

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

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

**For reporting on  
FFY18**

**Indiana**



**PART C DUE February 3, 2020**

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

#### General Supervision System

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

The Indiana Part C, First Steps, APR for FFY2018 was developed by the Bureau of Child Development Services, Division of Disability and Rehabilitative Services, Family and Social Services Administration (the lead agency for Part C) utilizing direction and input from a broad group of stakeholders.

Data for the indicators in the APR were provided from numerous sources. These included:

- The state centralized database (Social Services Data Warehouse)
- Claims data from the Central Reimbursement Office (CRO)
- Quality Review-Focused Monitoring (QRFM) data, compiled from annual on-site Cluster reviews
- System Point of Entry (SPOE) self-reviews and Cluster Performance Plan Progress Reports/Continuous Quality Improvement Plans
- Early Childhood Outcomes (ECO) Family Survey (parent exit interviews)
- Child outcome data collected and analyzed by the Indiana Institute for Disability and Community (IIDC) Early Childhood Center (ECC) at Indiana University (IU)

Indiana has a comprehensive general supervision system that includes the statewide data system, a statewide quality review-focused monitoring system, local quality review committees and an ongoing research initiative on program outcomes performed by the IIDC at Indiana University. A description of each component is provided below.

#### 1. Statewide Data System:

A data file is created for every child referred to the First Steps system. Data includes child/family/provider information (date of birth; referral; intake; evaluation; IFSP; termination with reason; child demographic data; and provider information). Data for each of the nine System Point of Entry (SPOE) clusters can be reviewed at any time by state and/or the local cluster. This data is used by the state as a source for ongoing desk audits of the system.

#### 2. The Social Services Data Warehouse:

The Social Services Data Warehouse (a state contracted entity that uses state provided data to develop 618 data and state profile reports) provides the state with county, cluster and statewide data reports. These reports are used by the state and clusters to monitor trends over time. The profiles of the state and clusters are posted on the state website for public access. They can be viewed at <https://www.in.gov/fssa/ddrs/2812.htm>.

#### 3. A Statewide Quality Review-Focused Monitoring System:

The state First Steps office contracts with the ECC at IU to provide quality review coordination, on-site reviews and local technical assistance. Indiana has nine System Points of Entry (SPOE) clusters that serve as the local entity for referrals to Part C. Each of the SPOEs receives technical assistance visits as needed and an annual verification visit. These visits are led by a Quality Review team member responsible for the cluster. Additional team members include state staff, peers from other clusters, and providers. The Quality Review plan was enhanced to review not only compliance measures, but several quality measures within local programs to assess possible program training needs and for local program improvement strategic planning purposes.

#### 4. Local Continuous Quality Improvement Plans:

In addition to the annual verification visits, the SPOEs provide quarterly quality review reports and progress updates. SPOEs must submit progress data to demonstrate compliance. The Continuous Quality Improvement Plan (CQIP) serves as the cluster's quality monitoring plan and includes strategies to correct any findings issued by the state First Steps office, as soon as possible, but no later than one year. The improvement plans incorporate an ongoing, collaborative program improvement approach which balances compliance monitoring with a targeted results focus. Once the SPOE has demonstrated the child's entitled action has been provided, although late, the child has left the jurisdiction and compliance for a reporting period has been verified by the state, the finding is verified as 'corrected' and the state issues a letter of compliance. As part of this process, SPOE quarterly data is shared with the Local Planning and Coordinating Council (LPCC) and stakeholder input is gathered.

#### 5. Ongoing Research Initiative on Program Outcomes:

The ECC at IU is contracted for collecting child and family outcome data. In July 2014, a new, uniform collection tool/form was implemented for families' service providers to complete.

Quality Review-Focused Monitoring (QRFM) visits for FFY2018 were conducted in the months of October through November 2018, with findings issued by the state to the SPOE in December of 2018, within 90 days of the completion of all visits. Each SPOE received a findings table which listed all federal and state indicators including noncompliance indicators requiring correction. The SPOEs were directed to demonstrate 100% compliance for indicators 1, 7, and 8, along with other state identified areas of noncompliance (annual IFSPs completed prior to expiration; timely six month reviews; ten day written prior notice; income and insurance documentation) as soon as possible, but no later than one year from the date of the finding. For identified noncompliance that was not attributed to a systemic root cause, SPOEs continued monitoring and reporting efforts to report progress toward compliance. SPOEs were required to provide periodic progress data and narrative updates to demonstrate compliance with the indicators at six months, nine months and eleven months from the date of the finding.

#### Technical Assistance System:

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

Indiana First Steps has contracted with the Early Childhood Center (ECC) at Indiana University (IU) to implement a system to provide technical assistance to the nine System Points of Entry (SPOE) clusters. The ECC at IU has implemented an individualized, technical assistance approach

designed to support the timely delivery of high quality early intervention services to eligible children and families in Indiana. Depending on regional needs, technical assistance can be provided on-site or through the use of technology. Technical assistance is provided by trained staff, and focuses on assisting SPOEs in the development of their Continuous Quality Improvement Plans (CQIPs). Technical assistance was given to service providers regarding the content and quality of home visiting documentation. Additional technical assistance in the form of data analysis was provided throughout the year in response to requests from state staff, and as trends and patterns emerged.

The State First Steps office received technical assistance from The IDEA Data Center (IDC), IDEA Infant and Toddler Coordinators Association (ITCA), The Early Childhood Technical Assistance Center (ECTA), The Center for IDEA Early Childhood Data Systems (DaSy), and The Office of Special Education Programs (OSEP).

#### **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 state First Steps Early Intervention System provided the following professional development opportunities:

- The statewide coordination of targeted training activities related to infants and toddlers and Indiana's SSIP goals
- Greater access to learning opportunities for service providers
- A coordinated schedule of training activities that balances regional face to face trainings, train the trainer activities, online modules, and webinars
- Specialized training opportunities bringing together professionals from different fields, including other home visiting programs, early education and child care service providers

#### **Stakeholder Involvement:**

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

Indiana First Steps used a broad group of stakeholders to assist in setting targets for the SPP/APR. These stakeholders included: Indiana Interagency Coordinating Council (ICC) members, such as parents and representatives from state agencies, including:

- Department of Education
- Office of Special Education
- Department of Health Division of Family and Children
- Head Start
- Office of Medicaid Policy and Planning, etc.
- Cluster Local Planning and Coordinating Councils (LPCCs) and cluster System Points of Entry (SPOE)
- Service Providers
- Central Reimbursement Office (CRO)
- Quality Review-Focused Monitoring (QRFM) teams and state contractors for quality review, training and evaluation (Indiana Institute for Disability and Community at the Early Childhood Center at Indiana University)
- State staff from Family and Social Services Administration (FSSA), Bureau of Child Development Services (BCDS)

These groups provide a variety of feedback on state and SPOE data and procedures, as needed. These groups also assist the state in reviewing the data, identifying areas of concern and generating potential strategies for improvement.

ICC meetings were held quarterly in 2018 but changed to every other month in 2019 to discuss:

- State Performance Plan (SPP) and Indiana's progress in meeting the SPP targets
- FFY19 target setting (presented to the ICC at November 2019 meeting)
- Data for the FFY2018 APR along with past APR trend data (presented to the ICC at its bi-monthly (6 times a year) meeting in January 2020) the ICC completed its final review of the FFY2018 APR and recommended it be submitted to OSEP

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

YES

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

**How and where the State reported to the public on the FFY 2017 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 2017 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State's SPP/APR, including any revision if the State has revised the targets that it submitted with its FFY 2017 APR in 2019, is available.**

Indiana First Steps has posted the SPP/APR for previous years FFY2014-2017. The Annual Performance Report (APR) for FFY 2014-2017 along with OSEP letters of response to the FFY2017 APR are on the First Steps website located at <http://www.firststeps.in.gov> under 'Program Policies & Updates' and then 'Program Evaluation Reports'. The Indiana APR for FFY18 will be posted following the APR submission on February 3, 2020.

#### **Intro - Prior FFY Required Actions**

None

#### **Response to actions required in FFY 2017 SPP/APR**

#### **Intro - OSEP Response**

#### **Intro - Required Actions**

# Indicator 1: Timely Provision of Services

## Instructions and Measurement

**Monitoring Priority:** Early Intervention Services In Natural Environments

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

### Data Source

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

### Measurement

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

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

### Instructions

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

Targets must be 100%.

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2018 SPP/APR, the data for FFY 2017), 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 | 2005   | 91.00% |        |        |        |
|----------|--------|--------|--------|--------|--------|
| FFY      | 2013   | 2014   | 2015   | 2016   | 2017   |
| Target   | 100%   | 100%   | 100%   | 100%   | 100%   |
| Data     | 98.30% | 98.15% | 97.87% | 95.68% | 93.56% |

### Targets

| FFY    | 2018 | 2019 |
|--------|------|------|
| Target | 100% | 100% |

### FFY 2018 SPP/APR Data

| Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner | Total number of infants and toddlers with IFSPs | FFY 2017 Data | FFY 2018 Target | FFY 2018 Data | Status              | Slippage |
|---|---|---------------|-----------------|---------------|---------------------|----------|
| 1,478   | 1,747   | 93.56%        | 100%            | 88.84%        | Did Not Meet Target | Slippage |

### Provide reasons for slippage, if applicable

Indiana continues to struggle with provider recruitment. Provider availability has impacted the state's capacity to deliver services in a timely manner (30 days) for all infants and toddlers coming into the system. All nine clusters serve a combination of metropolitan and rural communities. Many providers who serve the rural communities typically designate limited time (e.g. one day a week) to that area and if that day/time does not work for the family timelines are missed. Other issues identified are a breakdown in communication between the service coordinator and the provider agency/rendering provider in sharing the referral information and IFSP paperwork with enough time to schedule with the family; and receiving the physician's signature on the IFSP that allows time for the provider to meet with the family in a timely manner.

Cluster A serves the northwest part of the state. During the last quarter of FFY18, they were out of compliance by 1 child (98.2%).

Cluster G serves the central part of the state with 30-35% of the children in the early intervention system of Indiana. It is becoming more difficult to find providers to serve the families as more referrals are going to IFSP.

One of the measures Indiana state legislation took, that went into effect on July 1, 2019, was an increase of state funding for the Part C program increasing the annual appropriation by \$6.6 million and stated 50% be directed to provider agencies to support a rate increase and 40% to the System Points of Entry (SPOE) to support hiring new service coordinators to decrease staff caseloads. The remaining 10% of funds are to be used for infrastructure for the program at the state level. It is the hope of First Steps that the increase in provider rates will entice new providers to enroll in the system and encourage providers who have left the system to return and offer services to infants and toddlers and their families.

Indiana continues to see an increase in the number of referrals going through the IFSP process. While the provider pool continues to remain fairly consistent from year to year, the number of children with IFSPs continues to increase. From FFY17 to FFY18, referrals increased by 4.5%. Looking at Indiana's trend data, from FFY15 to FFY18:

- Referrals increased from 25,820 (FFY15) to 30,091 (FFY18), 16.5% increase
- Annual Count of Children with IFSP increased from 19,623 (FFY15) to 22,964 (FFY18), 17% increase

The slippage will be addressed at the state/local level to evaluate what each SPOE and provider agency can do to improve the number of families receiving services in a timely manner. Regular meetings are held between State First Steps staff with provider agency directors and SPOE directors where issues like this are addressed. The cluster LPCCs also help to address this issue by facilitating quarterly provider agency meetings to discuss issues facing the First Steps program including timely delivery of services.

