

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

For reporting on
FFY 2021

Kentucky



PART C DUE
February 1, 2023

U.S. DEPARTMENT OF EDUCATION
WASHINGTON, DC 20202

Introduction

Instructions

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

Intro - Indicator Data

Executive Summary

FFY21 performance was consistent with past high performance. After the intense phase of the COVID-19 pandemic, Kentucky has had slow and steady increase in enrollment. The Part C program achieved high scores for compliance indicators (timely IFSP services, 45 days from referral to IFSP meeting and transition conference 90 days prior to third birthday), demonstrating efficiency, and understanding of federal regulations. The professional development activity, Coaching in Early Intervention Training and Mentorship Program (CEITMP), served more early intervention providers with growth in the number of providers reaching fidelity to the Kentucky Early Intervention Model.

Western Kentucky was devastated by tornadoes in the fall of 2021. The Points of Entry that were primarily impacted included Barren River, Green River, Purchase and Pennyrite districts. Displacement of families created challenges for service coordinators and early intervention providers in finding locations of temporary living arrangements. None of the five districts were closed or unable to continue serving the public. Some early intervention providers had personal damages to homes and agencies that created delays in service delivery. Missed or delayed visits that parents wanted were received.

Additional information related to data collection and reporting

Data collection was unimpeded during FFY21 despite the tornadoes in the western part of the state. State regulations provide adequate time for data to be entered so individuals who had to make temporary arrangements for data entry were able to remain in compliance.

General Supervision System

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

Contracts with the Point of Entry (POE) offices and early intervention providers require compliance with all applicable federal and state laws. Contracts are enforced by Corrective Action Plans (CAP), technical assistance, and training. Untimely correction of noncompliance results in sanctions including restricting services, financial penalties, and contract termination.

The State Lead Agency (SLA) uses a variety of enforcement actions:

- Increased frequency of technical assistance that addresses areas of concern and noncompliance;
- Focused onsite or virtual monitoring on a specific area of noncompliance;
- Development or revision of professional development plans related to the areas of noncompliance;
- Completion and verification of record reviews by the SLA staff at a frequency determined by the SLA;
- Mentoring with other POE districts/providers demonstrating best practices in the identified area(s) of noncompliance;
- Collection and analysis of data related to area(s) of noncompliance at a frequency determined by the SLA and reviewed by SLA staff;
- Local stakeholder meetings to identify barriers to compliance, CAP strategies and additional avenues for technical assistance and support;
- Withholding of payments;
- Recovery of funds; and,
- Termination of the contract.

Methods to assess compliance include comprehensive reviews (POE and providers), POE data reports, and desk audits of the POEs and early intervention providers. Depending upon the issues discovered by the desk audits and resources of the SLA, onsite verification visits may occur.

Billing Audits of the POEs and Early Intervention Providers

Quarterly reviews of billing records for a POE or provider are conducted when there is suspicion or report of billing irregularities. Claims are matched to the IFSP authorizations and service logs. Should billing irregularities be identified, the review is forwarded to the Office of the Inspector General for further investigation. The provider agency is suspended from new referrals while the investigation is pending. In the case of a POE, payment of submitted invoices are suspended (in part or in full) while the investigation is pending.

Desk Audits

The lead agency conducts periodic comprehensive reviews of randomly selected files in each POE to ensure compliance with federal and state regulations. Beginning in January 2023, the reviews will be conducted at the lead agency as desk audits rather than onsite. A three (3) year cycle is planned, with five (5) POEs being reviewed each year. POEs will be required to securely submit documentation from a small sample of hard copy files to verify the information documented in the online management system, Technology-assisted Observation and Teaming System (TOTS).

Chart Audits

POE Managers conduct chart audits a minimum of every six (6) months, with each Service Coordinator (SC) reviewed at least once per year. The audits consist of reviewing selected hard copy files as well as the associated information in TOTS to ensure regulations and policies are followed. The results are maintained at the POE office and available to the SLA upon request. POE Managers summarize findings from these audits on a summary form, document the self-report of any noncompliance on another form, and provide to the SLA. The General Supervision Coordinator tracks the completion of these audits, coordinates any technical assistance that may be needed, monitors corrections, and determines if findings of noncompliance are necessary.

District Determinations

All State Performance Plan indicators (compliance and results) are part of the District Determination process. District issuance of Determinations occurs in June (within the timelines established by law) and posted on the Department for Public Health/Kentucky Early Intervention System (KEIS) website. Each indicator has a point value based upon exceeding, meeting, or not meeting the target for the indicator. Comparison of the total point score to cut-off scores for each level of the determination (Meets Requirements, Needs Assistance, Needs Improvement, and Needs Substantial Improvement) follows. Any POE that does not achieve "Meets Requirements" must participate in technical assistance. POEs that achieve a designation of "Needs Improvement" may be required to implement a State-Directed CAP depending upon the cause of the noncompliance and the number of years they have received this designation. If the issue is systemic and/or longstanding, a CAP is required. POEs that receive a designation of "Needs Substantial

Improvement" must implement a State-Directed CAP. A root cause analysis may be required to determine the underlying issues.

Corrective Action Plans (CAP)

The CAP is a plan implemented by the POE or early intervention provider that describes a set of integrated strategies targeting the SPP/APR performance or areas of noncompliance. CAP strategies ensure correction of noncompliance as soon as possible but no later than one (1) year from the date of the SLA's written notification of the finding. The SLA issues a State-Directed CAP when a previously submitted CAP fails to result in full correction of the issue(s) found noncompliant. The SLA identifies the strategies the POE or provider must take for correction, including the date for full compliance.

Dispute Resolution System: Kentucky adopted the Part C dispute resolution provisions of the Individuals with Disabilities Education Improvement Act.

Complaint Investigations: Formal Complaints

Investigations of written, signed formal complaints are completed no more than sixty (60) calendar days from date of receipt. During the investigation the early intervention provider is suspended from receiving new referrals but may continue to provide ongoing services for the children currently on his or her caseload. The investigation involves a desk audit of the TOTS records for other children on the provider's current caseload as well as interviews with parents served to determine if the complaint is a systemic issue. Once the investigation is completed, release of the suspension occurs. When a finding of noncompliance is issued to the provider, the provider either develops a CAP or is placed under a State-Directed CAP. The complainant receives notification of the findings of the investigation.

Complaint Investigations: Informal Complaints

Informal complaints are defined as concerns provided to the SLA and/or POE by telephone or email. The issue may involve topics such as late arrival for service provision, late response to phone calls, number of referrals another provider receives, etc. Informal complaints are monitored for trends related to a particular service provider or service delivery area. Receipt of at least three (3) informal complaints about an early intervention provider triggers an investigation as a formal complaint.

Mediation

Each POE ensures that parties may resolve disputes concerning the identification, evaluation, placement of the child or the provision of appropriate early intervention services through a mediation process. The Cabinet for Health and Family Services (Cabinet) has a voluntary mediation system through the Ombudsman Office, available without a request for due process, and does not deny or delay a parent's right to a due process hearing.

Due Process Hearings for Parents and Children

An impartial hearing officer appointed by the Secretary of the Cabinet conducts an administrative hearing within fifteen (15) calendar days of receipt of a request for hearing. The hearing meets the requirements of state law, KRS Chapter 13B.080. A recommended decision conforming in content to the requirements of KRS 13B.110 is forwarded to the family and the Cabinet within ten (10) calendar days of the administrative hearing. The Secretary of the Cabinet makes a final decision on the recommendation by the administrative hearing officer no later than thirty (30) days.

Technical Assistance System:

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

Technical assistance is provided through a variety of methods. The SLA has dedicated staff for training and technical assistance including the Part C Assistant Coordinator, and two (2) full-time technical assistance positions. The technical assistance staff are trained in Part C as well as in early intervention evidenced-based practices. Other SLA staff provide technical assistance as needed and typically related to general supervision. Technical assistance is provided through virtual meetings, phone discussions, in-person meetings, email, and written documents. Kentucky uses online training modules for both preservice and in-service training.

SLA staff assists districts in understanding and analyzing district data, developing and monitoring CAPs and self-assessments, and in providing ongoing training related to compliance. Email and telephone communications are the most frequent methods on technical assistance. Written guidance documents are another way that technical assistance occurs. Virtual meetings also are used to convey information and hold discussions of current issues facing the Part C system. Local provider meetings are held by the POE Managers to share information with the providers serving their district. Upon request, staff from the SLA attend local meetings.

Evidence-based practices are targeted through contracts with University of Kentucky and University of Louisville. Assessment and evaluation practices for both POE staff and early intervention providers is a frequent topic as is coaching parents. Collaboration with the Kentucky Deaf-Blind Project, Kentucky School for the Deaf, and the Early Hearing Detection and Treatment Program results in highly specific technical assistance for the sensory impaired population. A contract between the Department for Public Health and Wendell Foster, a community-based rehabilitative agency, provides technical assistance on assistive technology.

Professional Development System:

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

Pre-enrollment in KEIS and ongoing training is required for all personnel. The SLA provides specific mandatory early intervention training modules. Pre-orientation modules include KEIS Foundation (mission statement, structure of the state program, program standards, state and federal regs, policy and procedure), POE Structure, 45-day timeline, KEIS Federal Reporting, KEIS Core Competencies and KEIS Providers. The SLA uses two Learning Management Systems (LMS), Adobe Learning Manager Captivate Prime and ZOOM, for webinar and online training purposes. The systems provide a tracking system so that the SLA can monitor compliance for required trainings. The addition or revision of modules occurs when needed. The platform ZOOM, a new addition to the professional development set of tools, facilitates interactive live training.

Once enrolled as an early intervention provider, required orientation training ensues that includes two modules: Mission and Key Principles of Part C Early Intervention and Foundational Pillars of Early Intervention. These modules provide the essential knowledge required to participate as an early intervention provider in Kentucky. Orientation focuses on the different types of IFSP meetings and how decisions are made, on-going visiting safety, mandatory reporting of abuse, and documentation of services. The third session focuses on assessment using one of the approved Five Area Assessment instruments, accessing the assessment instrument trainings, entering the assessment into the data portal and TOTS, finalizing the assessment report, and enrolling. Other topics addressed in orientation are record keeping and confidentiality, Individualized Family Service Plans (IFSPs), child assessment, KEIS model of early intervention, Provider Matrix and TOTS, documentation, and billing. Service coordinators are trained in the Routines-based Interview as well. POE Managers complete a Leadership Series which includes modules on motivating and supporting staff, data driven decision making, provider oversight, and goal achievement (4 Disciplines of Execution). In addition, the importance of the Kentucky Early

Childhood Standards is also introduced.

Specific activities associated with the State Systemic Improvement Plan (SSIP) enrich the professional development of those working in the early intervention system. Intense, individualized training and mentoring is provided in the Coaching in Early Intervention Training and Mentorship Program (CEITMP). Once fidelity to the Kentucky Model of Early Intervention is achieved, an ongoing professional development plan is developed to support the maintenance of skills.

Broad Stakeholder Input:

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

Stakeholder input is a foundational component of KEIS. Stakeholders include parents, early intervention service providers, SLA staff, contracted staff, Interagency Coordinating Council (ICC) members, Point of Entry (POE) staff (including service coordinators), Primary Level Evaluators, and Intensive Level Evaluators. All geographic and population density areas of the state are represented.

