

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

For reporting on
FFY 2019

Indiana



PART C DUE
February 1, 2021

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

The state has received intensive technical assistance from DaSy and ECTA in addition to working with several other centers through a variety of communities of practice and workgroups. This TA has informed the development of our new data system, set to launch early 2021, to support collection and quality data. With their help, we are able to think critically about how we will support local programs through comprehensive monitoring moving forward.

Additional information related to data collection and reporting

Response to COVID-19:

As a result of the novel coronavirus, COVID-19, First Steps like many other programs needed to react and adjust. To date, First Steps has taken the following steps in order to continue to provide the necessary early intervention services to children and families in Indiana:

- March 16, 2020: First Steps issued new policies, procedures, forms and guidance for the First Steps program, which can be found at www.firststeps.in.gov.
- First Steps implemented tele-health service delivery to ensure continuity of services for children and their families during the public health emergency. Due to the Governor's Executive Orders 20-05, 20-12 and 20-13, licensed First Steps personnel were allowed to provide the services written on a child's Individualized Family Service Plan virtually.
- First Steps began providing professional development opportunities for direct service personnel to build the necessary skills to deliver tele-health services.

Stakeholder Feedback in Response to COVID-19:

- First Steps, in collaboration with Indiana Institute on Disability and Community at Indiana University, completed a survey of 100 families receiving tele-health services from March through June. This survey indicated that families were grateful their child's early intervention was able to continue during the pandemic.
- First Steps has been nationally recognized by the Early Childhood Technical Assistance Center for its COVID-19 response regarding quick and high quality action taken to develop policies, guidance, and resources for both providers and families. This work has been used as a model for other IDEA Part C programs across the country.

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 FFY2019 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 and peers from other clusters. 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 result 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 FFY2019 were conducted in the months of October through November 2019, with findings issued by the state to the SPOE in December of 2019, 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 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 in alignment with each member's role from:

- Maggie McCall participated in Data Manager opportunities with the IDEA Data Center (IDC) and DaSy.
- Christina Commons was the IDEA Infant and Toddler Coordinators Association (ITCA) president and continues to be heavily involved. The Early Childhood Technical Assistance Center (ECTA), utilized them and their data when needed. We also utilize trainings offered through this entity.
- Meghan Smith participated with C.A.D.R.E. in their communities of practice related to dispute resolution.
- Sondra Tarter and Maggie McCall participated in the LifeCourse framework ambassador series through the University of Missouri, Kansas City
- Connie Young worked closely with Juliann Woods in preparation of the launch of Family Guided Routines Based Intervention
- Jessica Tomasino was part of the National Center for Systemic Improvement Evidence Based Practice Collaborative in her role with Part B, and continues to use that knowledge to support future work with Part C. She is the Indiana Division for Early Childhood Vice president, and serves on this board with Connie Young who is a Member at Large.

The State First Steps office received additional technical assistance from:

- Through the Center for IDEA Early Childhood Data Systems (DaSy) we participated in fiscal analysis activities
- We are in regular contact with our state lead through 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.

First Steps has implemented professional development through:

- 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.
- As a result of our ICC PD committee, we are in the discovery phase of implementing Family Guided Routines Based Intervention (FGRBI) in our state. A State Implementation Team is in place and a work plan was developed for 2020 and 2021. This plan focuses on continued FGRBI exploration and introduction to the field. Over 200 personnel have participated in live webinars and small group discussion on FGRBI and how to begin implementing the SSOOPRRR piece of the model. Applications are being accepted for the first cohort of providers to be trained in FGRBI.
- The state has updated Direct Service Provider (DSP) trainings and updated Service Coordinator trainings that are required to be completed by all new providers. We require 15 continuing education hours annually to maintain their EI credential with First Steps and these hours must align with the DEC recommended practices.
- During COVID, the state saw a need to hold provider forums to better understand how providers were working with families virtually, what barriers they were coming up against in providing virtual services, and offer an opportunity to brainstorm ideas. The state has also implemented monthly agency meetings and biweekly meeting with the nine System Point of Entry.

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 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:
 - Indiana Department of Education, Office of Special Education
 - Indiana Department of Health, Maternal and Child Health Division
 - Indiana Department of Insurance
 - Indiana Department of Child Services
 - Indiana Division of Mental Health and Addiction
 - Indiana Head Start State Collaboration Office
 - Indiana Office of Medicaid Policy and Planning
 - Indiana Office of Early Childhood and Out of School Learning
 - Higher Education Faculty
 - Head Start local programs
 - State Legislative Representative

- Cluster Local Planning and Coordinating Councils (LPCCs) and cluster System Points of Entry (SPOE)
 - Service Providers
 - 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)
- Parents of children with developmental delays and disabilities

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 in 2019/2020 every other month in 2020 to discuss:

- State Performance Plan (SPP) and Indiana's progress in meeting the SPP targets
- Data for the FFY2019 APR along with past APR trend data will be presented to the March 2021 meeting. This group meets 6 times a year.

Additional Stakeholder groups:

- Indiana Association of Rehabilitation Facilities (INARF)
- Indiana Department of Family Resources (DFR)
- ARC of Indiana
- Family Voices

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 2018 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 2018 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 2018 APR in 2020, is available.

Indiana First Steps has posted the SPP/APR for previous years FFY2016-2019. The Annual Performance Report (APR) for FFY 2014-2019 along with OSEP letters of response to the FFY2018 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 FFY19 will be posted following the APR submission on February 1, 2021.

Intro - Prior FFY Required Actions

None

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 2019 SPP/APR, the data for FFY 2018), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

1 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	91.00%

FFY	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%
Data	98.15%	97.87%	95.68%	93.56%	88.84%

Targets

FFY	2019
Target	100%

FFY 2019 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 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
1,324	1,617	88.84%	100%	88.99%	Did Not Meet Target	No Slippage

Number of documented delays attributable to exceptional family circumstances

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

115

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).

The number listed as exceptional family circumstances (115) is added to the "number of infants and toddlers with IFSPs who receive the early intervention services on their IFSP in a timely manner" (1,324) for the grand total number of children who received an IFSP (1439). Of the 178 children who received services late, due to system reasons, all received services albeit after 30 days. This data was collected on a quarterly basis and was verified by the state using the Central Reimbursement Office (CRO) data system for each child.

