

Part C State Performance Plan (SPP) for 2005-~~2010~~2012

(REVISIONS MADE 2/07, 2/08, 2/09, 2/10, 4/10)

REVISIONS FOR FFY09 AND TO EXTEND THE SPP THROUGH 2012 MADE 2/1/11

Overview of the State Performance Plan Development:*(The following items are to be completed for each monitoring priority/indicator.)***Monitoring Priority: Early Intervention Services In Natural Environments****Indicator 1:** Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.

(20 USC 1416(a)(3)(A) and 1442)

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.

(Revised Measurement (FFY2008))**Indicator 1:** Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.

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

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.

Overview of Issue/Description of System or Process:

Indiana places a high priority on the delivery of services in a timely manner. All local System Point of Entry (SPOE) offices have in place specific policies and procedures to help ensure that every IFSP is completed within 45 days of referral and that early intervention services listed on the IFSP are delivered in a timely manner.

Each SPOE is electronically connected to the Central Reimbursement Office (CRO). The CRO, through a state contract, is responsible for the initiation and maintenance of an electronic early intervention record. This record includes the child/family database, all authorized and reimbursed services. The CRO database assists Indiana in meeting the financial and data reporting needs to federal, state and local entities. The CRO enhances First Steps funding through the consolidation of all relevant private, state, federal and family cost share resources to support early intervention services. The CRO provides timely reimbursement to providers for the provision of authorized early intervention services.

Referrals to First Steps are accepted from parents, health care professionals, social services agencies and other interested parties. Referrals are made directly to the regional System Point of Entry (SPOE). Upon receipt of referral, the family is contacted within 2 days by the intake coordinator. The intake coordinator explains the First Steps Program, Family Rights, Eligibility Determination (evaluation and

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assessment), available services and the IFSP development. If the family is interested an intake appointment is scheduled at the family's earliest convenience. At the intake appointment, further explanations of the program and procedural safeguards are explained. If the family chooses to participate, consents are signed and plans for eligibility determination (evaluation and assessment) are made. The First Steps application also serves as application for CSHCS and Hoosier Healthwise (Indiana Medicaid/SCHIP) for eligible families. The Intake coordinator contacts the Eligibility Determination (ED) Team to complete the evaluation and assessment process. Families of children not found to meet Indiana's eligibility criteria, receive information on their rights, child development and how to re-contact the SPOE if they have on-going concerns. Additionally, families of children who are not eligible are contacted again in three months by the Intake coordinator to check on how things are going.

Children who are found to meet eligibility criteria are scheduled for an IFSP meeting. Families are assisted in the selection of an ongoing service coordinator. The IFSP meeting is scheduled within 45 days of referral at the family's convenience. At the IFSP meeting, the family's desires for their child and the child's needs are discussed. Services are identified to meet these needs and providers are chosen from the Provider Matrix. Service coordinators and families can search online at www.eikids.com to assist in the selection of providers for services included in their IFSP. All services are entered into the CRO database and provider authorizations are generated. When the IFSP is signed by the parents and the healthcare provider, services may begin.

Once a provider is enrolled in the system, a Provider Matrix is developed and posted on the CRO website (www.eikids.com). The matrix provides a one page summary that contains contact information, academic training, experience, certifications, areas of interest/expertise, service area (by zip codes) and availability to provide service. Providers are not limited in their service area and may cross regional boundaries to provide services. This helps to insure that all early intervention services are available in all areas of the state. Local Planning and Coordinating Councils (LPCCs) also assist in the recruitment of early intervention providers through job fairs and presentations to university pre-service programs, hospitals and school-based providers.

Indiana has developed comprehensive personnel standards for each early intervention service provider to insure that First Steps providers are knowledgeable and possess the appropriate skills and experience necessary to provide early intervention services. Materials are available on the First Steps website at www.in.gov/fssa/first_step/index.html including the Personnel Guide and the Profile Reports.

