

# STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

For reporting on  
FFY 2022

Kentucky



**PART C DUE**  
**February 1, 2024**

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

Kentucky continued to demonstrate high performance despite the continued impacts of the COVID-19 pandemic and generational natural disasters (2021 western Kentucky tornadoes and 2022 Eastern Kentucky flooding). The Part C program achieved high scores for two compliance indicators (timely IFSP services and transition conference 90 days before the third birthday), demonstrating an understanding of federal regulations. Slippage occurred in Indicator 7, timely development of the initial Individualized Family Service Plan (IFSP). Child Outcomes data improved from FFY21 with three summary statements meeting targets. Results for both summary statements for Outcome B, the acquisition and use of knowledge and skills, exceeded targets. 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.

Eastern Kentucky was devastated by flooding in the summer of 2022. The flooding impacted Big Sandy, Kentucky River, and Cumberland Valley Points of Entry districts. Displacement of families created challenges for service coordinators and early intervention providers in finding their temporary living spaces. None of the three districts were closed or unable to continue serving the public. Some early intervention providers had personal damage to homes and agencies that created delays in service delivery. Missed or delayed visits that parents wanted were received although late.

Most of FFY22 was under a national state of emergency due to the pandemic that began in March 2020. While the national state of emergency continued, families requested in-person services. Many early intervention service providers preferred to provide tele-intervention. This resulted in families withdrawing from the Part C system to access private clinic services. Families stayed in the Part C system as more providers began in-person services.

#### Additional information related to data collection and reporting

The online data collection system, The Technology-assisted Observation Teaming System (TOTS), had no downtime during FFY22. Data collection was routine and yielded robust information for federal reports, compliance and auditing reports, financial status, and overall operations. Data collection in the three POEs in the flood zone was not disrupted.

#### General Supervision System

The systems that are in place to ensure that the IDEA Part C requirements are met (e.g., integrated monitoring activities; data on processes and results; the SPP/APR; fiscal management; policies, procedures, and practices resulting in effective implementation; and improvement, correction, incentives, and sanctions).

The systems that are in place to ensure that IDEA Part C requirements are met, e.g., monitoring systems and 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. Any suspicion of noncompliance, regardless of the method of discovery, is investigated further to determine if a finding of noncompliance is required by OSEP QA 23-01.

#### Billing Audits of the POEs and Early Intervention Providers

Reviews of billing records for a POE or provider are conducted when there is suspicion or report of billing irregularities and randomly for quality assurance purposes. 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. Any compliance issues noted during the audit are addressed with the POE/provider and sanctions are enforced as needed.

#### Desk Audits

The lead agency conducts periodic comprehensive reviews of randomly selected files in each POE to ensure compliance with federal and state regulations. Audits occur on a three (3) year cycle, with five (5) POEs being reviewed each year. POEs must 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 at least every six (6) months, with each Service Coordinator (SC) reviewed at least once per year. The audits review selected hard copy files and 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 them 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). It is 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. A 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. Further enforcement actions are taken as necessary in accordance with OSEP QA 23-01.

#### Corrective Action Plans (CAP)

The CAP is a plan implemented by the POE or early intervention provider that describes 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 non-compliant. 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 the date of receipt. 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. 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, the 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. Any informal complaint of IDEA noncompliance is reviewed to determine if an investigation is warranted.

#### Mediation

Each POE ensures that parties may resolve disputes concerning the identification, evaluation, and 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 a 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 and early intervention evidence-based practices. Other SLA staff provide technical assistance as needed and are typically related to general supervision. The billing staff assists early intervention providers with issues related to payment.

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. Quarterly POE calls are held with an agenda jointly developed by the POE Managers and SLA staff. Service coordinators and District Child Evaluation Specialists frequently attend the meeting as well. 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.**

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 regulations, policy and procedures), 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 webinars and online training. The systems provide a tracking system so 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 includes two modules: Mission and Key Principles of Part C Early Intervention and Foundational Pillars of Early Intervention. These modules provide the essential knowledge needed to participate as an early intervention provider in Kentucky. Orientation focuses on the different types of IFSP meetings and how decisions are made, home 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 training, 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 introduced. Ongoing program implementation updates are provided through announcements posted on the TOTS home screen for all providers to see when logging in. Additionally, the monthly First Friday Focus newsletter is structured to include a specific provider procedure and billing update.

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

#### **Stakeholder Engagement:**

**The mechanisms for broad stakeholder engagement, including activities carried out to obtain input from, and build the capacity of, a diverse group of parents to support the implementation activities designed to improve outcomes, including target setting and any subsequent revisions to targets, analyzing data, developing improvement strategies, and evaluating progress.**

Stakeholder input is a foundational component of the Kentucky Early Intervention System. Stakeholders include parents, Early Intervention Service Providers, State Lead Agency (SLA) staff, contracted staff, Interagency Coordinating Council (ICC) members, Point of Entry (POE) staff (including Service Coordinators), Primary Level Evaluators, and Intensive Level Evaluators. All geographic and population density areas of the state have been represented. Parent input increased once a parent consultant was hired to fill a vacancy. She has maintained long-term partnerships with various parent groups while also creating new ones.

The activities the SLA and POE Managers conducted to increase the diversity of stakeholders were the following: recruited specific rare/ethnicity representatives for the ICC, engaged with various parent groups to gather feedback on services and issues, met with early intervention providers to encourage participation in workgroups, and sought stakeholders from specific state regions, primarily rural areas.

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 their issues such as contractual requirements, reimbursement, referrals, education surrogate appointments, etc. The SLA is open to meeting with such groups to share accurate information. New ad hoc workgroups are created to address specific topics/issues as needed.

The process of developing the State Performance Plan/Annual Performance Report (SPP/APR) continues to include gathering data, verifying data, setting targets, and writing narrative portions of the APR. Specific input from stakeholders with interest or expertise in the indicator area (topic) assists with drafting the APR. The stakeholder groups also recommend revisions to improvement activities after evaluating the status. The improvement activities undergo frequent revision based on feedback from continuous improvement loops. Holding virtual ICC meetings has increased early intervention provider attendance and input. Travel from many areas in western Kentucky to Frankfort is approximately 3-5 hours. Virtual meetings make the ICC accessible.

Every year, the ICC and other stakeholders receive a formal presentation of the SPP/APR. Due to this collaborative development process, the ICC has certified the APR each year.

Ongoing communication with stakeholders occurs through a Listserv, specifically for early intervention providers, through an announcement page in the database system, TOTS.

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

NO

**Number of Parent Members:**

16

**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. Primary engagement means are in-person and virtual meetings, phone contacts, email, workgroups, surveys, and newsletters. The web-based database system includes a secure parent portal so that parents have access to their child's early intervention record. POE Managers cultivate relationships with the community leaders of underrepresented groups such as migrant workers. Efforts to educate communities and primary referral sources involve in-person meetings.

Parents and family members are given opportunities to review proposed policies and initiatives. No targets were changed during this reporting year. Parents on the ICC also share information with other parents in their region so that the input represents more than personal opinion. 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. Frequent requests are made to the POEs to identify parents who desire to be members of the ICC. The parent consultant also seeks parents who want to participate in the ICC.

A series of Parent Cafes were held during this reporting period. Most of FFY22 was impacted by the continuing pandemic. Not until after the winter were parents more open to home visiting and contacting the POEs. Parent engagement often occurs locally through contact with the POE or an early intervention provider. Several POEs hold open meetings for providers and parents; however, parent participation is limited.

A Family Advisory Council (FAC) was developed in 2023, with 29 KEIS past and current parents serving on the committee. Quarterly meetings of the FAC are held with the focus on forming internal focus groups available to KEIS and MCH, furthering the representation of the parent viewpoint/voice, with subsequent training for all FAC members to equip them to lead Parent Cafes and increase awareness within their communities. For many of the parents, KEIS was their first experience with service systems for children with disabilities and developmental delays. The family-centered approach of KEIS provided understanding and knowledge that led to increased confidence in the parent's ability to advocate for improved services.

KEIS staff meets with parent advocacy and advisory groups about hearing loss and autism. 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. Efforts are targeted at developing relationships with parent leaders of various groups to help. Effective engagement requires understanding the best way to connect. Current discussions center on the feasibility of texting to reach parents.

#### **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.**

KEIS early intervention service model is based on coaching the caregiver. All families and caregivers are provided this service method in the areas where the providers have been trained. FFY23 will include the last POE district to be trained, the Kentuckiana (KIPDA) district. This process focuses on the parent/caregiver's ability to enhance the child's growth and learning. The Coaching in Early Intervention Training and Mentoring Program (CEITMP) is an evidence-informed approach built on adult learning principles, introduction and illustration of content, collaborative teaming with early intervention providers, job-embedded practice, provider self-reflection, and performance feedback over a 32-week period. Once trained, each participant develops a plan for maintenance to ensure fidelity to the KEIS Coaching Model.

Parents/caregivers and early intervention providers use meaningful conversations to form a partnership to promote a child's learning and development. Each early intervention session includes the following:

- Development of a shared plan based on parent/caregiver's concerns and ideas;
- Observation of each other, seeing what the family has been working on, and trying new ideas;
- Reflection, problem-solving, and learning; and
- Development of a plan to implement until the next visit.

Parents/caregivers view a short video about coaching as part of the intake. The video explains why early intervention services are delivered this way and focuses on the parents/caregivers as the primary agents of change in their children's lives. Anecdotal evidence indicates that parents acknowledge increased confidence in caring for their children. Pre/post-surveys completed by parents support the anecdotal data. Data indicates that the average increase in skill and confidence was +.23 points. The range was +0.16 to +0.32.

Another activity to increase parent/caregiver capacity was implemented: Parent Cafés. Trained Early Childhood Mental Health Specialists facilitated the meetings. The model used is a variation of the Parent Cafés developed by Be Strong Families. The parents chose discussion topics. The facilitators provided a foundation for the discussions of resilience and trauma-informed care. The meetings were well attended, including parents who spoke languages other than English. The Parent Cafes continue in FFY23.

#### **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. During the development of guidance documents, input from POE staff and early intervention providers is sought. Short surveys are often used to gather input as well as virtual meetings. A message is sent to all stakeholders when a new document is posted. The SLA issues announcements asking volunteers to join workgroups for target setting when revised, data review, improvement strategies development, and evaluation. Additional people are recruited based on their experience and/or expertise in the subject matter. It is difficult for early intervention providers to participate due to the need for billable service hours. Changes to the contract with early intervention providers made it possible for payment when participating in a workgroup.

Various reports provide data to the ICC. As more early intervention providers attend the quarterly ICC meetings, more providers request data and ask questions. This dialogue helps the SLA to make decisions with comprehensive input. Early intervention providers frequently ask about district referrals and the number of active providers. Concerns with few providers offering in-person services are voiced, along with concerns that the mandatory training on the coaching model has caused individual providers to leave the Part C system.

#### **Making Results Available to the Public:**

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

Electronic mechanisms are used to inform the public of various results and activities. Listserv messages reaching nearly a thousand individuals are sent out as needed. The SPP and SSIP are posted on the website, as are ICC meeting notes and presentations. Information concerning the stakeholders' and workgroup input results is provided to the Interagency Coordinating Council as quarterly updates (the meeting is public, with 40 guests present).

A call for volunteers is issued when preparing to revise implementation strategies or policies. The SLA makes every effort to reach the diverse stakeholders in Kentucky.

#### **Reporting to the Public:**

##### **How and where the State reported to the public on the FFY 2021 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 2021 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 revisions if the State has revised the targets that it submitted with its FFY 2021 APR in 2023, 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/tsreports.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 can access the web and thus report at the local public library.

