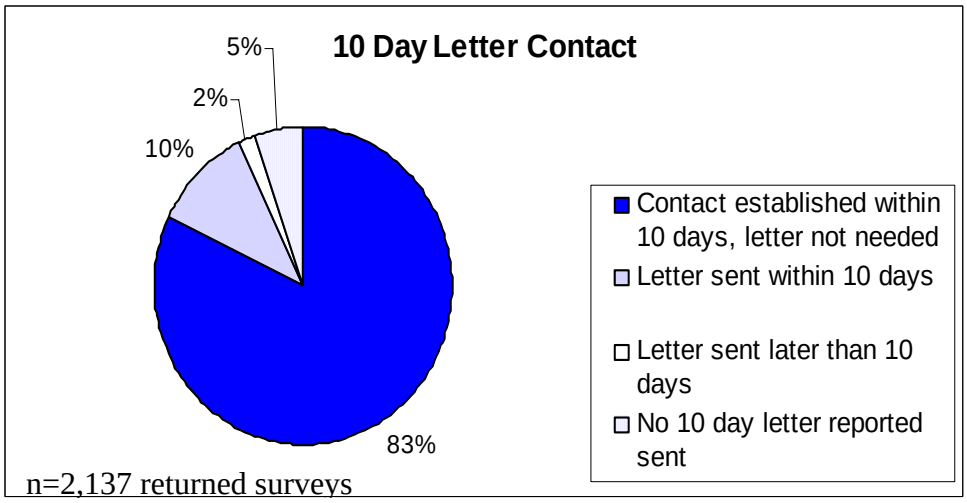

Figure 9

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

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.
13. Share performance data with POE administration on a routine basis and provide	January 2007 – June	Points of Entry need to better understand local

targeted technical assistance to address identified performance barriers. **Improvement Activity #13 added February 1, 2007*	2011	performance in order to be able to identify and address areas of concern. The Part C Coordinator will facilitate this activity.
14. Continue to work with NECTAC on the state improvement plan to address compliance with the 45 day timeline. **Improvement Activity #14 added February 1, 2007*	January 2007 –June 2011	NECTAC has proven to be a valuable partner in helping Kentucky identify and develop strategies to address barriers to performance improvement. While we have completed 2 of the activities on the state improvement plan, there are a number of activities that remain. NECTAC will remain a partner with Kentucky as policies/procedures are developed/revised, activities are implemented/reviewed, and performance is analyzed. The Part C and Training Coordinators will facilitate this activity.

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.