#### **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.***

74

**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).**

Indiana First Steps has defined timely as, "all services written in the IFSP are initiated within 30 calendar days from the IFSP date, with parent approval or within 30 days from the parent signature date on the IFSP service page for newly added services." The expectation is that 30 calendar days represents a reasonable amount of time for services to begin. Indiana does allow for delayed delivery of IFSP services due to exceptional family circumstances, weather and travel restrictions, and for less frequent delivered services, such as hearing aid maintenance scheduled on a quarterly basis. The number listed as exceptional family circumstances (74) is added to the 'number of infants and toddlers with IFSPs who receive the early intervention services on their IFSP in a timely manner' (1,478) for the grand total (1,552). All 195 children received services albeit after 30 days. This data is collected on a quarterly basis and was verified by the state using the Central Reimbursement Office (CRO) data system for each child.

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

State monitoring

**Describe the method used to select EIS programs for monitoring.**

All nine clusters/SPOEs are monitored each year. Baseline data was gathered in the fall that reflects the first quarter of FFY18 (July-September 2018). If the cluster did not meet compliance for this indicator, a finding was issued and subsequent data was reviewed each quarter.

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

XXX

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

XXX

**If needed, provide additional information about this indicator here.**

A minimum sample size for the state was determined by using a sampling calculator made available from the website (<http://www.raosoft.com/samplesize.html>) by Raosoft, Inc. The actual number sampled far exceeds the required sample size for a confidence level of 99%, with a confidence interval of +/-5%. All SPOEs are sampled each year. During the annual on-site visit, the sample was at least 10% of all annual IFSPs written during July to September 2018. For smaller SPOEs (Clusters D, F, and H), the number of files reviewed was increased to include at least 20 files. SPOEs then complete internal monitoring (subsequent data) and submit data on a quarterly basis regardless of compliance.

Sample data was derived from early intervention record reviews performed by the Quality Review contractors and from state-verified, early intervention record reviews completed by the local SPOE as part of their quality review and progress monitoring system. Reviewers noted if the state's "Confirmation of Start of Service" form was present in the record and if all new services started within 30 days of the parent signature on the initial IFSP (or at the start date of the new IFSP at the annual). Timely start of service is reviewed for all initial IFSPs and new services added to an annual IFSP. If services were not delivered within 30 days, the reason for delay and actual start date of service must be specified. If the reason for delay is due to exceptional family circumstance, provider agency and SPOE staff are expected to keep detailed documentation in their clinical notes. There were 74 instances of late service starts due to exceptional family circumstances.

This data was collected during July 1, 2018 through June 30, 2019. Indiana believes that looking at the number of files both by the QR team during the on-site visit and by the 9 regional SPOE offices, we have a good representation of the population in Indiana.

% of total new IFSPs initiated < 30 Services Provided >30 days  
State Total 88.8% (1,552/1,747) - 195 late start

The state looked at a sample of 1,747 IFSPs during FFY18. It was found that 195 of the 1,747 IFSPs were not timely due to reported system errors at the child level. All children eventually received services albeit after 30 days. The range of when services started was between 31 and 144 calendar days. Seven clusters received a finding of noncompliance for this indicator. Below is a chart showing when the cluster came into compliance and the date it was verified by the state.

Timely Start of Services: Correction of non-compliance:

| Cluster/SPOE | State Correction of Non-Compliance Data | Time Frame of Correction | State Verification Date |
|--------------|---|--------------------------|-------------------------|
| Cluster A    | N/A                                     | N/A                      | N/A                     |
| Cluster B    | 100% (47/47)                            | (July-September 2018)    | 9/27/2018               |
| Cluster C    | 100% (72/72)                            | (October-December 2018)  | 4/30/2019               |
| Cluster D    | 100% (38/38)                            | (July-September 2018)    | 10/17/2018              |
| Cluster F    | N/A                                     | N/A                      | N/A                     |
| Cluster G    | N/A                                     | N/A                      | N/A                     |
| Cluster H    | N/A                                     | N/A                      | N/A                     |
| Cluster I    | N/A                                     | N/A                      | N/A                     |
| Cluster J    | 100% (66/66)                            | (October-December 2018)  | 5/31/2019               |

**Correction of Findings of Noncompliance Identified in FFY 2017**

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

**FFY 2017 Findings of Noncompliance Verified as Corrected**

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

XXX

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

XXX

**FFY 2017 Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

According to memo 09-02, the state verified that the cluster is following and implementing the policy/regulatory requirements for this indicator correctly. The state staff met with each cluster to determine the root cause of the late starts. It was determined that it is due to provider availability in the areas of the state that the cluster serves. Indiana has many rural counties and most providers have limited availability in those areas (e.g. one day a week). If the family cannot accommodate the date offered by the provider, the next available time is offered. Sometimes, there is not a provider currently serving that area so the agency will have to try to identify personnel to fill the need. This sometimes requires recruiting new staff to meet the need which takes time.

The state takes specific actions to assist clusters when they do not reach compliance. Depending on the needs of the cluster, technical assistance is provided in person or virtually. Technical assistance is provided by trained staff with a focus on assisting clusters in developing Continuous Quality Improvement Plans (CQIPs) by facilitating stakeholder involvement through attendance at local and state meetings, providing training and detailed examples of quality, evidence-based plans and providing feedback as needed. Assistance is also provided to service coordinators regarding quality documentation of their visits with the families. Additional technical assistance is also offered through ongoing data analysis.

Through review of subsequent data, the state was able to verify that all children in each of these clusters did receive services written on the IFSP albeit after the 30 day timeline.

**Correction of Findings of Noncompliance Identified Prior to FFY 2017**

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2017 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|--|--|---|--|
| FFY 2016                                       | 4  | 0   | 4                                      |
| FFY 2015                                       | 1  | 0   | 1                                      |
|  |  |   |  |

**FFY 2016**

**Findings of Noncompliance Verified as Corrected**

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

XXX

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

XXX

**FFY 2016**

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

**Actions taken if noncompliance not corrected**

According to memo 09-02, the state verified that the cluster is following and implementing the policy/regulatory requirements for this indicator correctly. The state staff met with each cluster to determine the root cause of the late starts. It was determined that it is due to provider availability in the areas of the state that the cluster serves. Indiana has many rural counties and most providers have limited availability in those areas (e.g. one day a week). If the family cannot accommodate the date offered by the provider, the next available time is offered. Sometimes, there is not a provider currently serving that area so the agency will have to try to identify personnel to fill the need. This sometimes requires recruiting new staff to meet the need which takes time.

The state takes specific actions to assist clusters when they do not reach compliance. Depending on the needs of the cluster, technical assistance is provided in person or virtually. Technical assistance is provided by trained staff with a focus on assisting clusters in developing Continuous Quality Improvement Plans (CQIPs) by facilitating stakeholder involvement through attendance at local and state meetings, providing training and detailed examples of quality, evidence-based plans and providing feedback as needed. Assistance is also provided to service coordinators regarding quality documentation of their visits with the families. Additional technical assistance is also offered through ongoing data analysis.

Through review of subsequent data, the state was able to verify that all children in each of these clusters did receive services written on the IFSP albeit after the 30 day timeline.

**FFY 2015**

**Findings of Noncompliance Verified as Corrected**

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

XXX

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

XXX

**FFY 2015**

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

**Actions taken if noncompliance not corrected**

According to memo 09-02, the state verified that the cluster is following and implementing the policy/regulatory requirements for this indicator correctly. The state staff met with each cluster to determine the root cause of the late starts. It was determined that it is due to provider availability in the areas of the state that the cluster serves. Indiana has many rural counties and most providers have limited availability in those areas (e.g. one day a week). If the family cannot accommodate the date offered by the provider, the next available time is offered. Sometimes, there is not a provider currently serving that area so the agency will have to try to identify personnel to fill the need. This sometimes requires recruiting new staff to meet the need which takes time.

The state takes specific actions to assist clusters when they do not reach compliance. Depending on the needs of the cluster, technical assistance is provided in person or virtually. Technical assistance is provided by trained staff with a focus on assisting clusters in developing Continuous Quality Improvement Plans (CQIPs) by facilitating stakeholder involvement through attendance at local and state meetings, providing training and detailed examples of quality, evidence-based plans and providing feedback as needed. Assistance is also provided to service coordinators regarding quality documentation of their visits with the families. Additional technical assistance is also offered through ongoing data analysis.

Through review of subsequent data, the state was able to verify that all children in each of these clusters did receive services written on the IFSP albeit after the 30 day timeline.

**Findings of Noncompliance Verified as Corrected**

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

XXX

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

XXX

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

**Actions taken if noncompliance not corrected**

XXX

**1 - Prior FFY Required Actions**

None

**Response to actions required in FFY 2017 SPP/APR**

**1 - OSEP Response**

**1 - Required Actions**

## 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 | 2005   | 97.60% |        |        |        |
|----------|--------|--------|--------|--------|--------|
| FFY      | 2013   | 2014   | 2015   | 2016   | 2017   |
| Target>= | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% |
| Data     | 98.77% | 97.31% | 99.16% | 99.25% | 95.83% |

### Targets

| FFY      | 2018   | 2019   |
|----------|--------|--------|
| Target>= | 95.00% | 95.00% |

### Targets: Description of Stakeholder Input

Indiana First Steps used a broad group of stakeholders to assist in setting targets for the SPP/APR. These stakeholders included: Indiana Interagency Coordinating Council (ICC) members, such as parents and representatives from state agencies, including:

- Department of Education
- Office of Special Education
- Department of Health Division of Family and Children
- Head Start
- Office of Medicaid Policy and Planning, etc.
- Cluster Local Planning and Coordinating Councils (LPCCs) and cluster System Points of Entry (SPOE)
- Service Providers
- Central Reimbursement Office (CRO)
- Quality Review-Focused Monitoring (QRFM) teams and state contractors for quality review, training and evaluation (Indiana Institute for Disability and Community at the Early Childhood Center at Indiana University)
- State staff from Family and Social Services Administration (FSSA), Bureau of Child Development Services (BCDS)

These groups provide a variety of feedback on state and SPOE data and procedures, as needed. These groups also assist the state in reviewing the data, identifying areas of concern and generating potential strategies for improvement.

ICC meetings were held quarterly in 2018 but changed to every other month in 2019 to discuss:

- State Performance Plan (SPP) and Indiana's progress in meeting the SPP targets
- FFY19 target setting (presented to the ICC at November 2019 meeting)
- Data for the FFY2018 APR along with past APR trend data (presented to the ICC at its bi-monthly (6 times a year) meeting in January 2020) the ICC completed its final review of the FFY2018 APR and recommended it be submitted to OSEP

### Prepopulated Data

| Source   | Date       | Description   | Data   |
|--|------------|---|--------|
| SY 2018-19 Child Count/Educational Environment Data Groups | 07/10/2019 | Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings | 11,219 |
| SY 2018-19 Child Count/Educational Environment Data Groups | 07/10/2019 | Total number of infants and toddlers with IFSPs   | 11,323 |

### FFY 2018 SPP/APR Data



| Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings | Total number of Infants and toddlers with IFSPs | FFY 2017 Data | FFY 2018 Target | FFY 2018 Data | Status     | Slippage    |
|---|---|---------------|-----------------|---------------|------------|-------------|
| 11,219  | 11,323  | 95.83%        | 95.00%          | 99.08%        | Met Target | No Slippage |

**Provide reasons for slippage, if applicable**

XXX

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

In Indiana, natural environment information is captured by the Central Reimbursement Office (CRO) through provider claims that require a location code for all services provided. The IFSP team is responsible for determining where the eligible child will receive services. If the natural environment is determined to not be the best location, the IFSP team must write a justification as part of the IFSP to address why services will not occur in the natural environment and what options were considered. A planned timeline must be also present on how the team plans to transition the child to the natural environment. All of this documentation is part of the child's IFSP.