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

## **Intro - OSEP Response**

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

# 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 child-specific and regulatory/systemic noncompliance as noted in the Office of Special Education Programs' (OSEP's) response 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 2022 SPP/APR, the data for FFY 2021), 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	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	97.82%	97.19%	Not Valid and Reliable	99.46%	98.67%

### Targets

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

**FFY 2022 SPP/APR Data**

<b>Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner</b>	<b>Total number of infants and toddlers with IFSPs</b>	<b>FFY 2021 Data</b>	<b>FFY 2022 Target</b>	<b>FFY 2022 Data</b>	<b>Status</b>	<b>Slippage</b>
5,956	6,086	98.67%	100%	97.86%	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.**

There were 130 untimely initial service deliveries out of 6,086 new IFSPs. The primary reason for the delay was provider scheduling (99 instances). The next highest reason was no documentation of the reason for the delay (26 instances). The remaining reasons included provider cancellation, confusion about the initial service date, and provider error (5 instances).

**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 the 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, 2022 through June 30, 2023

**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 the date of the IFSP and the date of the first service is calculated. A report, Timely Services, lists every initial service date for the IFSP period. The POE Manager reviews the Timely Services report and SLA staff verify the POE Manager’s assessment. As part of preparing the Annual Performance Report, a different individual at the SLA reviews and verifies the report. For consistency, a comparison of the report’s results with the monthly reports submitted by the POEs occurs.

**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. Each month, the POE managers must review the Timely Services Report for their district to identify any missing documentation and noncompliance. Copies of the cleaned reports are submitted to the General Supervision Coordinator at the SLA along with forms to self-report any noted noncompliance. The General Supervision Coordinator spot-checks the Timely Services Reports and reviews all noncompliance. Results are tracked on a spreadsheet. If noncompliance is corrected both at the child and systemic levels before the issuance of a finding but no more than three (3) months from the identification of the noncompliance, it is considered a pre-finding correction. The noncompliance is noted, but no formal finding is issued due to the correction. This process occurs following OSEP QA 23-01. In addition to the monthly reviews, the Part C Coordinator reviews the Timely Services Report for the entire state and fiscal year at the end of the fiscal year. Results from this review are compared to the monthly reporting to identify any noncompliances missed due to timing of documentation or manager oversight. Additional findings of noncompliance are issued as needed.

During FFY 2022, three (3) POEs were issued findings of noncompliance due to the monthly reporting: Barren River, KIPDA, and Northern Kentucky. One finding was issued per POE which listed the number of noncompliances identified for that POE. One POE, Northern Kentucky, was corrected to 100% within the fiscal year, and the finding was resolved. The remaining two findings are outstanding. In each instance, the monthly reporting continues to be reviewed as usual. If the POE has no noncompliance for a month, this is considered a systemic correction. To determine child-level correction, the file for each child identified as non-compliant is individually reviewed to ensure the child has received the service, although late, or is no longer under the jurisdiction of KEIS. This process occurs following OSEP QA 23-01.

The statewide Timely Services Report for FY 2022 was reviewed under the monthly reviews conducted throughout the fiscal year. Therefore, no additional findings of noncompliance were required.

The service logs of each child with a late initial service verified that the service was eventually provided, although after the thirty-day timeline. Forty-six (46) children continue to receive early intervention services. The remaining eighty-four (84) are no longer under the jurisdiction of Part C. The range of days late was 8-112 days.



**Correction of Findings of Noncompliance Identified in FFY 2021**

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 2021**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 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 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

**Response to actions required in FFY 2021 SPP/APR**

There were no findings of noncompliance issued for this indicator in FFY 2020. During the FFY 2020 SPP/APR preparation, reports were generated to review all files in the database system for compliance during the fiscal year. A review of the reports showed twenty-six (26) total infants and toddlers who did not receive early intervention services on time. The SLA reviewed each child's file to ensure they received services, although late or no longer under the jurisdiction of KEIS. This review showed complete child-level correction following OSEP QA 23-01. In addition, the SLA reviewed subsequent data for each POE to ensure systemic correction. All fifteen (15) POEs were corrected to 100% before the issuance of a finding and, in no instance, more than three (3) months from the identification of noncompliance. Per OSEP QA 23-01, these instances were considered pre-finding corrections. Although noncompliance was noted and communicated to the POE managers, no formal findings were issued.

There were no findings of noncompliance issued for this indicator in FFY 2021. During the FFY 2021 SPP/APR preparation, reports were generated to review all files in the database system for compliance during the fiscal year. A review of the reports showed there were seventy-seven (77) total infants and toddlers who did not receive early intervention services in a timely manner. The SLA reviewed the file each child's file to ensure they received services, although late, or were no longer under the jurisdiction of KEIS. This review showed complete child-level correction per OSEP QA 23-01. In addition, the SLA reviewed subsequent data for each POE to ensure systemic correction. All fifteen (15) POEs were corrected to 100% before the issuance of a finding and, in no instance, more than three (3) months from the identification of non-compliance. Per OSEP QA 23-01, these instances were considered pre-finding corrections. Although noncompliance was noted and communicated to the POE managers, no formal findings were issued.

**1 - OSEP Response**

**1 - Required Actions**

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 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 QA 23-01.

In the FFY 2023 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 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

## 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	2017	2018	2019	2020	2021
Target >=	98.70%	98.70%	98.70%	99.83%	99.83%
Data	99.53%	99.81%	99.83%	100.00%	99.93%

### Targets

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

### Targets: Description of Stakeholder Input

The targets, set with stakeholder input, have not been changed. There was no additional stakeholder input during this reporting period.

### Prepopulated Data

Source	Date	Description	Data
SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	4,855
SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Total number of infants and toddlers with IFSPs	4,856

**FFY 2022 SPP/APR Data**

<b>Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings</b>	<b>Total number of Infants and toddlers with IFSPs</b>	<b>FFY 2021 Data</b>	<b>FFY 2022 Target</b>	<b>FFY 2022 Data</b>	<b>Status</b>	<b>Slippage</b>
4,855	4,856	99.93%	99.83%	99.98%	Met target	No Slippage

**2 - Prior FFY Required Actions**

None

**2 - OSEP Response**

**2 - Required Actions**

None

## 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

No changes were made to the targets. The ICC reviewed the results of Child Outcomes.

#### Historical Data

Outcome	Baseline	FFY	2017	2018	2019	2020	2021
A1	2019	Target>=	86.04%	86.05%	64.00%	64.05%	64.10%
A1	64.00%	Data	86.50%	86.27%	58.16%	66.32%	65.11%
A2	2019	Target>=	69.00%	69.00%	44.00%	44.05%	44.10%
A2	44.00%	Data	64.05%	62.46%	37.18%	45.89%	43.82%
B1	2019	Target>=	90.69%	90.70%	63.00%	63.05%	63.10%
B1	63.00%	Data	91.79%	91.21%	58.07%	62.69%	61.20%
B2	2019	Target>=	71.55%	71.55%	42.00%	42.05%	42.10%
B2	42.00%	Data	68.28%	67.91%	39.25%	48.53%	47.58%
C1	2019	Target>=	85.80%	85.80%	62.00%	62.05%	62.10%
C1	62.00%	Data	83.13%	83.75%	59.07%	66.07%	61.21%
C2	2019	Target>=	53.83%	53.84%	48.00%	48.05%	48.10%
C2	48.00%	Data	46.16%	44.41%	42.38%	52.37%	49.89%

#### Targets

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

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

Outcome A Progress Category	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	80	2.97%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	623	23.13%

<b>Outcome A Progress Category</b>	<b>Number of children</b>	<b>Percentage of Total</b>
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	829	30.78%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	896	33.27%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	265	9.84%

<b>Outcome A</b>	<b>Numerator</b>	<b>Denominator</b>	<b>FFY 2021 Data</b>	<b>FFY 2022 Target</b>	<b>FFY 2022 Data</b>	<b>Status</b>	<b>Slippage</b>
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	1,725	2,428	65.11%	64.15%	71.05%	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	1,161	2,693	43.82%	44.15%	43.11%	Did not meet target	No Slippage

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

<b>Outcome B Progress Category</b>	<b>Number of Children</b>	<b>Percentage of Total</b>
a. Infants and toddlers who did not improve functioning	101	3.75%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	671	24.92%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	665	24.69%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	809	30.04%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	447	16.60%

<b>Outcome B</b>	<b>Numerator</b>	<b>Denominator</b>	<b>FFY 2021 Data</b>	<b>FFY 2022 Target</b>	<b>FFY 2022 Data</b>	<b>Status</b>	<b>Slippage</b>
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	1,474	2,246	61.20%	63.15%	65.63%	Met target	No Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	1,256	2,693	47.58%	42.15%	46.64%	Met target	No Slippage

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

<b>Outcome C Progress Category</b>	<b>Number of Children</b>	<b>Percentage of Total</b>
a. Infants and toddlers who did not improve functioning	119	4.42%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	747	27.74%

Outcome C Progress Category	Number of Children	Percentage of Total
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	550	20.42%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	748	27.78%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	529	19.64%

Outcome C	Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 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	1,298	2,164	61.21%	62.15%	59.98%	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	1,277	2,693	49.89%	48.15%	47.42%	Did not meet target	Slippage

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

KEIS uses a restrictive eligibility, meaning all children enter the program with a documented significant developmental delay or a condition that results in developmental delay/intellectual disability. Motor, cognitive, and/or communication delays result in an inability to meet ongoing self-help/adaptive behaviors. When delays in communication limit the ability of toddlers to tell others what they need or want, they resort to other means of communication, such as crying, tantruming, biting, and screaming. Motor and cognitive delays limit toddlers' ability to perform and sequence activities. Together, the foundational delays restrict adaptive behavior independence. Additionally, the limited exposure to various environments and people (due to pandemic restrictions) reduced the opportunities to see models of appropriate behaviors.

Another factor impacting the results was revising the Assessment, Evaluation, and Programming System (AEPS), one of the approved assessments used in Kentucky. The revised edition included different test items and revised scoring. Early intervention providers using the older version had to be re-trained on the new one. Confidence in administration may have been less. This was the first year that the AEPS-3 was used.

**Provide reasons for C2 slippage, if applicable**

The restrictiveness of the KEIS eligibility criteria reduces the number of children who enter the program near or at age-appropriate functioning. Improving the communication skills of the children and helping them use those skills appropriately is a significant developmental task for this age group without disabilities. The expectation that toddlers with significant delays can overcome those delays and reach a higher target than in the past may need to be revised.

Additionally, the limited exposure to various environments and people (due to pandemic restrictions) reduced the opportunities to see models of appropriate behaviors. Another factor impacting the results was revising the Assessment, Evaluation, and Programming System (AEPS), one of the approved assessments used in Kentucky. The revised edition included different test items and revised scoring. Early intervention providers using the older version had to be re-trained on the new one. Confidence in administration may have needed to be more. This was the first year that the AEPS-3 was used.

**FFY 2022 SPP/APR Data**

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

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data	4,937
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.	1,287
Number of infants and toddlers with IFSPs assessed	2,693

Sampling Question	Yes / No
Was sampling used?	NO

**Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary (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 the 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 the 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 conducted by instrument publishers and early childhood experts. All instrument crosswalks were updated as publishers revised instruments.

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. The crosswalk was adjusted to include the revised Assessment, Evaluation, and Programming System. These assessment-specific item sets were used to analyze 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 Third 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 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 to analyze progress and reported in the State Performance Plan/Annual Performance Report.

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

For FFY22, 4,937 children exited the program. Of these, 2,693 met the criteria and were included in the OSEP child outcome analysis. This is a 22% increase in sample size from FFY21. The increase in the FFY22 usable data is attributed to the reduced impact of COVID-19 on the ability of providers to complete assessments. The number of children excluded from the outcome analysis due to receiving less than six (6) months of early intervention services was 1,287.

An additional 957 children exited Part C and were excluded from analysis due to: only one assessment, exit assessment completed greater than 90 days before exit date, no assessment completed, and incomplete assessment.

### **3 - Prior FFY Required Actions**

None

### **3 - OSEP Response**

### **3 - Required Actions**

None



## 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. The 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 that are expected to increase the response rate year over year, particularly for underrepresented groups.

The State must also analyze the response rate to identify potential nonresponse bias, take steps to reduce any identified bias and promote a 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/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 collaborate with their OSEP-funded parent centers to collect data.