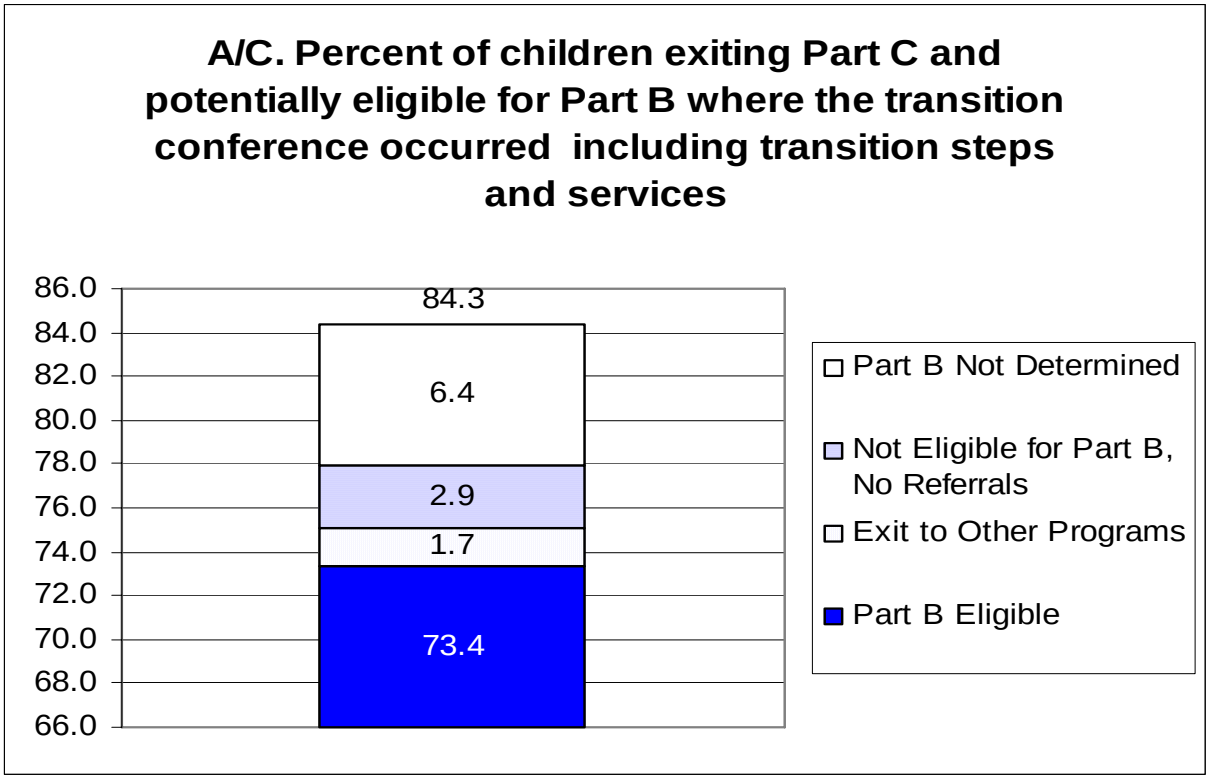

Figure 1

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).

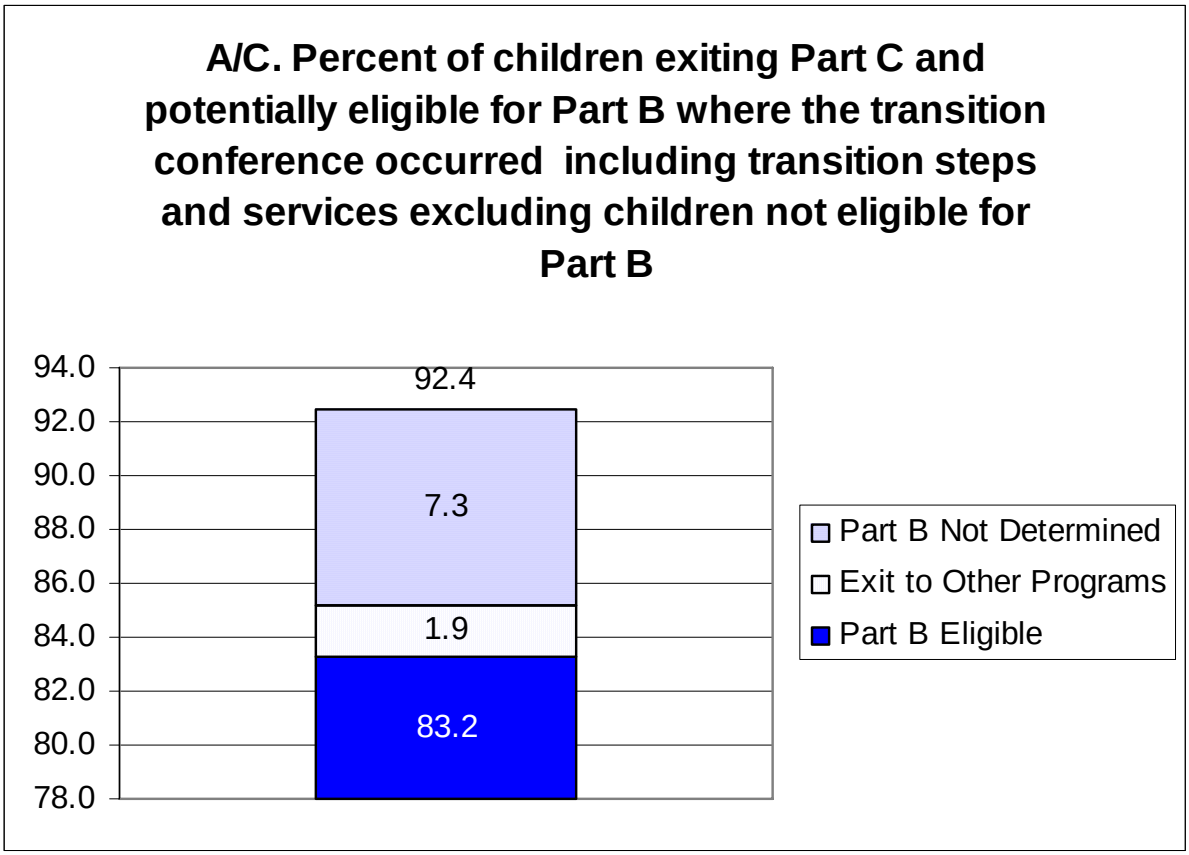

Figure 2

Discussion of Baseline Data: Comparison data and discussion in 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.**