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 services delivered less frequently, such as hearing aid maintenance which is scheduled on a quarterly basis.

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 annually. Data is gathered for the entire year; from July 1, 2019 through June 30, 2020 using sampling. There were 115 late service starts due to exceptional family circumstances which included those related to COVID-19 (25).

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%. For smaller SPOEs (Clusters D, F, and H), there are a minimum of 20 files reviewed.

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 a IFSP review or 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.

If needed, provide additional information about this indicator here.

State Total: 88.99% (1439/1617)

Late services:

178 services were late due to system reasons.

System Reasons for Delays:

- Physician Signature: 19
- Provider agency oversight: 5
- SPOE oversight: 5
- Provider oversight/Scheduling conflict: 21
- No provider available: 128

While only 25 reasons for late start were specifically identified as COVID-19 related, the state believes reasons for late starts were coded inconsistently. Additional training will happen to address how to code late starts in the future.

Services start date range:

- 5 or less days late: 34
- 6-15 days late: 58
- 16-25 days late: 44
- 26-50 days late: 17
- 51-75 days late: 13
- 76-100 days late: 5
- Over 101 days late: 7

Correction of Findings of Noncompliance Identified in FFY 2018

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
7	2	2	3

FFY 2018 Findings of Noncompliance Verified as Corrected

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

The State verified correction for the two findings made (Cluster C and J) according to federal requirements and within the year. For each of the two findings, subsequent data were run. In the two instances, compliance was at 100% for this indicator for the data run. This indicates the regulatory requirements are being met.

The state verified correction for findings made to Cluster A and H. For each of the two corrected findings, subsequent data were run for each cluster verifying the correction of the long standing finding albeit outside of the one year timeline. This indicates the regulatory requirements are being met.

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

The State verified correction for the three findings made (Cluster A, C, and H) by reviewing all child files that were not in compliance with this indicator. Each child received services albeit late in each instance. In the three instances, compliance was at 100% for this indicator when subsequent data was run for each cluster who came into compliance.

FFY 2018 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

Four clusters were not able to meet compliance for this indicator within one year of the finding. All children received services albeit late for this indicator. Because noncompliance was not met in Cluster F, G, and I, and had not been for the past 4 (F and I) and 5 (G) years, they are considered to be in continued longstanding noncompliance. The state allowed an agency to expand into clusters F and I to increase the number of providers available and help serve these rural areas. We will continue to work with these clusters until verified correction and subsequent data can be run to confirm the cluster meets 100%.

The state has collaborated with Indiana colleges and universities in an effort to recruit providers post graduation, and has worked closely with the Indiana chapters of Occupational and Physical Therapy Associations, and the Indiana chapter of American Academy of Pediatric for importance of early intervention and IFSP collaboration.

Part of the new data system will create individual dashboards for providers that will assist in the timely start of services by letting providers know when the timeline of 30 days is getting close.

Correction of Findings of Noncompliance Identified Prior to FFY 2018

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2017	4	1	3
FFY 2016	4	1	3
FFY 2015	1	0	1

FFY 2017

Findings of Noncompliance Verified as Corrected

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

The State verified correction for the one finding made for Cluster H according to federal requirements albeit outside the one year time period. For the finding, subsequent data were run for Cluster H who received the finding. In this instance, compliance was at 100% for this indicator for the data run. This indicates the regulatory requirements are being met.

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

The State verified correction for the one finding made for Cluster H by reviewing all child files that were not in compliance with this indicator. Each child received services albeit late in each instance. In the one instance, compliance was at 100% for this indicator when subsequent data was run for this cluster who came into compliance.

FFY 2017

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

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. The state will require CAPs for all clusters with long-standing findings (Cluster F, G and I). The CAP will require clusters to work with the state specifically around analyzing the data to determine the root cause and they will be required to implement state agreed upon strategies and provide more frequent data to be sure the CAP is successful. We will continue our work with DaSy to design the state's required processes and the state will consider additional sanctions if this step does not result in correction of non-compliance.

The state believes that the new data system will assist in meeting timely services because each ongoing provider will have a dashboard that will alert them to when a 30 day timeline is approaching so less timelines will be missed for families.

FFY 2016

Findings of Noncompliance Verified as Corrected

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

The State verified correction for the one finding made for Cluster H according to federal requirements albeit outside the one year time period. For the finding, subsequent data were run for Cluster H who received the finding. In this instance, compliance was at 100% for this indicator for the data run. This indicates the regulatory requirements are being met.

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

The State verified correction for the one finding made for Cluster H by reviewing all child files that were not in compliance with this indicator. Each child received services albeit late in each instance. In the one instance, compliance was at 100% for this indicator when subsequent data was run for this cluster who came into compliance.

FFY 2016

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

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. The state will require CAPs for all clusters with long outstanding findings (Cluster F, G and I). The CAP will require clusters to work with the state specifically around analyzing the data to determine the root cause and they will be required to implement state agreed upon strategies and provide more frequent data to be sure the CAP is successful. We will continue our work with DaSy to design the state's required processes and the state will consider additional sanctions if this step does not result in correction of non-compliance.

The state believes that the new data system will assist in meeting timely services because each ongoing provider will have a dashboard that will alert them to when a 30 day timeline is approaching so less timelines will be missed for families.

FFY 2015

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

The state takes specific actions to assist clusters when they do not reach compliance. This cluster (Cluster G), serves over 30% of the state so meeting compliance has been difficult due to the volume of infants and toddler they are serving. 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. The state will require a CAP for this cluster.. The CAP will require the cluster to work with the state specifically around analyzing the data to determine the root cause and they will be required to implement state agreed upon strategies and provide more frequent data to be sure the CAP is successful. We will continue our work with DaSy to design the state's required processes and the state will consider additional sanctions if this step does not result in correction of non-compliance.

The state believes that the new data system will assist in meeting timely services because each ongoing provider will have a dashboard that will alert them to when a 30 day timeline is approaching so less timelines will be missed for families.