**2 - Prior FFY Required Actions**

None

**Response to actions required in FFY 2017 SPP/APR**

**2 - OSEP Response**

**2 - Required Actions**

## Indicator 3: Early Childhood Outcomes

### Instructions and Measurement

**Monitoring Priority:** Early Intervention Services In Natural Environments

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

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

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

#### Data Source

State selected data source.

#### Measurement

Outcomes:

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

Progress categories for A, B and C:

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

Summary Statements for Each of the Three Outcomes:

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

#### Measurement for Summary Statement 1:

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

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

#### Measurement for Summary Statement 2:

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

### Instructions

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

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

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

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

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

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

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

If the State's Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or "at-risk infants and toddlers") under IDEA section 632(5)(B)(i), the State must report data in two ways. First, it must report on all eligible children but exclude its at-risk infants and toddlers (i.e., include just those infants and toddlers experiencing developmental delay (or "developmentally delayed children") or having a diagnosed physical or mental condition that has a high probability of resulting in developmental delay (or "children with diagnosed conditions")). Second, the State must separately report outcome data on either: (1) just its at-risk infants and toddlers; or (2) aggregated performance data on all of the infants and toddlers it serves under Part C (including developmentally delayed children, children with diagnosed conditions, and at-risk infants and toddlers).

### 3 - Indicator Data

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

NO

#### Targets: Description of Stakeholder Input

Indiana First Steps used a broad group of stakeholders to assist in setting targets for the SPP/APR. These stakeholders included: Indiana Interagency Coordinating Council (ICC) members, such as parents and representatives from state agencies, including:

- Department of Education
- Office of Special Education
- Department of Health Division of Family and Children
- Head Start
- Office of Medicaid Policy and Planning, etc.
- Cluster Local Planning and Coordinating Councils (LPCCs) and cluster System Points of Entry (SPOE)
- Service Providers
- Central Reimbursement Office (CRO)
- Quality Review-Focused Monitoring (QRFM) teams and state contractors for quality review, training and evaluation (Indiana Institute for Disability and Community at the Early Childhood Center at Indiana University)
- State staff from Family and Social Services Administration (FSSA), Bureau of Child Development Services (BCDS)

These groups provide a variety of feedback on state and SPOE data and procedures, as needed. These groups also assist the state in reviewing the data, identifying areas of concern and generating potential strategies for improvement.

ICC meetings were held quarterly in 2018 but changed to every other month in 2019 to discuss:

- State Performance Plan (SPP) and Indiana's progress in meeting the SPP targets
- FFY19 target setting (presented to the ICC at November 2019 meeting)
- Data for the FFY2018 APR along with past APR trend data (presented to the ICC at its bi-monthly (6 times a year) meeting in January 2020) the ICC completed its final review of the FFY2018 APR and recommended it be submitted to OSEP

#### Historical Data

|    | Baseline | FFY      | 2013   | 2014   | 2015   | 2016   | 2017   |
|----|----------|----------|--------|--------|--------|--------|--------|
| A1 | 2008     | Target>= | 55.00% | 55.00% | 55.00% | 55.00% | 55.00% |
| A1 | 51.70%   | Data     | 53.91% | 53.88% | 55.88% | 53.56% | 56.23% |
| A2 | 2008     | Target>= | 57.00% | 57.00% | 57.00% | 57.00% | 57.00% |
| A2 | 49.90%   | Data     | 56.42% | 61.08% | 62.67% | 61.09% | 59.29% |
| B1 | 2008     | Target>= | 55.00% | 55.00% | 56.00% | 56.00% | 56.00% |
| B1 | 56.30%   | Data     | 51.64% | 51.37% | 58.10% | 55.11% | 56.77% |
| B2 | 2008     | Target>= | 72.00% | 72.00% | 72.00% | 72.00% | 72.00% |
| B2 | 68.50%   | Data     | 71.91% | 73.54% | 76.20% | 74.50% | 73.06% |
| C1 | 2008     | Target>= | 55.00% | 55.00% | 55.00% | 55.00% | 55.00% |
| C1 | 53.80%   | Data     | 50.25% | 49.56% | 49.94% | 50.11% | 52.47% |
| C2 | 2008     | Target>= | 67.00% | 67.00% | 67.00% | 67.00% | 67.00% |
| C2 | 61.70%   | Data     | 66.55% | 67.71% | 68.16% | 66.57% | 64.46% |

#### Targets

| FFY         | 2018   | 2019   |
|-------------|--------|--------|
| Target A1>= | 55.00% | 55.00% |
| Target A2>= | 57.00% | 57.00% |
| Target B1>= | 57.00% | 57.00% |
| Target B2>= | 72.00% | 72.00% |
| Target C1>= | 55.00% | 55.00% |
| Target C2>= | 67.00% | 67.00% |

#### FFY 2018 SPP/APR Data

Number of infants and toddlers with IFSPs assessed

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

|   | Number of children | Percentage of Total |
|---|--------------------|---------------------|
| a. Infants and toddlers who did not improve functioning   | 30                 | 1.16%               |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 842                | 32.56%              |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it                      | 190                | 7.35%               |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers                                 | 960                | 37.12%              |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers                                     | 564                | 21.81%              |

|  | Numerator | Denominator | FFY 2017 Data | FFY 2018 Target | FFY 2018 Data | Status     | Slippage    |
|--|-----------|-------------|---------------|-----------------|---------------|------------|-------------|
| A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 1,150     | 2,022       | 56.23%        | 55.00%          | 56.87%        | 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   | 1,524     | 2,586       | 59.29%        | 57.00%          | 58.93%        | Met Target | No Slippage |

**Provide reasons for A1 slippage, if applicable**

XXX

**Provide reasons for A2 slippage, if applicable**

XXX

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

|   | Number of Children | Percentage of Total |
|---|--------------------|---------------------|
| a. Infants and toddlers who did not improve functioning   | 24                 | 0.93%               |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 517                | 19.99%              |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it                      | 161                | 6.23%               |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers                                 | 575                | 22.24%              |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers                                     | 1,309              | 50.62%              |

|  | Numerator | Denominator | FFY 2017 Data | FFY 2018 Target | FFY 2018 Data | Status     | Slippage    |
|--|-----------|-------------|---------------|-----------------|---------------|------------|-------------|
| B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 736       | 1,277       | 56.77%        | 57.00%          | 57.64%        | 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   | 1,884     | 2,586       | 73.06%        | 72.00%          | 72.85%        | Met Target | No Slippage |

**Provide reasons for B1 slippage, if applicable**

XXX

**Provide reasons for B2 slippage, if applicable**

XXX

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

|   | Number of Children | Percentage of Total |
|---|--------------------|---------------------|
| a. Infants and toddlers who did not improve functioning   | 30                 | 1.16%               |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 704                | 27.22%              |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it                      | 167                | 6.46%               |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers                                 | 702                | 27.15%              |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers                                     | 983                | 38.01%              |

|  | Numerator | Denominator | FFY 2017 Data | FFY 2018 Target | FFY 2018 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 | 869       | 1,603       | 52.47%        | 55.00%          | 54.21%        | Did Not Meet Target | No 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   | 1,685     | 2,586       | 64.46%        | 67.00%          | 65.16%        | Did Not Meet Target | No Slippage |

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

XXX

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

XXX

**Will your separate report be just the at-risk infants and toddlers or aggregated performance data on all of the infants and toddlers it serves under Part C?**

XXX

**Historical Data**

|              | Baseline | FFY      | 2013 | 2014 | 2015 | 2016 | 2017 |
|--------------|----------|----------|------|------|------|------|------|
| <b>A1</b>    | XXX      | Target>= | XXX  | XXX  | XXX  | XXX  | XXX  |
| <b>A1</b>    | XXX      | Data     | XXX  | XXX  | XXX  | XXX  | XXX  |
| <b>A1 AR</b> | XXX      | Target>= | XXX  | XXX  | XXX  | XXX  | XXX  |
| <b>A1 AR</b> | XXX      | Data     | XXX  | XXX  | XXX  | XXX  | XXX  |
| <b>A2</b>    | XXX      | Target>= | XXX  | XXX  | XXX  | XXX  | XXX  |
| <b>A2</b>    | XXX      | Data     | XXX  | XXX  | XXX  | XXX  | XXX  |
| <b>A2 AR</b> | XXX      | Target>= | XXX  | XXX  | XXX  | XXX  | XXX  |
| <b>A2 AR</b> | XXX      | Data     | XXX  | XXX  | XXX  | XXX  | XXX  |
| <b>B1</b>    | XXX      | Target>= | XXX  | XXX  | XXX  | XXX  | XXX  |
| <b>B1</b>    | XXX      | Data     | XXX  | XXX  | XXX  | XXX  | XXX  |

|              |     |           |     |     |     |     |     |
|--------------|-----|-----------|-----|-----|-----|-----|-----|
| <b>B1 AR</b> | XXX | Target >= | XXX | XXX | XXX | XXX | XXX |
| <b>B1 AR</b> | XXX | Data      | XXX | XXX | XXX | XXX | XXX |
| <b>B2</b>    | XXX | Target >= | XXX | XXX | XXX | XXX | XXX |
| <b>B2</b>    | XXX | Data      | XXX | XXX | XXX | XXX | XXX |
| <b>B2 AR</b> | XXX | Target >= | XXX | XXX | XXX | XXX | XXX |
| <b>B2 AR</b> | XXX | Data      | XXX | XXX | XXX | XXX | XXX |
| <b>C1</b>    | XXX | Target >= | XXX | XXX | XXX | XXX | XXX |
| <b>C1</b>    | XXX | Data      | XXX | XXX | XXX | XXX | XXX |
| <b>C1 AR</b> | XXX | Target >= | XXX | XXX | XXX | XXX | XXX |
| <b>C1 AR</b> | XXX | Data      | XXX | XXX | XXX | XXX | XXX |
| <b>C2</b>    | XXX | Target >= | XXX | XXX | XXX | XXX | XXX |
| <b>C2</b>    | XXX | Data      | XXX | XXX | XXX | XXX | XXX |
| <b>C2 AR</b> | XXX | Target >= | XXX | XXX | XXX | XXX | XXX |
| <b>C2 AR</b> | XXX | Data      | XXX | XXX | XXX | XXX | XXX |

**Targets**

| FFY          | 2018 | 2019 |
|--------------|------|------|
| Target A1 >= | XXX  | XXX  |
| A1 AR        | XXX  |      |
| Target A2 >= | XXX  | XXX  |
| A2 AR        | XXX  | XXX  |
| Target B1 >= | XXX  | XXX  |
| B1 AR        | XXX  | XXX  |
| Target B2 >= | XXX  | XXX  |
| B2 AR        | XXX  | XXX  |
| Target C1 >= | XXX  | XXX  |
| C1 AR        | XXX  | XXX  |
| Target C2 >= | XXX  | XXX  |
| C2 AR        | XXX  | XXX  |