2007 (2007-2008)	**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.**
2008 (2008-2009)	**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.**
2009 (2009-2010)	**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.**
2010 (2010-2011)	**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.**

Improvement Activities/Timelines/Resources:

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

4. Train all providers on transition steps/roles/responsibilities/timelines	July 2006-June 2007	KECTP, TATs, Training Coordinator
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
7. Revise monitoring forms to include specific questions to ascertain the validity of transition steps/services listed on the IFSP. **Improvement Activity #7 added February 1, 2007*	July 2006-June 2007	As Kentucky is currently unable to accurately report data related to component A of this indicator, it is necessary to determine whether transition steps are consistently being documented on IFSP plans and subsequently occurring. The Transition Coordinator, Forms Committee and CBIS will facilitate this activity.
8. Develop and send a letter to inform families of the mandated transition steps. **Improvement Activity #8 added February 1, 2007*	July 2006-June 2007	This activity will be undertaken in an added attempt to ensure that families are aware that transition steps should be a part of their IFSP process. CBIS, Parent Consultants, and KECTP will facilitate this activity.
9. CBIS will provide family survey data annually to DEICs for dissemination to Transition Teams. **Improvement Activity #9 added February 1, 2007*	July 2006-June 2007	DEICs work closely with community partners to facilitate transition at the local level and would benefit from family survey data. CBIS and the State Transition Coordinator will facilitate this activity.
10. Work with KDE and other transition partners to monitor transition activities and address barriers to effective transition. **Improvement Activity #10 added February 1, 2007*	July 2007 – June 2011	As Transition is a priority area for Kentucky, it is necessary to continuously monitor performance related to it and to actively seek out assistance in addressing barriers to success. The Part C Coordinator and the SPP/APR Workgroup will facilitate this activity.

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. There 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.

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

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.	December 2006	Quality Assurance Administrator, State Training Coordinator
4. Design a report to collect training and technical assistance activities related to specific non-compliance sited.	September 2007	Quality Assurance Administrator, State Training Coordinator
5. Develop Training Module on Program Monitoring in relation to non-compliance issues that have been identified in order to ensure it is corrected.	September 2008	Quality Assurance Administrator, State Training Coordinator, Technical Assistance Teams
6. Develop a follow-up questionnaire to trainings in order to ensure if training on correcting non-compliance is effective.	September 2008	Quality Assurance Administrator, State Training Coordinator, Technical Assistance Teams
7. Provide training to providers on Program review procedures in order to ensure they are familiar with the Program review process.	June 2009	Quality Assurance Administrator, State Training Coordinator, Technical Assistance Teams
8. Develop web based reporting regarding systemic issues identified through program monitoring for providers to correct non-compliance.	June 2010	Quality Assurance Administrator, State Training Coordinator
9. Develop policies and procedures to consistently document the receipt, investigation and resolution of formal complaints. **Improvement Activity #9 added February 1, 2007*	December 2007	While collecting data regarding complaints, it was found that Program Evaluators were not consistently documenting the receipt, investigation and/or resolution of informal complaints. A workgroup of Program Evaluators will coordinate this activity.
10. Review the current monitoring priority areas being reported and explore the need for reporting on additional monitoring areas.	December 2009	It was unclear to the APR workgroup membership the methodology used to select the state-determined monitoring

**Improvement Activity #10 added February 1, 2007*		priority areas. The workgroup will provide input into the review of the current monitoring priority areas and other stakeholder groups in the state will assist Central Office in exploring additional monitoring areas for reporting purposes. The SPP/APR workgroup will coordinate this activity.
11. Develop, implement, enhance and, as necessary, improve the use of performance data in program monitoring. **Improvement Activity #11 added February 1, 2007*	June 2007 – June 2011	As we review our monitoring policies and procedures, it has become evident that there exists a need to identify performance data and include that data in the monitoring and program evaluation process. The Part C Coordinator, the QA Administrator and the SPP/APR workgroup will facilitate this activity.

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~~ December 2007 **Updated February 1, 2007*	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~~ December 2007 **Updated February 1, 2007*	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
5. Monitor formal program complaints to identify compliance concerns and address negative performance trends. **Improvement Activity #5 added February 1, 2007*	June 2006 – June 2011	There is an ongoing need to monitor performance trends in the First Steps program and address formal program complaints in a timely manner. The Part C Coordinator and the SPP/APR workgroup will facilitate this activity.