The CRO also serves as the provider enrollment and credentialing entity. Indiana maintains an open enrollment for qualified providers. All providers must meet the Indiana personnel standards. These standards include entry level requirements and competency areas for all professionals. Additional enrollment criteria includes evidence of current professional licensure, if applicable; a limited criminal history check, general liability insurance, and completion of an Orientation to First Steps course. Service coordinators must also complete a four day Service Coordination Level I training. Core and topical training for all early intervention providers is provided through Indiana's Unified training System. Indiana's Unified Training System (UTS) is a coordinated and comprehensive plan for the delivery of training to providers and families in the early intervention system. Training needs assessments are used to serve as the basis for the development, implementation and evaluation of training and technical assistance. Providers must attend annual mandatory trainings and complete assessments from the quarterly training newsletters. UTS trainings provide a broad range of topics from family-centered services, cultural diversity and specific trainings on various diagnoses, conditions and naturalistic interventions. A central UTS Connect office provides information and facilitates registration for providers and families wanting to access training.

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Developmental therapists (Specialized Instruction) with less than one year experience in infant/toddler services and Service coordinators with less than one year experience in case management must work under the supervision of an experienced specialist for at least one year. Additionally, all First Steps providers must initially credential within 2 years of enrollment and annually thereafter. The initial early intervention credential requires 15 points applied under experience, academic coursework, conference attendance and/or independent study. Annual re-credentials require 3 points (ex. one year of fulltime employment and 20 hours of conference attendance or other study).

Definition of Timely: Indiana has defined *timely* as all services written in the IFSP are initiated within 30 calendar days from the IFSP date, with parent approval. The expectation is that 30 days are the maximum amount of time that should be allowed for services to begin. This time period allows adequate time for authorized services to be entered in the CRO database, providers to be selected and appointments with the family to be scheduled. **Timely definition revision 2/1/08: Indiana has defined *timely* as all services written in the IFSP are initiated within 30 calendar days from IFSP date, with parental consent or within 30 days from the parent signature date for added/changed IFSP services as written on the change of IFSP services page, or within 30 days of the new service start date, as written on annual IFSP.**

Baseline Data for FFY 2004 (2004-2005): In FFY 04 (July 1, 2004 through June 30, 2005), no file review sampling was performed. Data from the CRO database was reviewed for all authorized services written in every child's initial IFSP. This data was compared to the first service delivery dates for each authorization to determine the number of IFSP early intervention services provided within 30 days of the IFSP date. Based on claims/authorization data, eighty percent (80%) of infants and toddlers were found to have received all IFSP early intervention services within 30 calendar days of the IFSP date. In this calculation, the State included all services authorized from the child's IFSP that had not been claimed. The CRO was unable to establish what the reason was for any failure to claim (provide) an authorized IFSP service. In addition to a family choice to delay services, which should not have been included in the baseline calculations, reasons for delay to provide an IFSP service included data entry error, duplicate entry, unavailability of a chosen provider and unavailability of a specific service, etc.

Discussion of Baseline Data: In FFY 03 (July 1, 2003 through June 30, 2004), Indiana reported in its APR that 92% of authorized IFSP services were provided in a timely manner. To determine if services were provided in a timely manner, the State reviewed 369 randomly selected early intervention records, or 2% of children with an active IFSP, over a 2-month period. The review determined if a claim was made (service provided) for each IFSP early intervention service authorized on the IFSP. The review found that 92% of the services authorized were provided to families. To further support the State's compliance with timely service delivery requirements, no concerns or complaints were received from families in FFY 03 or FFY 04.

While it may appear that Indiana is slipping in its ability to provide timely early intervention services, this assumption is not necessarily true. In FFY 04, Indiana provided data through random sampling of 5% of records. Having the early intervention record available, allowed the reviewer to see the child's actual IFSP document and compare it with the claims document (service provision). Data entry errors and failure to delete duplicate services were not factors because the reviewers compared only the written IFSP services with those provided. They were able to see written change of services (change in provider, service or frequency that occurred after the initial IFSP) and the reviewers were able to note through documentation if families refused services or could not be contacted after repeated efforts. Additionally, there was no statewide definition for timely service in FFY 03 or FFY 04 and timely was defined on an individual basis by the family, service coordinator and each team.