Stakeholders receive regular updates on the early intervention systems performance. Issues are presented for discussion and possible resolution. Ad hoc groups of stakeholders approach the SLA with issues such as contractual requirements, reimbursement, referrals, education surrogate appointments, etc. The SLA is open to meeting with such groups to share accurate information. Ad hoc workgroups are created to address specific topics/issues as needed. Workgroups are used to develop new procedures and training. New and revised materials such as the performance standards, self-assessment tools, and the newsletter, First Friday Focus.

The process of developing the State Performance Plan/Annual Performance Report (SPP/APR) continues to include gathering data, verifying data, and writing of narrative portions of the APR. Specific input from stakeholders with interest or expertise in the indicator area (topic) assists as needed with the drafting of the APR. The stakeholder groups also recommend revisions to improvement activities after evaluating the status. Each year the ICC receives a formal presentation of the SPP/APR. The ICC has certified the APR each year due to this collaborative process for development. Ongoing communication with stakeholders occurs through a listserv, webinars, virtual meetings, and through an announcement page in the database system, TOTS (specifically for early intervention providers).

The KEIS website contains content for all stakeholders. A specific page is dedicated to early intervention providers. Parents receive periodic newsletters edited by the KEIS Parent Consultant. Beginning in January 2023, parents will be invited to participate in regional Parent Cafes that focus on resiliency. The Family Survey distribution method will also change in FFY22. The purpose of the change is to increase the number of parents responses.

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

NO

Number of Parent Members:

23

Parent Members Engagement:

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

Parent engagement occurs through a variety of methods at the state office level. Primary means of engagement are virtual meetings, phone contacts and newsletters. KEIS staff meets with parent advocacy and advisory groups specifically related to hearing loss and autism. The meetings with parents regarding hearing loss led to a decision to expand eligibility for children with hearing loss. Parents on these councils frequently discuss KEIS policies and have access to the KEIS parent consultant to share their input, concerns, and questions. The KEIS Parent Consultant also works with the IDEA parent center and the Behavioral Health, Intellectual and Developmental Disability parent center. She is a member of the Association of Maternal & Child Health Programs (AMCHP) Family Engagement Community of Practice as well.

Half of FFY21 was impacted by the continuing pandemic. It was not until after the winter that parents were more open to home visiting and reaching out to the POEs. Parents are at the table when setting targets, reviewing data to develop improvement strategies and evaluating progress. Coherent strategies to reach more diverse parent representativeness are included in the revised SSIP.

Parent engagement often occurs on the local level, either through contact with the POE or with an early intervention provider. Local resources are shared and questions answered.

Activities to Improve Outcomes for Children with Disabilities:

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

POE staff, including service coordinators, encouraged parents and families to participate in workgroups. Engagement is difficult due to parent's work schedules and willingness to participate when there are small children in the home. Workgroups have at least one parent representative. A workgroup targeting parent engagement and stakeholder diversity is one of the coherent strategies for the revised State Systemic Improvement Plan. This workgroup is charged with the development of robust strategies for implementation at both the state and local levels. The workgroup has not met yet. The KEIS parent consultant is the team leader and the initiative's purpose is to identify and implement additional strategies to grow stakeholder and parent engagement. The Parent Consultant participated in the 2021/22 Association of Maternal and Child Health Programs Leadership Lab under the family engagement cohort. The strategies learned will be useful to the work of the Engagement workgroup.

One strategy under consideration by the SLA is contracting for regional Outreach Specialists who will conduct outreach with marginalized groups and encourage parents to give input to the SLA.

Soliciting Public Input:

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

Several documents are posted on the website for public information. A message is sent to all stakeholders when a new document is posted, encouraging readers to send input to the SLA. The SLA issues an announcement asking volunteers to join workgroups for target setting, data review, improvement strategies development, and evaluation. Additional people are recruited based on their experience and/or expertise of the subject matter. It is difficult for early intervention providers to participate due to the need for billable service hours. Beginning in FY23, early intervention providers will be paid for their participation.

Making Results Available to the Public:

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

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

Reporting to the Public:

How and where the State reported to the public on the FFY 2020 performance of each EIS Program located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2020 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State's SPP/APR, including any revision if the State has revised the targets that it submitted with its FFY 2020 APR in 2022, is available.

Annually, the SPP/APR is available on the KEIS website upon submission to the US Department of Education, Office of Special Education Programs. The website address is: <https://www.chfs.ky.gov/agencies/dph/dmch/ecdb/Pages/fsreports.aspx>. At a minimum there are two versions of the SPP/APR-- one for public comment and later, the one submitted. If revisions are required during the clarification period, a clarified version of the SPP/APR is posted. Interested parties without web access can contact the SLA for a copy. In addition, all of the public libraries in Kentucky have web access, so anyone in Kentucky could access the web and thus the report at the local public library.

POE determinations are posted for each POE on the website within the timeline according to federal requirements. The POE Profiles include results for each SPP/APR indicator and 619 data.

Intro - Prior FFY Required Actions

Response to actions required in FFY 2020 SPP/APR

Intro - OSEP Response

Intro - Required Actions

Indicator 1: Timely Provision of Services

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

1 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	79.00%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	94.85%	97.82%	97.19%	NVR	99.46%

Targets

FFY	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%

FFY 2021 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
5,717	5,794	99.46%	100%	98.67%	Did not meet target	No Slippage

Number of documented delays attributable to exceptional family circumstances

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

0

Provide reasons for delay, if applicable.

98.67% of initial services were delivered timely (5717 divided by 5794 multiplied by 100= 98.67%). Untimely cases equaled seventy-seven (77). Of those children, forty-four (44) are actively receiving early intervention services and fifteen (15) exited the program prior to June 30, 2022. Range in days late was one (1) to sixty-seven (67) days. Documentation indicated that late service delivery was caused by scheduling the service after the thirty (30) days. Infrequent services were scheduled later in the IFSP period, most likely because those services are not weekly or biweekly. Those late services were ones authorized for two (2) visits during the 6-month IFSP period.

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

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

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

State database

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

July 1, 2021 through June 30, 2022

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

Every IFSP (initial, six-month, requested review, and annual) is entered into TOTS, the online database management system. One section of the IFSP (Planned Services) includes all services planned for delivery during the period of the IFSP and serves as the authorization for each service. The date of the IFSP meeting is matched to the date of service delivery for the first payment claim. Then the number of days between date of the IFSP and the date of the first service is calculated. A report, Timely Services, lists every initial date of service for the IFSP period. As part of the preparation of the State Performance Report, an individual at the SLA reviews and verifies the report.

Provide additional information about this indicator (optional)

Early intervention services in Kentucky are administered through fifteen (15) district offices, known as Points of Entry (POE). These POEs are the local lead agency for Part C services.

There were no findings of noncompliance issued for this indicator in FFY20. During preparation of the FFY20 SPP/APR, reports were generated to review all files in the database system for compliance during the fiscal year. Review of the reports showed there were twenty-six (26) total infants and toddlers that did not receive early intervention services in a timely manner. All instances of noncompliance were sorted by POE for further review. The timing and reason of each instance of noncompliance was noted, as well as the number of months each POE was noncompliant. This review showed all fifteen (15) POEs corrected to 100% within three (3) months. These were considered pre-finding corrections. Although the noncompliance was noted and communicated to the POE manager, no findings were issued.

In accordance with OSEP Memo 09-02, the SLA ensured all twenty-six (26) infants and toddlers received their early intervention services, although late, or were no longer under the jurisdiction of the EIS program by reviewing all twenty-six (26) files. As noted above, the SLA also ensured all POEs were correctly implementing the specific regulatory requirements based on review of the reports generated in the state's data system.

Correction of Findings of Noncompliance Identified in FFY 2020

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

Correction of Findings of Noncompliance Identified Prior to FFY 2020

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

1 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

Response to actions required in FFY 2020 SPP/APR

No actions were required.

1 - OSEP Response

1 - Required Actions

ORIGINAL

Indicator 2: Services in Natural Environments

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

Instructions

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

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

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

2 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	98.70%

FFY	2016	2017	2018	2019	2020
Target>=	98.70%	98.70%	98.70%	98.70%	99.83%
Data	99.57%	99.53%	99.81%	99.83%	100.00%

Targets

FFY	2021	2022	2023	2024	2025
Target >=	99.83%	99.83%	99.83%	99.83%	99.83%

Targets: Description of Stakeholder Input

The Stakeholder Group reviewed historical and current data for Indicator 2 during a quarterly meeting. Past services in clinics were due to shortage of physical therapists. With tele-intervention available now, provider shortages are minimal. A recommendation was to continue allowing the use of tele-intervention in order to provide flexibility for individual needs.

Prepopulated Data

Source	Date	Description	Data
SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/06/2022	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	4,225
SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/06/2022	Total number of infants and toddlers with IFSPs	4,228

FFY 2021 SPP/APR Data

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of Infants and toddlers with IFSPs	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
4,225	4,228	100.00%	99.83%	99.93%	Met target	No Slippage

Provide additional information about this indicator (optional).

2 - Prior FFY Required Actions

None

2 - OSEP Response

2 - Required Actions

ORIGINAL

Indicator 3: Early Childhood Outcomes

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/ communication); and
- C. Use of appropriate behaviors to meet their needs.

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

Data Source

State selected data source.

Measurement

Outcomes:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/communication); and
- C. Use of appropriate behaviors to meet their needs.

Progress categories for A, B and C:

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

Summary Statements for Each of the Three Outcomes:

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

Measurement for Summary Statement 1:

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

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

Measurement for Summary Statement 2:

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

Instructions

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

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

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

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

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

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

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

If the State's Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or "at-risk infants and toddlers") under IDEA section 632(5)(B)(i), the State must report data in two ways. First, it must report on all eligible children but exclude its at-risk

infants and toddlers (i.e., include just those infants and toddlers experiencing developmental delay (or “developmentally delayed children”) or having a diagnosed physical or mental condition that has a high probability of resulting in developmental delay (or “children with diagnosed conditions”). Second, the State must separately report outcome data on either: (1) just its at-risk infants and toddlers; or (2) aggregated performance data on all of the infants and toddlers it serves under Part C (including developmentally delayed children, children with diagnosed conditions, and at-risk infants and toddlers).

3 - Indicator Data

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

NO

Targets: Description of Stakeholder Input

Historical Data

Outcome	Baseline	FFY	2016	2017	2018	2019	2020
A1	2019	Target>=	86.03%	86.04%	86.05%	64.00%	64.05%
A1	64.00%	Data	87.98%	86.50%	86.27%	58.16%	66.32%
A2	2019	Target>=	69.00%	69.00%	69.00%	44.00%	44.05%
A2	44.00%	Data	63.76%	64.05%	62.46%	37.18%	45.89%
B1	2019	Target>=	90.68%	90.69%	90.70%	63.00%	63.05%
B1	63.00%	Data	91.23%	91.79%	91.21%	58.07%	62.69%
B2	2019	Target>=	71.55%	71.55%	71.55%	42.00%	42.05%
B2	42.00%	Data	68.92%	68.28%	67.91%	39.25%	48.53%
C1	2019	Target>=	85.79%	85.80%	85.80%	62.00%	62.05%
C1	62.00%	Data	85.23%	83.13%	83.75%	59.07%	66.07%
C2	2019	Target>=	53.82%	53.83%	53.84%	48.00%	48.05%
C2	48.00%	Data	46.71%	46.16%	44.41%	42.38%	52.37%

Targets

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

FFY 2021 SPP/APR Data

Number of infants and toddlers with IFSPs assessed

2,209

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

Outcome A Progress Category	Number of children	Percentage of Total
a. In b. fants and toddlers who did not improve functioning	96	4.35%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	598	27.07%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	547	24.76%

Outcome A Progress Category	Number of children	Percentage of Total
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	748	33.86%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	220	9.96%

Outcome A	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	1,295	1,989	66.32%	64.10%	65.11%	Met target	No Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	968	2,209	45.89%	44.10%	43.82%	Did not meet target	Slippage

Provide reasons for A2 slippage, if applicable

The population of infants and toddlers served by the Kentucky Part C program represents a restricted eligibility consisting of significant delay or developmental disability. Fewer children will reach age-appropriate sill levels because of this. Another factor impacting the results is the smaller data pool, a holdover of the pandemic. The number of children enrolling continues to increase but has not reached pre-pandemic levels.