1 - Prior FFY Required Actions

None

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 EDFacts Metadata and Process System (EMAPS)).

Measurement

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

Instructions

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

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

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

2 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	97.60%

FFY	2014	2015	2016	2017	2018
Target>=	95.00%	95.00%	95.00%	95.00%	95.00%
Data	97.31%	99.16%	99.25%	95.83%	99.08%

Targets

FFY	2019
Target>=	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:

- Indiana Department of Education, Office of Special Education
 - Indiana Department of Health, Maternal and Child Health Division
 - Indiana Department of Insurance
 - Indiana Department of Child Services
 - Indiana Division of Mental Health and Addiction
 - Indiana Head Start State Collaboration Office
 - Indiana Office of Medicaid Policy and Planning
 - Indiana Office of Early Childhood and Out of School Learning
 - Higher Education Faculty
 - Head Start local programs
 - State Legislative Representative
 - Cluster Local Planning and Coordinating Councils (LPCCs) and cluster System Points of Entry (SPOE)
 - Service Providers
 - 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)
- Parents of children with developmental delays and disabilities

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 in 2019/2020 every other month in 2020 to discuss:

- State Performance Plan (SPP) and Indiana's progress in meeting the SPP targets
- Data for the FFY2019 APR along with past APR trend data will be presented to the March 2021 meeting. This group meets 6 times a year.

Additional Stakeholder groups:

- Indiana Association of Rehabilitation Facilities (INARF)
- Indiana Department of Family Resources (DFR)

Prepopulated Data

Source	Date	Description	Data
SY 2019-20 Child Count/Educational Environment Data Groups	07/08/2020	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	11,826
SY 2019-20 Child Count/Educational Environment Data Groups	07/08/2020	Total number of infants and toddlers with IFSPs	11,923

FFY 2019 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 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
11,826	11,923	99.08%	95.00%	99.19%	Met Target	No Slippage

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.

Despite being in a pandemic, we were please to see our natural environment percentage increased. We believe this occurred in large part due to the quick response of Indiana's response to COVID-19. Please see introduction for additional information.

2 - Prior FFY Required Actions

None

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:

- Indiana Department of Education, Office of Special Education
- Indiana Department of Health, Maternal and Child Health Division
- Indiana Department of Insurance
- Indiana Department of Child Services
- Indiana Division of Mental Health and Addiction
- Indiana Head Start State Collaboration Office
- Indiana Office of Medicaid Policy and Planning
- Indiana Office of Early Childhood and Out of School Learning
- Higher Education Faculty
- Head Start local programs
- State Legislative Representative
- Cluster Local Planning and Coordinating Councils (LPCCs) and cluster System Points of Entry (SPOE)
- Service Providers
- 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)
- Parents of children with developmental delays and disabilities

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 in 2019/2020 every other month in 2020 to discuss:

- State Performance Plan (SPP) and Indiana's progress in meeting the SPP targets
- Data for the FFY2019 APR along with past APR trend data will be presented to the March 2021 meeting. This group meets 6 times a year.

Additional Stakeholder groups:

- Indiana Association of Rehabilitation Facilities (INARF)
- Indiana Department of Family Resources (DFR)
- ARC of Indiana
- Family Voices

Historical Data

Outcome	Baseline	FFY	2014	2015	2016	2017	2018
A1	2008	Target>=	55.00%	55.00%	55.00%	55.00%	55.00%
A1	51.70%	Data	53.88%	55.88%	53.56%	56.23%	56.87%
A2	2008	Target>=	57.00%	57.00%	57.00%	57.00%	57.00%
A2	49.90%	Data	61.08%	62.67%	61.09%	59.29%	58.93%
B1	2008	Target>=	55.00%	56.00%	56.00%	56.00%	57.00%
B1	56.30%	Data	51.37%	58.10%	55.11%	56.77%	57.64%
B2	2008	Target>=	72.00%	72.00%	72.00%	72.00%	72.00%
B2	68.50%	Data	73.54%	76.20%	74.50%	73.06%	72.85%
C1	2008	Target>=	55.00%	55.00%	55.00%	55.00%	55.00%
C1	53.80%	Data	49.56%	49.94%	50.11%	52.47%	54.21%
C2	2008	Target>=	67.00%	67.00%	67.00%	67.00%	67.00%
C2	61.70%	Data	67.71%	68.16%	66.57%	64.46%	65.16%

Targets

FFY	2019
Target A1>=	55.00%
Target A2>=	57.00%
Target B1>=	57.00%
Target B2>=	72.00%

Target C1>=	55.00%
Target C2>=	67.00%

FFY 2019 SPP/APR Data

Number of infants and toddlers with IFSPs assessed

8,646

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

Outcome A Progress Category	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	51	0.75%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	2,531	37.02%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	449	6.57%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2,498	36.54%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	1,308	19.13%

Outcome A	Numerator	Denominator	FFY 2018 Data	FFY 2019 Target	FFY 2019 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	2,947	5,529	56.87%	55.00%	53.30%	Did Not Meet Target	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	3,806	6,837	58.93%	57.00%	55.67%	Did Not Meet Target	Slippage

Provide reasons for A1 slippage, if applicable

We believe this slippage may be a continued natural correction from the Exit Skills Checklist module that is now a required training for new providers entering the system. In the past, providers had a variety of ways to collect the exit information and through the required training module, best practices are suggested on how to collect this data from families. Parent are now reporting on skills due to many visits still being virtual, so this could be another reason for slippage as parents are not trained in the tool or have extensive knowledge of child development. Service coordinators are also now responsible for entering the data and are not trained in the AEPS.

Last year, incomplete data was entered for all three outcomes. There were a total of 11,561 kids who exited the program during FFY18. Of those kids, 3016 were in the program for less than 6 months. This left 8565 kids who were assessed. The first number is the number of children who were included in last year's submission. The second number is the number of children that should have been entered in last year's submission:

Outcome A:

Infants and toddlers who did not improve functioning: 30/59

Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers: 842/1842

Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it: 190/404

Infants and toddlers who improved functioning to reach a level comparable to same-aged peers: 960/1982

Infants and toddlers who maintained functioning at a level comparable to same-aged peers: 564/1119

Using the formula in the measurement table, the new calculations, Summary statement A1 should have been 55.7% (2386/4287) and Summary statement A2 should have been 57.4% (3101/5406). The incomplete numbers that were entered for this outcome gave us a higher percentage than what the true data from FFY18 shows. We still had slippage for outcome A1 and A2.