## 4 - Indicator Data

### Historical Data

Measure	Baseline	FFY	2017	2018	2019	2020	2021
A	2007	Target>=	99.45%	99.45%	99.45%	99.52%	99.52%
A	83.20%	Data	99.10%	98.81%	99.70%	100.00%	95.36%
B	2007	Target>=	99.52%	99.52%	99.52%	99.43%	99.43%

B	74.30 %	Data	99.28%	99.16%	99.41%	98.83%	95.52%
C	2007	Target>= =	99.03%	99.03%	99.03%	98.80%	98.80%
C	89.60 %	Data	98.97%	99.02%	99.11%	98.64%	94.89%

**Targets**

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

**Targets: Description of Stakeholder Input**

Stakeholder input, especially parent input, was sought through state and local methods. The KEIS parent consultant reached out to various parent groups, including KY-SPIN. KY-SPIN is the parent training center funded by OSEP. Concerns with obtaining responses in the past had prompted the SLA to change how the survey was disseminated. Stakeholders suggested that parents receive the survey upon exit of their children. The recency of services would be fresh and enhance the willingness to complete the survey.

Service Coordinators at the local POE offices talked with parents about completing the survey and answered questions parents had. Parents thought the survey was too long, but at this point, the SLA has not shortened the survey. Early intervention providers suggested that they take the survey to parents for completion. Other suggestions were to pay parents for completion or complete it as part of the transition or annual IFSP meeting.

**FFY 2022 SPP/APR Data**

The number of families to whom surveys were distributed	13,363
Number of respondent families participating in Part C	454
Survey Response Rate	3.40%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	428
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	436
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	429
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	436
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	429
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	436

Measure	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	95.36%	99.52%	98.17%	Did not meet target	No Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)	95.52%	99.43%	98.39%	Did not meet target	No Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	94.89%	98.80%	98.39%	Did not meet target	No Slippage

Sampling Question	Yes / No
Was sampling used?	NO

Question	Yes / No
Was a collection tool used?	YES
If yes, is it a new or revised collection tool?	NO

**Response Rate**

FFY	2021	2022
Survey Response Rate	14.29%	3.40%

**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%.

**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. States must include race/ethnicity in their analysis. In addition, the State’s analysis must 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 category approved through the stakeholder input process.**

Kentucky Part C staff used the child count data and exit data for comparison with the family survey response rate data to determine if responses are representative across the state. The child count and exit data comparisons to the Family Survey responses for black, Asian, other, and two or more races are within the metric threshold. The discrepancy for white responses is +6.53%, which is an overrepresentation. The Hispanic responses were slightly underrepresented (3.31%) based on the +/- 3% threshold.

The State also looked at family survey response rates by district. Eight out of the fifteen districts had a +/- 2% discrepancy among the population estimates and percent (%) of survey respondents in a district. The final data category reviewed was the child’s age when completing 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 with children aged one to two years. Most of the family surveys were completed by families whose children are ages two to three. Some families responded to that family survey with children over three and had transitioned out of Part C. Hispanic families may be less inclined to respond to the survey due to language barriers, literacy level, or willingness to share information due to fear of retaliation.

Analysis of the responses disaggregated by county of residence was completed. Sixteen (16) counties with the highest number of responses were analyzed. This method provided enough data to make an analysis meaningful since the response rate overall was so low. The number of responses was consistent between counties. It appears that location did not influence parent’s completion of the survey. A larger number of responses is needed to make decisions concerning survey access and completion.

**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/no)**

**NO**

**If no, describe the strategies that the State will use to ensure that in the future, the response data are representative of those demographics.**

In FFY22, KEIS instituted a new family survey distribution methodology. Unfortunately, several factors came into play that negatively impacted the survey response rate. The small data pool for FFY22 was not representative of the demographics of infants and toddlers enrolled in KEIS. The white population was overrepresented, and the Hispanic population was underrepresented. The SLA will continue with the current methodology since stakeholders decided to see if there will be any improvement. The SLA will continue monitoring the number and race representation of the responses for FFY23, which will include reaching out to stakeholders to discuss if additional changes to the current distribution method are needed.

The survey in English and Spanish will continue to be sent to all families whose children had an active IFSP and exited the program to ensure that the survey distribution remains representative of the children served. The survey is sent electronically to families, making it convenient for all families to complete. Weekly reminders are sent to encourage the completion of the electronic surveys. Families who do not have email or who don’t respond to the electronic surveys are mailed surveys with self-addressed postage-paid envelopes. The SLA will continue to send the POE a list of all families who are mailed the paper survey so POE staff can reach out to families to see how the transition went and to encourage them to provide their feedback about the early intervention services they received. The Parent Consultant will continue her efforts to inform families of the importance of providing their feedback on the family survey and sharing the results.

The ICC and POE managers will receive a report on the number of responses per quarter. This will help them understand the need for parent input.

**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 FFY 2021, the SLA met with stakeholders to share ideas about how other states conduct the family survey. Kentucky distributes the survey directly from the state office to minimize bias. Previously, in Kentucky, all families who received early intervention services within the federal fiscal year were surveyed. Families who exited the program at the beginning of the fiscal year received the survey after not having early intervention services in almost a year. It was also tricky for Point of Entry (POE) staff and providers to follow up or encourage families to complete the family survey since it was sent to families who had an active IFSP in the previous fiscal year. Families who received the survey may not still be active on 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 would be more relevant. At a child/family's exit, their early intervention services are fresh on their mind. The goal was to increase responses and receive accurate response data from a more diverse pool of families.

Over the previous year, the SLA worked with the data management system staff to implement this change. This required significant changes to the structure of the electronic family survey previously set up in the data system. The SLA staff can now 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 with an email. Surveys are sent every week to families by email. At the end of the month, the SLA generates mailing labels to paper mail the surveys to families who have yet to respond electronically or do not have email addresses in the data system. SLA staff also runs a report that includes POE district, race, primary language spoken in the home, and the service coordinator at the exit. The distribution list is sent to the POE Manager through secure email. This enables the SLA to notify each POE of all families 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 started this new survey distribution methodology in FFY22. Due to the time necessary to make the changes in the data system, the FFY21 family survey followed the previous process of all families receiving a survey at the end of the fiscal year. When the new process began in FFY22, the families exiting in the first quarter had just completed the survey for FFY21. Stakeholders believe the proximity of the two survey distributions may have impacted the responses received early in FFY22. Stakeholders recommended continuing with the new process into FFY23 to see the results for an entire year.

Kentucky continues public awareness efforts to help everyone in the early intervention system understand the importance of the family survey. These efforts include notification to families, point of entry staff, and providers through various listserv announcements, the development of an updated infographic that provides 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 to be distributed 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 2022, Kentucky saw a significant decrease in annual family survey mailing responses. Non-response was evident overall, given that the total number of responses was so low. Nonresponse rates ranged from 100% to 96.2%. This indicates no bias—the lack of response is pervasive. The top priority is to increase the responses from all families who received a survey. Hispanic families did not respond at the same rates as others. Language barriers may impact their lack of responses. Another factor could be fear of reprisal if they "complain."

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 about 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 English and Spanish since Spanish is the second most popular language used in the state. The paper surveys are also sent out in Spanish 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 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 are provided for families who may have difficulty responding to the survey for whatever reason so they can contact her for assistance.

The family survey results will be featured in the Parent Newsletter sent to all enrolled parents. The article will describe how the data is used and the importance of their opinions for program improvement. The SLA has explored other collection ideas to increase responses from various families. Poe Managers, the Family Advisory Group, and the ICC are involved with this effort; a new method of gathering data is under consideration, along with revising the survey. Once finalized, the plan will be submitted to OSEP for approval.

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

Kentucky uses the ECO Family Outcomes Survey to report data for Indicator 4: Family Outcomes and the State-Systemic Improvement Plan (SSIP). The family survey was previously distributed on an annual basis. To increase responses, in FFY22, the State Lead Agency changed the distribution of the family survey. The survey was sent to all families as they exited the program to encourage honest feedback on the early intervention services that the family received. Families receive an email explaining the survey and its purpose, including a link to access the electronic family survey. The link is unique to the child/family and is tied to the child's record in the KEIS data management system, TOTS. Once the family completes the online survey, the data is stored in the data system. This enables the State Lead Agency to cross reference survey responses and demographic information without having the family provide personally identifiable information on the survey. The distribution list is updated weekly as cases are closed. Families receive the survey email each week as a reminder for the month following the completion of services. The email is not sent again once the family completes the survey online. Families without an email address listed on TOTS or who do not respond to the electronic survey are mailed a paper survey with a self-addressed prepaid return envelope. Hard-copy surveys returned to the SLA are entered into TOTS and are included in the family survey data reports. This survey distribution method ensures that every existing family with an active IFSP during the fiscal year will receive a family survey and the opportunity to provide input upon exit from the program.

A mailing list of the families who receive the paper survey is sent to the POE offices. POE staff are encouraged to follow up with families and ask them to provide feedback on the early intervention services they received. The KEIS Parent Consultant sent several notifications to families via the family listserv to share the change in the family survey distribution method and to encourage responses. The SLA sent a listserv announcement to early intervention providers about the change in the family survey distribution so they could also encourage families to complete surveys.

In FFY 13, a comment section was added to both the electronic and paper versions of the family survey. This allows the SLA to collect qualitative data from families about the early intervention services that they have received. (This data is also provided to POEs). The SLA implemented the new survey distribution after data collection for the FFY 21. This was a difficult transition since the data for FFY 21 was still being collected when the new fiscal year began. FFY 21 was closed before the collection of the data for FFY 22. Changes to the TOTS data system to accommodate the change in the survey distribution were needed. SLA also experienced delays in mailing the paper survey to families who did not respond to the electronic survey for the first half of FFY 22. The state-operated print shop shut down due to COVID-19 outbreaks among staff, making it impossible to obtain the print materials timely. Supply chain delays contributed to delays as well.

#### **4 - Prior FFY Required Actions**

OSEP notes that the Indicator 4 attachment (Indicator 4 Race/Ethnicity Comparisons) included in the State's FFY 2021 SPP/APR submission is not in compliance with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508), and will not be posted on the U.S. Department of Education's IDEA website. Therefore, the State must make the attachment available to the public as soon as practicable, but no later than 120 days after the date of the determination letter.

In the FFY 2022 SPP/APR, the State must analyze the response rate to identify potential nonresponse bias and report on steps taken to reduce any identified bias and promote a response from a broad cross-section of families.

#### **4 - OSEP Response**

#### **4 - Required Actions**

In the FFY 2023 SPP/APR, the State must report whether its FFY 2023 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

## Indicator 5: Child Find (Birth to One)

### Instructions and Measurement

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

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

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

#### Data Source

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the 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	2017	2018	2019	2020	2021
Target >=	0.52%	0.52%	0.52%	0.64%	0.64%
Data	0.62%	0.54%	0.64%	0.30%	0.52%

### Targets

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

### Targets: Description of Stakeholder Input

The targets, set with stakeholder input, have not been changed. There was no additional stakeholder input this reporting period.

### Prepopulated Data

Source	Date	Description	Data
SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Number of infants and toddlers birth to 1 with IFSPs	241
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	06/20/2023	Population of infants and toddlers birth to 1	52,123

### FFY 2022 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
241	52,123	0.52%	0.64%	0.46%	Did not meet target	No Slippage

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

The number of identifications of infants under the age of 1 year with developmental delays or developmental disabilities continued to be lower than expected. It appeared that parents of the very young children were hesitant to enroll. POE Managers reported that parents contacting them for services often sought in-person services. Those were very limited while the national state of emergency was in effect. Additionally, primary care providers remain the highest referral source for KEIS. Kentucky Department of Medicaid Services data indicates the volume of well-child visits with primary care providers

has not recovered to pre-pandemic levels. The developmental surveillance and screening at these visits are central to supporting referral to KEIS.

Kentucky has hired an outreach coordinator to work with the POEs to identify effective methods of child find. This is an activity related to the equity work in Indicator 11.

**5 - Prior FFY Required Actions**

None

**5 - OSEP Response**

**5 - Required Actions**

None

## 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	2017	2018	2019	2020	2021
Target >=	2.55%	2.55%	2.55%	3.36%	3.36%
Data	3.08%	3.17%	3.35%	2.19%	2.71%

#### Targets

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

#### Targets: Description of Stakeholder Input

The targets, set with stakeholder input, have not been changed. There was no additional stakeholder input during this reporting period.