**FFY 2018 SPP/APR Data**

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

XXX

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

| Not including at-risk infants and toddlers  | Number of children | Percentage of Total |
|---|--------------------|---------------------|
| a. Infants and toddlers who did not improve functioning   | XXX                | XXX                 |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | XXX                | XXX                 |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it                      | XXX                | XXX                 |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers                                 | XXX                | XXX                 |

| Not including at-risk infants and toddlers  | Number of children | Percentage of Total |
|---|--------------------|---------------------|
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | XXX                | XXX                 |

| Just at-risk infants and toddlers/All infants and toddlers  | Number of children | Percentage of Total |
|---|--------------------|---------------------|
| a. Infants and toddlers who did not improve functioning   | XXX                | XXX                 |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | XXX                | XXX                 |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it                      | XXX                | XXX                 |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers                                 | XXX                | XXX                 |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers                                     | XXX                | XXX                 |

| Not including at-risk infants and toddlers   | Numerator | Denominator | FFY 2017 Data | FFY 2018 Target | FFY 2018 Data | Status | Slippage |
|--|-----------|-------------|---------------|-----------------|---------------|--------|----------|
| A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | XXX       | XXX         | XXX           | XXX             | XXX           | XXX    | XXX      |
| 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   | XXX       | XXX         | XXX           | XXX             | XXX           | XXX    | XXX      |

Provide reasons for A1 slippage, if applicable

XXX

Provide reasons for A2 slippage, if applicable

XXX

| Just at-risk infants and toddlers/All infants and toddlers   | Numerator | Denominator | FFY 2017 Data | FFY 2018 Target | FFY 2018 Data | Status | Slippage |
|--|-----------|-------------|---------------|-----------------|---------------|--------|----------|
| A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | XXX       | XXX         | XXX           | XXX             | XXX           | XXX    | XXX      |
| 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   | XXX       | XXX         | XXX           | XXX             | XXX           | XXX    | XXX      |

Provide reasons for A1 AR/ALL slippage, if applicable

XXX

Provide reasons for A2 AR/ALL slippage, if applicable

XXX

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

| Not including at-risk infants and toddlers              | Number of Children | Percentage of Total |
|---|--------------------|---------------------|
| a. Infants and toddlers who did not improve functioning | XXX                | XXX                 |

| <b>Not including at-risk infants and toddlers</b>   | <b>Number of Children</b> | <b>Percentage of Total</b> |
|---|---------------------------|----------------------------|
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | XXX                       | XXX                        |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it                      | XXX                       | XXX                        |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers                                 | XXX                       | XXX                        |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers                                     | XXX                       | XXX                        |

| <b>Just at-risk infants and toddlers/All infants and toddlers</b>   | <b>Number of Children</b> | <b>Percentage of Total</b> |
|---|---------------------------|----------------------------|
| a. Infants and toddlers who did not improve functioning   | XXX                       | XXX                        |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | XXX                       | XXX                        |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it                      | XXX                       | XXX                        |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers                                 | XXX                       | XXX                        |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers                                     | XXX                       | XXX                        |

| <b>Not including at-risk infants and toddlers</b>  | <b>Numerator</b> | <b>Denominator</b> | <b>FFY 2017 Data</b> | <b>FFY 2018 Target</b> | <b>FFY 2018 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 | XXX              | XXX                | XXX                  | XXX                    | XXX                  | XXX           | XXX             |
| 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   | XXX              | XXX                | XXX                  | XXX                    | XXX                  | XXX           | XXX             |

**Provide reasons for B1 slippage, if applicable**

XXX

**Provide reasons for B2 slippage, if applicable**

XXX

| <b>Just at-risk infants and toddlers/All infants and toddlers</b>  | <b>Numerator</b> | <b>Denominator</b> | <b>FFY 2017 Data</b> | <b>FFY 2018 Target</b> | <b>FFY 2018 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 | XXX              | XXX                | XXX                  | XXX                    | XXX                  | XXX           | XXX             |
| 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   | XXX              | XXX                | XXX                  | XXX                    | XXX                  | XXX           | XXX             |

**Provide reasons for B1 AR/ALL slippage, if applicable**

XXX

**Provide reasons for B2 AR/ALL slippage, if applicable**



XXX

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

| <b>Not including at-risk infants and toddlers</b>   | <b>Number of Children</b> | <b>Percentage of Total</b> |
|---|---------------------------|----------------------------|
| a. Infants and toddlers who did not improve functioning   | XXX                       | XXX                        |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | XXX                       | XXX                        |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it                      | XXX                       | XXX                        |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers                                 | XXX                       | XXX                        |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers                                     | XXX                       | XXX                        |

| <b>Just at-risk infants and toddlers/All infants and toddlers</b>   | <b>Number of Children</b> | <b>Percentage of Total</b> |
|---|---------------------------|----------------------------|
| a. Infants and toddlers who did not improve functioning   | XXX                       | XXX                        |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | XXX                       | XXX                        |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it                      | XXX                       | XXX                        |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers                                 | XXX                       | XXX                        |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers                                     | XXX                       | XXX                        |

| <b>Not including at-risk infants and toddlers</b>  | <b>Numerator</b> | <b>Denominator</b> | <b>FFY 2017 Data</b> | <b>FFY 2018 Target</b> | <b>FFY 2018 Data</b> | <b>Status</b> | <b>Slippage</b> |
|--|------------------|--------------------|----------------------|------------------------|----------------------|---------------|-----------------|
| 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 | XXX              | XXX                | XXX                  | XXX                    | XXX                  | XXX           | XXX             |
| 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   | XXX              | XXX                | XXX                  | XXX                    | XXX                  | XXX           | XXX             |

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

XXX

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

XXX

| <b>Just at-risk infants and toddlers/All infants and toddlers</b>  | <b>Numerator</b> | <b>Denominator</b> | <b>FFY 2017 Data</b> | <b>FFY 2018 Target</b> | <b>FFY 2018 Data</b> | <b>Status</b> | <b>Slippage</b> |
|--|------------------|--------------------|----------------------|------------------------|----------------------|---------------|-----------------|
| 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 | XXX              | XXX                | XXX                  | XXX                    | XXX                  | XXX           | XXX             |
| 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   | XXX              | XXX                | XXX                  | XXX                    | XXX                  | XXX           | XXX             |

Provide reasons for C1 AR/ALL slippage, if applicable

XXX

Provide reasons for C2 AR/ALL slippage, if applicable

XXX

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

|   |        |
|---|--------|
| 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    | 10,770 |
| 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. | 935    |

|  | Yes / No |
|--|----------|
| Was sampling used?                                     | NO       |
| Has your previously-approved sampling plan changed?    |          |
| If the plan has changed, please provide sampling plan. |          |

Describe the sampling methodology outlining how the design will yield valid and reliable estimates.

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

NO

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

Indiana's Part C program employs the Assessment, Evaluation, and Program System for Infants and Children (AEPS) to determine children's eligibility and developmental status in relation to 'same-aged peers.' At exit, the child's ongoing service providers compile progress data on the AEPS skills using a checklist and provide this data to an Assessment Team member for final scoring on the AEPS. The Assessment Team uses the checklist to determine scoring of the AEPS. Only Assessment Team members with extensive training on the AEPS may compute final scores in the form of standard deviations below the mean (0, -1., -1.5, and -2.0). If a child shows no developmental delays on the AEPS (zero or no standard deviations), then the child's status is defined as 'comparable to same-aged peers.'

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

The AEPS is administered by a multidisciplinary Assessment Team at entrance into Part C to determine eligibility and initial developmental status; at exit, the child's ongoing service provider(s) compile progress data on AEPS skills and provide this data to an Assessment Team member for final scoring on the AEPS. The state developed a standard data collection tool for recording children's progress upon exit. All ongoing service providers are asked to complete this Exit Skills Checklist within the child's final month of service. The Assessment Team uses this checklist to determine scoring of the AEPS. Only Assessment Team members with extensive training on the AEPS may compute final scores in the form of standard deviations below the mean (0, -1., -1.5, and -2.0). If a child shows no developmental delays on the AEPS (zero or no standard deviations), then the child's status is defined as 'comparable to same-aged peers.' This instrument and procedures are still in place for FFY18. Three domains of the AEPS are associated with each of the three federal outcomes:

Outcome 1 - Social/Emotional domain

Outcome 2 - Cognitive domain

Outcome 3 - Adaptive domain

Provide additional information about this indicator (optional)

See attachment called "Child Outcomes Demographic Data"

### 3 - Prior FFY Required Actions

None

Response to actions required in FFY 2017 SPP/APR

### 3 - OSEP Response

### 3 - Required Actions

## Indicator 4: Family Involvement

### Instructions and Measurement

**Monitoring Priority:** Early Intervention Services In Natural Environments

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

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

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

#### Data Source

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

#### Measurement

A. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family know their rights) divided by the (# of respondent families participating in Part C)] times 100.

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

C. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn) divided by the (# of respondent families participating in Part C)] times 100.

#### Instructions

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

Provide the actual numbers used in the calculation.

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

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

Report the number of families to whom the surveys were distributed.

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

If the analysis shows that the demographics of the families responding are not representative of the demographics of infants, toddlers, and families enrolled 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.

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

## 4 - Indicator Data

### Historical Data

|   | Baseline | FFY       | 2013   | 2014   | 2015   | 2016   | 2017   |
|---|----------|-----------|--------|--------|--------|--------|--------|
| A | 2004     | Target >= | 97.00% | 97.00% | 97.00% | 98.00% | 99.00% |
| A | 99.90%   | Data      | 96.44% | 96.54% | 96.62% | 96.84% | 98.67% |
| B | 2004     | Target >= | 97.00% | 97.00% | 97.00% | 98.00% | 99.00% |
| B | 99.90%   | Data      | 96.22% | 96.29% | 95.96% | 96.73% | 98.60% |
| C | 2004     | Target >= | 95.00% | 95.00% | 96.00% | 96.00% | 96.00% |
| C | 95.50%   | Data      | 94.22% | 94.75% | 94.57% | 94.80% | 98.58% |

### Targets

| FFY         | 2018    | 2019    |
|-------------|---------|---------|
| Target A >= | 100.00% | 100.00% |
| Target B >= | 100.00% | 100.00% |
| Target C >= | 96.00%  | 96.00%  |

### Targets: Description of Stakeholder Input

Indiana First Steps used a broad group of stakeholders to assist in setting targets for the SPP/APR. These stakeholders included:

Indiana Interagency Coordinating Council (ICC) members, such as parents and representatives from state agencies, including:

- Department of Education
- Office of Special Education
- Department of Health Division of Family and Children
- Head Start

- Office of Medicaid Policy and Planning, etc.
- Cluster Local Planning and Coordinating Councils (LPCCs) and cluster System Points of Entry (SPOE)
- Service Providers
- Central Reimbursement Office (CRO)
- Quality Review-Focused Monitoring (QRFM) teams and state contractors for quality review, training and evaluation (Indiana Institute for Disability and Community at the Early Childhood Center at Indiana University)
- State staff from Family and Social Services Administration (FSSA), Bureau of Child Development Services (BCDS)

These groups provide a variety of feedback on state and SPOE data and procedures, as needed. These groups also assist the state in reviewing the data, identifying areas of concern and generating potential strategies for improvement.