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The data for FFY 04 reviews every early intervention service for every initial IFSP entered into the database for FFY 04. The current data entry system does not provide edits to disallow duplicate data entry for a service or deletion of a service when a change in frequency or provider is made. In February 2006, Indiana is changing the CRO contract provider. This change will result in a web-based system that incorporates edits preventing duplicate service entries and will allow service coordinators to monitor authorized services listed on the IFSP and in the database to insure that they match. Once this is accomplished the initial IFSP early intervention services data will truly reflect what is written on the IFSP and the timeliness of early intervention services delivery can be accurately calculated. **To date, January 2007, the CRO contractor has not completed development of a system to monitor timely delivery of services. The creation of a web-based system remains a high priority for Indiana.**

Account for untimely receipt of services - Reasons for untimely services may include: data errors as described above, hospitalization/illness; family choice to delay services; family difficult to contact (moved, whereabouts unknown); holidays; schedule conflicts with chosen providers; or child, family and/or provider illness. If start of services is delayed due to parental choice, it must to be documented in the early intervention record to meet State compliance standards.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of infants and toddlers with IFSP receive services within <u>30 calendar days from initial IFSP with parental consent</u>
2006 (2006-2007)	100% of infants and toddlers with IFSPs receive the early intervention services on their IFSPs within 30 calendar days from IFSP date, with parental consent or within 30 days from the parent signature date for added/changed IFSP services.
2007 (2007-2008)	100% of infants and toddlers with IFSPs receive the early intervention services on their IFSPs within 30 calendar days from IFSP date, with parental consent or within 30 days from the parent signature date for added/changed IFSP services.
2008 (2008-2009)	100% of infants and toddlers with IFSPs receive the early intervention services on their IFSPs within 30 calendar days from IFSP date, with parental consent or within 30 days from the parent signature date for added/changed IFSP services.
2009 (2009-2010)	100% of infants and toddlers with IFSPs receive the early intervention services on their IFSPs within 30 calendar days from IFSP date, with parental consent or within 30 days from the parent signature date for added/changed IFSP services.
2010 (2010-2011)	100% of infants and toddlers with IFSPs receive the early intervention services on their IFSPs within 30 calendar days from IFSP date, with parental consent or within 30 days from the parent signature date for added/changed IFSP services.
FFY2008	100% of infants and toddlers with IFSPs will receive early intervention services on their IFSPs within 30 calendar days from IFSP date, with parental consent or within 30 days from the parent signature date for added IFSP services. All untimely receipt of services will be accounted for, including the reasons for delays.
FFY2009	100% of infants and toddlers with IFSPs will receive early intervention services on their IFSPs within 30 calendar days from IFSP date, with parental consent or within 30 days from the parent signature date for added IFSP services. All untimely receipt of services will be accounted for, including the reasons for delays.

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<p>FFY2010</p>	<p>100% of infants and toddlers with IFSPs will receive early intervention services on their IFSPs within 30 calendar days from IFSP date, with parental consent or within 30 days from the parent signature date for added IFSP services. All untimely receipt of services will be accounted for, including the reasons for delays.</p>
<p>FFY2011</p>	<p>100% of infants and toddlers with IFSPs will receive early intervention services on their IFSPs within 30 calendar days from IFSP date, with parental consent or within 30 days from the parent signature date for added IFSP services. All untimely receipt of services will be accounted for, including the reasons for delays.</p>
<p>FFY2012</p>	<p>100% of infants and toddlers with IFSPs will receive early intervention services on their IFSPs within 30 calendar days from IFSP date, with parental consent or within 30 days from the parent signature date for added IFSP services. All untimely receipt of services will be accounted for, including the reasons for delays.</p>

Improvement Activities/Timelines/Resources:

Provider training and education are needed on best practices concerning timely delivery of services. This would include education on insuring that authorized services are delivered in a timely manner and strategies for insuring this occurs.