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

Outcome B Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	99	4.48%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	615	27.84%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	444	20.10%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	682	30.87%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	369	16.70%

Outcome B	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	1,126	1,840	62.69%	63.10%	61.20%	Did not meet target	Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	1,051	2,209	48.53%	42.10%	47.58%	Met target	No Slippage

Provide reasons for B1 slippage, if applicable

The slippage in B1 is a rare occurrence. In the past slippage occurred with the second summary statements. There was smaller data pool which may have impacted the results. Another impact may be that the majority of children exiting entered the program during the height of the pandemic and transitioned to tele-intervention. In some cases, parents chose to wait for in-person services, so their child had a longer period of no or limited services. (These children received compensatory services which lasted beyond the third birthday; exit assessment data could not be used for this report.)

Outcome C: Use of appropriate behaviors to meet their needs

Outcome C Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	82	3.71%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	612	27.70%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	413	18.70%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	682	30.87%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	420	19.01%

Outcome C	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	1,095	1,789	66.07%	62.10%	61.21%	Did not meet target	Slippage
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	1,102	2,209	52.37%	48.10%	49.89%	Met target	No Slippage

Provide reasons for C1 slippage, if applicable

Slight slippage occurred for Statement C1. There was smaller data pool which may have impacted the results. The number of children enrolling continues to increase but has not reached pre-pandemic levels.

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

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data	4,104
The number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.	2,605

Sampling Question	Yes / No
Was sampling used?	NO

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

NO

Provide the criteria for defining "comparable to same-aged peers."

The analysis algorithms measure changes more accurately in child functioning by focusing on a single six-month age band corresponding to the child's age at time of assessment to identify age-appropriate functioning compared to same-age-peers. In consultation with KEIS stakeholders, age-appropriate functioning for categories c, d, and e was set at 40%; i.e., a child had to have mastered 40% of the items within the child's chronological six-month age band at time of assessment. The 40% criteria level was decided based on research and consultation with national and state assessment experts. Analyses examined items in all age bands covered by the assessments when determining absolute progress for categories a and b. Three percentages (one for each OSEP outcome) were computed for each child on each assessment. Data analysis for reporting child progress was based on two levels of detailed crosswalks as conducted by instrument publishers and early childhood experts. All instrument crosswalks were updated as instruments were revised by publishers.

The first level of instrument crosswalks included two detailed steps. First, specific items on each approved assessment instrument were aligned to the Kentucky Early Childhood Standards by the publisher of each assessment tool. These alignments were reviewed, revised, and approved by KY early childhood staff. Second, each instrument crosswalk was reviewed in detail by an expert panel (including assessment and child development experts) to ensure coverage of the developmental continuum, alignment with Kentucky benchmarks, and inclusion of examples describing each benchmark. This process included cross-assessment analyses. Once the review was completed, the expert panel age-anchored items for each benchmark. To determine consistent age anchors across tools, the panel utilized age-identified items for each instrument and, when not available, recommended behavioral

sequences (Cohen & Gross, 1979). They also examined item similarity across assessments.

The expert panel identified the benchmarks that best measured student progress according to the three OSEP child outcomes. Then, the second level crosswalk was developed to include, by instrument, specific assessment items that aligned with each benchmark, based on the developmental continuum for each benchmark and the definition of each outcome as provided by the Early Childhood Technical Assistance (ECTA) Center. These assessment-specific item sets were used for analyses of student progress on the OSEP child outcomes and summary target statements.

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

Three assessment instruments are used for monitoring children's progress:

1. Assessment, Evaluation, and Programming System for Infants and Children Second Edition (AEPS)
2. Carolina Curriculum for Infants and Toddlers with Special Needs (CCITSN)
3. Hawaii Early Learning Profile (HELP)

These assessment instruments fulfill the state regulation for a criterion-referenced assessment, referred to as a Five (5) Area Assessment (5AA). The 5AA is administered to each child upon entry, annually, and exit. Each assessment item is entered into the Kentucky Early Childhood Data Portal (KEDS). The District Child Evaluation Specialist (DCES) enters the entry data, then subsequent entry is by the early intervention provider who served as the primary service provider. The data is then used for the analysis of progress and reported in the State Performance Plan/Annual Performance Report.

Provide additional information about this indicator (optional).

For FFY21, 4,104 children exited the program. Of these, 2,209 met these criteria and were included in the OSEP child outcome analysis. This is a 33% increase in sample size from FFY20. The increase in the FFY21 sample size is attributed to the reduced impact of COVID-19 on the ability of providers to complete assessments. The remaining 2,605 children not meeting these criteria were excluded from the FFY21 analysis as noted below:

Reason for Exclusion	Number of Children
No IFSP	651
<6 Months of Service	1,161
No Exit Assessment (Single Assessments)	479
Exit Assessment >90 Days Before Exit Date	308
No Assessment Completed	4
Incomplete Assessment	2
Total	2,605

Several steps continued to be taken by KEDS in FFY21 to improve assessment and data entry reliability.

- The requirement for complete data entry prior to payment for initial and annual assessments resulted in an item completion rate for assessments of nearly 100%.
- Additional efforts were made to identify data entry errors to ensure all eligible children exiting the program were included in the analysis.
- Providers were offered training in data entry and reliability through recorded tutorials available through the KEDS website.
- TA was provided by KEDS staff as needed.
- Resources were made available on the KEDS website and updated as needed to reflect changes in policy and in response to provider needs.
- Lead Agency staff continued to receive monthly information on the numbers of complete assessments for children in each POE, including the number of children with entry and exit assessments.
- To further increase data accuracy, it was recommended that the same assessment tool be used at entrance and exit for each child, and that providers be certified in each assessment that they administer. Additionally, it was recommended that initial evaluators share completed protocols with each child's intervention team.

3 - Prior FFY Required Actions

None

3 - OSEP Response

3 - Required Actions

Indicator 4: Family Involvement

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

- A. Know their rights;
- B. Effectively communicate their children's needs; and
- C. Help their children develop and learn.

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

Data Source

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

Measurement

- A. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family know their rights) divided by the (# of respondent families participating in Part C)] times 100.
- B. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs) divided by the (# of respondent families participating in Part C)] times 100.
- C. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn) divided by the (# of respondent families participating in Part C)] times 100.

Instructions

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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

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

4 - Indicator Data

Historical Data

Measure	Baseline	FFY	2016	2017	2018	2019	2020
A	2007	Target>=	99.45%	99.45%	99.45%	99.45%	99.52%
A	83.20%	Data	99.14%	99.10%	98.81%	99.70%	100.00%
B	2007	Target>=	99.52%	99.52%	99.52%	99.52%	99.43%
B	74.30%	Data	99.39%	99.28%	99.16%	99.41%	98.83%
C	2007	Target>=	99.03%	99.03%	99.03%	99.03%	98.80%

C	89.60 %	Data	99.20%	98.97%	99.02%	99.11%	98.64%
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Targets

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

Targets: Description of Stakeholder Input

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

FFY 2021 SPP/APR Data

The number of families to whom surveys were distributed	8,902
Number of respondent families participating in Part C	1,272
Survey Response Rate	14.29%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	1,213
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	1,272
B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	1,215
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	1,272
C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn	1,207
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	1,272

Measure	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	100.00%	99.52%	95.36%	Did not meet target	Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)	98.83%	99.43%	95.52%	Did not meet target	Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	98.64%	98.80%	94.89%	Did not meet target	Slippage

Provide reasons for part A slippage, if applicable

Slippage occurred with the results for Statement A. The small data pool may have impacted this statement. There were fifty-nine (59) less responses than the survey total number of respondents for this one statement. A larger number of total respondents could have decreased the slippage.

Provide reasons for part B slippage, if applicable

Slippage occurred with the results for Statement B. The small data pool may have impacted this statement. There were fifty-seven (57) less responses than the survey total number of respondents for this one statement. A larger number of total respondents could have decreased the slippage.

Provide reasons for part C slippage, if applicable

Slippage occurred with the results for Statement B. The small data pool may have impacted this statement. There were sixty-five (65) less responses than the survey total number of respondents for this one statement. A larger number of total respondents could have decreased the slippage.

Sampling Question	Yes / No
Was sampling used?	NO

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

Survey Response Rate

FFY	2020	2021
Survey Response Rate	12.51%	14.29%

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

In 2021, the State Lead Agency (SLA) met with stakeholders to share ideas about how other states conduct the family survey. Kentucky distributes the survey directly from the state office in order to minimize bias. Since in Kentucky all families served within the federal fiscal year are surveyed, some families receive the survey and have not had early intervention services in almost a year. It is also difficult for Point of Entry (POE) staff and providers to follow-up or encourage families to complete the family survey since it is sent to families who had an active IFSP in the previous fiscal year. Families who receive the survey may no longer be on active caseloads. Stakeholders determined that it may be beneficial to shift the completion of the family survey as families exit early intervention. Stakeholders hoped that having families complete the survey when their child exits the program will be more relevant. At a child/family's exit, their early intervention services will be fresh on their mind. The goal is to increase responses and receive accurate response data from a more diverse pool of families. Over the last year, the SLA has worked with Yahasoftware, the TOTS (data management system) development staff to implement this change. This required significant changes to the structure of how the electronic family survey was previously set-up in the data system. Now the SLA staff can run a report in the data system that pulls the children who exited the program during the previous month. Once the list is generated, SLA staff can send the electronic survey through the data system to all families who have an email in the system. Surveys are manually sent on a weekly basis to families by email. At the end of the month, the SLA can generate mailing labels to paper mail the surveys to families who did not respond electronically or who do not have email addresses in the data system. SLA staff can run a report that includes POE district, race, primary language spoken in the home, and Service Coordinator at exit. This enables the SLA to notify each POE of all families who are receiving the family survey so they can make a concerted effort to reach out to them, encourage survey completion and offer assistance if there are any questions about the previous survey process. The SLA will start this new survey distribution methodology in FFY22. The FFY 21 data is based on the "old" methodology.

Kentucky continues public awareness efforts to help everyone in the early intervention system understand the importance of family survey. These efforts include notification to families, point of entry staff, and providers through various listserv announcements, the development of an updated infographic that includes survey results and importance, the efforts to update information in the data system, reaching out to families during the survey window to encourage responses, and TOTS announcements as reminders for POE staff and providers. The survey will continue distribution in both English and Spanish.