ICC meetings were held quarterly in 2018 but changed to every other month in 2019 to discuss:

- State Performance Plan (SPP) and Indiana's progress in meeting the SPP targets
- FFY19 target setting (presented to the ICC at November 2019 meeting)
- Data for the FFY2018 APR along with past APR trend data (presented to the ICC at its bi-monthly (6 times a year) meeting in January 2020) the ICC completed its final review of the FFY2018 APR and recommended it be submitted to OSEP

**FFY 2018 SPP/APR Data**

|   |       |
|---|-------|
| The number of families to whom surveys were distributed   | 8,648 |
| Number of respondent families participating in Part C   | 5,233 |
| A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights                              | 5,045 |
| A2. Number of responses to the question of whether early intervention services have helped the family know their rights   | 5,205 |
| 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 | 5,042 |
| B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs                        | 5,205 |
| 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          | 4,961 |
| C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn                                 | 5,206 |

|   | FFY 2017 Data | FFY 2018 Target | FFY 2018 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)                              | 98.67%        | 100.00%         | 96.93%        | Did Not Meet Target | Slippage |
| B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2) | 98.60%        | 100.00%         | 96.87%        | Did Not Meet Target | Slippage |
| C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)          | 98.58%        | 96.00%          | 95.29%        | Did Not Meet Target | Slippage |

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

The target of 100%, while ideal, is unrealistic. Indiana had a drop in family response rate during FFY18. The response rate for FFY18 was 60.4%. The response rate for FFY17 was roughly 72%. This is most likely a contributing factor as to why the state had slippage. Families are given the opportunity to complete the survey electronically (using a tablet) or on paper during the last visit with the service coordinator. If the family does not complete the survey during the last meeting, the service coordinator may mail/email a copy to return or call and ask the questions over the phone. Indiana is also looking at when the family outcome topics are being discussed with the family. Many clusters are now asking about these things during each interaction with the family whether it be in person or over the phone but only completing the survey during the last visit with the family.

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

The target of 100%, while ideal, is unrealistic. Indiana had a drop in family response rate during FFY18. The response rate for FFY18 was 60.4%. The response rate for FFY17 was roughly 72%. This is most likely a contributing factor as to why the state had slippage. Currently, Indiana does not have a target for this indicator. It should be also noted that 664 families declined to participate in the survey and 1,023 families were not given the opportunity to complete the survey. An additional 673 families declined to complete the survey when asked by the service coordinator.

The State First Steps office is also looking into how the information is gathered from families. Families are given the opportunity to complete the survey

electronically (using a tablet) or on paper during the last visit with the service coordinator. If the family does not complete the survey during the last meeting, the service coordinator may mail/email a copy to return or call and ask the questions over the phone. 1,665 families did not respond to the survey. Indiana is also looking at when family outcomes topics are being discussed. Many clusters are now asking about these things during each interaction with the family whether it be in person or over the phone but only completing the survey during the last visit with the family.

Other reasons for not completing the survey:

1,679 could not be reached or did not respond  
50 families moved

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

Indiana had a drop in family response rate during FFY18. The response rate for FFY18 was 60.4%. The response rate for FFY17 was roughly 72%. This is most likely a contributing factor as to why the state had slippage. Currently Indiana does not have a target for this indicator. It should be also noted that 664 families declined to participate in the survey and 1,023 families were not given the opportunity to complete the survey. An additional 673 families declined to complete the survey when asked by the service coordinator.

The State First Steps office is also looking into how the information is gathered from families. Families are given the opportunity to complete the survey electronically (using a tablet) or on paper during the last visit with the service coordinator. If the family does not complete the survey during the last meeting, the service coordinator may mail/email a copy to return or call and ask the questions over the phone. 1,665 families did not respond to the survey. Indiana is also looking at when family outcomes topics are being discussed. Many clusters are now asking about these things during each interaction with the family whether it be in person or over the phone but only completing the survey during the last visit with the family.

Other reasons for not completing the survey:

1,679 could not be reached or did not respond  
50 families moved

|   | Yes / No |
|---|----------|
| Was sampling used?  | NO       |
| If yes, has your previously-approved sampling plan changed? |          |
| If the plan has changed, please provide the sampling plan.  |          |

**Describe the sampling methodology outlining how the design will yield valid and reliable estimates.**

|   | Yes / No |
|---|----------|
| Was a collection tool used?   | YES      |
| If yes, is it a new or revised collection tool?   | NO       |
| If your collection tool has changed, upload it here   | XXX      |
| The demographics of the families responding are representative of the demographics of infants, toddlers, and families enrolled in the Part C program. | YES      |

**If not, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.**

**Include the State's analysis of the extent to which the demographics of the families responding are representative of the demographics of infants, toddlers, and families enrolled in the Part C program.**

See attachment called "Family Outcome Demographic Data"

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

**4 - Prior FFY Required Actions**

None

Response to actions required in FFY 2017 SPP/APR

**4 - OSEP Response**

**4 - Required Actions**

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

### Instructions and Measurement

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

**Results indicator:** Percent of infants and toddlers birth to 1 with IFSPs compared to national data. (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 EDFacts 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 and compare the results to the target and to national data. 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  | 2005  | 1.40% |       |       |       |
|-----------|-------|-------|-------|-------|-------|
| FFY       | 2013  | 2014  | 2015  | 2016  | 2017  |
| Target >= | 1.56% | 1.56% | 1.56% | 1.57% | 1.57% |
| Data      | 1.22% | 1.27% | 1.36% | 1.33% | 1.42% |

### Targets

| FFY       | 2018  | 2019  |
|-----------|-------|-------|
| Target >= | 1.57% | 1.57% |

### Targets: Description of Stakeholder Input

Indiana First Steps used a broad group of stakeholders to assist in setting targets for the SPP/APR. These stakeholders included: Indiana Interagency Coordinating Council (ICC) members, such as parents and representatives from state agencies, including:

- Department of Education
- Office of Special Education
- Department of Health Division of Family and Children
- Head Start
- Office of Medicaid Policy and Planning, etc.
- Cluster Local Planning and Coordinating Councils (LPCCs) and cluster System Points of Entry (SPOE)
- Service Providers
- Central Reimbursement Office (CRO)
- Quality Review-Focused Monitoring (QRFM) teams and state contractors for quality review, training and evaluation (Indiana Institute for Disability and Community at the Early Childhood Center at Indiana University)
- State staff from Family and Social Services Administration (FSSA), Bureau of Child Development Services (BCDS)

These groups provide a variety of feedback on state and SPOE data and procedures, as needed. These groups also assist the state in reviewing the data, identifying areas of concern and generating potential strategies for improvement.

ICC meetings were held quarterly in 2018 but changed to every other month in 2019 to discuss:

- State Performance Plan (SPP) and Indiana's progress in meeting the SPP targets
- FFY19 target setting (presented to the ICC at November 2019 meeting)
- Data for the FFY2018 APR along with past APR trend data (presented to the ICC at its bi-monthly (6 times a year) meeting in January 2020) the ICC completed its final review of the FFY2018 APR and recommended it be submitted to OSEP

### Prepopulated Data

| Source  | Date       | Description  | Data   |
|---|------------|--|--------|
| SY 2018-19 Child Count/Educational Environment Data Groups  | 07/10/2019 | Number of infants and toddlers birth to 1 with IFSPs | 1,311  |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin | 06/20/2019 | Population of infants and toddlers birth to 1        | 80,539 |

### FFY 2018 SPP/APR Data

| Number of infants and toddlers birth to 1 with IFSPs | Population of infants and toddlers birth to 1 | FFY 2017 Data | FFY 2018 Target | FFY 2018 Data | Status     | Slippage    |
|--|---|---------------|-----------------|---------------|------------|-------------|
| 1,311  | 80,539  | 1.42%         | 1.57%           | 1.63%         | Met Target | No Slippage |

**Provide reasons for slippage, if applicable**

XXX

**Compare your results to the national data**

Indiana meet the target of 1.57% for this indicator. Indiana is above the national average of 1.25% according to the 2018 National Child Count Data charts.

In the past, Indiana has struggled with referring and enrolling children into the Part C program under the age of 12 months. Certain parts of the state, specifically rural counties have struggled with the birth to one population the most. While SPOEs continue to work with NICUs and physicians around the state to refer this population to First Steps this remains an issue. The SPOEs continue to educate NICU staff, physicians, parents, and childcare staff about the importance of early referrals to First Steps. Indiana will continue to target infants and their families through current and new referral sources throughout the state in an attempt to enroll eligible infants into the program before 12 months of age.

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

**5 - Prior FFY Required Actions**

None

Response to actions required in FFY 2017 SPP/APR

**5 - OSEP Response**

**5 - Required Actions**

## Indicator 6: Child Find (Birth to Three)

### Instructions and Measurement

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

**Results indicator:** Percent of infants and toddlers birth to 3 with IFSPs compared to national data. (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 EDFacts 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 and compare the results to the target and to national data. 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  | 2005  | 3.83% |       |       |       |
|-----------|-------|-------|-------|-------|-------|
| FFY       | 2013  | 2014  | 2015  | 2016  | 2017  |
| Target >= | 3.83% | 3.83% | 3.83% | 3.84% | 3.84% |
| Data      | 3.64% | 3.79% | 3.89% | 4.09% | 4.09% |

#### Targets

| FFY       | 2018  | 2019  |
|-----------|-------|-------|
| Target >= | 3.84% | 3.84% |

#### Targets: Description of Stakeholder Input

Indiana First Steps used a broad group of stakeholders to assist in setting targets for the SPP/APR. These stakeholders included: Indiana Interagency Coordinating Council (ICC) members, such as parents and representatives from state agencies, including:

- Department of Education
- Office of Special Education
- Department of Health Division of Family and Children
- Head Start
- Office of Medicaid Policy and Planning, etc.
- Cluster Local Planning and Coordinating Councils (LPCCs) and cluster System Points of Entry (SPOE)
- Service Providers
- Central Reimbursement Office (CRO)
- Quality Review-Focused Monitoring (QRFM) teams and state contractors for quality review, training and evaluation (Indiana Institute for Disability and Community at the Early Childhood Center at Indiana University)
- State staff from Family and Social Services Administration (FSSA), Bureau of Child Development Services (BCDS)

These groups provide a variety of feedback on state and SPOE data and procedures, as needed. These groups also assist the state in reviewing the data, identifying areas of concern and generating potential strategies for improvement.

ICC meetings were held quarterly in 2018 but changed to every other month in 2019 to discuss:

- State Performance Plan (SPP) and Indiana's progress in meeting the SPP targets
- FFY19 target setting (presented to the ICC at November 2019 meeting)
- Data for the FFY2018 APR along with past APR trend data (presented to the ICC at its bi-monthly (6 times a year) meeting in January 2020) the ICC completed its final review of the FFY2018 APR and recommended it be submitted to OSEP

#### Prepopulated Data

| Source  | Date       | Description  | Data    |
|---|------------|--|---------|
| SY 2018-19 Child Count/Educational Environment Data Groups  | 07/10/2019 | Number of infants and toddlers birth to 3 with IFSPs | 11,323  |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin | 06/20/2019 | Population of infants and toddlers birth to 3        | 247,301 |

#### FFY 2018 SPP/APR Data

| Number of infants and toddlers birth to 3 with IFSPs | Population of infants and toddlers birth to 3 | FFY 2017 Data | FFY 2018 Target | FFY 2018 Data | Status     | Slippage    |
|--|---|---------------|-----------------|---------------|------------|-------------|
| 11,323   | 247,301                                       | 4.09%         | 3.84%           | 4.58%         | Met Target | No Slippage |



**Provide reasons for slippage, if applicable**

XXX

**Compare your results to the national data**

Indiana met the target of 3.84% for this indicator. Indiana is above the national average of 3.48% according to the 2018 National Child Count Data charts. Indiana continues to meet the needs of children under the age of three. The state continues to pursue new referral sources and encourage current sources to refer children to the Part C program to ensure all children under three, who are eligible for Part C receive the services they need.