#### Prepopulated Data

Source	Date	Description	Data
SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Number of infants and toddlers birth to 3 with IFSPs	4,856
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	06/20/2023	Population of infants and toddlers birth to 3	155,692

#### FFY 2022 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
4,856	155,692	2.71%	3.36%	3.12%	Did not meet target	No Slippage

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

Enrollment in KEIS increased significantly from FFY21. The increase was primarily in children ages 2 to 3, with speech-language issues as the main concern. Enrollment increased in the third and fourth quarters of the program year. This was when things began to be more like pre-pandemic life. However, rates of well-child visits and immunizations continue to be lower than pre-pandemic according to Medicaid staff. Given that physicians are the most frequent referral source, fewer patients impact the rate of referrals. Kentucky has hired an outreach coordinator to work with the POEs to identify effective methods of child find. This is an activity related to the equity work in Indicator 11.



**6 - Prior FFY Required Actions**

None

**6 - OSEP Response**

**6 - Required Actions**

None

## 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 child-specific and regulatory/systemic noncompliance as noted in OSEP's response 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 2022 SPP/APR, the data for FFY 2021), 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	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	95.43%	95.97%	99.01%	98.56%	98.36%

### Targets

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

### FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
2,687	2,920	98.36%	100%	92.02%	Did not meet target	Slippage

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

Slippage occurred due to the inability of the Kentuckiana (KIPDA) POE to hire an adequate number of service coordinators. As a state agency, the fiscal agent must hire staff according to the Personnel Cabinet procedures. These procedures are multi-step and require a long time to complete. The POE had eight vacancies, with half of the remaining service coordinators needed to conduct intake and IFSP meetings efficiently. This severely limited staff is available to complete intake procedures. Compounding the problem was a lack of qualified candidates to interview due to low salaries and interest. To remedy the situation, the SLA modified an existing contract with the University of Louisville to hire service coordinators to work at the KIPDA POE. Additionally, funds were added to the Bluegrass POE's contract for service coordinators to work remotely to assist the POE. The POE Managers at KIPDA and Bluegrass worked together to use remote assistance most effectively. After nearly a year of effort, the KIPDA POE hired a couple of service coordinators in the summer.

The KIPDA POE had 205 children who missed the 45-day timeline for IFSP development. The percentage of timely IFSPs was 76.27%. When the state data is calculated to exclude KIPDA, 2084 children were evaluated and assessed for whom an initial IFSP meeting was required. Of those children, twenty-eight (28) had missed timelines. The percentage of meeting the 45-day timeline, excluding KIPDA, was 98.65%.

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

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

0

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

The primary reason for delays was the lack of staff at the KIPDA POE. Processing referrals was slow due to the scarce availability of service coordinators to handle new cases. The staff had very high caseloads of enrolled children who required IFSP meetings and follow-up with providers. Contracted evaluators scheduled initial evaluations late. Other reasons for delays include interpreter delays, late reports, and a few cases with no delay reason documented.

**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, 2022 through June 30, 2023

**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. A 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, 2022-June 30, 2023) 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. Each month, the POE managers are required to review the Single Timeline Report for their district to identify any missing documentation and noncompliances. Copies of the cleaned reports are submitted to the General Supervision Coordinator at the SLA along with forms to self-report any noted noncompliances. The General Supervision Coordinator spot checks the Single Timeline Reports and reviews all noncompliances. Results are tracked on a spreadsheet. If noncompliances are corrected both at the child and systemic levels prior to the issuance of a finding, but no more than three (3) months from the identification of the noncompliance, it is considered a pre-finding correction. The noncompliances are noted, but no formal finding is issued due to the correction. This process occurs in accordance with OSEP QA 23-01. In addition to the monthly reviews, the Single Timeline Report for the entire state and fiscal year is reviewed by the Part C Coordinator at the end of the fiscal year. Results from this review are compared to the monthly reporting to identify any noncompliances missed due to timing of documentation or manager oversight. Additional findings of noncompliance are issued as needed.

During FFY 2022, one (1) POE was issued a finding of noncompliance as a result of the monthly reporting: Cumberland Valley. One finding was issued to the POE which listed the number of noncompliances identified for that POE at the time of review. This finding was still outstanding as of the end of the fiscal year. The monthly reporting continues to be reviewed as usual. If the POE has no noncompliance for a month, the POE will achieve systemic correction. To determine child level correction, the file for each child identified as a noncompliance is individually reviewed to ensure the child has an IFSP in place, although late, or is no longer in the jurisdiction of KEIS. This process occurs in accordance with OSEP QA 23-01.

Review of the statewide Single Timeline Report for FFY 2022 matched the monthly reviews conducted throughout the fiscal year. Therefore, no additional findings of noncompliance were required.

Please note that one finding of noncompliance from FFY 2021 is outstanding for FFY 2022. This finding relates to the KIPDA POE and is discussed further below. No new finding was issued for FFY 2022, but the POE was reminded of the outstanding finding and continues to work with the SLA to achieve correction.

The range of days initial IFSPs were late was 1 to 104. Compensatory services were offered to families whose tenure in KEIS would not allow the missed services to be made up. 139 children exited Part C by June 30, 2023, leaving sixty-six (66) children continuing to receive services.

**Correction of Findings of Noncompliance Identified in FFY 2021**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
1	0	0	1

**FFY 2021 Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

One finding was issued for FFY 2021 for this indicator to the KIPDA POE. This POE serves the largest city in the state and is managed by a state agency with severe staffing shortages. Due to challenges in hiring for all state agencies, the SLA determined this POE would need outside support to come into full compliance. An agreement was made with the agency administering services in another POE to loan Service Coordinators (SCs) to KIPDA. Four service coordinators employed by the other agency work full-time in KIPDA. Other service coordinators work part-time in KIPDA to assist with intake activities. In addition, a contract with a state university has been expanded to assist in KIPDA. While the POE has not fully complied yet, significant improvements have been noted.

**Correction of Findings of Noncompliance Identified Prior to FFY 2021**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2020	35	35	0

**FFY 2020**

**Findings of Noncompliance Verified as Corrected**

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

In FFY 2020, there were thirty-five (35) infants and toddlers statewide that did not receive an IFSP in a timely manner. The SLA pulled subsequent data from the online data management system, using the Single Timeline Report, to verify that each POE corrected to 100% compliance in FFY 2021 in accordance with OSEP QA 23-01. It should be noted that the KIPDA POE did achieve 100% compliance when they were fully staffed for a short time during FFY 2021. That period of compliance cleared the FFY 2020 finding.

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

In FFY 2020, thirty-five (35) infants and toddlers statewide did not receive an IFSP in a timely manner. The SLA reviewed each individual child's file in the online database management system to verify whether the child received an IFSP, although late, or was no longer under the jurisdiction of KEIS in accordance with OSEP QA 23-01. Service logs were compared to payment claims and notes in the Communication log were reviewed to verify the receipt of the initial IFSP service.

**7 - Prior FFY Required Actions**

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. In addition, the State must demonstrate, in the FFY 2022 SPP/APR, that the remaining 35 uncorrected instances of noncompliance identified in FFY 2020 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2021 and each EIS program or provider with remaining noncompliance identified in FFY 2020: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

**Response to actions required in FFY 2021 SPP/APR**

As noted above, thirty-five (35) infants and toddlers statewide did not receive an IFSP in a timely manner in FFY 2020. The SLA reviewed each child's file in the database management system to verify that all thirty-five (35) children either received their IFSP, although late, or were no longer under the jurisdiction of KEIS. In addition, the Single Timeline Report was pulled after the completion of the statewide reporting was completed. The SLA verified that each POE achieved 100% compliance using this updated data in accordance with OSEP QA 23-01.

**7 - OSEP Response**

**7 - Required Actions**

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. In addition, the State must demonstrate, in the FFY 2023 SPP/APR, that the remaining one uncorrected finding of noncompliance identified in FFY 2021 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2022 and each EIS program or provider with remaining noncompliance identified in FFY 2021: (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 QA 23-01. In the FFY 2023 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 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

## Indicator 8A: Early Childhood Transition

### Instructions and Measurement

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

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

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

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

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

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

#### Instructions

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

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

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

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

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

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

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

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response 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 2022 SPP/APR, the data for FFY 2021), 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	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%

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

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

**FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
3,485	3,485	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, 2022-June 30, 2023

**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.

**Correction of Findings of Noncompliance Identified in FFY 2021**

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 2021**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 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**

None

## 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

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

Account for timely 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 and 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include this 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 child-specific and regulatory/systemic noncompliance as noted in OSEP's response 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 2022 SPP/APR, the data for FFY 2021), 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	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	100.00%	100.00%	100.00%	100.00%	100.00%



**Targets**

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

**FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
3,351	3,485	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.

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Provide reasons for delay, if applicable.

Not applicable

Describe the method used to collect these data.

Part C generates a list of all children potentially eligible for Part B services whose parents have not opted out of Local Education Agency (LEA) notification every quarter. The list originates from the birthdates of 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 must verify that the LEA received the notification during the transition process. The total unduplicated number of notifications to the LEAs and KDE is then compared to the 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, 2022-June 30, 2023

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 transition requirements from Part C to Part B. Several years ago, an electronic file exchange process with the State Education Agency (SEA) was developed as part of the State Improvement Grant. A report through TOTS 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 can refuse notification of the local education agency and/or the SEA. Parents who choose this option must provide a 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.

**Correction of Findings of Noncompliance Identified in FFY 2021**

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 2021**

<b>Year Findings of Noncompliance Were Identified</b>	<b>Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR</b>	<b>Findings of Noncompliance Verified as Corrected</b>	<b>Findings Not Yet Verified as Corrected</b>

**8B - Prior FFY Required Actions**

None

**8B - OSEP Response**

**8B - Required Actions**

None

## Indicator 8C: Early Childhood Transition

### Instructions and Measurement

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

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

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

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

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

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

#### Instructions

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

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

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

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

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

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

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

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response 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 2022 SPP/APR, the data for FFY 2021), 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	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%

Data	98.23%	98.95%	99.64%	99.76%	99.81%
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**Targets**

<b>FFY</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>	<b>2025</b>
Target	100%	100%	100%	100%

**FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
3,325	3,619	99.81%	100%	99.43%	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.

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**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.

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

Twenty (20) transition conferences were held late. Service coordinator scheduling was the main reason for late conferences (16 instances of late scheduling). Four conferences were late, with no documentation of the meeting. One conference was held late due to multiple miscommunications within the POE office.

**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, 2022 to June 30, 2023

**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 provides the time window for the timely transition conference. Other data elements collected on the screen are the date the parents consented to convene the meeting and the date of the 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, 2022-June 30, 2023) 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. Each month, the POE managers must review the Transition Conference Report for their district to identify any missing documentation and noncompliances. Copies of the cleaned reports are submitted to the General Supervision Coordinator at the SLA along with forms to self-report any noted noncompliances. The General Supervision Coordinator spot-checks the Transition Conference Reports and reviews all noncompliances. Results are tracked on a spreadsheet. If noncompliances are corrected both at the child and systemic levels prior to the issuance of a finding, but no more than three (3) months from identifying the noncompliance, it is considered a pre-finding correction. Noncompliance is noted, but no formal finding is issued due to the correction. This process occurs in accordance with OSEP QA 23-01. In addition to the monthly reviews, the Part C Coordinator reviews the Transition Conference Report for the entire state and fiscal year at the end of the fiscal year. Results from this review are compared to the monthly reporting to identify any noncompliances missed due to timing of documentation or manager oversight. Additional findings of noncompliance are issued as needed.

During FFY 2022, no findings of noncompliance were issued as a result of the monthly reporting. Each instance of noncompliance was quickly corrected at the child level and verified by the SLA as corrected in the database system. Each POE corrected to 100% prior to the issuance of a finding, in three (3) months or less, resulting in a pre-finding correction. This process was completed in accordance with OSEP QA 23-01.