Provide reasons for A2 slippage, if applicable

We believe this slippage may be a continued natural correction from the Exit Skills Checklist module that is now a required training for new providers entering the system. In the past, providers had a variety of ways to collect the exit information and through the required training module, best practices are suggested on how to collect this data from families. Parent are now reporting on skills due to many visits still being virtual, so this could be another reason for slippage as parents are not trained in the tool or have extensive knowledge of child development. Service coordinators are also now responsible for entering the data and are not trained in the AEPS.

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

Outcome B Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	34	0.49%

Outcome B Progress Category	Number of Children	Percentage of Total
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,574	22.85%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	420	6.10%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,464	21.26%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	3,395	49.30%

Outcome B	Numerator	Denominator	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	1,884	3,492	57.64%	57.00%	53.95%	Did Not Meet Target	Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	4,859	6,887	72.85%	72.00%	70.55%	Did Not Meet Target	Slippage

Provide reasons for B1 slippage, if applicable

We believe this slippage may be a continued natural correction from the Exit Skills Checklist module that is now a required training for new providers entering the system. In the past, providers had a variety of ways to collect the exit information and through the required training module, best practices are suggested on how to collect this data from families. Parent are now reporting on skills due to many visits still being virtual, so this could be another reason for slippage as parents are not trained in the tool or have extensive knowledge of child development. Service coordinators are also now responsible for entering the data and are not trained in the AEPS.

Last year, incomplete data was entered for all three outcomes. There were a total of 11,561 kids who exited the program during FFY18. Of those kids, 3016 were in the program for less than 6 months. This left 8565 kids who were assessed. The first number is the number of children who were included in last year's submission. The second number is the number of children that should have been entered in last year's submission:

Outcome B:

Infants and toddlers who did not improve functioning: 24/49

Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers: 517/1159

Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it: 161/315

Infants and toddlers who improved functioning to reach a level comparable to same-aged peers: 575/1205

Infants and toddlers who maintained functioning at a level comparable to same-aged peers: 1309/2678

According to new calculations, B1 should have been 55.7% (1520/2728) and B2 should have been 71.8% (3883/5406) for FFY18. We still would have had slippage for outcome B1 and B2

Provide reasons for B2 slippage, if applicable

We believe this slippage may be a continued natural correction from the Exit Skills Checklist module that is now a required training for new providers entering the system. In the past, providers had a variety of ways to collect the exit information and through the required training module, best practices are suggested on how to collect this data from families. Parent are now reporting on skills due to many visits still being virtual, so this could be another reason for slippage as parents are not trained in the tool or have extensive knowledge of child development. Service coordinators are also now responsible for entering the data and are not trained in the AEPS.

Outcome C: Use of appropriate behaviors to meet their needs

Outcome C Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	40	0.58%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	2,059	29.90%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	454	6.59%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,805	26.21%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	2,529	36.72%

Outcome C	Numerator	Denominator	FFY 2018 Data	FFY 2019 Target	FFY 2019 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	2,259	4,358	54.21%	55.00%	51.84%	Did Not Meet Target	Slippage
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	4,334	6,887	65.16%	67.00%	62.93%	Did Not Meet Target	Slippage

Provide reasons for C1 slippage, if applicable

We believe this slippage may be a continued natural correction from the Exit Skills Checklist module that is now a required training for new providers entering the system. In the past, providers had a variety of ways to collect the exit information and through the required training module, best practices are suggested on how to collect this data from families. Parent are now reporting on skills due to many visits still being virtual, so this could be another reason for slippage as parents are not trained in the tool or have extensive knowledge of child development. Service coordinators are also now responsible for entering the data and are not trained in the AEPS.

Last year, incomplete data was entered for all three outcomes. There were a total of 11,561 kids who exited the program during FFY18. Of those kids, 3016 were in the program for less than 6 months. This left 8565 kids who were assessed. The first number is the number of children who were included in last year's submission. The second number is the number of children that should have been entered in last year's submission:

Outcome C:

Infants and toddlers who did not improve functioning: 30/58

Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers: 704/1553

Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it: 167/355

Infants and toddlers who improved functioning to reach a level comparable to same-aged peers: 702/1413

Infants and toddlers who maintained functioning at a level comparable to same-aged peers: 983/2027

According to new calculations, C1 should have been 52.3% (1768/3379) and C2 should have been 63.6% (3440/5406) for FFY18. Using the actual data, we would not of had slippage in C1 or C2 according to the definition of slippage. for large percentage.

Provide reasons for C2 slippage, if applicable

We believe this slippage may be a continued natural correction from the Exit Skills Checklist module that is now a required training for new providers entering the system. In the past, providers had a variety of ways to collect the exit information and through the required training module, best practices are suggested on how to collect this data from families. Parent are now reporting on skills due to many visits still being virtual, so this could be another reason for slippage as parents are not trained in the tool or have extensive knowledge of child development. Service coordinators are also now responsible for entering the data and are not trained in the AEPS.

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

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's part C exiting 618 data	11,756
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.	3,129

Sampling Question	Yes / No
Was sampling used?	NO

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

NO

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

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 FFY19. 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)

COVID :

Because of COVID-19, evaluations to help determine eligibility were completed virtually. Assessment teams solicited skills and information from the family meaning they may have not been giving the child full credit for a specific skill. Because families had the option to go virtual, service coordinators made more attempts to connect with families who were virtual in an attempt to stay more connected with families in these unprecedented times.

3 - Prior FFY Required Actions

None

3 - OSEP Response

3 - Required Actions

Indicator 4: Family Involvement

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

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

Measurement

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

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

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

Instructions

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

Provide the actual numbers used in the calculation.