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

**6 - Prior FFY Required Actions**

None

Response to actions required in FFY 2017 SPP/APR

**6 - OSEP Response**

**6 - Required Actions**

## Indicator 7: 45-Day Timeline

### Instructions and Measurement

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

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

#### Data Source

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

#### Measurement

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

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

#### Instructions

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

Targets must be 100%.

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2018 SPP/APR, the data for FFY 2017), 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 | 2005   | 99.62% |        |        |        |
|----------|--------|--------|--------|--------|--------|
| FFY      | 2013   | 2014   | 2015   | 2016   | 2017   |
| Target   | 100%   | 100%   | 100%   | 100%   | 100%   |
| Data     | 97.60% | 97.01% | 96.64% | 99.07% | 98.67% |

### Targets

| FFY    | 2018 | 2019 |
|--------|------|------|
| Target | 100% | 100% |

### FFY 2018 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 2017 Data | FFY 2018 Target | FFY 2018 Data | Status              | Slippage |
|--|--|---------------|-----------------|---------------|---------------------|----------|
| 11,263   | 12,206   | 98.67%        | 100%            | 94.36%        | Did Not Meet Target | Slippage |

### Provide reasons for slippage, if applicable

Indiana continues to see an increase in the number of referrals going through the IFSP process. From FFY17 to FFY18, referrals increased by 4.5%.

Looking at Indiana's trend data, from FFY15 to FFY18:

- Referrals increased from 25,820 (FFY15) to 30,091 (FFY18), 16.5% increase
- Annual Count of Children with IFSP increased from 19,623 (FFY15) to 22,964 (FFY18), 17% increase

The slippage will be addressed at the state/local level to evaluate what each SPOE can do to improve the number of families meeting the 45 day timeline. Regular meetings are held between State First Steps staff and SPOE directors where issues like this are addressed on an ongoing basis.

One of the measures Indiana state legislation took, that went into effect on July 1, 2019, was an increase of state funding for the Part C program increasing the annual appropriation by \$6.6 million and stated 50% be directed to provider agencies to support a rate increase and 40% to the System

Points of Entry (SPOE) to support hiring new service coordinators to decrease staff caseloads. The remaining 10% of funds are to be used for infrastructure for the program at the state level. It is the hope of First Steps that the increase in provider rates will entice new providers to enroll in the system and encourage providers who have left the system to return and offer services to infants and toddlers and their families.

**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.

255

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

State monitoring

**Describe the method used to select EIS programs for monitoring.**

In Indiana, every child proceeding to evaluation/assessment receives a comprehensive developmental assessment by an Assessment Team (AT), a multidisciplinary team representing at least two professional disciplines. In addition to information received from the medical home, family interview and the multidisciplinary team, every child is assessed using the Assessment, Evaluation and Programming System (AEPS®). Additional observations and tests are performed as needed and appropriate. Once the AT initial evaluation and assessment is completed, the information is sent to the Service Coordinator who contacts the family. Based on evaluation/assessment results and recommendations of the AT, the family makes a choice to proceed to an eligibility meeting or to decline to proceed. If the family chooses to proceed, the eligibility meeting is scheduled. Once the IFSP team determines that the child is eligible, the IFSP can be developed.

In the event IFSP development exceeds the 45-day timeline, the SPOE must submit a "Delay of IFSP" form. This form provides information about why the initial 45-day timeline was not met. The parent signs this form indicating that they have been informed of their rights and procedural safeguards and understand that the IFSP exceeded the 45-day timeline. The parent's signature also indicates that they are in agreement with the delay of IFSP reason stated on the form. The "Delay of IFSP" form and the clinical documentation become part of the child's early intervention record.

In order to monitor IFSP timelines, a quality review process has been developed to examine every instance for which the IFSP exceeds the 45-day timeline. All late IFSP documentation is sent to the state monthly. State staff reviews this information and determines whether the delay in writing the IFSP was the result of an exceptional family circumstance (e.g., family scheduling conflicts, family medical emergency, parent/child illness, family relocation or custody change) or the result of a system issue. Due to the fact that state First Step staff review every late 45-day instance, there is no separate verification process (as there is with other indicators).

When the development of the IFSP exceeds 45 days, the actual date of the IFSP is recorded to ensure that the child/family did subsequently have an IFSP developed. While Indiana monitors timelines for all IFSPs, findings of non-compliance are only identified and issued during the annual quality review visit.

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

XXX

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

XXX

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

The data was collected from July 1, 2018 through June 30, 2019. All nine SPOE offices submit the 45 day data report on a monthly basis for review of their determination from the Part C state team. Once determinations are made, the SPOE receives the data back. Quarterly data is shared with all the SPOE offices. Indiana believes that by looking at the monthly 45 day reports, we receive a good representation of the population in Indiana.

Total IFSPs % < 45 Days including # > 45 Days System Range of days  
Exceptional Family Reasons until IFSP developed  
Circumstances

State 12,206 94.4% (11,518/12,206) - 688 late (IFSP completed 46-120 days from referral)

The state reviews every initial IFSP for completion within 45-days for this indicator. For FFY18 total of 12,206 IFSPs were reviewed. During this process it was found that 688 of the 12,223 (11,518) IFSPs did not meet the 45-day timeline due to system errors. All children eventually received an IFSP albeit after 45 days. Six SPOEs (Cluster A, B, C, G, I, J) received a finding for this indicator. Below is a chart to show when clusters came into compliance and the date the state verified the data.

**Correction of Non-Compliance**

| Cluster/SPOE | State Correction of Non-Compliance Data | Time frame of Correction | State Verification Date |
|--------------|---|--------------------------|-------------------------|
| Cluster A    | N/A                                     | N/A                      | N/A                     |
| Cluster B    | N/A                                     | N/A                      | N/A                     |
| Cluster C    | N/A                                     | N/A                      | N/A                     |
| Cluster D    | 100% (176/176)                          | July-September 2018      | 11/30/2018              |
| Cluster F    | 100% (110/110)                          | July-September 2018      | 11/30/2018              |
| Cluster G    | N/A                                     | N/A                      | N/A                     |
| Cluster H    | 100% (150/150)                          | July-September 2018      | 11/30//2018             |
| Cluster I    | N/A                                     | N/A                      | N/A                     |
| Cluster J    | N/A                                     | N/A                      | N/A                     |

See attached document.

All six clusters who received a finding for this indicator were unable to correct the finding when the state reviewed subsequent data for each cluster. However, all children did receive an IFSP although past 45 days.

**Correction of Findings of Noncompliance Identified in FFY 2017**

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|--------------------------------------|---|--|--|
| 3                                    | 0   | 1  | 2                                      |

**FFY 2017 Findings of Noncompliance Verified as Corrected**

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

According to OSEP Memo 09-02, the State verified correction of the findings under this indicator, consistent with the requirements in OSEP Memo 09-02. Specifically, the State verified that each EIS provider with noncompliance identified 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.

The state works with each cluster to identify and implement a process for meeting the 45 day timeline. Data is collected on a monthly basis for all initial IFSPs developed past 45 day and reviewed by the state to determine the reason for the delay (family or system). Technical assistance is available for all clusters to help identify any systemic issues with meeting the indicator.

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

Cluster F was able to come into compliance for this indicator although after the one year timeline to correct this issue of noncompliance. Cluster G and Cluster I were not able to correct the finding of noncompliance for this indicator, however, all children in both of these cluster did eventually receive an IFSP albeit after the 45 day timeline.

Cluster G: 88% of children received a timely IFSP.

Cluster I: 95.7% received a timely IFSP.

**FFY 2017 Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

The State verified that each EIS provider identified as having issues noncompliance 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 through the state data system. The state team meets with SPOE directors on a regular basis and discuss issues like the 45 day timeline. SPOE directors also have the ability to analyze data on a quarterly basis to see if identified strategies listed in their CQIP have worked or need to be revised. The Quality Review team is also available for technical assistance around this indicator.

Through the review of subsequent data, the state was able to verify that all children did receive an IFSP albeit after the 45 day timeline.

The state is working with each cluster to learn how they are scheduling assessment teams and initial IFSPs. Clusters are also beginning to share assessment team members to help out when possible to address the issue of noncompliance.

**Correction of Findings of Noncompliance Identified Prior to FFY 2017**

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2017 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|--|--|---|--|
| FFY 2016                                       | 2  | 0   | 2                                      |
| FFY 2015                                       | 3  | 1   | 2                                      |
| FFY 2014                                       | 2  | 1   | 1                                      |

**FFY 2016**

**Findings of Noncompliance Verified as Corrected**

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

XXX

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

XXX

**FFY 2016**

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

**Actions taken if noncompliance not corrected**

The State verified that each EIS provider identified as having issues of noncompliance 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. The state team meets with SPOE directors on a regular basis and discuss issues like the 45 day timeline. SPOE directors also have the ability to analyze data on a quarterly basis to see if identified strategies listed in their CQIP have worked or need to be revised. The Quality Review team is also available for technical assistance around this indicator.

Cluster F was able to correct with state verification this finding albeit after the one year timeline. Two clusters remain out of compliance for this indicator. In the state's review of subsequent data for each cluster out of compliance, it was found that all the children did receive an IFSP albeit after the 45 day timeline.

**FFY 2015**

**Findings of Noncompliance Verified as Corrected**

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

According to OSEP Memo 09-02, the State verified correction of the findings under this indicator, consistent with the requirements in OSEP Memo 09-02. Specifically, the State verified that each EIS provider with noncompliance identified 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.

Cluster F corrected this finding with state verification for this indicator.

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

The state reviews all late 45 day findings. All children received an IFSP albeit late in Cluster F. The state also reviewed subsequent data and determined that all late IFSPs for Cluster G and I were completed.

**FFY 2015**

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

**Actions taken if noncompliance not corrected**

The state issued 7 findings for this indicator. Four clusters were able to correct the finding of noncompliance within the one year timeline. According to OSEP Memo 09-02, the State verified correction of the findings under this indicator, consistent with the requirements in OSEP Memo 09-02. Specifically, the State verified that each EIS provider with noncompliance identified 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.

The state works with each cluster to identify and implement a process for meeting the 45 day timeline. Data is collected on a monthly basis for all late 45 day starts and reviewed by the state to determine the reason for the delay (family or system). Technical assistance is available for all clusters to help identify any systemic issues with meeting the indicator.

Cluster F was able to correct with state verification this finding albeit after the one year timeline. Two clusters remain out of compliance for this indicator. In the state's review of the subsequent data for each cluster out of compliance, it was found that all the children did receive an IFSP albeit after the 45 day timeline.

**FFY 2014**

**Findings of Noncompliance Verified as Corrected**

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

According to OSEP Memo 09-02, the State verified correction of the findings under this indicator, consistent with the requirements in OSEP Memo 09-02. Specifically, the State verified that each EIS provider with noncompliance identified 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.

The state works with each cluster to identify and implement a process for meeting the 45 day timeline. Data is collected on a monthly basis for all late 45 day starts and reviewed by the state to determine the reason for the delay (family or system). Technical assistance is available for all clusters to help identify any systemic issues with meeting the indicator.

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

Cluster F met compliance with state verification for this indicator albeit after the one year timeline. Through the review of subsequent data, the state was able to verify that all children did receive an IFSP albeit after the 45 day timeline in Cluster G and I.