FFY	Improvement Activities	Resources	On-going Activity*
<p>2005 (2005-2006)</p>	<ul style="list-style-type: none"> ▪ Training activities for providers, service coordinators and intake coordinators on the definition of <u>timely services</u>. ▪ First Steps will develop documentation guidelines to report on timely service delivery. ▪ Update all provider agreements to include statements defining timely provision of services. ▪ Monitoring and quality review activities to ensure provision of services in a timely manner 	<p>Unified Training System Training Times Local Provider Meetings</p>	<ul style="list-style-type: none"> ▪ Ongoing thru 2010 ▪ Ongoing thru 2010 ▪ Ongoing thru 2010
<p>2006 (2006-2007)</p>	<ul style="list-style-type: none"> ▪ Enhancements to the data system to better track and eliminate duplicate authorizations ▪ Statewide Data System to track and monitor for quality review purposes. 	<p>CRO enrollment Statewide Data System Focused Monitoring</p>	<ul style="list-style-type: none"> ▪ Ongoing thru 2010
<p>2007 (2007-2008)</p>	<ul style="list-style-type: none"> ▪ Timely Services outcome-based performance standard will be added to Request for Funding contracts. 		
<p>2008 (2008-2009)</p>	<p>NOTE: See on-going activities identified above.</p>		
<p>2009 (2009-2010)</p>	<p>NOTE: See on-going activities identified above.</p>		

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FFY	Improvement Activities	Resources	On-going Activity*
<p>2010 (2010-2011)</p> <p>2011 (2011-2012)</p> <p>2012 (2012-2013)</p>	<p>NOTE: See on-going activities identified above.</p> <ol style="list-style-type: none"> 1. All providers must be employed or contracted through a state approved provider network. Networks will be responsible for the supervision of its providers. 2. While IFSPs are written for one year period, IFSP service authorizations will be written for 3 months and providers must submit progress notes at 3 month intervals. Progress notes must contain service start states and reasons for delay if >30 days. 3. To streamline the initial and annual evaluation/assessment process, EDTs will work under the direction of the SPOEs as employees or contractors. 	<p>State Bureau Child Development Services Central Reimbursement Office System Points of Entry</p>	<p>Start Date 01/01/2011 and continuous through 06/30/2013</p>

* On-going Activity = activity will occur each subsequent year

Revisions for FFY2009

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Percent = # of infants and toddlers with IFSPs who primarily receive early intervention services in the home or ~~programs for typically developing children~~ community-based settings divided by the total # of infants and toddlers with IFSPs times 100.

Overview of Issue/Description of System or Process:

Indiana is committed to the provision of early intervention services in the natural environment and has demonstrated much success in this area. The Indiana Best Practices in Early Intervention (2004) (http://www.in.gov/fssa/first_step/pdf/BestPracticeFINAL1-04.pdf) adheres to a philosophy and practice of services in the child's natural environment that also reflect the child/family natural activities, routines, and interactions. During the intake process, a family interview is conducted by the service coordinator. The family interview (www.in.gov/icpr/webfile/formsdiv/51313.pdf) provides baseline data for evaluating outcomes when the child leaves First Steps. Section 2 of the family interview, provides a review of the child/family natural environments and routines. This information is incorporated into the IFSP. Another publication, Early Intervention in Everyday Routines, Activities and Places – Guidelines for Indiana (2001) (www.iidc.indiana.edu/ecc/documents/NatrIEnvironBklt.pdf) also supports services in natural environments.

Indiana's commitment to natural environments extends beyond early intervention service delivery to providing all aspects of early intervention in the natural environment. The initial intake meeting and IFSP meeting can be held in the family's home, workplace or other community location of the family's choice. Evaluation/Assessment by the Eligibility Determination Teams is also performed in the child's natural environment, usually the home or child care.

Indiana does recognize that there may be occasions when a child's needs for a particular service cannot be met in the natural environment and it allows the IFSP team, including the parent to make this determination for an individual service. When this occurs, the IFSP Team must justify why the service cannot be provided in the natural environment and what steps will be taken to transition the service into the natural environment in the future. IFSP services are reviewed at least every six months with the team and the family. The place of early intervention service delivery is captured from the claim form submitted by direct services providers.