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

In FFY 2021, Kentucky saw an increase of 181 responses for the annual family survey mailing. There is a lingering effect from COVID on overall state participation rates but seeing an increase in responses for the family survey shows signs of improvement. Kentucky tried a few strategies to increase responses and decrease non-response bias. One of the things that was done is to offer the survey in both an electronic format and a paper format for those families who do not have email. In addition, families who receive a paper survey receive a postage paid addressed envelope to ensure that there is no cost incurred by the family and no confusion on where the paper surveys should be returned. The electronic surveys can be completed on a computer, laptop, tablet or cell phone increasing accessibility for all respondents. Kentucky is not incredibly diverse, but the survey is sent electronically in both English and Spanish since Spanish is the second most popular language used in the state. The paper surveys are sent out in Spanish as well to families who identify as Spanish speaking. Before the family survey is sent out, POE staff are encouraged to check in with families, update email and mailing addresses and to notify families of the importance of their feedback and that the survey will be distributed soon. The Parent Consultant notifies parents of the importance of the family survey for federal reporting and program improvement through a parent newsletter. In addition to contacting POE staff about the family survey response window, the SLA also uses an announcement feature and newsletter to notify early intervention providers of the family response window seeking assistance in encouraging families to complete the survey and offering assistance. The Parent Consultant's name and contact information is provided for families who may have difficulty responding to the survey for whatever reason so they can reach out to her for assistance.

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

Kentucky Part C staff used the child count data, exit data and the KY State Data Center's population estimates (Kentucky State Data Center – Empowering data users across the Commonwealth (louisville.edu) for comparison with the family survey response rate data to determine if responses are representative across the state. The data charts are appended to this report.

The Child Count and Exit data comparisons to the Family Survey responses are within the metric threshold except for the exit race category white. The discrepancy is +4.26% which is an overrepresentation.

For FFY 2021, the Kentucky State Data Center population estimates for July 2021 were used. The data center's youngest age range reported is birth to age four, which is a larger window than the population served by Kentucky's Early Intervention System (birth to three). This is the most accurate statewide data available for analysis. According to the data center, the B-4 population estimates are: 75.82% white, 9.37% Black, 7.63% Hispanic, 5.38% other, and 1.91% Asian. The family survey response data indicates that 76.26% of the respondents identify as white, 9.78% identify as Black, 5.97% identify as Hispanic, 5.20% identify as "other" (includes American Indian, Native Hawaiian, and two or more races), and 2.79% identify as Asian. KEIS assumes that the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program when compared to the statewide population data.

The State also looked at family survey response rates by district in comparison to the population estimates (see table 4. C.). Twelve out of the fifteen districts had a +/- 2% discrepancy among the population estimates and percent (%) of survey respondents in a district. Two of the districts had a higher percentage of responses than anticipated based on the population estimates and one district had 2.77% responses fewer than anticipated based on the population estimates. This data was looked at more closely. The two districts with higher percentages of responses are more metropolitan and have some of the highest participation rates in the state. The one district who had fewer responses is one of the smaller, more rural districts.

The final category of data that was reviewed was the child's age at completion of the family survey. As expected, the response rates align with participation in the KEIS program. There were fewer family surveys completed by families who have children under the age of one. There is a slight increase in survey responses from families who have children ages one to two years of age. The majority of the family surveys completed by families whose children are ages two to three. There were some families who responded to that family survey who have children who are over four. In a typical year, this would not happen. This is a result of COVID and the provision of compensatory services for children who were not able to receive services during the pandemic.

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

Staff reviewed the data, noting the level of difference between the population data from various sources and the family survey responses. The discrepancy threshold was +/- 3%.

Provide additional information about this indicator (optional).

4 - Prior FFY Required Actions

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

Response to actions required in FFY 2020 SPP/APR

4 - OSEP Response

4 - Required Actions

Indicator 5: Child Find (Birth to One)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

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

Measurement

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

Instructions

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

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

5 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	0.49%

FFY	2016	2017	2018	2019	2020
Target >=	0.52%	0.52%	0.52%	0.52%	0.64%
Data	0.66%	0.62%	0.54%	0.64%	0.30%

Targets

FFY	2021	2022	2023	2024	2025
Target >=	0.64%	0.64%	0.65%	0.68%	0.70%

Targets: Description of Stakeholder Input

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

Prepopulated Data

Source	Date	Description	Data
SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/06/2022	Number of infants and toddlers birth to 1 with IFSPs	261
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021	06/28/2022	Population of infants and toddlers birth to 1	50,391

FFY 2021 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
261	50,391	0.30%	0.64%	0.52%	Did not meet target	No Slippage

Provide additional information about this indicator (optional)

While the state did not meet the target for FFY21, the number of infants under the age of 12 months increased over the previous year. In FFY20, the number was 158 and the number for FFY21 is 261. This is an increase of 40%.

The targets were set prior to the pandemic when growth in KEIS was robust. Referrals dropped significantly during 2020 and most of 2021. Stakeholders need to review the targets taking into consideration the impact of the pandemic.

5 - Prior FFY Required Actions

None

5 - OSEP Response

5 - Required Actions

ORIGINAL

Indicator 6: Child Find (Birth to Three)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

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

Measurement

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

Instructions

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

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

6 - Indicator Data

Baseline Year	Baseline Data
2005	2.17%

FFY	2016	2017	2018	2019	2020
Target >=	2.55%	2.55%	2.55%	2.55%	3.36%
Data	2.92%	3.08%	3.17%	3.35%	2.19%

Targets

FFY	2021	2022	2023	2024	2025
Target >=	3.36%	3.36%	3.40%	3.50%	3.75%

Targets: Description of Stakeholder Input

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

Prepopulated Data

Source	Date	Description	Data
SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/06/2022	Number of infants and toddlers birth to 3 with IFSPs	4,228
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021	06/28/2022	Population of infants and toddlers birth to 3	155,786

FFY 2021 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
4,228	155,786	2.19%	3.36%	2.71%	Did not meet target	No Slippage

Provide additional information about this indicator (optional).

The number of infants and toddlers served in FFY21 is higher than FFY20 by 715 children. Referrals to KEIS increased during the year but eligibility enrollment grew slowly. Some parents grew tired of tele-intervention and withdrew in order to go to clinic-based therapy. As more parents felt comfortable with providers in the home, referrals increased.

The targets were set prior to the pandemic when growth in KEIS was robust. Referrals dropped significantly during 2020 and most of 2021. Stakeholders need to review the targets taking into consideration the impact of the pandemic.

6 - Prior FFY Required Actions

None

6 - OSEP Response

6 - Required Actions

ORIGINAL

Indicator 7: 45-Day Timeline

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

7 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	61.00%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	89.07%	95.43%	95.97%	99.01%	98.56%

Targets

FFY	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%

FFY 2021 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
3,059	3,110	98.56%	100%	98.36%	Did not meet target	No Slippage

Number of documented delays attributable to exceptional family circumstances

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

Provide reasons for delay, if applicable.

There were fifty-one (51) instances of failure to meet the 45-day timeline. The range of days was six (6) days to eighty-six (86) days. In the Kentuckiana (KIPDA) POE, thirty-five (35) cases were late due to other POE staff not conducting their specific procedures timely. Contract providers were late in submitting reports or conducting assessments needed for eligibility in eight (8) cases. Overall, Service coordinators were untimely due to scheduling eight (8) times.

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

State database

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

July 1, 2021 to June 30, 2022

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

All referrals are entered in the electronic data base system upon receipt and verification of demographic information. All referrals that were received are in the data system. An unique numeric identifier is assigned to each referral. The system has edits to prevent duplicate entries. The date of the initial IFSP was matched to the date of referral and calculated the forty-five (45) day timeline. A report, Single Timeline Report, was generated for the date range indicated above (July 1, 2021-June 30, 2022) that includes all children who had an initial IFSP developed during the period. In preparation for submitting the Annual Performance Report, a SLA staff person reviews the statewide report to verify late initial IFSPs.

Provide additional information about this indicator (optional).

Early intervention services in Kentucky are administered through fifteen (15) district offices, known as Points of Entry (POE). These POEs are the local lead agency for Part C services.

There were no findings of noncompliance issued for this indicator in FFY 2020. During preparation of the FFY 2020 SPP/APR, reports were generated to review all files in the database system for compliance during the fiscal year. Review of the reports showed there were thirty-five (35) total infants and toddlers that did not receive an IFSP in a timely manner. All instances of noncompliance were sorted by POE for further review. The timing and reason of each instance of noncompliance was noted, as well as the number of months each POE was noncompliant. This review showed all fifteen (15) POEs corrected to 100% within three (3) months. These were considered pre-finding corrections. Although the noncompliance was noted and communicated to the POE manager, no findings were issued.

In accordance with OSEP Memo 09-02, the SLA ensured all thirty-five (35) infants and toddlers received their IFSP, although late, or were no longer under the jurisdiction of the EIS program by reviewing all thirty-five (35) files. As noted above, the SLA also ensured all POEs were correctly implementing the specific regulatory requirements based on review of the reports generated in the state's data system.

Correction of Findings of Noncompliance Identified in FFY 2020

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

Correction of Findings of Noncompliance Identified Prior to FFY 2020

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

7 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

Response to actions required in FFY 2020 SPP/APR

7 - OSEP Response

7 - Required Actions

Indicator 8A: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

- A. Percent = $\left[\frac{\text{(\# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday)}}{\text{(\# of toddlers with disabilities exiting Part C)}} \right] \times 100$.
- B. Percent = $\left[\frac{\text{(\# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services)}}{\text{(\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)}} \right] \times 100$.
- C. Percent = $\left[\frac{\text{(\# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B)}}{\text{(\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)}} \right] \times 100$.

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

Instructions

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

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

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

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

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to "opt-out" of the referral. Under the State's opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must in

clude in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State's Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8A - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	100.00%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	100.00%	100.00%	100.00%	100.00%	100.00%

Targets

FFY	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%

FFY 2021 SPP/APR Data

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

YES

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
3,113	3,113	100.00%	100%	100.00%	Met target	No Slippage

Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of children exiting Part C who have an IFSP with transition steps and services" field to calculate the numerator for this indicator.

0

Provide reasons for delay, if applicable.

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

State database

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

July 1, 2021- June 30, 2022

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

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

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2020

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

Correction of Findings of Noncompliance Identified Prior to FFY 2020

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

8A - Prior FFY Required Actions

None

8A - OSEP Response

8A - Required Actions

ORIGINAL

Indicator 8B: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

- Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

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

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

Instructions

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8B - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	100.00%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%

Data	100.00%	100.00%	100.00%	100.00%	100.00%
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Targets

FFY	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%

FFY 2021 SPP/APR Data

Data include notification to both the SEA and LEA

YES

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
2,861	2,861	100.00%	100%	100.00%	Met target	No Slippage

Number of parents who opted out

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

0

Provide reasons for delay, if applicable.

Describe the method used to collect these data.

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

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

YES

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

YES

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

State database

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

July 1, 2021- June 30, 2022

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

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

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2020

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

Correction of Findings of Noncompliance Identified Prior to FFY 2020

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

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

8B - Prior FFY Required Actions

None

8B - OSEP Response

8B - Required Actions

ORIGINAL

Indicator 8C: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

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

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

Instructions

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8C - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	90.00%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%

Data	98.57%	98.23%	98.95%	99.64%	99.76%
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Targets

FFY	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%

FFY 2021 SPP/APR Data

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

YES

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
3,107	3,113	99.76%	100%	99.81%	Did not meet target	No Slippage

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

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

0

Number of documented delays attributable to exceptional family circumstances

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

0

Provide reasons for delay, if applicable.