**FFY 2014**

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

**Actions taken if noncompliance not corrected**

The State verified that each EIS provider with noncompliance identified 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. The state team meets with the SPOE directors on a regular basis where issues like this are discussed. SPOE directors have the ability to analyze data on a quarterly basis to see if identified strategies listed in their CQIP has worked or need to be revised. The Quality review team is also available for technical assistance around this indicator.

Cluster F was able to correct with state verification this finding albeit after the one year timeline. Two clusters remain out of compliance for this indicator. In the state's review of the subsequent data for each cluster out of compliance, it was found that all the children did receive an IFSP albeit after the 45 day timeline.

**7 - Prior FFY Required Actions**

None

Response to actions required in FFY 2017 SPP/APR

**7 - OSEP Response**

**7 - Required Actions**

## Indicator 8A: Early Childhood Transition

### Instructions and Measurement

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

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

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

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

#### Instructions

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2018 SPP/APR, the data for FFY 2017), 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 | 2005   | 100.00% |        |        |        |
|----------|--------|---------|--------|--------|--------|
| FFY      | 2013   | 2014    | 2015   | 2016   | 2017   |
| Target   | 100%   | 100%    | 100%   | 100%   | 100%   |
| Data     | 99.38% | 99.92%  | 99.22% | 99.06% | 99.65% |

**Targets**

| FFY    | 2018 | 2019 |
|--------|------|------|
| Target | 100% | 100% |

**FFY 2018 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

If no, please explain.

| Number of children exiting Part C who have an IFSP with transition steps and services | Number of toddlers with disabilities exiting Part C | FFY 2017 Data | FFY 2018 Target | FFY 2018 Data | Status              | Slippage    |
|---|---|---------------|-----------------|---------------|---------------------|-------------|
| 378   | 381   | 99.65%        | 100%            | 99.21%        | Did Not Meet Target | No Slippage |

**Provide reasons for slippage, if applicable**

XXX

**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

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

State monitoring

**Describe the method used to select EIS programs for monitoring.**

Indiana does not review the records of all children exiting the Part C system. This number represents a sample of the annual IFSPs for eligible infants and toddlers. The sample is composed of files that were reviewed by the Quality Review team during the annual on-site visits with each of the clusters and data gathered by clusters during internal quarterly reviews. The data collection involved samples from each of the nine clusters to ensure adequate representation of all children receiving First Steps services in Indiana.

For FFY2018, Indiana reviewed a sample of annual IFSPs written between July 1, 2018 and June 30, 2019 to determine if the IFSP had transition steps and services written in the plan. During the annual on-site visit, the sample was at least 10 percent of all annual IFSPs written during the July to September 2018 quarter. For smaller clusters, the number of files reviewed was increased to include at least 20 files. If a cluster met compliance of 100% during the fall review, they were not required to submit any additional data for the remainder of FFY18. Clusters that did not meet compliance of 100% during the fall review completed internal monitoring and submitted data on a quarterly basis until compliance of 100% was met. A minimum sample size for the state was determined by using a sampling calculator made available from the website (<http://www.raosoft.com/samplesize.html>) by Raosoft, Inc. The actual number sampled far exceeds the required sample size for a confidence level of 99%, with a confidence interval of +/-5%.

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

XXX

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

XXX

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

# of IFSPs Reviewed % of IFSPs with Transition Steps and Services

State 381 (378/381)

The state reviewed a sample of 381 IFSPs during FFY18. It was found that only 3 of the 381 IFSPs did not have documented transition steps and services. Two SPOEs received a finding for this indicator.

The chart below shows when SPOEs came into compliance for this indicator and the date the data was verified by the state.

Table 8A.1 Correction of Non-Compliance

| Cluster/SPOE | State Correction of Non-Compliance Data | Timeframe of Correction | State Verification Date |
|--------------|---|-------------------------|-------------------------|
| Cluster A    | 100% (41/41)                            | July-September 2018     | 10/03/2018              |
| Cluster B    | 100% (32/32)                            | July-September 2018     | 9/27/2018               |
| Cluster C    | 100% (32/32)                            | July-September 2018     | 10/11/2018              |
| Cluster D    | 100% (20/20)                            | July-September 2018     | 10/17/2018              |
| Cluster F    | 100% (20/20)                            | July-September 2018     | 11/01/2018              |
| Cluster G    | 100% (103/103)                          | July-September 2018     | 10/05/2018              |
| Cluster H    | 100% (20/20)                            | October-December 2018   | 5/14/2019               |
| Cluster I    | 100% (44/44)                            | July-September 2018     | 11/08/2018              |
| Cluster J    | 100% (20/20)                            | October-December 2018   | 5/31/2019               |

Findings were issued for Cluster H and J for this indicator. Both clusters were able to correct the finding of noncompliance the following quarter.

**Correction of Findings of Noncompliance Identified in FFY 2017**

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

**FFY 2017 Findings of Noncompliance Verified as Corrected**

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

XXX

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

XXX

**FFY 2017 Findings of Noncompliance Not Yet Verified as Corrected**

Actions taken if noncompliance not corrected

XXX

**Correction of Findings of Noncompliance Identified Prior to FFY 2017**

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2017 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|--|--|---|--|
|  |  |   |  |
|  |  |   |  |
|  |  |   |  |

**Findings of Noncompliance Verified as Corrected**

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

XXX

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

XXX

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

Actions taken if noncompliance not corrected

XXX

**Findings of Noncompliance Verified as Corrected**

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

XXX

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

XXX

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

Actions taken if noncompliance not corrected

XXX

**Findings of Noncompliance Verified as Corrected**

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

XXX

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

XXX

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

Actions taken if noncompliance not corrected

XXX

**8A - Prior FFY Required Actions**

None

Response to actions required in FFY 2017 SPP/APR

**8A - OSEP Response**



## 8A - Required Actions

## Indicator 8B: Early Childhood Transition

### Instructions and Measurement

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

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

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

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

#### Instructions

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2018 SPP/APR, the data for FFY 2017), 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 | 2005    | 100.00% |         |         |         |
|----------|---------|---------|---------|---------|---------|
| FFY      | 2013    | 2014    | 2015    | 2016    | 2017    |
| Target   | 100%    | 100%    | 100%    | 100%    | 100%    |
| Data     | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |

**Targets**

| FFY    | 2018 | 2019 |
|--------|------|------|
| Target | 100% | 100% |

**FFY 2018 SPP/APR Data**

Data include notification to both the SEA and LEA

YES

If no, please explain.

| 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 2017 Data | FFY 2018 Target | FFY 2018 Data | Status     | Slippage    |
|---|--|---------------|-----------------|---------------|------------|-------------|
| 8,970   | 8,970  | 100.00%       | 100%            | 100.00%       | Met Target | No Slippage |

Provide reasons for slippage, if applicable

XXX

**Number of parents who opted out**

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

0

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

Each month all children who turned 30 months of age during the previous month are identified. This list of children is sent to the SEA and the LEA as well as the SPOEs electronically. In addition to the children who turned 30 months, late referrals are also identified (children who were referred and an IFSP was written after 30 months of age) and are included in the list sent to the SEA and the LEA. The data was transmitted during the whole reporting period of July 1, 2018 to June 30, 2019.

Indiana provides child name, date of birth, and parent contact information to the appropriate school district (SEA and LEA) based on the address of the child's residence. This procedure has enabled Indiana to provide accurate notification the SEA and LEA of children potentially eligible for Part B services. Additionally, service coordinators (with parental consent) invite the LEA and other community partners (Head Start and local preschool representatives) to the transition meeting. These efforts are increasing LEA and other community partner attendance at the Part C Transition meetings.

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

NO

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

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

State database

**Describe the method used to select EIS programs for monitoring.**

XXX

**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, 2018 through June 30, 2019

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

Indiana provides child name, date of birth, and parent contact information to the appropriate school district (SEA and LEA) based on the address of the child's residence. This has enabled Indiana to provide accurate, on-going notification to the SEA and LEA of children potentially eligible for Part B services each month during the reporting period for FFY18.

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

**Correction of Findings of Noncompliance Identified in FFY 2017**

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

**FFY 2017 Findings of Noncompliance Verified as Corrected**

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

XXX

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

XXX

**FFY 2017 Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

XXX

**Correction of Findings of Noncompliance Identified Prior to FFY 2017**

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2017 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|--|--|---|--|
|  |  |   |  |
|  |  |   |  |
|  |  |   |  |

**Findings of Noncompliance Verified as Corrected**

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

XXX

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

XXX

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

**Actions taken if noncompliance not corrected**

XXX

**Findings of Noncompliance Verified as Corrected**

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

XXX

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

XXX

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

**Actions taken if noncompliance not corrected**

XXX

**Findings of Noncompliance Verified as Corrected**

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

XXX

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

XXX

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

**Actions taken if noncompliance not corrected**

XXX

**8B - Prior FFY Required Actions**

None

Response to actions required in FFY 2017 SPP/APR

**8B - OSEP Response**

**8B - Required Actions**

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

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

#### Instructions

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2018 SPP/APR, the data for FFY 2017), 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 | 2005   | 96.00% |        |        |        |
|----------|--------|--------|--------|--------|--------|
| FFY      | 2013   | 2014   | 2015   | 2016   | 2017   |
| Target   | 100%   | 100%   | 100%   | 100%   | 100%   |
| Data     | 98.62% | 99.08% | 99.00% | 99.09% | 98.01% |

**Targets**

| FFY    | 2018 | 2019 |
|--------|------|------|
| Target | 100% | 100% |

**FFY 2018 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)

If no, please explain.

| 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 2017 Data | FFY 2018 Target | FFY 2018 Data | Status              | Slippage |
|--|--|---------------|-----------------|---------------|---------------------|----------|
| 648  | 672  | 98.01%        | 100%            | 96.43%        | Did Not Meet Target | Slippage |

**Provide reasons for slippage, if applicable**

During the on-site visit and internal data reviews, it was discovered that all children did not receive a timely transition meeting. In most cases, it was an oversight from the service coordinator. A tracking tool was created to help service coordinators monitor when the 90 days to nine months window is open to hold a transition meeting that will meet the timely criteria.

Indiana does not allow for family reasons when analyzing the data due to the large window that the meeting can occur.

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

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

0

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

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

0

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

State monitoring

**Describe the method used to select EIS programs for monitoring.**

Indiana does not review the records of all children exiting the Part C system. The annual review was conducted by the Quality Review Focused Monitoring Team. For FFY18, Indiana reviewed a sample of files 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 child's third birthday for toddlers potentially eligible for Part B preschool services. The sample was 10 percent of all children due to receive a transition meeting 90 days to nine months before their third birthday. For smaller clusters, the number of files reviewed was increased to include at least 20 files. During the annual onsite visit, the sample was at least 10 percent of all annual IFSPs written during the July to September 2018 quarter. For smaller clusters, the number of files reviewed was increased to include at least 20 files. If a cluster met compliance of 100% during the fall review, they were not required to submit any additional data for the remainder of FFY18. Clusters that did not meet compliance of 100% during the fall review completed internal monitoring and submitted data on a quarterly basis until compliance of 100% was met.

A minimum sample size was determined by using a sampling calculator made available from the website (<http://www.raosoft.com/samplesize.html>) by Raosoft, Inc. The actual number sampled far exceeds the required sample size for a confidence level of 99%, with a confidence interval of +/- 5%.