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Baseline Data for FFY 2004 (2004-2005):

Year	Actual Performance	Performance Targets	Indiana's Actual Performance
2000	73%	67%	
2001	76%	69%	87%
2002	82%	71%	88%
2003		78%	90%
2004			94%

Discussion of Baseline Data:

In FFY 04 APR (July 1, 2004 through June 30, 2005) Indiana reported from its claims data that 94% of services were provided in the natural environment. Since the adoption of natural environments as a Best Practice for Early Intervention Services, Indiana has experienced an increase of services in the natural environment of 7%. Indiana believes that there are occasions when services cannot be provided in the natural environment and provides limited exceptions with IFSP team justification. Therefore, it is not anticipated that this percentage will increase significantly over time and has set its final target at 96% of IFSP services are provided in the natural environment for typically developing children.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	94% of infants and toddlers with an IFSP who primarily receive early intervention services in the natural environment for typically developing children.
2006 (2006-2007)	94% of infants and toddlers with an IFSP who primarily receive early intervention services in the natural environment for typically developing children.
2007 (2007-2008)	94% of infants and toddlers with an IFSP who primarily receive early intervention services in the natural environment for typically developing children.
2008 (2008-2009)	95% of infants and toddlers with an IFSP who primarily receive early intervention services in the natural environment for typically developing children the home or community-based settings.
2009 (2009-2010)	95% of infants and toddlers with an IFSP who primarily receive early intervention services in the natural environment for typically developing children the home or community-based settings.
2010 (2010-2011)	95% of infants and toddlers with an IFSP who primarily receive early intervention services in the natural environment for typically developing children the home or community-based settings.
2011 (2011-2012)	<u>95% of infants and toddlers with an IFSP who primarily receive early intervention services in the home or community-based settings.</u>
2012 (2012-2013)	<u>95% of infants and toddlers with an IFSP who primarily receive early intervention services in the home or community-based settings.</u>

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Improvement Activities/Timelines/Resources:

FFY	Improvement Activities	Resources	On-going Activity*
<p>2005 (2005-2006) 2006 (2006-2007) 2007 (2007-2008) 2008 (2008-2009) 2009 (2009-2010) 2010 (2010-2011)</p>	<ul style="list-style-type: none"> • Provider training on delivery of services in the natural environment • System Point of Entry software changes to better capture place of service • Central Reimbursement Office vendor change • Annual provider forums to enhance training on services in natural environments. 	<p>Unified Training System Training Times Local Provider Meetings</p>	<ul style="list-style-type: none"> • Ongoing thru 2010 • Ongoing thru 2010

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2007: No revisions to the proposed SPP targets; the SPP target for this indicator will increase in FFY2008 to 95%. Improvement activities have been revised. In 2009, QR teams will begin to shadow intake and ongoing Service Coordinators as they work with families and providers. These observations will focus on the IFSP development including the decision-making process for the identification of individual child and family services, frequencies and settings.

The revisions below have been incorporated into the SPP.

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SPP Activity Updates and Revisions		
Improvement Activities	Responsible Party & Resources	Timeline
Provider training on delivery of services in the natural environment	<p>UTS Programmatic Training grant – Development of a distance education module on Natural Environments</p> <p>UTS - Training Times articles on NE and RBI.</p> <p>Local Provider Meetings through the LPCC/LPCC Coordinator and SPOE staff</p>	<p>Module was completed in 2007. It is available to providers as First Steps Core Training. This training is ongoing thru 2010. 2012</p> <p>Articles in the Training Times have addressed Natural Environments (12/04; 3/05; 2/06) & Routines-Based Interviews/interventions (8/08).</p> <p>Ongoing activity through 2010. 2012</p>
System Point of Entry software changes to better capture place of service	Changes to the software/EDS – CRO contractor.	Software updates in 2006, ongoing through the transition of the CRO in 2/09.
Central Reimbursement Office vendor change	New CRO contract awarded in 2008. Transition from EDS to CSC-Covansys is in process – State First Steps staff	Transition of CRO will be completed in 2/09.
Annual provider forums to enhance training on services in natural environments.	UTS and state First Steps staff	2005-2006. Changed in 2007 to First Steps Core Training requirement.
NEW FFY2007 - Annual Provider Meetings replaced with annual mandatory completion of a First Steps Core Training. Development of a distance learning modules on Natural Environments.	UTS Programmatic Training	Initiated in January 2007 and ongoing FFY 2010. 2012