A review of the statewide Transition Conference Report for FFY 2022 did not match the monthly reviews conducted throughout the fiscal year for one POE: KIPDA. A state agency with severe staff shortages manages this POE. Due to the shortages, some documentation was entered late, causing the final statewide report to show noncompliance when the ongoing monthly reports did not. This situation is an example of why the SLA uses this dual review method. A finding of noncompliance was issued to the KIPDA POE as a result of the statewide review.

**Correction of Findings of Noncompliance Identified in FFY 2021**

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 2021**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 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 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

**Response to actions required in FFY 2021 SPP/APR**

There were no findings of noncompliance issued for this indicator in FFY 2020. During the FFY 2020 SPP/APR preparation, reports were generated to review all files in the database system for compliance during the fiscal year. A review of the reports showed there were six (6) total infants and toddlers who did not receive a transition conference in a timely manner. The SLA reviewed the file of each individual child to ensure they received a conference, although late, or were no longer under the jurisdiction of KEIS. This review showed complete child-level correction in accordance with OSEP QA 23-01. In addition, the SLA reviewed subsequent data for each POE to ensure systemic correction. All fifteen (15) POEs were corrected to 100% before the issuance of a finding and, in no instance, more than three (3) months from the identification of noncompliance. Per OSEP QA 23-01, these instances were considered pre-finding corrections. Although noncompliance was noted and communicated to the POE managers, no formal findings were issued.

There were no findings of noncompliance issued for this indicator in FFY 2021. During the preparation of the FFY 2021 SPP/APR, reports were generated to review all files in the database system for compliance during the fiscal year. A review of the reports showed there were six (6) total infants and toddlers who did not receive a transition conference in a timely manner. The SLA reviewed the file of each child to ensure they received a conference, although late, or were no longer under the jurisdiction of KEIS. This review showed complete child-level correction per OSEP QA 23-01. In addition, the SLA reviewed subsequent data for each POE to ensure systemic correction. All fifteen (15) POEs were corrected to 100% before the issuance of a finding and, in no instance, more than three (3) months from the identification of noncompliance. Per OSEP QA 23-01, these instances were considered pre-finding corrections. Although noncompliance was noted and communicated to the POE managers, no formal findings were issued.

**8C - OSEP Response**

**8C - Required Actions**

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 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 QA 23-01. In the FFY 2023 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 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

## 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 adopted the Part C Due Process procedures.

### 9 - Prior FFY Required Actions

OSEP notes that this indicator is not applicable.

### 9 - Required Actions

OSEP notes that this indicator is not applicable.

## 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 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 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/15/2023	2.1 Mediations held	0
SY 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/15/2023	2.1.a.i Mediations agreements related to due process complaints	0
SY 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/15/2023	2.1.b.i Mediations agreements not related to due process complaints	0

**Targets: Description of Stakeholder Input**

No stakeholder input was sought regarding mediations.

**Historical Data**

Baseline Year	Baseline Data
2005	0.00%

FFY	2017	2018	2019	2020	2021
Target>=	80.00%	80.00%	80.00%		
Data					

**Targets**

FFY	2022	2023	2024	2025
Target>=	0.00%			

**FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
0	0	0		0.00%		N/A	N/A

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

No mediation sessions were requested during FFY22.

**10 - Prior FFY Required Actions**

None

**10 - OSEP Response**

The State reported fewer than ten mediations held in FFY 2022. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

**10 - Required Actions**

None



# 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 expressed as a percentage and which is aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

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

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

### Overview of the Three Phases of the SSIP

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

#### Phase I: Analysis:

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

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

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

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

### Specific Content of Each Phase of the SSIP

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

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

#### Phase III: Implementation and Evaluation

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

##### A. Data Analysis

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

##### B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, (e.g., a logic model) of the principal activities, measures and outcomes that were implemented since the State's last SSIP submission (i.e., February 1, 2023). 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 2022 APR, report on anticipated outcomes to be obtained during FFY 2023, i.e., July 1, 2023-June 30, 2024).

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 (e.g., behaviors), parent/caregiver outcomes, and/or child outcomes. Describe any additional data (e.g., 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 2022 APR, report on activities it intends to implement in FFY 2023, i.e., July 1, 2023-June 30, 2024) 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 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/Pages/fsreports.aspx>

**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
2013	99.03%

**Targets**

FFY	Current Relationship	2022	2023	2024	2025
Target	Data must be greater than or equal to the target	99.11%	99.11%	99.11%	99.12%

**FFY 2022 SPP/APR Data**

Average %	Maximum %	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
95	100	92.00%	99.11%	95.00%	Did not meet target	No Slippage

**Provide the data source for the FFY 2022 data.**

Data results are from Section A of the Early Childhood Outcomes Survey, which is disseminated simultaneously as the Family Survey used for Indicator 4. This survey is distributed to all families that received an IFSP service. The survey is available in both English and Spanish. All families whose children received at least one early intervention service during the reporting period received a survey. The number of responses was 428. The data presented above reflects all families statewide that responded to the survey.

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

The survey collection portal is part of the database system known as TOTS. The survey is linked to each child's record so that demographic data elements can be gathered and analyzed. The survey format includes a space for family comments. Families respond electronically or by mail. A reminder to complete the electronic survey is sent weekly. 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 and disaggregated by district. 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. Race is reported by the state and POE as well. 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)**

NO

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

YES

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

As noted in Indicator 4, the number of respondents was low (428). Respondents have two survey sections to complete, Section A and Section B. The response rate for Survey A was not significantly different than Survey B. Family Self-perception Questions from Section A results are used to measure progress towards the achievement of the SiMR. The low response rate may have created "skewed" results since more responses could have diluted the impact of less positive responses. The available data does show progress toward the SiMR.

**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/Pages/fsreports.aspx>

**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.**

CEITMP: Over the past several years, a thoughtful, planned implementation continued. Given the limits due to financial and human resources, a limited number of early intervention service providers are trained annually. The original implementation plan approved by OSEP described a phase-in of Point of Entry districts. In some situations, districts were combined due to the smaller number of providers in the districts. Those who have completed the training and reached fidelity continue on the maintenance phase of the program. Periodic fidelity checks are conducted. The final district for the initial training launched in January 2024. As the program evolves, the group of providers in maintenance increases. This requires staff changes so that providers' support is consistent and available.

Rate Restructuring Workgroup: This governance/finance improvement strategy kicked off during FFY21. The workgroup's purpose was clearly delineated, members selected, and meetings began in late fall, 2022. The group met for seven months and formed recommendations for a tiered reimbursement system. A rate increase was also recommended with the highest rates designated for those providers who demonstrate fidelity to the Kentucky Model of Early Intervention. The proposal was reviewed by the Cabinet leadership and is included in the budget request for FY25 and FY26.

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 entry points. The workgroup members included 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, an SLA Compliance Analyst, a University Representative from the Record Review Team. Once the workgroup was formed, monthly meetings were established to develop the standards. As this work has progressed, there have been several questions about policy and procedures indicating different interpretations. The purpose of standards is to create consistency in services across the state. A statewide meeting was held for DCES to resolve confusion and allow the opportunity to answer additional questions. The workgroup developed both a set of performance standards and a self-assessment tool. These tools are aligned with the previously developed documents, Service Coordinator Performance Standards, and Early Intervention Provider Standards. All documents are based on the KEIS Program Standards, Core Competencies, and best practices.

Access to Services: This activity has kicked off with the hiring of an Outreach Coordinator. The tasks ahead include working with the POE Managers to identify barriers in the district that impede referrals of potentially eligible children. Plan-do-study cycles will be used to find effective methods of child finding.

**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 continue to produce infographics and podcasts to support participants, both those in the early phases as well as those in maintenance. Due to the growing number of providers in maintenance, staff have been reorganized to meet the demand. Work with multiple cohorts occurred throughout the year. This work includes teaching content, coaching participants, troubleshooting technology issues, reviewing videos, and scoring fidelity. The initial roll-out of CEITMP is almost complete as the last district is now participating.

Rate Restructuring Workgroup: Technical assistance from ECTA staff (Charlene Robles and Katy McCullough) was sought to assist with this activity. This activity addressed finance and workforce recruitment/retention, which are necessary for the early intervention system to grow. Two primary recommendations were developed. One is reimbursement based on the quality of services as indicated by fidelity to the Kentucky Early Intervention Model, and two is a significant rate increase. The recommendations are included in the FY25-FY26 state budget.

District Child Evaluation Specialist (DCES) Performance Standards Workgroup: This activity continues work on quality standards, equity, and professional development. This activity is part of an overall effort to support sustainable consistency in services across the state. Now that the documents are completed for DCES, the next set to be developed are Performance Standards and Self-Assessment Tool for POE Managers.

Access to Services is an effort to address equity statewide. This activity is in its beginning stages.

**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. Reorganizing staff to support the changing nature of the provider pool efficiently is necessary. A peer-coaching component to the CEITMP is under development and will be deployed in the next reporting period.

Rate Restructuring: The SLA is waiting to see if the budget request for reimbursement rates will be enacted. Work with the database system programmers is underway to ensure that changes to the payment system can be implemented quickly.

District Child Evaluation Specialist Performance Standards Workgroup: This workgroup has completed its work. A new workgroup will be convened to develop performance standards for POE Managers.

Access to services (equity focus): We will establish a diverse workgroup to identify challenges and needs to recruit families from underserved populations or locations.

**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 the knowledge, skills, and abilities of the caregiver to implement new strategies with their child within routines and environments natural to them and allow them to function without the ongoing support of the provider (Rush and Shelden, 2020). Coaching, a capacity-building approach, is 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; Pellicchia 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 absent (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 Early Intervention Provider Standards 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 supporting ongoing service providers in developing intervention fidelity to the identified EBPs. Specifically, the PD supports providers in transforming their practice from traditional child-focused therapy to strengths-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 lead to improved child outcomes and caregiver capacity, empowerment, confidence, and competence.

The CEITMP, an evidence-informed approach built on adult learning principles (Childress et al., 2021; Coogle et al., 2019; Dunst et al., 2015; Romano et al., 2021; Tomchek & Wheeler, 2022), includes master coaches/professional development specialists introducing and illustrating content, collaborative teaming with EI providers, job-embedded practice, provider self-reflection, and performance feedback over 32 weeks. Follow-up support is provided to facilitate maintaining coaching practices. Active Implementation Frameworks (Fixsen et al., 2021) were used to guide ongoing process improvement activities. Participant feedback following each phase of the CEITMP continues to be a key driver for potential curriculum changes. Teams of three (3) to

six (6) providers and a master coach continue collaborating for curriculum content. The current, detailed, CEITMP curriculum, including the syllabus quick view for FFY221 for active Cohort 20 can be accessed here: <https://louisville.edu/medicine/departments/pediatrics/divisions/developmental-behavioral-genetics/coaching-in-early-training-and-mentorship-program/ceitmp/resolveuid/2e78401326784086912df026a963f079>

Cohorts, districts, provider numbers, and curricular changes are summarized in Table 1. All tables can be found on the CEITMP page, Materials and Resources tab here: <https://louisville.edu/medicine/departments/pediatrics/divisions/developmental-behavioral-genetics/coaching-in-early-training-and-mentorship-program/ceitmp/resolveuid/a252847d008c40dd80e89c83a2bb9c72>

The cascading rollout of cohorts with a lead master coach continued in this reporting period. The CEITMP team followed the rollout plan vetted and approved by SSIP stakeholders in January 2021. The Western KY tornado in December of 2021 altered Purchase District participation. CEITMP East/West rollout (Green River, Gateway/FIVCO, Kentucky River districts) was completed in this reporting period, with the transition to North/South/West rollout districts (Northern KY, Buffalo Trace, Cumberland Valley, Lake Cumberland, Purchase) 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 district. Teleintervention (TI) continued to be a primary mode of intervention early in FFY22, though in-person services or hybrid service delivery (both in-person and TI) continued to rise and be preferred by families. Provider availability coupled with referral patterns that have not fully rebounded from pre-pandemic levels, often created situations where providers did not have or lost recording opportunities required of the CEITMP. Therefore, we continue to track providers in the CEITMP that require additional support with flexible timelines or individualized joint plans (IJP) for successful completion (see flex/IJP column in Table 1). Since tracked with Cohort 8 to the present, 68% of providers utilized flexibility or an IJP. Cohorts in this reporting period (C16 – C20) have seen a rise in providers demonstrating fidelity (11%) or close to fidelity (8%) to caregiver coaching at baseline allowing for individualized plans for CEITMP completion.