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

XXX

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

XXX

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

# of IFSPs Reviewed % of IFSPs with Timely Transition Meetings  
State: 672 96.4% (648/672)

The state reviewed a total of 672 IFSPs during FFY18 to verify the transition meeting happened timely. It was found that 24 of the 672 IFSPs did not have a timely transition meeting. Six findings were issued for this indicator. Below is a chart showing when each cluster came into compliance for this indicator and the date the state verified the data.

Table 8C.1 Correction of Non-Compliance

| Cluster/SPOE | State Correction of Non-Compliance Data | Timeframe of Correction | State Verification Date |
|--------------|---|-------------------------|-------------------------|
| Cluster A    | 100% (20/20)                            | October-December 2018   | 2/14/2019               |

|           |              |                       |            |
|-----------|--------------|-----------------------|------------|
| Cluster B | 100% (36/36) | July-September 2018   | 8/6/2018   |
| Cluster C | 100% (42/42) | July-September 2018   | 10/11/2018 |
| Cluster D | 100% (34/34) | July-September 2018   | 10/17/2018 |
| Cluster F | 100% (20/20) | October-December 2018 | 5/02/2019  |
| Cluster G | N/A          | N/A                   | N/A        |
| Cluster H | 100% (20/20) | October-December 2018 | 2/28/2019  |
| Cluster I | 100% (20/20) | October-December 2018 | 5/14/2019  |
| Cluster J | 100% (41/41) | July-September 2019   | 10/02/2019 |

Findings were issued for Cluster A, F, G, H, I, and J. Cluster A, F, H and I met compliance of 100% during the second quarter of FFY18. Cluster J met compliance of 100% for this indicator during the fall review of FFY19 but within one year of the finding. Cluster G remains out of compliance for this indicator.

**Correction of Findings of Noncompliance Identified in FFY 2017**

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

**FFY 2017 Findings of Noncompliance Verified as Corrected**

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

XXX

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

XXX

**FFY 2017 Findings of Noncompliance Not Yet Verified as Corrected**

Actions taken if noncompliance not corrected

XXX

**Correction of Findings of Noncompliance Identified Prior to FFY 2017**

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2017 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|--|--|---|--|
|  |  |   |  |
|  |  |   |  |
|  |  |   |  |

**Findings of Noncompliance Verified as Corrected**

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

XXX

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

XXX

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

Actions taken if noncompliance not corrected

XXX

**Findings of Noncompliance Verified as Corrected**

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

XXX

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

XXX

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

Actions taken if noncompliance not corrected

XXX

**Findings of Noncompliance Verified as Corrected**

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

XXX

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

XXX

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

**Actions taken if noncompliance not corrected**

XXX

**8C - Prior FFY Required Actions**

None

**Response to actions required in FFY 2017 SPP/APR**

**8C - OSEP Response**

**8C - Required Actions**



## Indicator 9: Resolution Sessions

### Instructions and Measurement

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

**Results indicator:** Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures 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.**

NO

**Provide an explanation of why it is not applicable below.**

### 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

**Provide an explanation below.**

### Prepopulated Data

| Source  | Date       | Description  | Data |
|---|------------|--|------|
| SY 2018-19 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints | 11/11/2019 | 3.1 Number of resolution sessions  | 0    |
| SY 2018-19 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints | 11/11/2019 | 3.1(a) Number resolution sessions resolved through settlement agreements | 0    |

### Targets: Description of Stakeholder Input

Indiana First Steps used a broad group of stakeholders to assist in setting targets for the SPP/APR. These stakeholders included: Indiana Interagency Coordinating Council (ICC) members, such as parents and representatives from state agencies, including:

- Department of Education
- Office of Special Education
- Department of Health Division of Family and Children
- Head Start
- Office of Medicaid Policy and Planning, etc.
- Cluster Local Planning and Coordinating Councils (LPCCs) and cluster System Points of Entry (SPOE)
- Service Providers
- Central Reimbursement Office (CRO)
- Quality Review-Focused Monitoring (QRFM) teams and state contractors for quality review, training and evaluation (Indiana Institute for Disability and Community at the Early Childhood Center at Indiana University)
- State staff from Family and Social Services Administration (FSSA), Bureau of Child Development Services (BCDS)

These groups provide a variety of feedback on state and SPOE data and procedures, as needed. These groups also assist the state in reviewing the data, identifying areas of concern and generating potential strategies for improvement.

ICC meetings were held quarterly in 2018 but changed to every other month in 2019 to discuss:

- State Performance Plan (SPP) and Indiana's progress in meeting the SPP targets
- FFY19 target setting (presented to the ICC at November 2019 meeting)
- Data for the FFY2018 APR along with past APR trend data (presented to the ICC at its bi-monthly (6 times a year) meeting in January 2020) the ICC completed its final review of the FFY2018 APR and recommended it be submitted to OSEP

This indicator is not applicable, as Indiana has not adopted Part B due process hearing procedures.

**Historical Data**

|                 |             |             |             |             |             |
|-----------------|-------------|-------------|-------------|-------------|-------------|
| <b>Baseline</b> |             |             |             |             |             |
| <b>FFY</b>      | <b>2013</b> | <b>2014</b> | <b>2015</b> | <b>2016</b> | <b>2017</b> |
| Target>=        |             |             |             |             |             |
| Data            |             |             |             |             |             |

**Targets**

|            |             |             |
|------------|-------------|-------------|
| <b>FFY</b> | <b>2018</b> | <b>2019</b> |
| Target>=   |             |             |

**FFY 2018 SPP/APR Data**

| <b>3.1(a) Number resolutions sessions resolved through settlement agreements</b> | <b>3.1 Number of resolutions sessions</b> | <b>FFY 2017 Data</b> | <b>FFY 2018 Target</b> | <b>FFY 2018 Data</b> | <b>Status</b> | <b>Slippage</b> |
|--|---|----------------------|------------------------|----------------------|---------------|-----------------|
| 0  | 0   |                      |                        |                      | N/A           | N/A             |

**Targets**

|            |            |             |            |             |
|------------|------------|-------------|------------|-------------|
| <b>FFY</b> | 2018 (low) | 2018 (high) | 2019 (low) | 2019 (high) |
| Target     | XXX        | XXX         | XXX        | XXX         |

**FFY 2018 SPP/APR Data**

| <b>3.1(a) Number resolutions sessions resolved through settlement agreements</b> | <b>3.1 Number of resolutions sessions</b> | <b>FFY 2017 Data</b> | <b>FFY 2018 Target (low)</b> | <b>FFY 2018 Target (high)</b> | <b>FFY 2018 Data</b> | <b>Status</b> | <b>Slippage</b> |
|--|---|----------------------|------------------------------|-------------------------------|----------------------|---------------|-----------------|
| XXX  | XXX                                       | XXX                  | XXX                          | XXX                           | XXX                  | XXX           | XXX             |

**Provide reasons for slippage, if applicable**

XXX

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

This indicator is not applicable, as Indiana has not adopted Part B due process hearing procedures.

**9 - Prior FFY Required Actions**

None

**Response to actions required in FFY 2017 SPP/APR**

**9 - OSEP Response**

**9 - Required Actions**

## Indicator 10: Mediation

### Instructions and Measurement

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

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

#### Data Source

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

#### Measurement

Percent =  $((2.1(a)(i) + 2.1(b)(i)) \text{ divided by } 2.1) \text{ times } 100.$

#### Instructions

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

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

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

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

#### Provide an explanation below

#### Prepopulated Data

| Source  | Date       | Description   | Data |
|---|------------|---|------|
| SY 2018-19 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/11/2019 | 2.1 Mediations held   | 0    |
| SY 2018-19 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/11/2019 | 2.1.a.i Mediations agreements related to due process complaints     | 0    |
| SY 2018-19 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/11/2019 | 2.1.b.i Mediations agreements not related to due process complaints | 0    |

#### Targets: Description of Stakeholder Input

Indiana First Steps used a broad group of stakeholders to assist in setting targets for the SPP/APR. These stakeholders included: Indiana Interagency Coordinating Council (ICC) members, such as parents and representatives from state agencies, including:

- Department of Education
- Office of Special Education
- Department of Health Division of Family and Children
- Head Start
- Office of Medicaid Policy and Planning, etc.
- Cluster Local Planning and Coordinating Councils (LPCCs) and cluster System Points of Entry (SPOE)
- Service Providers
- Central Reimbursement Office (CRO)
- Quality Review-Focused Monitoring (QRFM) teams and state contractors for quality review, training and evaluation (Indiana Institute for Disability and Community at the Early Childhood Center at Indiana University)
- State staff from Family and Social Services Administration (FSSA), Bureau of Child Development Services (BCDS)

These groups provide a variety of feedback on state and SPOE data and procedures, as needed. These groups also assist the state in reviewing the data, identifying areas of concern and generating potential strategies for improvement.

ICC meetings were held quarterly in 2018 but changed to every other month in 2019 to discuss:

- State Performance Plan (SPP) and Indiana's progress in meeting the SPP targets
- FFY19 target setting (presented to the ICC at November 2019 meeting)
- Data for the FFY2018 APR along with past APR trend data (presented to the ICC at its bi-monthly (6 times a year) meeting in January 2020) the ICC completed its final review of the FFY2018 APR and recommended it be submitted to OSEP

#### Historical Data

| Baseline | 2005 |      |      |      |      |
|----------|------|------|------|------|------|
| FFY      | 2013 | 2014 | 2015 | 2016 | 2017 |
|          |      |      |      |      |      |

|          |  |  |       |  |  |
|----------|--|--|-------|--|--|
| Target>= |  |  |       |  |  |
| Data     |  |  | 0.00% |  |  |

**Targets**

|            |             |             |
|------------|-------------|-------------|
| <b>FFY</b> | <b>2018</b> | <b>2019</b> |
| Target>=   |             |             |

**FFY 2018 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 2017 Data | FFY 2018 Target | FFY 2018 Data | Status | Slippage |
|--|--|-------------------------------|---------------|-----------------|---------------|--------|----------|
|  |  | 0                             |               |                 |               | N/A    | N/A      |

**Targets**

|            |            |             |            |             |
|------------|------------|-------------|------------|-------------|
| <b>FFY</b> | 2018 (low) | 2018 (high) | 2019 (low) | 2019 (high) |
| Target     | XXX        | XXX         | XXX        | XXX         |

**FFY 2018 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 2017 Data | FFY 2018 Target (low) | FFY 2018 Target (high) | FFY 2018 Data | Status | Slippage |
|--|--|-------------------------------|---------------|-----------------------|------------------------|---------------|--------|----------|
| XXX  | XXX  | XXX                           | XXX           | XXX                   | XXX                    | XXX           | XXX    | XXX      |

**Provide reasons for slippage, if applicable**

XXX

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

Indiana did not set targets for this indicator as it has not met the minimum threshold of 10 mediation requests. Part C assigns a state staff member (complaint investigator) to monitor and resolve complaint and hearing requests. A complaint and hearing log is maintained at the state level.

**10 - Prior FFY Required Actions**

None

**Response to actions required in FFY 2017 SPP/APR**

**10 - OSEP Response**

**10 - Required Actions**

## **Certification**

### **Instructions**

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

### **Certify**

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

### **Select the certifier's role**

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:**

Christina Commons

### **Title:**

Part C Coordinator, Indiana First Steps Director

### **Email:**

Christina.Commons@fssa.in.gov

### **Phone:**

317-234-1142

### **Submitted on:**

02/03/20 5:26:17 PM