There were six (6) transition conferences were held late. In three (3) cases waiting for provider schedules to allow attendance was the reason for the delay. One conference was held late to accommodate the school district representative. The remaining two conferences did not have any documentation explaining why the meetings were late.

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

State database

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

July 1, 2021 through June 30, 2022

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

The state early intervention database (TOTS) includes a list of all children assigned to the Service Coordinator with an upcoming transition period. The transition screen in TOTS includes a banner that clearly provides the window of time for the timely transition conference. Other data elements collected on the screen are date parent consented to convene the meeting and date of LEA invitation to the meeting. These prompts assist the Service Coordinator's compliance with timelines. A report, Transition Conference Report, was generated for the date range indicated above (July 1, 2021-June 30, 2022) that includes all children who had a transition conference due during the period. In preparation for submitting the Annual Performance Report, a SLA staff person reviews and verifies the statewide report.

Provide additional information about this indicator (optional).

Early intervention services in Kentucky are administered through fifteen (15) district offices, known as Points of Entry (POE). These POEs are the local lead agency for Part C services.

There were no findings of noncompliance issued for this indicator in FFY 2020. During preparation of the FFY 2020 SPP/APR, reports were generated to review all files in the database system for compliance during the fiscal year. Review of the reports showed there were six (6) total infants and toddlers that did not receive a transition conference in a timely manner. All instances of noncompliance were sorted by POE for further review. The timing and reason of each instance of noncompliance was noted, as well as the number of months each POE was noncompliant. This review showed all fifteen (15) POEs corrected to 100% within three (3) months. These were considered pre-finding corrections. Although the noncompliance was noted and communicated to the POE manager, no findings were issued.

In accordance with OSEP Memo 09-02, the SLA ensured all six (6) infants and toddlers received their transition conference, although late, or were no longer under the jurisdiction of the EIS program by reviewing all six (6) files. The range of days late was 14-75. As noted above, the SLA also ensured all POEs were correctly implementing the specific regulatory requirements based on review of the reports generated in the state's data system.

Correction of Findings of Noncompliance Identified in FFY 2020

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

Correction of Findings of Noncompliance Identified Prior to FFY 2020

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

8C - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

Response to actions required in FFY 2020 SPP/APR

8C - OSEP Response

8C - Required Actions

Indicator 9: Resolution Sessions

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

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

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

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

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

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

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

YES

Provide an explanation of why it is not applicable below.

Kentucky implements the Part C Due Process regulations.

9 - Prior FFY Required Actions

None

9 - OSEP Response

9 - Required Actions

Indicator 10: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

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

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

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

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

10 - Indicator Data

Select yes to use target ranges

Target Range not used

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

NO

Prepopulated Data

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

Targets: Description of Stakeholder Input

Historical Data

Baseline Year	Baseline Data
2005	0.00%

FFY	2016	2017	2018	2019	2020
Target>=	80.00%	80.00%	80.00%	80.00%	
Data					

Targets

FFY	2021	2022	2023	2024	2025
Target>=					

FFY 2021 SPP/APR Data

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
0	0	0				N/A	N/A

Provide additional information about this indicator (optional)

No mediations were requested.

10 - Prior FFY Required Actions

None

10 - OSEP Response

10 - Required Actions

Indicator 11: State Systemic Improvement Plan

Instructions and Measurement

Monitoring Priority: General Supervision

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

Measurement

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

Instructions

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

Targets: In its FFY 2021 SPP/APR, due February 1, 2023, the State must provide measurable and rigorous targets (expressed as percentages) for each of the five years from FFY 2021 through FFY 2025. The State's FFY 2025 target must demonstrate improvement over the State's baseline data.

Updated Data: In its FFYs 2021 through FFY 2025 SPPs/APRs, due February 1, 2023 through February 2027, the State must provide updated data for that specific FFY (expressed as percentages) and that data must be aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. In its FFYs 2021 through FFY 2025 SPPs/APRs, the State must report on whether it met its target.

Overview of the Three Phases of the SSIP

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

Phase I: Analysis:

- Data Analysis;
- Analysis of State Infrastructure to Support Improvement and Build Capacity;
- State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families;
- Selection of Coherent Improvement Strategies; and
- Theory of Action.

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

- Infrastructure Development;
- Support for EIS Program and/or EIS Provider Implementation of Evidence-Based Practices; and
- Evaluation.

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

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

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

Phase III: Implementation and Evaluation

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

A. Data Analysis

As required in the Instructions for the Indicator/Measurement, in its FFYs 2021 through FFY 2025 SPP/APR, the State must report data for that specific FFY (expressed as actual numbers and percentages) that are aligned with the SiMR. The State must report on whether the State met its target. In addition, the State may report on any additional data (e.g., progress monitoring data) that were collected and analyzed that would suggest progress toward the SiMR. States using a subset of the population from the indicator (e.g., a sample, cohort model) should describe how data are collected and analyzed for the SiMR if that was not described in Phase I or Phase II of the SSIP.

B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, e.g., a logic model, of the principal activities, measures and outcomes that were implemented since the State's last SSIP submission (i.e., February 1, 2022). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2021 APR, report on anticipated outcomes to be obtained during FFY 2022, i.e., July 1, 2022-June 30, 2023).

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

C. Stakeholder Engagement

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

Additional Implementation Activities

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2021 APR, report on activities it intends to implement in FFY 2022, i.e., July 1, 2022-June 30, 2023) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

11 - Indicator Data

Section A: Data Analysis

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

State-Identified Measurable Results (SiMR): (Developed March 2015; no changes)
 Early intervention providers will change in their ability to coach parents on interventions and strategies to help their child develop and learn. Parents will change their self-perception of their ability to help their child develop and learn.

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

NO

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

NO

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

NO

Please provide a link to the current theory of action.

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

Progress toward the SiMR

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

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

NO

Historical Data

Baseline Year	Baseline Data
FFY13	99.03%

Targets

FFY	2021	2022	2023	2024	2025
Target>=	99.11%	99.11%	99.11%	99.11%	99.12%

FFY 2021 SPP/APR Data

Average %	Maximum %	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
92	100	99.00%	99.11%	92.00%	N/A	N/A

Provide the data source for the FFY 2021 data.

Data results are from Section A of the Early Childhood Outcomes Survey. This survey is distributed to all families that received a IFSP service during FFY21. The survey is available in both English and Spanish. All families whose child received at least one early intervention service during the reporting period received a survey. The number of responses was 1272.

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

The survey collection portal is part of the database system known as TOTS. The survey is linked to each child's record so that demographic data elements can be gathered and analyzed. The survey format includes a space for family comments. Families respond electronically or by mail. A

reminder to complete the survey is sent weekly for the electronic version. Those who do not respond to the web version are mailed a paper copy coded with their children's KEIS unique identifier with a postage paid envelope.

Data is then analyzed by a staff epidemiologist. Results are reported by percentage and mean for each target question (those from Indicator 4 associated with the Family Self-perceptions Survey (specifically questions 1-4 and 10-12 of Section A) statewide and by comparison group. The Family Self-perception Survey questions are most relevant to family members ability to help their child learn and develop and therefore are used to measure progress towards the achievement of the SiMR. Results reflect differences in family report from Section A on these items between districts where the Coaching in Early Intervention Program had supported provider EBPs (intervention) and those they had not supported (control). Race is reported by state and POE as well. Gender is not disaggregated by POE. POEs receive all results disaggregated by question and all written comments.

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

NO

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

YES

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

As noted in Indicator 4, the number of respondents was low (13.84%). The response rate for Section A was 1272 or six percent (6%) less than Section B responses. Data is accurate as it is what parents/guardians put on the survey. Respondents have two survey sections to complete, Section A and Section B. Family Self-perception Questions from Section A results are used to measure progress towards the achievement of the SiMR. The mean results, though not statistically significant, do show higher percentages in the intervention group when comparing to control (92.4% to 92.00%). Further, a similar trend was demonstrated when comparing respondents composite scores that indicated "almost" or "completely" responses to early intervention services helping their child (intervention 89.13% to control 88.52%). The low response rate may have created "skewed" results since a larger number of responses could have diluted the impact of less positive responses. The available data does show progress toward the SiMR.

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

NO

Section B: Implementation, Analysis and Evaluation

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

<https://www.chfs.ky.gov/agencies/dph/dmch/ecdb/fs/CoherentStrategies.pdf>

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

NO

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

The FFY21 reporting period continued the coherent activities from previous SSIPs while also dealing with the challenge of daily services during the continuing pandemic. Four (4) improvement strategies were the primary focus: the Coaching in Early Intervention Training and Mentorship Program (CEITMP), the District Child Evaluation Specialist Performance Standards Workgroup, and the Early Intervention Rate Re-Structuring Workgroup.

CEITMP: This improvement strategy for workforce development began in 2015 with development of concept and curriculum. Over the past seven years, a thoughtful, planned implementation has continued. Given the limits due to financial and human resources, a limited number of early intervention services providers are trained annually. Those who have completed the training and reached fidelity continue on the maintenance phase of the program. Periodic fidelity checks are conducted. Eighty-two (82) new providers completed CEITMP during FFY21. Since the beginning, two hundred sixty-five (265) providers have completed the training.

Rate Restructuring Workgroup: This governance/finance improvement strategy kicked off during FFY21. The purpose of the workgroup was clearly delineated, members selected, and meetings began in late fall, 2022 and are ongoing.

District Child Evaluation Specialist (DCES) Performance Standards Workgroup: In 2022, a workgroup was formed to develop DCES Performance Standards. Workgroup members were selected to represent small/large, rural/urban points of entries. Once the workgroup was formed, monthly meetings were established to develop the standards. As this work has progressed, there have been several questions around policy and procedures indicating different interpretations. The purpose of standards is to create a level of consistency in services across the state. A statewide meeting was held for DCES to resolve confusion and allow the opportunity to answer additional questions. At this point, each month the meetings have focused on different aspects of the role of a DCES to get a clear picture of expectations.

General Supervision POE Workgroup: This workgroup is comprised of POE Managers and SLA staff with the task of identification of strategies for watching the compliance of early intervention providers at the POE level. Early intervention providers do not contract directly with the POEs that they serve so the POE Managers do not have direct authority. After many discussions, the group identified strategies that were incorporated into the SLA monitoring procedure. Ideas for how the POE Managers support providers with communications about their observations were also generated.

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

CEITMP: This long-term project addresses quality standards and professional development. New cohorts of participants join each year as the project is phased in across the state. Staff produced several infographics and podcasts to support participants, both those in the early phases as well as those in maintenance. Work with multiple cohorts occurred throughout the year. This work includes teaching content, coaching participants, trouble-shooting technology issues, reviewing videos, and scoring fidelity.

Rate Restructuring Workgroup: Technical assistance from ECTA staff (Charlene Robles and Katy McCullough) was sought to assist with this activity. A charter that identified the purpose and non-purposes of the workgroup was developed. To recruit early intervention providers for this workgroup, a nomination process was developed and implemented by the POE Managers. The application focused on the experience and self-described skills that the individual would contribute to the discussions. The final selection of participants resulted in a variety of representatives of disciplines, locations, and size of agency. Meetings began in late fall, 2022 and are ongoing. This necessary effort addresses finance and recruitment/retention of workforce which are necessary components of the early intervention system.