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

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

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

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

Measure	Baseline	FFY	2014	2015	2016	2017	2018
A	2004	Target>=	97.00%	97.00%	98.00%	99.00%	100.00%
A	99.90%	Data	96.54%	96.62%	96.84%	98.67%	96.93%
B	2004	Target>=	97.00%	97.00%	98.00%	99.00%	100.00%
B	99.90%	Data	96.29%	95.96%	96.73%	98.60%	96.87%
C	2004	Target>=	95.00%	96.00%	96.00%	96.00%	96.00%
C	95.50%	Data	94.75%	94.57%	94.80%	98.58%	95.29%

Targets

FFY	2019
Target A>=	100.00%
Target B>=	100.00%
Target C>=	96.00%

Targets: Description of Stakeholder Input

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- Indiana Department of Education, Office of Special Education
- Indiana Department of Health, Maternal and Child Health Division
- Indiana Department of Insurance
- Indiana Department of Child Services
- Indiana Division of Mental Health and Addiction
- Indiana Head Start State Collaboration Office
- Indiana Office of Medicaid Policy and Planning
- Indiana Office of Early Childhood and Out of School Learning
- Higher Education Faculty
- Head Start local programs
- State Legislative Representative
- Cluster Local Planning and Coordinating Councils (LPCCs) and cluster System Points of Entry (SPOE)
- Service Providers
- 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)
- Parents of children with developmental delays and disabilities

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 in 2019/2020 every other month in 2020 to discuss:

- State Performance Plan (SPP) and Indiana's progress in meeting the SPP targets
- Data for the FFY2019 APR along with past APR trend data will be presented to the March 2021 meeting. This group meets 6 times a year.

Additional Stakeholder groups:

- Indiana Association of Rehabilitation Facilities (INARF)
- Indiana Department of Family Resources (DFR)
- ARC of Indiana
- Family Voices

Indiana uses the original ECO Family Outcomes Survey.

FFY 2019 SPP/APR Data

The number of families to whom surveys were distributed	8,075
Number of respondent families participating in Part C	5,355
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	5,188
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	5,352
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	5,212
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	5,350
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	5,117
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	5,353

Measure	FFY 2018 Data	FFY 2019 Target	FFY 2019 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)	96.93%	100.00%	96.94%	Did Not Meet Target	No Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)	96.87%	100.00%	97.42%	Did Not Meet Target	No Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	95.29%	96.00%	95.59%	Did Not Meet Target	No Slippage

Sampling Question	Yes / No
Was sampling used?	NO

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

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.

Family completion rate for this indicator is 60% for FFY19 for all families exiting the Part C program. When we break it down by income, we find that for families at or below 250% FPL was 58% completion and for families above 250% FPL was 64% completion.

When we looked at the breakdown of race, it was determined that completion rate were the following:

Black/African American: 10.3% (1,141)

Hispanic/Latino: 8.4% (1,400)

2 or more races: 9% (1,306)

White: 69.7% (81,939)

According to our 618 Data:

Black/African American: 11%

Hispanic/Latino: 10%

2 or more races: 8%

White: 69%

We are close to having a representative breakdown of Indiana’s demographics of infants, toddlers, and families enrolled in the Part C program.

Provide additional information about this indicator (optional)

COVID: Families are being sent this survey through email, USPS, or texting to complete instead of offering to complete during the last visit with the family via an iPad.

4 - Prior FFY Required Actions

None

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 Year	Baseline Data
2005	1.40%

FFY	2014	2015	2016	2017	2018
Target >=	1.56%	1.56%	1.57%	1.57%	1.57%
Data	1.27%	1.36%	1.33%	1.42%	1.63%

Targets

FFY	2019
Target >=	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:

- Indiana Department of Education, Office of Special Education
 - Indiana Department of Health, Maternal and Child Health Division
 - Indiana Department of Insurance
 - Indiana Department of Child Services
 - Indiana Division of Mental Health and Addiction
 - Indiana Head Start State Collaboration Office
 - Indiana Office of Medicaid Policy and Planning
 - Indiana Office of Early Childhood and Out of School Learning
 - Higher Education Faculty
 - Head Start local programs
 - State Legislative Representative
 - Cluster Local Planning and Coordinating Councils (LPCCs) and cluster System Points of Entry (SPOE)
 - Service Providers
 - 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)
- Parents of children with developmental delays and disabilities

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 in 2019/2020 every other month in 2020 to discuss:

- State Performance Plan (SPP) and Indiana's progress in meeting the SPP targets
- Data for the FFY2019 APR along with past APR trend data will be presented to the March 2021 meeting. This group meets 6 times a year.

Additional Stakeholder groups:

- Indiana Association of Rehabilitation Facilities (INARF)
- Indiana Department of Family Resources (DFR)
- ARC of Indiana
- Family Voices

Prepopulated Data

Source	Date	Description	Data
SY 2019-20 Child Count/Educational Environment Data Groups	07/08/2020	Number of infants and toddlers birth to 1 with IFSPs	1,322
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin	06/25/2020	Population of infants and toddlers birth to 1	80,356

FFY 2019 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
1,322	80,356	1.63%	1.57%	1.65%	Met Target	No Slippage

Compare your results to the national data

Indiana meet the target of 1.57% for this indicator. Indiana is above the national average of 1.37% according to the 2020 ITCA 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)

During the onset of COVID-19, LPCC coordinators were tasked with connecting with physicians and other referral sources around the state to let them know that Part C was still accepting referrals and providing services.

5 - Prior FFY Required Actions

None

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 Year	Baseline Data
2005	3.83%

FFY	2014	2015	2016	2017	2018
Target >=	3.83%	3.83%	3.84%	3.84%	3.84%
Data	3.79%	3.89%	4.09%	4.09%	4.58%

Targets

FFY	2019
Target >=	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:

- Indiana Department of Education, Office of Special Education
- Indiana Department of Health, Maternal and Child Health Division
- Indiana Department of Insurance
- Indiana Department of Child Services
- Indiana Division of Mental Health and Addiction
- Indiana Head Start State Collaboration Office
- Indiana Office of Medicaid Policy and Planning
- Indiana Office of Early Childhood and Out of School Learning
- Higher Education Faculty
- Head Start local programs
- State Legislative Representative
- Cluster Local Planning and Coordinating Councils (LPCCs) and cluster System Points of Entry (SPOE)
- Service Providers
- 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)
- Parents of children with developmental delays and disabilities

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 in 2019/2020 every other month in 2020 to discuss:

- State Performance Plan (SPP) and Indiana's progress in meeting the SPP targets
- Data for the FFY2019 APR along with past APR trend data will be presented to the March 2021 meeting. This group meets 6 times a year.