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.**

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

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
3. Technical Assistance Teams and Central Office staff are in the process of creating a DVD which will include a discussion of mediation and due process hearing requests. The POE will provide a copy of the DVD in the packet given to each family at the time of the initial IFSP meeting. For any family that does not have the ability to watch a DVD, a more in depth discussion of due process will be undertaken at the IFSP meeting with particular attention paid to rights and the complaint process. **Improvement Activity #3 added February 1, 2007*	January 2007 – December 2007	TATs and Training Coordinator will facilitate this process in order to better ensure that families understand their rights, including their rights regarding dispute resolution, under Part C.
4. Central Office will seek input from stakeholders, including families, about the complaint process, in order to better understand the lack of formal written complaints, mediations and due process hearing requests. **Improvement Activity #4 added February 1, 2007*	June 2007 – December 2009	While it is not wholly agreed that the lack of due process hearing requests is cause for concern, Kentucky feels it is important to address this matter directly with stakeholder groups in the state. The Part C Coordinator will facilitate this process.

5. Monitor due process hearing requests if/when they are received to ensure that system issues are identified and addressed in a timely manner. **Improvement Activity #5 added February 1, 2007*	June 2007 – June 2011	For general supervision and accountability purposes, it is necessary to continually monitor program complaints in order to identify and address system issues. The Part C Coordinator and all program evaluators will facilitate this process.

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

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

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:

Although Kentucky reported on Resolution Sessions in the SPP submitted in December, 2005, it has since determined that Kentucky's Part C Program did not adopt Part B due process procedures and therefore does not need to report on Resolution Sessions.

Baseline Data for FFY 2005 (2005-2006):

NA

Discussion of Baseline Data:

NA

FFY	Measurable and Rigorous Target
2005 (2005-2006)	NA
2006 (2006-2007)	NA
2007 (2007-2008)	NA
2008 (2008-2009)	NA
2009 (2009-2010)	NA
2010 (2010-2011)	NA

Improvement Activities/Timelines/Resources:

NA

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 by 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.**~~ **80% of mediations will result in mediation agreements.** **Updated February 1, 2007*
2006 (2006-2007)	~~**100% of mediation agreements will be fully conducted within the applicable timeline.**~~ **80% of mediations will result in mediation agreements.** **Updated February 1, 2007*
2007 (2007-2008)	~~**100% of mediation agreements will be fully conducted within the applicable timeline.**~~ **80% of mediations will result in mediation agreements.** **Updated February 1, 2007*
2008 (2008-2009)	~~**100% of mediation agreements will be fully conducted within the applicable timeline.**~~ **80% of mediations will result in mediation agreements.** **Updated February 1, 2007*
2009 (2009-2010)	~~**100% of mediation agreements will be fully conducted within the applicable timeline.**~~ **80% of mediations will result in mediation agreements.** **Updated February 1, 2007*
2010 (2010-2011)	~~**100% of mediation agreements will be fully conducted within the applicable timeline.**~~ **80% of mediations will result in mediation agreements.** **Updated February 1, 2007*

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

3. Technical Assistance Teams and Central Office staff are in the process of creating a DVD which will include a discussion of due process and hearing requests. The POE will provide a copy of the DVD in the packet given to each family at the time of the initial IFSP meeting. For any family that does not have the ability to watch a DVD, a more in depth discussion of due process will be undertaken at the IFSP meeting with particular attention paid to rights and the complaint process. **Improvement Activity #3 added February 1, 2007*	January 2007 – December 2007	TATs and Training Coordinator will facilitate this process in order to better ensure that families understand their rights, including their rights regarding dispute resolution, under Part C.
4. Central Office will seek input from stakeholders, including families, about the complaint process, in order to better understand the lack of formal written complaints, mediations and due process hearing requests. **Improvement Activity #4 added February 1, 2007*	June 2007 – December 2009	While it is not wholly agreed that the lack of due process hearing requests is cause for concern, Kentucky feels it is important to address this matter directly with stakeholder groups in the state. The Part C Coordinator will facilitate this process.
5. Monitor due process hearing requests if/when they are received to ensure that system issues are identified and addressed in a timely manner. **Improvement Activity #5 added February 1, 2007*	June 2007 – June 2011	For general supervision and accountability purposes, it is necessary to continually monitor program complaints in order to identify and address system issues. The Part C Coordinator and all program evaluators will facilitate this process.

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.

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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~~ Financial Administrator will manage production of all required reports to meet timelines. **Updated February 1, 2007*	July 2005 – June 2011	~~Part C Coordinator~~ Financial Administrator **Updated February 1, 2007*

Part C – SPP /APR Attachment 1 (Form)

Kentucky
State

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