District Child Evaluation Specialist (DCES) Performance Standards Workgroup: The workgroup members include DCES', POE Managers, a parent representative, (a few of the DCES/POE managers are also parents of children who are receiving or who have received early intervention services), SLA Technical Assistance staff, SLA Compliance Analyst, and a University Representative from the Record Review Team. As work has progressed, there have been several questions around policy and procedures. A statewide meeting was held for DCES to address any confusion and allow the opportunity to answer additional questions. At this point, each month the meetings have focused on different aspects of the role of a DCES to get a clear picture of expectations. This activity continues the work on quality standards, equity and professional development. High quality DCES' are necessary to ensure equitable eligibility determinations statewide.

General Supervision POE Workgroup: Ideas from this workgroup led to revisions to the SLA monitoring procedures and to strategies that the POE Managers could use to support providers. Communication by the POE Manager with the provider about compliance concern may prevent a SLA finding of non-compliance. This improvement activity addresses the ongoing need for all to implement the Part C procedures correctly and supports the family's rights.

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

NO

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

CEITMP: Continue bringing new cohorts into the program and supporting the providers in maintenance.

Rate Restructuring Workgroup: The group will continue discussions and draft recommendations that include quality indicators for a series of tiers with graduated pay rates. Goal is to have recommendations to present to the Department and Cabinet leadership by May 2023.

District Child Evaluation Specialist Performance Standards Workgroup: Next steps for this strategy is to draft performance standards and disseminate the document for public comments.

Child find campaign (equity focus): Establish a diverse workgroup to identify challenges and needs to recruit families who are from underserved populations or locations. Work with marketing professional to choose a new branding image and materials.

General Supervision: POE Manager Workgroup will meet periodically to review monitoring data and discuss issues. Provider enrollment staff will draft content for the module on the Service Provider Agreement.

Performance Standards: DCES Workgroup will finalize the standards and gather feedback. Final standards will be presented to the ICC. The last set of performance standards will then begin that addresses POE Manager performance.

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

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

Provide a summary of each evidence-based practice.

Parent-mediated/parent capacity building interventions emphasize families as equal partners in the EI process and underscore the role of EI providers to support caregiver problem-solving and caregiver-child interactions during everyday activities and routines (e.g., play, mealtime, bath, bedtime) in natural environments (e.g., home, park, restaurant, place of worship) to enhance their child's learning and development. Capacity building approaches develop knowledge, skills, and abilities of the caregiver to implement new strategies with their child within routines and environments natural to them and allows them to function without ongoing support of the provider (Rush and Shelden, 2020). Coaching, a capacity-building approach, is a recommended (Adams & Tapia, 2013; DEC, 2014) and frequently used practice in EI emphasizing triadic interactions between the caregiver, provider, and child designed to facilitate active caregiver participation (Aranbarri et al., 2021; Ciupe & Salisbury, 2020; Friedman et al., 2012; Pellecchia et al., 2022; Rush & Shelden, 2020). Rooted in trusting relationships and adult learning theory, coaching results in positive outcomes for children (Adams & Tapia, 2013; Ciupe & Salisbury, 2020; Meadan et al., 2016; Salisbury & Copeland, 2013; Salisbury, et al., 2018) and families (Kemp & Turnbull, 2014; Rush & Shelden, 2020). Caregivers report increased capacity, empowerment, confidence, and competence when using a coaching approach (Ciupe et al., 2020; Salisbury & Copeland, 2013; Salisbury et al., 2018). Providers have corroborated these benefits in studies focused on providers' perceptions of caregiver coaching (Douglas et al., 2020; Jayaraman et al., 2015). Coaching also creates opportunities for caregivers to practice and learn when EI providers are not present (Mahoney & McDonald, 2007; Meadan et al., 2016). A more comprehensive listing of caregiver coaching, early intervention, and professional development/adult learning can be found here: <https://www.chfs.ky.gov/agencies/dph/dmch/ecdb/fs/CoachingCaregivers.pdf>

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

KEIS Program standards and EI Provider Standard related to conducting EI visits align with identified EBPs. The Coaching in Early Intervention Training and Mentorship Program (CEITMP) is the key professional development (PD) activity to support ongoing service providers in developing fidelity to the identified EBPs. Specifically, the PD supports providers to transform their practice from traditional child-focused therapy to strength-based caregiver

coaching practices in natural environments with fidelity. As noted above, research shows that achieving the SiMR will not only change provider practices, but in doing so also leads to improved child outcomes and caregiver capacity, empowerment, confidence, and competence. The CEITMP, an evidence-informed approach built on adult learning principles, includes master coaches introducing and illustrating content, collaborative teaming with EI providers, job-embedded practice, provider self-reflection and performance feedback over a 32-week period (Childress et al., 2021; Coogle et al., 2019; Romano et al., 2021). Follow-up support is provided to facilitate maintaining coaching practices. Participant feedback following each phase of the CEITMP continues to be used to inform potential curriculum changes as part of ongoing process improvement activities. Teams of three (3) to five (5) providers and a master coach continue to collaborate. Cohorts, districts, provider numbers, and curricular changes are summarized in Table A located in the Attachment section of this submission portal. Current, detailed, CEITMP curriculum and syllabus quick views for FFY21 active cohorts are also in the Attachment section as well.

The cascading rollout of cohorts with a lead master coach continued in this reporting period. One additional master coach completed onboarding and reliability training which allowed the CEITMP to expand enrollment slightly while also supporting ongoing maintenance of coaching fidelity. The CEITMP team followed the rollout plan vetted and approved by SSIP stakeholders in January 2021. The western Kentucky tornado in December of 2021 altered Purchase district participation. Barren River and Pennyriple district providers completed the CEITMP. POE preparation, planning and CEITMP initiation occurred for the East/West rollout (Green River, Gateway/FIVCO, Kentucky River districts) Simultaneously, POE preparation and planning occurred in North/South/West rollout districts (Northern KY, Buffalo Trace, Cumberland Valley, Lake Cumberland, Purchase) for the launch in August 2022. The ongoing Covid 19 pandemic continued to impact service provider availability and KEIS referrals. These factors created great fluidity in the available provider pool for enrollment in the CEITMP in each of these districts. Tele-intervention (TI) continued to be a primary mode of intervention early in FFY21, though in person services or a hybrid service delivery (both in person and TI) were on the rise later in the period. Provider availability coupled with referral patterns that have not rebounded, often created situations where providers did not have, or lost recording opportunities required of the CEITMP. Therefore, tracking providers in the CEITMP required additional support with flexible timelines or individualized joint plans (IJP) for successful completion (see flex/IJP column in Table A). Since tracked with Cohort 8 to present, 87 of 149 providers (58%) had flexibility or an IJP. Of these, 24 of the 87 were IJPs, indicating a clear independent approach to supporting CEITMP completion.

In addition to coordinating EI provider cohorts, systemic communication strategies persisted intentionally promoting the evidence-based practice of caregiver coaching. The CEITMP engaged KEIS providers to produce a video and accompanying infographic “Kentucky’s Early Intervention System: Working Together to Help Children Develop and Learn”. The video is shown, and infographic is provided to families at intake to communicate the KEIS EI process, highlighting indicator 11 targeted EBPs (caregiver capacity building using strength-based coaching, embedded in authentic routines and natural environments). Families also completed the self-perception survey at intake. Additionally, all families in a district launch received direct communication from the SLA to explain that they may see changes in provider practices during their home visits because of the CEITMP and the anticipated transition of practice is to be more consistent with evidence-based EI. The CEITMP team also developed several additional infographics for providers to support quarterly newsletters sent to providers who had completed the CEITMP. These infographics (i.e., Responding to Caregivers with Quality Feedback, Observation, Action/Practice, Reflection Driven by Caregiver Priorities, Joint Planning, Toolkit for Developing Effective Beginning Joint Plans) were then systematically embedded into Mentorship phase curriculum where the coaching quality indicator was highlighted (See Table A). The Early Intervention Services in Childcare Settings: Establishing Collaborative Relationships infographic was also revised. Infographics can be found here: <https://www.chfs.ky.gov/agencies/dph/dmch/ecdb/Pages/fsenrollment.aspx>

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

Review of available measures of coaching fidelity evaluated coaching practices key components on a binary (i.e., present/not present) or tripartite (i.e., present/emerging/not present) scale. The CEITMP team sought a measure to both reliably measure fidelity to coaching in early intervention and be sensitive to measuring change over time. Therefore, we embarked in a multi-step process to develop, field-test, and deploy a fidelity measure of coaching practices. Key ingredients of effective coaching methods were identified from a review of relevant coaching and early intervention literature from multiple fields (Dunn, Little, Pope & Wallisch, 2018; Friedman, Woods & Salisbury, 2012; Graham, Rodger & Ziviani, 2009; Kemp & Turnbull, 2014; Rush & Shelden, 2011). The summarized review of literature elucidated key elements of building collaborative relationships with caregivers and identifying the coaching quality indicators to be emphasized as Kentucky’s model of EI. The CEITMP team and consultants completed an iterative process to select and refine quality indicator labels, descriptors for ratings using early intervention home visit video examples. Coaching quality indicators (CQ) and descriptors of Kentucky’s Coaching Adherence Rubric – Revised (KCAR-R) are shown in Table B.

Ratings were established along a 5-point Likert scale (i.e., not yet, knowledge, awareness, application, mastery) to ensure sensitivity to measuring change. With final CQ descriptors and ratings, we established interrater reliability of the seven elements of the rubric across six raters. Reliability is defined as exact agreement on 4 of 7 ratings and within one on the score for the other 3 quality indicator ratings. Ongoing home visits of the master coaches were initially used to review and score during rubric development and reliability testing. Provider submitted videos are used to establish reliability with new master coaches and maintain ongoing reliability and descriptor refinement activities. The CEITMP team revised some rating descriptors to clarify ratings for both providers and master coach raters and the internal scoring guide was refined as part of ongoing process improvement activities. The CEITMP team continues to conduct reliability checks on 20% of all video submissions within a phase (i.e., baseline, fidelity, maintenance), with randomly assigned second raters blinded (unaware) to initial scores. The CEITMP team continued to demonstrate excellent interrater reliability with 96.55% agreement at video level across all 7 CEITMP team raters. Intra-class Correlation Coefficients were .979 for KCAR-R total score and ranged from .86 to .94 at individual CQ level.

Formal scoring of video submissions is done in the CEITMP by master coaches at baseline (prior to or simultaneous with CEITMP cohort kick-off) and during the Fidelity Phase. Master coaches also give performance feedback to providers on each rubric CQ using video clips/session segments during focused training on each indicator in Mentorship Phase. When providers transition to Fidelity Phase, they receive master coach performance feedback using the rubric on full EI visits. To minimize the risk of bias, master coaches who are not the lead coach for a provider score the two subsequent videos in Fidelity Phase. Fidelity is reached with a score of 18 on one of the three full video submissions using the KY Coaching Adherence Rubric-Revised (KCAR-R) as long as no quality indicators scored at the “Not Yet” (i.e., 0) or “Knowledge” (i.e., 1) level. Providers demonstrating fidelity to coaching on their first two submissions have the requirement for a third submission waived.