In addition to coordinating EI provider cohorts, systemic communication strategies persisted, intentionally promoting the evidence-based practice of caregiver coaching. Families continued to complete the self-perception survey at intake and exit. 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 coaching in EI infographics for providers in this reporting period to support quarterly newsletters. These infographics (i.e., Toolkit for Developing Effective Beginning Joint Plans; Early Intervention Services in Childcare Settings: Establishing Collaborative Relationships; Solving the Rubric's Cube Mastery Level Observation & Action Practice; Reflection & Feedback Stronger Together; Destination: Caregiver Driven Ending Joint Plans; Fostering Trusting Relationships: Connect for a Win) were then systematically embedded into the CEITMP curriculum. Infographics and newsletter content can be found on the Materials and Resources tab here: <https://louisville.edu/medicine/departments/pediatrics/divisions/developmental-behavioral-genetics/coaching-in-early-training-and-mentorship-program>

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

A 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 et al., 2018; Friedman et al., 2012; Graham et al., 2009; Kemp & Turnbull, 2014; Pellecchia et al., 2022; Rush & Shelden, 2011). The summarized literature review 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 and 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) include:

- 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

Ratings were established along a 5-point Likert scale (i.e., not yet, knowledge, awareness, application, mastery) to ensure sensitivity to measuring change. The KCAR-R can be reviewed on pages 26-27 of the syllabus. 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 providers and master coach raters. The internal scoring guide was refined as part of ongoing process improvement activities. Development, field testing, and initial validation of KCAR-R have been submitted to *Frontiers in Education*.

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 demonstrated excellent inter-rater reliability with 97.6% agreement at video level across all 7 CEITMP team raters. Intra-class Correlation Coefficients were .982 for the KCAR-R total score and ranged from .911 to .966 at individual CQ level.

Formal scoring of video submissions is done by master coaches at baseline (before 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 the Mentorship Phase. When providers transition to the 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 subsequent videos in the Fidelity Phase. Fidelity is reached with a score of 18 on the KCAR for at least one full video submission in the Fidelity Phase, as long as no quality indicators are scored at the "Not Yet" (i.e., 0) or "Knowledge" (i.e., 1) level.

Analysis of provider performance in completed Cohorts 1 through 18 demonstrates the sensitivity of the rubric in measuring adherence to Kentucky's quality indicators of caregiver coaching practices. Though variable, performance at baseline is consistently lower than at fidelity. In the review of full video submissions, a similar pattern of sensitivity is observed, with not all providers reaching fidelity on any Fidelity Phase 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.

The average performance on the KCAR-R for the 324 providers who have completed the CEITMP in Cohorts 1 through 18 was 8.59, with scores in the Fidelity Phase ranging from 19.22 to 20.42. Cohorts 16–20, supporting 171 KEIS providers, were in process this reporting period accounting for 379 session reviews. A review of individual data indicates consistently improved application of coaching practices with movement across the KCAR-R. Findings note stability in scores regardless of cohort size with a clear pattern of improvement of application of caregiver coaching practices from baseline to demonstration of fidelity. Repeated measures ANOVA indicates that EI providers demonstrated a statistically significant increase in adherence to coaching skills on the KCAR-R from baseline to the first video submitted for performance feedback in Fidelity Phase ( $F(1,316)=2221.75, p < .001$ ). The magnitude of the effect size ( $\eta^2=.876$  [ $\eta^2 > 0.14$  indicates a large intervention effect]) underscores the statistically exponential 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 the demonstration of fidelity to coaching, providers enter the Maintenance Phase, where they have access to ongoing support and periodic fidelity checks are conducted. Fidelity checks involve providers submitting a recording of a full early intervention session with an accompanying self-assessment highlighting evidence and fidelity to caregiver coaching. Master coach scoring and feedback measure ongoing progress monitoring. The schedule of fidelity checks in maintenance is determined by the total score on the 2 highest scoring fidelity phase videos on the KCAR-R. Analysis of provider performance data in maintenance validates the CEITMP variable schedule. Historic CEITMP data indicates that 73-88% of providers maintain fidelity to caregiver coaching with their first video submission in a maintenance period, with the remaining providers demonstrating practice slippage and requiring additional submissions to reach fidelity. Additionally, statistically significant differences were not observed when comparing the provider's highest KCAR-R fidelity scores at program completion (mean 21.03) and initial maintenance period fidelity score (mean 20.62), indicating the level of performance in the CEITMP was consistent with maintenance performance (i.e., higher performing providers continue to demonstrate higher caregiver 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,  $p=.04$ ).

Based on these analyses, the variable maintenance schedule procedures for providers with lower range fidelity scores were revised at the start of FFY22 to embed Targeted Maintenance Support (TMS) within the support structure for providers in the Maintenance Phase. 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 caregiver coaching in maintenance. All providers can attend master coach facilitated maintenance refresher group meetings, access the TORSH exemplar library, and complete suggested reflection activities (rubric, handbook, PD Plan, coaching review resources, past feedback). TMS is provided for those providers at risk of not having demonstrated challenges sustaining fidelity. These include master coach feedback on a self-assessment of a video/clip(s) and more frequent support. In addition to the tiered support, the CEITMP continues to distribute a quarterly newsletter sent via listserv to all providers in the maintenance phase to promote sustained 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 to all EI providers via the KEIS website.

With noted TMS changes, providers with a total score of 38 or below on their 2 highest Fidelity Phase videos have their initial maintenance fidelity check approximately 4 months following program completion. Performance on this initial submission determined next submission timeframe (ranging from 4 to 12 months). Providers with a total score on their 2 highest Fidelity Phase videos between 39-43 are scheduled in 9 months, 44-50 in 12 months, >50 in 18 months. To date, 526 fidelity checks in maintenance have been completed for 242 different providers from cohorts one through 17. Based on the variable schedule and cohort participation, providers may have participated in one or up to six maintenance periods. A data review indicates that 73-88% 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. Average fidelity scores remain stable across maintenance periods, ranging from 19.19 to 20.25 on the KCAR-R. Additional analysis indicates statistically significant differences when analyzing initial fidelity video scores and first maintenance period  $F(1,156) = 8.38, p < .004$ , with posthoc pairwise analysis using repeated contrast indicating a small effect ( $d = 0.25$ ), and a power of .82. These findings indicate KEIS providers sustained their ability to implement caregiver coaching practices. Further, those providers who engaged in optional maintenance activities (e.g., refresher meeting, viewed exemplars) demonstrated higher fidelity scores on the KCAR-R than those who did not engage in any (Post-hoc Tukey's:  $F(3, 93) = 3.139, p < .029$ , medium effect [ $p < .029$ ]).

**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 FFY23 include:

- Complete statewide rollout in North/South districts with inclusion of new KEIS vendor providers to ensure all Kentucky Providers are trained in strength-based caregiver coaching.
- Initiate statewide rollout in KIPDA district with Cohort 21 kick-off in January 2024.
- Develop and implement peer-coaching component of CEITMP to use high-performing early intervention providers with demonstrated coaching ability to support early intervention providers struggling to implement coaching practices.
- Participate in KEIS Rate Restructure and DCES Program Standards and Service Coordinator workgroups, with emphasis on contributing to the development of quality indicators of EI 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 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 strategies require time to fully discuss and form a consensus on the 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 increased since the end of the national state of emergency. 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 to increase engagement. Active recruitment of early intervention providers and families is frequently used when convening a workgroup.

### **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. A core group of ICC members 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 and university faculty. Input is gathered through surveys, presentations with discussion, emailed documents asking for feedback, and webinars.

Workgroups are formed based on the task at hand. Participants are recruited based on expertise, location, and 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 is 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 can also read announcements about the SSIP on the Announcement Page of the electronic database 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.

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

YES

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

A group representing Speech-Language Pathologists raised issues with the mandatory requirement to participate in the CEIMTP. A series of meetings were held with the Division leadership to discuss the issues. Meetings were also held with the Commissioner of Public Health and the Secretary of the Cabinet's office. The requested data was gathered and shared.

The state investigated the issues by talking with early intervention providers who had completed the CEIMTP and with parents. Discussions were also held with the principal investigator of the CEIMTP and OSEP staff regarding the purpose of the SSIP. The final decision was not to rescind the mandatory requirement. The state is open to further discussions as needed.

### **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).**

N/A

## **11 - Required Actions**

None

## 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:

Early Childhood Development Branch Manager/Part C Coordinator

##### Email:

Paula.Goff@KY.Gov

##### Phone:

502-564-6039

##### Submitted on:

04/22/24 9:11:14 AM



## Determination Enclosures

### RDA Matrix

# Kentucky

## 2024 Part C Results-Driven Accountability Matrix

### Results-Driven Accountability Percentage and Determination (1)

Percentage (%)	Determination
81.25%	Meets Requirements

### Results and Compliance Overall Scoring

Section	Total Points Available	Points Earned	Score (%)
Results	8	6	75.00%
Compliance	16	14	87.50%

### 2024 Part C Results Matrix

#### I. Data Quality

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

Number of Children Reported in Indicator C3 (i.e., outcome data)	2,693
Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data)	4,854
Percentage of Children Exiting who are Included in Outcome Data (%)	55.48
<b>Data Completeness Score</b> (please see Appendix A for a detailed description of this calculation)	1

##### (b) Data Anomalies: Anomalies in your State's FFY 2021 Outcomes Data

<b>Data Anomalies Score</b> (please see Appendix B for a detailed description of this calculation)	2
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#### II. Child Performance

##### (a) Data Comparison: Comparing your State's 2022 Outcomes Data to other States' 2022 Outcomes Data

<b>Data Comparison Score</b> (please see Appendix C for a detailed description of this calculation)	1
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##### (b) Performance Change Over Time: Comparing your State's FFY 2022 data to your State's FFY 2021 data

<b>Performance Change Score</b> (please see Appendix D for a detailed description of this calculation)	2
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Summary Statement Performance	Outcome A: Positive Social Relationships SS1 (%)	Outcome A: Positive Social Relationships SS2 (%)	Outcome B: Knowledge and Skills SS1 (%)	Outcome B: Knowledge and Skills SS2 (%)	Outcome C: Actions to Meet Needs SS1 (%)	Outcome C: Actions to Meet Needs SS2 (%)
FFY 2022	71.05%	43.11%	65.63%	46.64%	59.98%	47.42%
FFY 2021	65.11%	43.82%	61.20%	47.58%	61.21%	49.89%

(1) For a detailed explanation of how the Compliance Score, Results Score, and the Results-Driven Accountability Percentage and Determination were calculated, review "How the Department Made Determinations under Section 616(d) of the *Individuals with Disabilities Education Act* in 2024: Part C."

2024 Part C Compliance Matrix

Part C Compliance Indicator (2)	Performance (%)	Full Correction of Findings of Noncompliance Identified in FFY 2021 (3)	Score
Indicator 1: Timely service provision	97.86%	YES	2
Indicator 7: 45-day timeline	92.02%	NO	1
Indicator 8A: Timely transition plan	100.00%	N/A	2
Indicator 8B: Transition notification	100.00%	N/A	2
Indicator 8C: Timely transition conference	99.43%	YES	2
Timely and Accurate State-Reported Data	100.00%		2
Timely State Complaint Decisions	100.00%		2
Timely Due Process Hearing Decisions	N/A		N/A
Longstanding Noncompliance			1
Programmatic Specific Conditions	None		
Uncorrected identified noncompliance	Yes, 2 to 4 years		

(2) The complete language for each indicator is located in the Part C SPP/APR Indicator Measurement Table at: [https://sites.ed.gov/idea/files/2024\\_Part-C\\_SPP-APR\\_Measurement\\_Table.pdf](https://sites.ed.gov/idea/files/2024_Part-C_SPP-APR_Measurement_Table.pdf)

(3) This column reflects full correction, which is factored into the scoring only when the compliance data are  $\geq 90\%$  and  $< 95\%$  for an indicator.