Additional Stakeholder groups:

- Indiana Association of Rehabilitation Facilities (INARF)
- Indiana Department of Family Resources (DFR)
- ARC of Indiana
- Family Voices

Prepopulated Data

Source	Date	Description	Data
SY 2019-20 Child Count/Educational Environment Data Groups	07/08/2020	Number of infants and toddlers birth to 3 with IFSPs	11,923
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin	06/25/2020	Population of infants and toddlers birth to 3	245,929

FFY 2019 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
11,923	245,929	4.58%	3.84%	4.85%	Met Target	No Slippage

Compare your results to the national data

Indiana met the target of 3.84% for this indicator. Indiana is above the national average of 3.7% according to the 2020 ITCA 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)

During the onset of COVID-19, LPCC coordinators were tasked with connecting with physicians and other referral sources around the state to let them know that Part C was still accepting referrals and providing services.

6 - Prior FFY Required Actions

None

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 2019 SPP/APR, the data for FFY 2018), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

7 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	99.62%

FFY	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%
Data	97.01%	96.64%	99.07%	98.67%	94.36%

Targets

FFY	2019
Target	100%

FFY 2019 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 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
9,565	11,855	94.36%	100%	84.32%	Did Not Meet Target	Slippage

Provide reasons for slippage, if applicable

Many clusters do not have full assessment teams making it difficult to meet with families in a timely fashion. All nine clusters serve a combination of metropolitan and rural communities. Limited time (one day a week) is typically reserved to serve the rural counties making it difficult to meet the 45 days if families are not available the day the team is in their area. Turnover of service coordination in some of the SPOEs also contributed to late IFSPs for families.

Some things the state is doing from the analysis of the data:

- Increased provider recruitment in all areas of the state allowing more providers to participate on the assessment teams around the state.
- There is currently a bill in legislation to make tele-health a viable option for families to receive services including evaluation appointments outside of a pandemic.
- We will look at the data by cluster to determine if any processes need to be revised on how individual cluster meet the 45-day timeline.

We have listed out the state data and system reasons for delay under additional information below.

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.

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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 additional information about this indicator (optional)

State 11855 84.32% (9996/11855) - 1859 late IFSPs (IFSP completed 46-141 days from referral)

System Reasons for Delay:

The state reviews every initial IFSP for completion within 45-days for this indicator. For FFY19 total of 11854 IFSPs were reviewed. During this process it was found that 1859 of the 11855 (9996) IFSPs did not meet the 45-day timeline due to system errors. Of the late 45 Day starts, 85% are due to assessment team availability. SPOEs have struggles to keep full assessment teams on staff. Due to high referral rates going to IFSP, meeting the timeline for an evaluation to help determine eligibility within the 45 day timeline remains an issue. SPOEs are also working to find more assessment team members to help fill the need and have worked with other SPOE offices to 'borrow' assessment team members if available to help meet the needs.

The other 15% of late IFSPs are due to continued service coordinator turnover and service coordinator oversight at the SPOE offices. SPOEs transitioned last year to 'blended service coordination' model meaning the same person is with the family from referral until they leave the system in hopes of helping to decrease caseloads. Additional training continues to be needed on the importance of meeting these timelines. All 1859 children eventually received an IFSP albeit after 45 days.

Cluster A:

99.4% (1402/1411)

IFSPs completed 46-76 days after referral

Cluster B:

98.1% (1024/1044)

IFSPs completed 46/69 days after referral

Cluster C:

99.4% (1139/1146)

IFSPs completed 48-78 days after referral

Cluster D:

98.7% (895/907)

IFSPs completed 49-83 days after referral

Cluster F:

82.1% (435/530)

IFSPs completed 46-102 days after referral

Cluster G:

55% (2011/3655)

IFSPs completed 46-141 days after referral

Cluster H:

98.4% (738/750)

IFSPs completed 46-75 days after referral

Cluster I:

96.5% (1215/1259)

IFSPs completed 46-104 days after referral
 Cluster J:
 96.5% (1137/1153)
 IFSPs completed 46-71 days after referral

Correction of Findings of Noncompliance Identified in FFY 2018

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
6	0	4	2

FFY 2018 Findings of Noncompliance Verified as Corrected

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

Clusters A, B, C, and J subsequently corrected the findings of non-compliance for FFY 2018. The State verified correction for the four findings made according to federal requirements albeit outside the one year timeline. For each of the four findings, subsequent data were run for each of the clusters that received the finding. In all four instances, compliance was at 100% for this indicator for the subsequent data run. This indicates the regulatory requirements are being met.

The two clusters who remain out of compliance are clusters G and I.

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

The State verified correction for the four findings by reviewing data on each of the individual children included in the four findings. For each of the children, review of data confirmed that each child received and IFSP, although late. This indicates that each individual case of non-compliance was corrected within the required one year period.

FFY 2018 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

Four clusters were able to reach 100% compliance with verification of subsequent data.

The state has worked really hard to clear non-compliance findings by drilling down on the data to identify any barriers the cluster is having with correcting the finding. will offer TA around outstanding 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 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.

The state will work closely with the clusters that remain out of compliance by reviewing data more frequently, review of processes that are in place to see if they need to be revised. CAPs will be issued to each cluster with long standing of non-compliance.

With the new data system, each service coordinator will have a dashboard that will alert them to when a 45 day timeline is approaching so less timelines will be missed for families.

Correction of Findings of Noncompliance Identified Prior to FFY 2018

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2017	2	1	1
FFY 2016	2	1	1
FFY 2015	2	1	1

FFY 2017

Findings of Noncompliance Verified as Corrected

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

Cluster F corrected the finding of non-compliance during the 2018 review, which closed out the findings from 2013-2017. The State verified correction for the finding made according to federal requirements albeit outside the one year timeline based on subsequent data. Compliance was at 100% for this indicator for the subsequent data run. This indicates the regulatory requirements are being met.