Analysis of provider performance in Cohorts 1 through 16 demonstrates sensitivity of the rubric in measuring adherence to Kentucky’s quality indicators of coaching practices. Though variable, performance at baseline is consistently lower than at fidelity. In review of full video submissions, a similar pattern of sensitivity is observed, with not all providers reaching fidelity with a score of 18 on any of the three full video submissions. Since completion of the CEITMP and demonstrating the ability to coach with fidelity is a condition of maintaining vendor agreements, providers who did not reach fidelity had a 30-day self-correction period to do so consistent with SLA policy.

Figure A shows average performance on the KCAR-R for the 265 providers who have completed the CEITMP in Cohorts 1 through 16. Four (4) additional providers demonstrated fidelity at baseline (1 each in cohorts 11, 12, 14 and 15) and therefore developed an individualized professional development plan to continue to enhance coaching practices. Cohorts 12 – 16, supporting 124 providers, were in process this reporting period

accounting for 410 video reviews. Review of individual data indicates consistently improved application of coaching practices with movement across KCAR-R. Table C summarizes baseline and fidelity performance of cohorts that have completed the CEITMP. Also noted are percentages of videos submitted with TI service delivery. Findings note stability in scores regardless of cohort size with a clear pattern of improvement of application of coaching practices from baseline to demonstration of fidelity. Repeated measures ANOVA indicates that early intervention providers demonstrated a statistically significant different increase in adherence to coaching skills on the KCAR-R from baseline to the first video submitted for performance feedback in fidelity phase ($F(1,256)=1699.21, p < .001$). The magnitude of the effect size ($\eta^2 = .869$ [$\eta^2 > 0.14$ indicates a large intervention effect]) underscores the statistically significant growth in EI provider's coaching practices following participation in the CEITMP.

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

Following demonstration of fidelity to coaching, providers enter the maintenance phase where periodic fidelity checks are conducted. The schedule of maintenance at the start of this reporting period ranged from 6 to 18 months and is determined by the total score on the 2 highest scoring fidelity phase videos on the KCAR-R while in the CEITMP: total score 38 or below have their initial maintenance check following 6 months; 39-43 in 9 months, 44-50 in 12 months; >50 in 18 months. To date, 292 maintenance reviews have been completed for 155 different providers from cohorts one through 12. Review of data (Figure B) indicates that 74-84% of providers maintain fidelity to coaching with their initial video submission in maintenance with the remaining providers demonstrating some degree of slippage and requiring additional video submissions to demonstrate fidelity to coaching.

Additional analysis of maintenance data validates the CEITMP variable schedule of maintenance. Statistically significant differences were not observed when comparing EI provider highest KCAR-R fidelity scores at program completion (mean 21.03) and initial maintenance period fidelity score (mean 20.62), indicating level of performance in the CEITMP was consistent with maintenance performance (i.e., higher performing providers continue to demonstrate higher coaching quality on the KCAR-R). Further, we noted that providers scoring near the fidelity threshold (i.e., 18-19) on their highest scoring fidelity video in the CEITMP were 4.04 times ($p = .0002$) more likely to require additional video submissions to demonstrate fidelity in maintenance period 1 than those with scores above 20. This pattern persisted in maintenance period 2 (odds ratio of 3.10, $p = 0.04$).

The CEITMP continues to implement its multi-faceted, tiered approach to support providers as they plan and prepare to submit videos demonstrating continued fidelity to coaching in maintenance. Tier 1 opportunities are provided to support all providers in maintenance and include master coach facilitated maintenance refresher group meetings, suggested reflection activities (rubric, handbook, PD Plan, coaching review resources, TORSH exemplars, past feedback), and access to the TORSH exemplar library. Tier 2 opportunities are afforded to support providers who did not meet fidelity with a maintenance submission and those who desire additional assistance. Here, in addition to Tier 1 activities, providers have the opportunity to access Blackboard resources, review CQ Intros and/or reflect on feedback from a maintenance video submission that did not meet fidelity. Tier 3 opportunities are offered to providers who completed Tier 2 activities and have not yet met fidelity. These include master coach feedback on a self-assessment of a video/clip(s).

In addition to the tiered support, the CEITMP continues to distribute a quarterly newsletter sent via listserv to all providers who are in maintenance phase to promote ongoing fidelity. Newsletter topics highlight a specific CQ and include access to video exemplars illustrating the content. An accompanying infographic is also developed and made available via the KEIS website.

Despite these efforts, data indicates that 16-26% of providers show slippage and require additional video submissions in maintenance to demonstrate fidelity. This, coupled with odds ratio data highlighting the likelihood for additional videos by providers close to the fidelity threshold when in program, led to additional targeted supports for these providers in FFY21. The Maintenance refresher group meeting was added to the PD Plan templates for all providers and those at greater likelihood of requiring additional videos were strongly encouraged to attend a maintenance refresher group meeting 1-2 months before their maintenance period, as the data shows those who attend have higher rates of reaching fidelity. Additionally, the maintenance schedule procedures for lower range fidelity providers was revised to shorten the time between program completion and initial submission from 6 to 4 months. Further, performance on this initial submission determined next submission timeframe (ranging from 4 to 12 months).

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

Specific to the CEITMP, planned activities for FFY22 include:

- Continued statewide rollout in North/South districts with inclusion of new KEIS vendor providers to ensure all Kentucky providers are trained in strength-based coaching.
- Initiate KIPDA district POE preparation and planning at end of FFY22 for a successful POE and provider launch in January 2024.
- Analyze impact of Targeted Maintenance Supports implemented in FFY21 to inform continued process improvement
- Develop peer-coaching component of CEITMP to use high performing providers with demonstrated coaching ability to support providers struggling to implement coaching practices
- Participate in KEIS Rate Restructure Workgroup, with emphasis on contributing to development of quality indicators of sessions and caregiver coaching

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

YES

If yes, describe how evaluation data support the decision to implement without any modifications to the SSIP.

The SSIP implementation is on track, despite pandemic effects and natural disasters. The flexibility of the CEITMP program resulted in the ability to keep training new participants without a stoppage. Positive anecdotal information supporting the professional development is frequent from both families and providers.

The many improvement strategies addressing high quality early intervention have also elicited positivity. Rate restructuring to incentivize quality and location of services is necessary to move the providers to current best practices. Most of the strategies require time to fully discuss and form consensus on final procedure/product. Changing strategies will delay improvement due to the regrouping of resources.

Section C: Stakeholder Engagement

Description of Stakeholder Input

Input is gathered through surveys, presentations with discussion, emailed documents asking for feedback, and webinars. In-person meetings have not occurred since the beginning of the pandemic. All meetings have been virtual or conference call. The use of technology to hold meetings has allowed those who live in the far west and far east of Kentucky to participate. Input from the diversity of stakeholders is specifically sought through targeted communications to encourage engagement. Reaching out to leaders of support groups and other community groups is another way used to increase engagement.

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

A large SSIP workgroup was formed early in the development process of the original SSIP. There is a core group who are ICC members that have been steadfast in their support of the state's efforts. Open invitations are issued to all early intervention providers and POE staff to participate as well as university faculty. Input is gathered through surveys, presentations with discussion, emailed documents asking for feedback, and webinars. In-person meetings have not occurred since the beginning of the pandemic.

Workgroups are formed based on the task at hand. Participants are recruited based on expertise, location, interest. The rate restructuring workgroup used a nomination process to select membership which worked well. Interest in the state's effort to seek input from various stakeholders appears to be high and people frequently volunteer. Information sessions are held with providers and POEs to keep people apprised of what is happening with the SSIP. Providers are also able to read announcements about the SSIP on the Announcement Page of the electronic data base system. A monthly newsletter contains information about the SSIP in general or specific activities as well.

Parents are a more challenging group to actively engage in workgroups which may be due to the age of their children. Work schedules are barriers and, in some cases, the lack of childcare. Parents are often more willing to do quick surveys or send an email comment.

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

NO

Additional Implementation Activities

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

N/A

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

N/A

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

N/A

Provide additional information about this indicator (optional).

11 - Prior FFY Required Actions

None

11 - OSEP Response

11 - Required Actions

Certification

Instructions

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

Certify

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

Select the certifier's role

Designated Lead Agency Director

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

Name:

Paula E. Goff

Title:

Part C Coordinator, Branch Manager Early Childhood Development

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Phone:

504-458-5663

Submitted on:

01/31/23 4:38:55 PM

ORIGINAL

Figure A. Average Scores by Phase, Cohorts 1 - 16

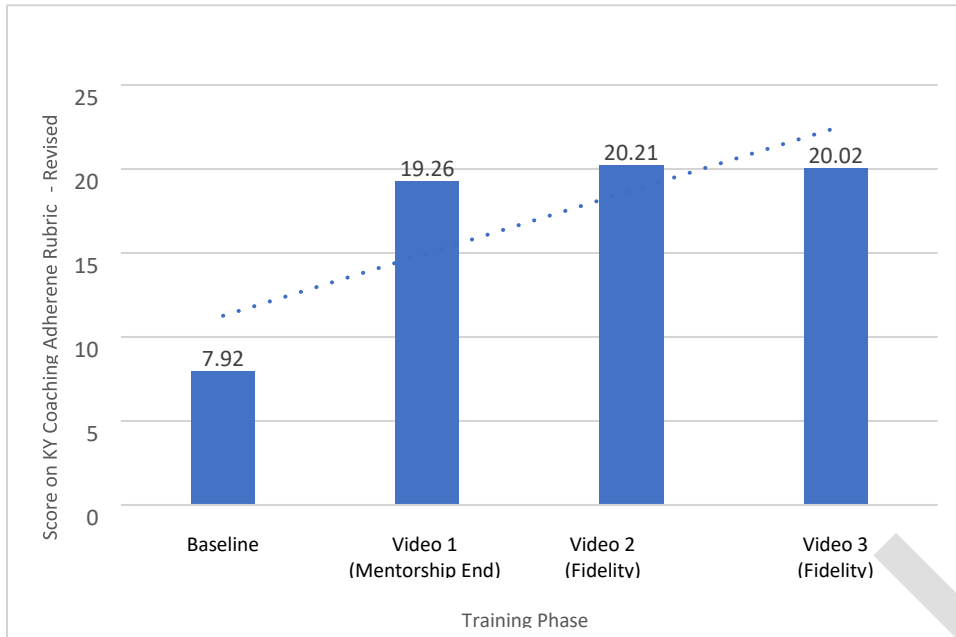


Figure B. Required Video Submissions to Demonstrate Fidelity by Maintenance Period