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<p>NEW in FFY2008 – QR teams will shadow a number of Intake and Ongoing Service Coordinator to observe IFSP development, to include the identification of services, frequency and setting.</p>	<p>QR Contractors and state consultant for QR.</p>	<p>Development of the Service Coordinator observation tool and procedures for observation (10-12/08) SC observations in each SPOE cluster (April 2009).</p>
<p>NEW in FFY09 - Develop and monitor policy for monthly provider/family face-to-face contact to enhance family communication and participation when the child receives all early intervention services in a child care center.</p>	<p>Bureau of Child Development Services Provider Networks Child & Family Advocacy Groups</p>	<p>Written policy developed 1/1/2011. Incorporate policy review into QR billing reviews (documentation of family contact monthly) Continue to monitor early intervention records for notes on team discussions regarding service location decisions. Ongoing to 2012.</p>

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- 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)

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

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comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

Summary Statements for Each of the Three Outcomes (use for FFY 2008-2009 reporting):

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

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.

Description of System or Process:

Indiana designed and began implementing an outcomes-based evaluation system for Part C in November of 2002. The original evaluation system was designed to assess the impact of the First Steps System on all children and families exiting the system and who had been in the system for a minimum of six months. The system was designed to assess a number of child and family outcomes. In the current system, child and family assessment data is collected from multiple sources, including initial intake, a developmental assessment of children at entry and exit from First Steps, and an exit family interview. Service Coordinators are responsible for compiling and submitting this data electronically, once the child and family have exited the First Steps system. The assessment and child demographic data collected by the state are analyzed by an outside evaluator to determine the impact of First Steps on both child and family outcomes.

Current measurement strategies to collect data

- Who will be included in the measurement, i.e. what population of children? All infants and toddlers who are eligible for and who have received early intervention services for a minimum of six months and for whom there is complete child and family assessment information are included in the analysis.
- What assessment/measurement tool(s) and/or other data sources will be used? Indiana uses the Assessment, Evaluation, and Programming System for Infants and Children (AEPS®^{2nd} Ed.) to collect functional developmental skills of the child at entry into and exit

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from the First Steps program. The AEPS® tool allows providers to utilize a variety of assessment techniques, including child observation, direct test and family interview. The AEPS® has been utilized for child outcome assessment since 2006. This year's APR is the first to be based entirely on both entry and exit assessment data from the AEPS®. The AEPS® assessment data for each developmental domain is recorded in terms of standard deviation scores, which were provided to Indiana by the AEPS® authors:

- '0' for children who are at or above age level,
- '1' for children who are from -1 to -1.4 standard deviations below age level (near age level),
- '1.5' for children who are from -1.5 to -1.9 standard deviations below age level,
- '≥2' for children who are minus two or more standard deviations below age level.

In addition to the AEPS® score, the IFSP team notes if progress was made for each of the five developmental domains included in the AEPS®. This additional progress data from the IFSP team is new to this year's SPP.

Indiana chose to align each of the three OSEP child outcomes in Indicator 3 with a specific AEPS® domain to allow for the use of the AEPS® provided standard deviation scores and cut scores which provide guidance in determining which children are comparable to, near or not near same age peers. While the child outcomes were designed to measure important skills across domains, it should be noted that each AEPS® domain is not exclusive to one domain skill set, as each includes functional developmental skills from multiple developmental domains.

Assessment data from the AEPS® is used in the following ways to determine the impact of First Steps on the three child outcomes for Indicator 3:

1. Positive social-emotional skills (including social relationships) – The developmental scores of children in the AEPS® social domain (including if progress was made) are used as the primary source of data for measuring child progress on this outcome.
 2. Acquisition and use of knowledge and skills (including early language/communication) - The developmental scores of children in the AEPS® cognitive domain (including if progress was made) are used as the primary source of data for measuring child progress on this outcome.
 3. Use of appropriate behaviors to meet their needs - The developmental scores of children in the AEPS® adaptive domain (including if progress was made) are used as the primary source of data for measuring child progress on this outcome.
- Who conducted the assessments? Child assessment is conducted by the state's evaluation and eligibility determination teams, comprised of a minimum of two or more disciplines in the field of early intervention. Child assessment data is collected upon the child's entry into and exit from First Steps. While entry assessment data is collected entirely by the eligibility determination team, exit assessment data is supplemented by progress reports and observational notes from the entire IFSP team, which includes ongoing service providers and the child's family.