**Appendix A**

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

**The Percent of Children Included in your State's 2022 Outcomes Data (Indicator C3)**

Data completeness was calculated using the total number of Part C children who were included in your State's FFY 2022 Outcomes Data (C3) and the total number of children your State reported in its FFY 2022 IDEA Section 618 data. A percentage for your State was computed by dividing the number of children reported in your State's Indicator C3 data by the number of children your State reported exited during FFY 2022 in the State's FFY 2022 IDEA Section 618 Exit Data.

<b>Data Completeness Score</b>	<b>Percent of Part C Children included in Outcomes Data (C3) and 618 Data</b>
<b>0</b>	<b>Lower than 34%</b>
<b>1</b>	<b>34% through 64%</b>
<b>2</b>	<b>65% and above</b>

## Appendix B

### I. (b) Data Quality:

#### Anomalies in Your State's FFY 2022 Outcomes Data

This score represents a summary of the data anomalies in the FFY 2022 Indicator 3 Outcomes Data reported by your State. Publicly available data for the preceding four years reported by and across all States for each of 15 progress categories under Indicator 3 (in the FFY 2018 – FFY 2021 APRs) were used to determine an expected range of responses for each progress category under Outcomes A, B, and C. For each of the 15 progress categories, a mean was calculated using the publicly available data and a lower and upper scoring percentage was set 1 standard deviation above and below the mean for category a, and 2 standard deviations above and below the mean for categories b through e (numbers are shown as rounded for display purposes, and values are based on data for States with summary statement denominator greater than 199 exiters). In any case where the low scoring percentage set from 1 or 2 standard deviations below the mean resulted in a negative number, the low scoring percentage is equal to 0.

If your State's FFY 2022 data reported in a progress category fell below the calculated "low percentage" or above the "high percentage" for that progress category for all States, the data in that particular category are statistically improbable outliers and considered an anomaly for that progress category. If your State's data in a particular progress category was identified as an anomaly, the State received a 0 for that category. A percentage that is equal to or between the low percentage and high percentage for each progress category received 1 point. A State could receive a total number of points between 0 and 15. Thus, a point total of 0 indicates that all 15 progress categories contained data anomalies and a point total of 15 indicates that there were no data anomalies in all 15 progress categories in the State's data. An overall data anomaly score of 0, 1, or 2 is based on the total points awarded.

<b>Outcome A</b>	<b>Positive Social Relationships</b>
<b>Outcome B</b>	<b>Knowledge and Skills</b>
<b>Outcome C</b>	<b>Actions to Meet Needs</b>

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

**Expected Range of Responses for Each Outcome and Category, FFY 2022**

<b>Outcome\Category</b>	<b>Mean</b>	<b>StDev</b>	<b>-1SD</b>	<b>+1SD</b>
Outcome A\Category a	1.57	3.26	-1.69	4.83
Outcome B\Category a	1.39	3	-1.6	4.39
Outcome C\Category a	1.26	2.6	-1.33	3.86

<b>Outcome\Category</b>	<b>Mean</b>	<b>StDev</b>	<b>-2SD</b>	<b>+2SD</b>
Outcome A\ Category b	24.07	9.01	6.05	42.08
Outcome A\ Category c	20.96	13.11	-5.27	47.19
Outcome A\ Category d	26.97	9.61	7.74	46.2
Outcome A\ Category e	26.43	15.4	-4.37	57.23
Outcome B\ Category b	25.63	9.71	6.21	45.04
Outcome B\ Category c	29.44	12.56	4.32	54.57
Outcome B\ Category d	31.02	8.11	14.8	47.25
Outcome B\ Category e	12.51	8.23	-3.96	28.98
Outcome C\ Category b	20.98	8.89	3.19	38.76
Outcome C\ Category c	23.49	13.59	-3.68	50.66
Outcome C\ Category d	33.36	8.28	16.8	49.93
Outcome C\ Category e	20.91	15.22	-9.53	51.35

<b>Data Anomalies Score</b>	<b>Total Points Received in All Progress Areas</b>
0	0 through 9 points
1	10 through 12 points
2	13 through 15 points

**Anomalies in Your State's Outcomes Data FFY 2022**

<b>Number of Infants and Toddlers with IFSP's Assessed in your State</b>	<b>2,693</b>
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<b>Outcome A — Positive Social Relationships</b>	<b>Category a</b>	<b>Category b</b>	<b>Category c</b>	<b>Category d</b>	<b>Category e</b>
<b>State Performance</b>	80	623	829	896	265
<b>Performance (%)</b>	2.97%	23.13%	30.78%	33.27%	9.84%
<b>Scores</b>	1	1	1	1	1

<b>Outcome B — Knowledge and Skills</b>	<b>Category a</b>	<b>Category b</b>	<b>Category c</b>	<b>Category d</b>	<b>Category e</b>
<b>State Performance</b>	101	671	665	809	447
<b>Performance (%)</b>	3.75%	24.92%	24.69%	30.04%	16.60%
<b>Scores</b>	1	1	1	1	1

<b>Outcome C — Actions to Meet Needs</b>	<b>Category a</b>	<b>Category b</b>	<b>Category c</b>	<b>Category d</b>	<b>Category e</b>
<b>State Performance</b>	119	747	550	748	529
<b>Performance (%)</b>	4.42%	27.74%	20.42%	27.78%	19.64%
<b>Scores</b>	0	1	1	1	1

	<b>Total Score</b>
<b>Outcome A</b>	5
<b>Outcome B</b>	5
<b>Outcome C</b>	4
<b>Outcomes A-C</b>	14

<b>Data Anomalies Score</b>	2
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Appendix C

II. (a) Data Comparison:

**Comparing Your State's 2022 Outcomes Data to Other States' 2022 Outcome Data**

This score represents how your State's FFY 2022 Outcomes data compares to other States' FFY 2022 Outcomes Data. Your State received a score for the distribution of the 6 Summary Statements for your State compared to the distribution of the 6 Summary Statements in all other States. The 10th and 90th percentile for each of the 6 Summary Statements was identified and used to assign points to performance outcome data for each Summary Statement (values are based on data for States with a summary statement denominator greater than 199 exiters). Each Summary Statement outcome was assigned 0, 1, or 2 points. If your State's Summary Statement value fell at or below the 10th percentile, that Summary Statement was assigned 0 points. If your State's Summary Statement value fell between the 10th and 90th percentile, the Summary Statement was assigned 1 point, and if your State's Summary Statement value fell at or above the 90th percentile the Summary Statement was assigned 2 points. The points were added up across the 6 Summary Statements. A State can receive a total number of points between 0 and 12, with 0 points indicating all 6 Summary Statement values were at or below the 10th percentile and 12 points indicating all 6 Summary Statements were at or above the 90th percentile. An overall comparison Summary Statement score of 0, 1, or 2 was based on the total points awarded.

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

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

**Scoring Percentages for the 10th and 90th Percentile for Each Outcome and Summary Statement, FFY 2022**

Percentiles	Outcome A SS1	Outcome A SS2	Outcome B SS1	Outcome B SS2	Outcome C SS1	Outcome C SS2
10	45.63%	35.29%	54.05%	27.07%	51.93%	33.56%
90	82.58%	69.37%	81.10%	56.55%	85.30%	71.29%

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

**Your State's Summary Statement Performance FFY 2022**

Summary Statement (SS)	Outcome A: Positive Social Relationships SS1	Outcome A: Positive Social Relationships SS2	Outcome B: Knowledge and Skills SS1	Outcome B: Knowledge and Skills SS2	Outcome C: Actions to meet needs SS1	Outcome C: Actions to meet needs SS2
Performance (%)	71.05%	43.11%	65.63%	46.64%	59.98%	47.42%
Points	1	1	1	1	1	1

<b>Total Points Across SS1 and SS2(*)</b>	6
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<b>Your State's Data Comparison Score</b>	1
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**Appendix D**

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

**Comparing your State's FFY 2022 data to your State's FFY 2021 data**

The Summary Statement percentages in each Outcomes Area from the previous year's reporting (FFY 2021) is compared to the current year (FFY 2022) using the test of proportional difference to determine whether there is a statistically significant (or meaningful) growth or decline in child achievement based upon a significance level of  $p \leq .05$ . The data in each Outcome Area is assigned a value of 0 if there was a statistically significant decrease from one year to the next, a value of 1 if there was no significant change, and a value of 2 if there was a statistically significant increase across the years. The scores from all 6 Outcome Areas are totaled, resulting in a score from 0 – 12. The Overall Performance Change Score for this results element of '0', '1', or '2' for each State is based on the total points awarded. Where OSEP has approved a State's reestablishment of its Indicator C3 Outcome Area baseline data the State received a score of 'N/A' for this element.

**Test of Proportional Difference Calculation Overview**

The summary statement percentages from the previous year's reporting were compared to the current year using an accepted formula (test of proportional difference) to determine whether the difference between the two percentages is statistically significant (or meaningful), based upon a - significance level of  $p \leq .05$ . The statistical test has several steps. All values are shown as rounded for display purposes.

Step 1: Compute the difference between the FFY 2022 and FFY 2021 summary statements.

$$\text{e.g., } C3A \text{ FFY}2022\% - C3A \text{ FFY}2021\% = \text{Difference in proportions}$$

Step 2: Compute the standard error of the difference in proportions using the following formula which takes into account the value of the summary statement from both years and the number of children that the summary statement is based on

$$\text{Sqrt}[(\text{FFY}2021\% * (1-\text{FFY}2021\%)) / \text{FFY}2021N) + ((\text{FFY}2022\% * (1-\text{FFY}2022\%)) / \text{FFY}2022N)] = \text{Standard Error of Difference in Proportions}$$

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

$$\text{Difference in proportions} / \text{standard error of the difference in proportions} = z \text{ score}$$

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

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

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

- 0 = statistically significant decrease from FFY 2021 to FFY 2022
- 1 = No statistically significant change
- 2= statistically significant increase from FFY 2021 to FFY 2022

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

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



Summary Statement/ Child Outcome	FFY 2021 N	FFY 2021 Summary Statement (%)	FFY 2022 N	FFY 2022 Summary Statement (%)	Difference between Percentages (%)	Std Error	z value	p-value	p<=.05	Score: 0 = significant decrease; 1 = no significant change; 2 = significant increase
<b>SS1/Outcome A: Positive Social Relationships</b>	1,989	65.11%	2,428	71.05%	5.94	0.0141	4.2100	<.0001	YES	2
<b>SS1/Outcome B: Knowledge and Skills</b>	1,840	61.20%	2,246	65.63%	4.43	0.0151	2.9257	0.0034	YES	2
<b>SS1/Outcome C: Actions to meet needs</b>	1,789	61.21%	2,164	59.98%	-1.23	0.0156	-0.7854	0.4322	NO	1
<b>SS2/Outcome A: Positive - Social Relationships</b>	2,209	43.82%	2,693	43.11%	-0.71	0.0142	-0.4982	0.6184	NO	1
<b>SS2/Outcome B: Knowledge and Skills</b>	2,209	47.58%	2,693	46.64%	-0.94	0.0143	-0.6551	0.5124	NO	1
<b>SS2/Outcome C: Actions to meet needs</b>	2,209	49.89%	2,693	47.42%	-2.47	0.0143	-1.7203	0.0854	NO	1

<b>Total Points Across SS1 and SS2</b>	<b>8</b>
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<b>Your State's Performance Change Score</b>	<b>2</b>
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**Data Rubric  
Kentucky**

FFY 2022 APR (1)

**Part C Timely and Accurate Data -- SPP/APR Data**

APR Indicator	Valid and Reliable	Total
1	1	1
2	1	1
3	1	1
4	1	1
5	1	1
6	1	1
7	1	1
8A	1	1
8B	1	1
8C	1	1
9	N/A	0
10	1	1
11	1	1

**APR Score Calculation**

<b>Subtotal</b>	12
<b>Timely Submission Points</b> - If the FFY 2022 APR was submitted on-time, place the number 5 in the cell on the right.	5
<b>Grand Total</b> - (Sum of Subtotal and Timely Submission Points) =	17

**(1) In the SPP/APR Data table, where there is an N/A in the Valid and Reliable column, the Total column will display a 0. This is a change from prior years in display only; all calculation methods are unchanged. An N/A does not negatively affect a State's score; this is because 1 point is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the SPP/APR Data table.**

**618 Data (2)**

Table	Timely	Complete Data	Passed Edit Check	Total
Child Count/Settings Due Date: 8/30/23	1	1	1	3
Exiting Due Date: 2/21/24	1	1	1	3
Dispute Resolution Due Date: 11/15/23	1	1	1	3

**618 Score Calculation**

Subtotal	9
Grand Total (Subtotal X 2) =	18.00

**Indicator Calculation**

A. APR Grand Total	17
B. 618 Grand Total	18.00
C. APR Grand Total (A) + 618 Grand Total (B) =	35.00
Total N/A Points in APR Data Table Subtracted from Denominator	1
Total N/A Points in 618 Data Table Subtracted from Denominator	0.00
<b>Denominator</b>	35.00
D. Subtotal (C divided by Denominator) (3) =	1.0000
E. Indicator Score (Subtotal D x 100) =	100.00

(2) In the 618 Data table, when calculating the value in the Total column, any N/As in the Timely, Complete Data, or Passed Edit Checks columns are treated as a '0'. An N/A does not negatively affect a State's score; this is because 2 points is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the 618 Data table.