This is not reflected in the table above. The "Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR" for 2015-2017 are incorrect. For 2015-2017, there should have been 3, not 2.

The two clusters who remain out of compliance are clusters G and I.

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

The State verified correction for the finding by reviewing data on each of the individual children included. For each of the children, review of data confirmed that each child received an IFSP, although late. This indicates that each individual case of non-compliance was corrected albeit outside of the 1 year period.

FFY 2017

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

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. The state will require CAPs for all clusters with long outstanding findings (Cluster F, G and I). The CAP will require clusters to work with the state specifically around analyzing the data to determine the root cause and they will be required to implement state agreed upon strategies and provide more frequent data to be sure the CAP is successful. We will continue our work with DaSy to design the state's required

processes and the state will consider additional sanctions if this step does not result in correction of non-compliance.

The state has re-designed the criteria for the local determination process. This will allow more leverage for correction of non-compliance.

The state believes that the new data system will assist in meeting 45 day time line because each service coordinator will have a dashboard that will alert them to when a 45 day timeline is approaching so less timelines will be missed for families.

FFY 2016

Findings of Noncompliance Verified as Corrected

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

Cluster F corrected the finding of non-compliance during the 2018 review, which closed out the findings from 2013-2017. The State verified correction for the finding made according to federal requirements albeit outside the one year timeline based on subsequent data. Compliance was at 100% for this indicator for the subsequent data run. This indicates the regulatory requirements are being met.

This is not reflected in the table above. The "Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR" for 2015-2017 are incorrect. For 2015-2017, there should have been 3, not 2.

The two clusters who remain out of compliance are clusters G and I.

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

The State verified correction for the finding by reviewing data on each of the individual children included. For each of the children, review of data confirmed that each child received an IFSP, although late. This indicates that each individual case of non-compliance was corrected albeit outside of the 1 year period.

FFY 2016

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

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. The state will require CAPs for all clusters with long outstanding findings (Cluster F, G and I). The CAP will require clusters to work with the state specifically around analyzing the data to determine the root cause and they will be required to implement state agreed upon strategies and provide more frequent data to be sure the CAP is successful. We will continue our work with DaSy to design the state's required processes and the state will consider additional sanctions if this step does not result in correction of non-compliance.

The state has re-designed the criteria for the local determination process. This will allow more leverage for correction of non-compliance.

The state believes that the new data system will assist in meeting 45 day time line because each service coordinator will have a dashboard that will alert them to when a 45 day timeline is approaching so less timelines will be missed for families.

FFY 2015

Findings of Noncompliance Verified as Corrected

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

Cluster F corrected the finding of non-compliance during the 2018 review, which closed out the findings from 2013-2017. The State verified correction for the finding made according to federal requirements albeit outside the one year timeline based on subsequent data. Compliance was at 100% for this indicator for the subsequent data run. This indicates the regulatory requirements are being met.

This is not reflected in the table above. The "Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR" for 2015-2017 are incorrect. For 2015-2017, there should have been 3, not 2.

The two clusters who remain out of compliance are clusters G and I.

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

The State verified correction for the finding by reviewing data on each of the individual children included. For each of the children, review of data confirmed that each child received an IFSP, although late. This indicates that each individual case of non-compliance was corrected albeit outside of the 1 year period.

FFY 2015

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

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. The state will require CAPs for all clusters with long standing noncompliance (Cluster F, G). The CAP will require clusters to work with the state specifically around analyzing the data to determine the root cause and they will be required to implement state agreed upon strategies and provide more frequent data to be sure the CAP is successful. We will continue our work with DaSy to design the state's required processes and the state will consider additional sanctions if this step does not result in correction of non-compliance.

Cluster I did not meet compliance for the first time in 2015 and continues to remain out of compliance through 2018.

Additional uncorrected years of noncompliance:

See above for actions taken.

FFY14:

F and G

FFY13:

F and G

FFY12:

G

The state has re-designed the criteria for the local determination process. This will allow more leverage for correction of non-compliance.

The state believes that the new data system will assist in meeting 45 day time line because each service coordinator will have a dashboard that will alert them to when a 45 day timeline is approaching so less timelines will be missed for families.

7 - Prior FFY Required Actions

None

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 2019 SPP/APR, the data for FFY 2018), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8A - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	100.00%

FFY	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%
Data	99.92%	99.22%	99.06%	99.65%	99.21%

Targets

FFY	2019
Target	100%

FFY 2019 SPP/APR Data

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

YES

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
459	476	99.21%	100%	96.43%	Did Not Meet Target	Slippage

Provide reasons for slippage, if applicable

Turnover at the SPOE offices is the biggest factor contributing to transition steps and services being not properly documented on the IFSP. When a service coordinator leaves the system, it is sometimes difficult to accurately describe the importance of why parts of the IFSP must be completed. The seventeen (17) files were due to new staff being quickly trained in order to take over families so families were not without a service coordinator during the pandemic (last quarter). Service coordinators made an effort to communicate with the family more often to help with resources the families on their caseloads might need because of the pandemic.

We do not believe COVID has an affect on this indicator.

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.

All nine clusters/SPOEs are monitored each year. We gathered data for the entire year. Data were gathered from July 1, 2019 through June 30, 2020 using a sampling of data.

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. For smaller SPOEs (Clusters D, F, and H), the number of files reviewed was increased to include at least 20 files.

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.

Provide additional information about this indicator (optional)

of IFSPs Reviewed % of IFSPs with Transition Steps and Services
State 96.4% (459/476)

The state reviewed a sample of 476 IFSPs during FFY19. It was found that only 17 of the 476 IFSPs did not have adequate documentation of transition steps and services. One SPOE received a finding for this indicator. They were able to correct the non-compliance within one year of the finding being issued and it was verified by the state as corrected.