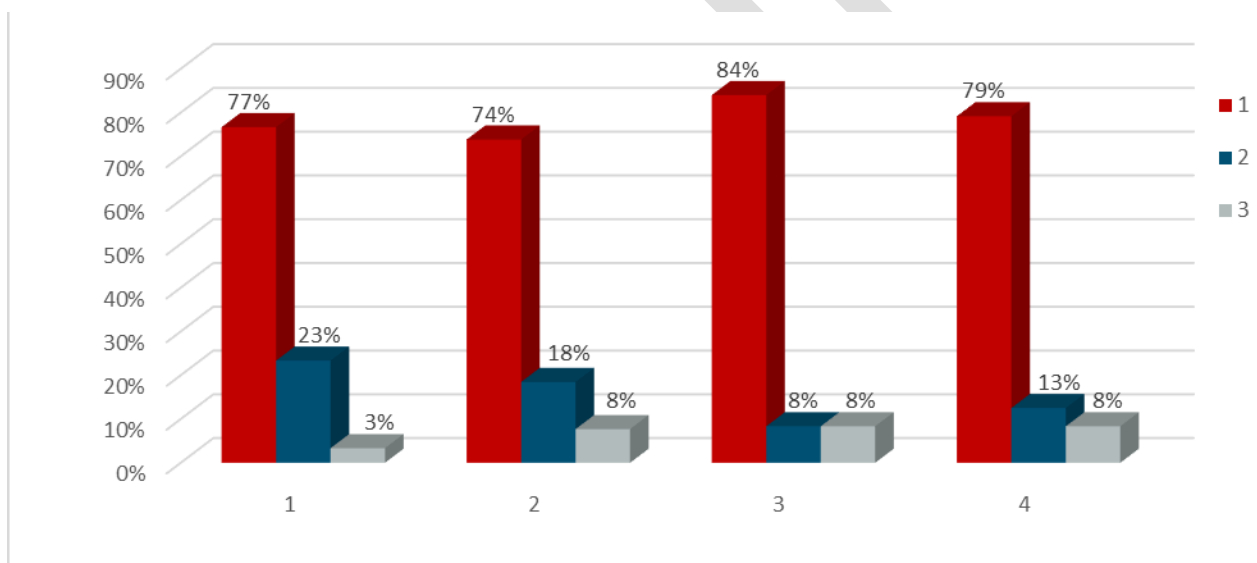


Table A. CEITMP Cohorts

Cohort	District(s)	Kick Off Date	N Enroll	N Complete	N - In Progress	Flex/IJP	Significant Program Changes Guided by Provider Survey
C1	LT	4/2018	9	9	0		Initial survey; serves as baseline to changes
C2	LT	6/2018	18	18	0		<ul style="list-style-type: none"> Increase in program length by one week and redistribution of weeks to allow additional time for foundational Discovery Phase material. New distribution: Discovery 8, Mentorship 13, Fidelity 5, and Professional Development 2 Reduction in provider independently completed activities uploaded to Blackboard and replacement with group meetings via Zoom. Structure mimics flipped classroom methodology to enhance application of materials
C3	LT	8/2018	27	27	0		Family letter sent to all families in pilot site explaining CEITMP and their role
C4	BS	11/2018	26	26	0		Redistribution of weeks to allow additional time for foundational Discovery Phase material. New distribution: Discovery 9, Mentorship 12, Fidelity 5, and Professional Development 2
C5	LT	2/2019	9	9	0		Increase in program length by 3 weeks and redistribution of weeks to allow additional time for foundational Discovery Phase material. New distribution: Discovery 12, Mentorship 12, Fidelity 5, and Professional Development 2
C6	BG	5/2019	6	6	0		No substantive changes
C7	BG, LT, BS	8/2019	9	9	0		<ul style="list-style-type: none"> Provided virtual and live kick offerings to accommodate multiple district rollout Removed self-reflection and substantive peer feedback of coaching quality clips based on provider feedback in cohorts 4-6. All viewed master coach feedback as most beneficial. Extended the length of Fidelity Phase while decreasing Professional Development Phase by 1 week to allow more flexibility and time for providers to reflect on feedback before next video submission
C8	BG	11/2019	21	3* Covid	0	3 flex	<ul style="list-style-type: none"> Transitioned from asking providers to document their base knowledge of coaching at the kick off to responding to a prompt question in their enrollment survey. Removed self-reflection and substantive peer feedback of video 1 and video 2 based on provider feedback. All viewed master coach feedback as most beneficial. Eliminated need for Video 3 submission if fidelity was reached on Video 1 (end of Mentorship Phase) and Video 2 (Fidelity Phase) submissions

Cohort	District(s)	Kick Off Date	N Enroll	N Complete	N - In Progress	Flex/IJP	Significant Program Changes Guided by Provider Survey
C9	BG, LT	02/2020	29		0		<ul style="list-style-type: none"> Converted kick-off meetings from in-person to video conferencing Moved the 3rd group meeting to follow the Discovery phase end coaching knowledge activity to allow for additional reflections within teams. Transitioned from offering in-person to asynchronous Technology Training (with virtual support sessions if needed) to reduce time expenditure associated with travel and allow flexibility in timing of completion Removed peer coaching component of Technology Training based on past participant feedback to allow providers to move to Mentorship phase more quickly Transitioned from requiring peer feedback on a full video to an optional activity based on past participant feedback value relative to time expenditure
COVID-19 service pause and return via tele-intervention with variable provider CEITMP restart of C8 and C9							
C8c	BG, LT	06/2020	10	10	0	7 flex/ 2IJPs	
C9c	BG	08/2020	15	15	0	9 flex/ 1 IJP	<ul style="list-style-type: none"> Added a group meeting after Tech Training for CEITMP restarters in Mentorship Phase
C10c	BG	06/2020	3	3	0	3 flex	<ul style="list-style-type: none"> Early access for providers pre-enrolled in Cohort 10
C11	BG	10/2020	26	26	0	7 flex/ 7 IJP	<ul style="list-style-type: none"> Replaced rubric-mentorship video review with a group meeting as a more interactive introduction to the rubric and mentorship phase Reorganized some program phases: <ul style="list-style-type: none"> Mentorship Phase focused exclusively on clips and reduced from 12 weeks to 10 weeks to align with phase desired outcome: "begin to apply knowledge of coaching" Fidelity Phase focused exclusively on full videos to align with phase desired outcome: "refine skills to implement coaching with fidelity" Professional Development Phase added the 2 weeks from Mentorship to focus phase activities on reflecting and developing high quality plans to maintain fidelity to coaching in practice Revised syllabus: <ul style="list-style-type: none"> Updated and re-distributed supplemental resources to align with content-based provider feedback in group meetings Highlighted high impact/recommended resources based on master coach and provider feedback

Cohort	District(s)	Kick Off Date	N Enroll	N Complete	N - In Progress	Flex/IJP	Significant Program Changes Guided by Provider Survey
C12	BG, LT	02/2021	20	20	0	8 flex/ 2 IJP	<ul style="list-style-type: none"> Revised 5 Coaching Characteristics Discovery Phase end activity to provide direct prompts for providers to scaffold learning and begin transitioning from the coaching characteristics to the coaching quality indicators on the rubric. We embedded into TORSH platform using self-assessment feature as a bridge to technology training
C13	BG, LT, BR, PR	05/2021	25	25	0	9 Flex/ 4 IJP	<ul style="list-style-type: none"> Transitioned to use of the Early Childhood Coaching Handbook 2nd edition as the most up-to-date resource Removed outdated resources from syllabus Added newly developed “Joint Planning” infographic to Discovery Phase resource
C14	BG, LT, BS, BR, PR, FIVCO	08/2021	27	25	0	1 IJP at baseline/ 10 Flex/6 IJP	<ul style="list-style-type: none"> Developed formal procedures for IJP at Baseline for providers demonstrating fidelity to coaching with baseline submission Added newly developed “Reflection in EI” infographic to Discovery Phase Removed optional team meetings from the syllabus
C15	BG, BR, FIVCO, GR, KR, GW	11/2021	29	27	0	1 IJP at baseline/ 7 Flex/2 IJP	<ul style="list-style-type: none"> Reorganized provider kick off meeting based on C13 and C14 feedback to focus on CEITMP curriculum and video examples and provide resource overview asynchronously Incorporated KEIS Provider Performance Standards and Self-Assessment into Kickoff and Professional Development Phase Week 2 as a resource and Group Meeting 8 discussion topic Mentorship coaching quality indicator clip submissions were reordered to be more intentional about: <ul style="list-style-type: none"> joint planning as a key driver of successful coaching in EI sessions connecting, listening, and responding to caregivers Added newly developed “Responding to Caregivers with Quality Feedback” infographic as a recommended resource
C16	GR, KR, BG, BR, FIVCO, GTW, LT	04/2022	30	30	0	18 Flex/2 IJP	<ul style="list-style-type: none"> Revised all (kick off, Discovery End, Mentorship End, Exit) program surveys to obtain more accurate and reliable information about provider experiences to inform process improvement activities Added new infographics (Observation, Action/Practice) and resource (Breaking the ‘Have You Tried’ Habit blog article) into Mentorship Phase curriculum

Cohort	District(s)	Kick Off Date	N Enroll	N Complete	N - In Progress	Flex/IJP	Significant Program Changes Guided by Provider Survey
C17	BT, CV, PU, LC, NKY, GR, LT, FIVCO, GTW	08/2022	40		40		<ul style="list-style-type: none"> Realigned handouts with curriculum to reflect group meeting discussion topics Added “Joint Planning” and “Toolkit for Developing Effective Beginning Joint Plans” infographics to Mentorship Phase curriculum (week 10) Replaced video shared with families at intake with new KEIS produced video and accompanying infographic “Kentucky’s Early Intervention System: Working Together to Help Children Develop and Learn”. Video also housed on UL CEITMP webpage, KEIS website, and CEITMP KEIS YouTube channel. Developed singular CEITMP Technology Guide in print and digital formats to support providers throughout the program.

Table B. Coaching Quality Indicators

CQ	Indicator	Descriptor
CQ1	Fostering Trusting Relationships	Fosters trusting relationships when partnering with caregivers by connecting, listening, and responding in respectful, supportive ways
CQ2	Joint Plan (Beginning)	Engages caregiver early in session to review previous joint plans and develop priorities for current visit
CQ3	Observation	Observes caregiver and child in prioritized activities followed by asking reflective questions to promote insight and/or flow to action/practice
CQ4	Action/Practice	Proactively captures opportunities for caregiver to practice their prioritized ideas and reflect
CQ5	Feedback	Provides substantive feedback to caregiver, to affirm and attempt to enhance their learning experience and insights
CQ6	Reflection	Asks effective reflective questions to stimulate thinking, promote problem solving, and elicit insights from the caregiver
CQ7	Joint Plan (End)	Engages caregiver in developing detailed plans for actions between visits and for the next visit centered on their priorities

Table C: Cohort Performance on KY Adherence Rubric at Baseline and Fidelity

Cohort	N	Baseline Average	%TI	Fidelity Average	%TI	Requiring >3 Videos
C1	9	8.33		20.00		1
C2	18	4.47		19.18		1
C3	27	6.43		20.13		0
C4	26	7.13		18.25		0
C5	9	7.56		19.21		1
C6	6	9.33		20.85		1
C7	9	6.56		18.75		1
C8	3	5.33	0*	20.70	100%	0
C8c	10	6.67	0*	21.10	100%	0
C9/9c	15	8.47	0*	19.25	100%	1
C10c	3	7.67	100%	19.83	100%	0
C11	26	10.08	88.46%	19.05	85.48%	2
C12	19	11.11	89.47%	19.74	70.46%	1
C13	25	8.80	72.00%	20.13	37.70%	0
C14	25	8.36	32.00%	20.56	27.59%	0
C15	27	8.00	22.22%	21.38	37.04%	0
C16	28	7.54	21.43%	20.32	15.15%	0

***Note:** Baseline videos submitted pre-Covid and initiation of TI