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

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

DATE: February 2024 Submission

### SPP/APR Data

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

### Part C 618 Data

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

618 Data Collection	EMAPS Survey	Due Date
Part C Child Count and Setting	Part C Child Count and Settings in EMAPS	8/30/2023
Part C Exiting	Part C Exiting Collection in EMAPS	2/21/2024
Part C Dispute Resolution	Part C Dispute Resolution Survey in EMAPS	11/15/2023

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

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

## Dispute Resolution

### IDEA Part C

Kentucky

Year 2022-23

A zero count should be used when there were no events or occurrences to report in the specific category for the given reporting period. Check "Missing" if the state did not collect or could not report a count for the specific category. Please provide an explanation for the missing data in the comment box at the top of the page.

#### Section A: Written, Signed Complaints

<b>(1) Total number of written signed complaints filed.</b>	5
(1.1) Complaints with reports issued.	5
(1.1) (a) Reports with findings of noncompliance.	4
(1.1) (b) Reports within timelines.	5
(1.1) (c) Reports within extended timelines.	0
(1.2) Complaints pending.	0
(1.2) (a) Complaints pending a due process hearing.	0
(1.3) Complaints withdrawn or dismissed.	0

#### Section B: Mediation Requests

<b>(2) Total number of mediation requests received through all dispute resolution processes.</b>	0
(2.1) Mediations held.	0
(2.1) (a) Mediations held related to due process complaints.	0
(2.1) (a) (i) Mediation agreements related to due process complaints.	0
(2.1) (b) Mediations held no related to due process complaints.	0
(2.1) (b) (i) Mediation agreements not related to due process complaints.	0
(2.2) Mediations pending.	0
(2.3) Mediations not held.	0

#### Section C: Due Process Complaints

<b>(3) Total number of due process complaints filed.</b>	0
Has your state adopted Part C due process hearing procedures under 34 CFR 303.430(d)(1) or Part B due process hearing procedures under 34 CFR 303.430(d)(2)?	PARTC
(3.1) Resolution meetings (applicable ONLY for states using Part B due process hearing procedures).	N/A
(3.1) (a) Written settlement agreements reached through resolution meetings.	N/A
(3.2) Hearings fully adjudicated.	0
(3.2) (a) Decisions within timeline.	0
(3.2) (b) Decisions within extended timeline.	0
(3.3) Hearings pending.	0
(3.4) Due process complaints withdrawn or dismissed (including resolved without a hearing).	0

#### State Comments:

Kentucky Part C did not have any requests for mediation or due process.

This report shows the most recent data that was entered by:

Kentucky

These data were extracted on the close date:

11/15/2023

## How the Department Made Determinations

Below is the location of How the Department Made Determinations (HTDMD) on OSEP's IDEA Website. How the Department Made Determinations in 2024 will be posted in June 2024. Copy and paste the link below into a browser to view.

<https://sites.ed.gov/idea/how-the-department-made-determinations/>



# United States Department of Education Office of Special Education and Rehabilitative Services

## Final Determination Letter

June 18, 2024

Honorable Steven Stack  
Commissioner  
Kentucky Department of Public Health  
275 East Main Street  
Frankfort, KY 40621

Dear Commissioner Stack:

I am writing to advise you of the U.S. Department of Education's (Department) 2024 determination under Sections 616 and 642 of the Individuals with Disabilities Education Act (IDEA). The Department has determined that Kentucky meets the requirements and purposes of Part C of the IDEA. This determination is based on the totality of Kentucky's data and information, including the Federal fiscal year (FFY) 2022 State Performance Plan/Annual Performance Report (SPP/APR), other State-reported data, and other publicly available information.

Kentucky's 2024 determination is based on the data reflected in Kentucky's "2024 Part C Results-Driven Accountability Matrix" (RDA Matrix). The RDA Matrix is individualized for Kentucky and consists of:

- (1) a Compliance Matrix that includes scoring on Compliance Indicators and other compliance factors;
- (2) a Results Matrix (including Components and Appendices) that include scoring on Results Elements;
- (3) a Compliance Score and a Results Score;
- (4) an RDA Percentage based on both the Compliance Score and the Results Score; and
- (5) Kentucky's Determination.

The RDA Matrix is further explained in a document, entitled "[How the Department Made Determinations under Sections 616\(d\) and 642 of the Individuals with Disabilities Education Act in 2024: Part C](#)" (HTDMD-C).

The Office of Special Education Programs (OSEP) is continuing to use both results data and compliance data in making the Department's determinations in 2024, as it did for Part C determinations in 2015-2023. (The specifics of the determination procedures and criteria are set forth in the HTDMD-C document and reflected in the RDA Matrix for Kentucky.) For 2024, the Department's IDEA Part C determinations continue to include consideration of each State's Child Outcomes data, which measure how children who receive Part C services are improving functioning in three outcome areas that are critical to school readiness:

- positive social-emotional skills;
- acquisition and use of knowledge and skills (including early language/communication); and
- use of appropriate behaviors to meet their needs.

Specifically, the Department considered the data quality and the child performance levels in each State's Child Outcomes FFY 2022 data.

You may access the results of OSEP's review of Kentucky's SPP/APR and other relevant data by accessing the EMAPS SPP/APR reporting tool using your State-specific log-on information at <https://emaps.ed.gov/suite/>. When you access Kentucky's SPP/APR on the site, you will find, in Indicators 1 through 11, the OSEP Response to the indicator and any actions that Kentucky is required to take. The actions that Kentucky is required to take are in the "Required Actions" section of the indicator.

It is important for your State to review the Introduction to the SPP/APR, which may also include language in the "OSEP Response" and/or "Required Actions" sections.

Your State will also find the following important documents in the Determinations Enclosures section:

- (1) Kentucky's RDA Matrix;
- (2) the HTDMD [link](#);
- (3) "2024 Data Rubric Part C," which shows how OSEP calculated the State's "Timely and Accurate State-Reported Data" score in the Compliance Matrix; and
- (4) "Dispute Resolution 2022-2023," which includes the IDEA Section 618 data that OSEP used to calculate the State's "Timely State Complaint Decisions" and "Timely Due Process Hearing Decisions" scores in the Compliance Matrix.

As noted above, Kentucky's 2024 determination is Meets Requirements. A State's 2024 RDA Determination is Meets Requirements if the RDA Percentage is at least 80%, unless the Department has imposed Specific Conditions on the State's last three IDEA Part C grant awards (for FFYs 2021, 2022, and 2023), and those Specific Conditions are in effect at the time of the 2024 determination.

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## United States Department of Education Office of Special Education and Rehabilitative Services

IDEA determinations provide an opportunity for all stakeholders to examine State data as that data relate to improving outcomes for infants, toddlers, children, and youth with disabilities. The Department encourages stakeholders to review State SPP/APR data and other available data as part of the focus on improving equitable outcomes for infants, toddlers, children, and youth with disabilities. Key areas the Department encourages State and local personnel to review are access to high-quality intervention and instruction; effective implementation of individualized family service plans (IFSPs) and individualized education programs (IEPs), using data to drive decision-making, supporting strong relationship building with families, and actively addressing educator and other personnel shortages.

For 2025 and beyond, the Department is considering two additional criteria related to IDEA Part C determinations. First, the Department is considering as a factor OSEP-identified longstanding noncompliance (i.e., unresolved findings issued by OSEP at least three years ago). This factor would be reflected in the determination for each State through the "longstanding noncompliance" section of the Compliance Matrix beginning with the 2025 determinations. In implementing this factor, the Department is also considering beginning in 2025 whether a State that would otherwise receive a score of meets requirements would not be able to receive a determination of meets requirements if the State had OSEP-identified longstanding noncompliance (i.e., unresolved findings issued by OSEP at least three or more years ago). Second, the Department is reviewing whether and how to consider IDEA Part C results data reported under three indicators in order to improve results for all infants, toddlers, and children with disabilities. This review would include considering alternative scoring options for child outcome Indicator C-3 and considering as potential additional factors the information and data that States report under child find Indicators C-5 and C-6.

For the FFY 2023 SPP/APR submission due on February 1, 2025, OSEP is providing the following information about the IDEA Section 618 data. The 2023-24 IDEA Section 618 Part C data submitted as of the due date will be used for the FFY 2023 SPP/APR and the 2025 IDEA Part C Results Matrix and States will not be able to resubmit their IDEA Section 618 data after the due date. The 2023-24 IDEA Section 618 Part C data that States submit will automatically be prepopulated in the SPP/APR reporting platform for Part C SPP/APR Indicators 2, 5, 6, 9, and 10 (as they have in the past). Under EDFacts Modernization, States are expected to submit high-quality IDEA Section 618 Part C data that can be published and used by the Department as of the due date. States are expected to conduct data quality reviews prior to the applicable due date. OSEP expects States to take one of the following actions for all business rules that are triggered in the appropriate EDFacts system prior to the applicable due date: 1) revise the uploaded data to address the edit; or 2) provide a data note addressing why the data submission triggered the business rule. There will not be a resubmission period for the IDEA Section 618 Part C data.

As a reminder, Kentucky must report annually to the public, by posting on the State lead agency's website, on the performance of each early intervention service (EIS) program located in Kentucky on the targets in the SPP/APR as soon as practicable, but no later than 120 days after Kentucky's submission of its FFY 2022 SPP/APR. In addition, Kentucky must:

- (1) review EIS program performance against targets in Kentucky's SPP/APR;
- (2) determine if each EIS program "meets the requirements" of Part C, or "needs assistance," "needs intervention," or "needs substantial intervention" in implementing Part C of the IDEA;
- (3) take appropriate enforcement action; and
- (4) inform each EIS program of its determination.

Further, Kentucky must make its SPP/APR available to the public by posting it on the State lead agency's website. Within the upcoming weeks, OSEP will be finalizing a State Profile that:

- (1) includes Kentucky's determination letter and SPP/APR, OSEP attachments, and all State attachments that are accessible in accordance with Section 508 of the Rehabilitation Act of 1973; and
- (2) will be accessible to the public via the [ed.gov](https://ed.gov) website.

OSEP appreciates Kentucky's efforts to improve results for infants and toddlers with disabilities and their families and looks forward to working with Kentucky over the next year as we continue our important work of improving the lives of children with disabilities and their families. Please contact your OSEP State Lead if you have any questions, would like to discuss this further, or want to request technical assistance.

Sincerely,

---

Valerie C. Williams  
Director  
Office of Special Education Programs

cc: State Part C Coordinator

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