Correction of Findings of Noncompliance Identified in FFY 2018

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
2	2	0	0

FFY 2018 Findings of Noncompliance Verified as Corrected

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

The State verified correction for both findings made according to federal requirements and within the year. For each of the two findings, subsequent data were run for each of the clusters that received the finding. In both instances, compliance was at 100% for this indicator for the subsequent data run. This indicates the regulatory requirements are being met.

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

The State verified correction for both findings by reviewing data on each of the three individual children included in the two findings. For each of the three children, review of data confirmed that each child received steps and services for transition, although late. This indicates that each individual case of non-compliance was corrected within the required one year period.

Correction of Findings of Noncompliance Identified Prior to FFY 2018

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8A - Prior FFY Required Actions

None

8A - OSEP Response

8A - Required Actions

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 2019 SPP/APR, the data for FFY 2018), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8B - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	100.00%

FFY	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%
Data	100.00%	100.00%	100.00%	100.00%	100.00%

Targets

FFY	2019
Target	100%

FFY 2019 SPP/APR Data

Data include notification to both the SEA and LEA

YES

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
8,486	8,486	100.00%	100%	100.00%	Met Target	No Slippage

Number of parents who opted out

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

0

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 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, 2019 to June 30, 2020.

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.

We do not believe COVID has an impact on this indicator.

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

NO

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

State database

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

Data was collected from July 1, 2019 through June 30, 2020.

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 FFY19.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2018

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

Correction of Findings of Noncompliance Identified Prior to FFY 2018

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8B - Prior FFY Required Actions

None

8B - OSEP Response

8B - Required Actions

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 2019 SPP/APR, the data for FFY 2018), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8C - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	96.00%

FFY	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%
Data	99.08%	99.00%	99.09%	98.01%	96.43%

Targets

FFY	2019
Target	100%

FFY 2019 SPP/APR Data

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

YES

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
779	811	96.43%	100%	96.05%	Did Not Meet Target	No Slippage

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

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

0

Number of documented delays attributable to exceptional family circumstances

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

0

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. We gathered data for the entire year. Data were gathered from July 1, 2019 through June 30, 2020 using a sampling of data.

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. For smaller SPOEs (Clusters D, F, and H), the number of files reviewed was increased to include at least 20 files.

Indiana does not review the records of all children exiting the Part C system. The number listed represents a sample of the children exiting the Part C system who was supposed to have a transition meeting 90 days-9 months prior the the child's third birthday. 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. The data includes samples from each of the nine clusters to ensure adequate representation of all children receiving First Steps services in Indiana.

Provide additional information about this indicator (optional)

of IFSPs Reviewed % of IFSPs with Timely Transition Meetings

State: 811 96.1% (779/811)

The state reviewed a total of 811 Transition meeting documents during FFY19 to verify the transition meeting happened timely. It was found that 32 of the 811 files reviewed did not have a timely transition meeting. Six findings were issued for this indicator. Four of the six SPOEs were able to correct the finding with in the 1 year timeline.

Correction of Findings of Noncompliance Identified in FFY 2018

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
6	5	0	1

FFY 2018 Findings of Noncompliance Verified as Corrected

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

The State verified correction for the findings made for Cluster A, F, H, I and J according to federal requirements and within the year. For each of the corrected 5 findings, subsequent data were run for each of the clusters that received the finding. In all instances, compliance was at 100% for this indicator for the data run. This indicates the regulatory requirements are being met.

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

The State verified correction for the five findings by reviewing data on each of the 14 individual children included in the five findings.

For each of the 14 children, review of the data confirmed that each child received a transition meeting albeit outside the specific timeline. This indicates that each individual case of non-compliance was corrected within the required one year period.

FFY 2018 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

Cluster G was not able to meet compliance for this indicator. For the 10 families who did not receive a timely transition, a meeting was held albeit outside of the timeline for this indicator. Each case was reviewed and no systemic issues were identified. Cluster G provided a training to all their service coordinators on the importance of meeting timeliness for this indicator and each service coordinator has access to a tracking tool to assist in meeting the timeline for this indicator.

Correction of Findings of Noncompliance Identified Prior to FFY 2018

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8C - Prior FFY Required Actions

None

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 EDFacts Metadata and Process System (EMAPS)).

Measurement

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

Instructions

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

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

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

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

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

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

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

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

YES

Provide an explanation of why it is not applicable below.

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

9 - Prior FFY Required Actions

None

9 - OSEP Response

9 - Required Actions

Indicator 10: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

Data collected under section 618 of the IDEA (IDEA Part C Dispute Resolution Survey in the EDFacts 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

Prepopulated Data

Source	Date	Description	Data
SY 2019-20 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/04/2020	2.1 Mediations held	0
SY 2019-20 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/04/2020	2.1.a.i Mediations agreements related to due process complaints	0
SY 2019-20 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/04/2020	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:

- Indiana Department of Education, Office of Special Education
 - Indiana Department of Health, Maternal and Child Health Division
 - Indiana Department of Insurance
 - Indiana Department of Child Services
 - Indiana Division of Mental Health and Addiction
 - Indiana Head Start State Collaboration Office
 - Indiana Office of Medicaid Policy and Planning
 - Indiana Office of Early Childhood and Out of School Learning
 - Higher Education Faculty
 - Head Start local programs
 - State Legislative Representative
 - Cluster Local Planning and Coordinating Councils (LPCCs) and cluster System Points of Entry (SPOE)
 - Service Providers
 - 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)
- Parents of children with developmental delays and disabilities

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 in 2019/2020 every other month in 2020 to discuss:

- State Performance Plan (SPP) and Indiana's progress in meeting the SPP targets
- Data for the FFY2019 APR along with past APR trend data will be presented to the March 2021 meeting. This group meets 6 times a year.

Additional Stakeholder groups:

- Indiana Association of Rehabilitation Facilities (INARF)
- Indiana Department of Family Resources (DFR)
- ARC of Indiana
- Family Voices

Historical Data

Baseline Year	Baseline Data
2005	

FFY	2014	2015	2016	2017	2018
Target>=					
Data		0.00%			

Targets

FFY	2019
Target>=	

FFY 2019 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 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
		0				N/A	N/A

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

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:

3172341142

Submitted on:

02/01/21 5:41:42 PM