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- When did measurement occur? Initial child assessment data is collected as part of the initial evaluation and eligibility determination process, concluding with the initial IFSP. Exit child assessment data is collected within 3 months of the child's and family's transition from First Steps.
- What data will be reported to the state, and how will the data be transmitted? On an ongoing basis (as children exit the program), service coordinators and clerical staff at each of the nine regional SPOEs enter and transmit child assessment data through a secure, encrypted, password-protected website used to collect all child and family assessment data. The child assessment data that is reported includes the summary standard deviation score for each of the five developmental domains; as well as the IFSP team's determination that progress was made for each domain.
- What data analysis methods will be used to determine the progress categories? The statewide database of individual child and family outcome records is loaded into SPSS-Statistical Package for the Social Sciences. Using the OSEP reporting requirements, as well as computational guidelines from the ECO Center, the child outcome data is converted into a score representing one of the five progress categories for each developmental domain/child outcome:
 1. Children who did not improve functioning are calculated based on no changes in or a drop in the standard deviation scores and progress noted as "no."
 2. Children who improved functioning but not sufficient... is calculated for children with an exit score $\geq -1.5SD$ and progress noted as "yes."
 3. Children who improved functioning to a level nearer... is calculated for children with an exit score = $-1.0SD$ and progress noted as "yes."
 4. Children who improved functioning to a level comparable ... is calculated for children with an exit score = $0SD$, and entry score $\geq -1SD$ and progress noted as "yes."
 5. Children who maintained functioning at a level comparable... is calculated for children with both entry and exit scores = $0SD$ and progress noted as "yes."

Once the child outcome data is converted into a score of 1-5 for each developmental area, frequency analyses and cross-tab analyses are conducted to report both overall state data and to disaggregate the data across the nine regions.

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Baseline Data:

PROGRESS DATA FOR INFANTS AND TODDLERS EXITING FFY2008

A. Positive social-emotional skills (including social relationships):	Number of Children	% of children
a. Percent of infants and toddlers who did not improve functioning	168	4.8%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1231	35.5%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	340	9.8%
d. Percent of infants and toddlers who improved functioning to reach a level compared to same aged peers	1156	33.3%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	573	16.5%
TOTAL	3468	100%

B. Acquisition and use of knowledge and skills (including early language/communication):	Number of Children	% of children
a. Percent of infants and toddlers who did not improve functioning	168	4.8%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	646	18.6%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	278	8.0%
d. Percent of infants and toddlers who improved functioning to reach a level compared to same aged peers	772	22.3%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	1604	46.3%
TOTAL	3468	100%

C. Use of appropriate behaviors to meet their needs:	Number of Children	% of children
a. Percent of infants and toddlers who did not improve	160	4.6%

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functioning		
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	903	26.0%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	266	7.7%
d. Percent of infants and toddlers who improved functioning to reach a level compared to same aged peers	974	28.1%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	1165	33.6%
TOTAL	3468	100%

BASELINE DATA FOR INFANTS AND TODDLERS EXITING FFY2008	
Summary Statements	% of children
Outcome A: Positive social-emotional skills (including social relationships)	
1. 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	51.7%
2. The percent of children who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	49.9%
Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)	
1. 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	56.3%
2. The percent of children who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	68.5%
Outcome C: Use of appropriate behaviors to meet their needs	
1. 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	53.8%
2. The percent of children who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	61.7%

Discussion of Baseline Data: Because of quality control measures and stronger administrative guidelines from Indiana's Part C program, an increased number of children and families are included in this year's data report. The nine regional SPOEs provided complete child and family assessment data on 66% of all eligible infants and toddlers receiving Part C services. Last year,

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data was reported on approximately 36% of the total eligible population of infants and toddlers receiving Part C services. Demographically, the children included in this report closely matched the demographics of the entire eligible First Steps population, in terms of gender, ethnicity, and eligibility. The single largest factor preventing 100% of the eligible First Steps population from being included in the final analyses was the number of families who declined or failed to complete the family survey. Out of a total of 5,289 children and families that could have been included in this analyses, 1,701 families (32%) were not included because the families had either declined to complete the family survey or could not be located (whereabouts unknown, moved to another state) to complete the survey.

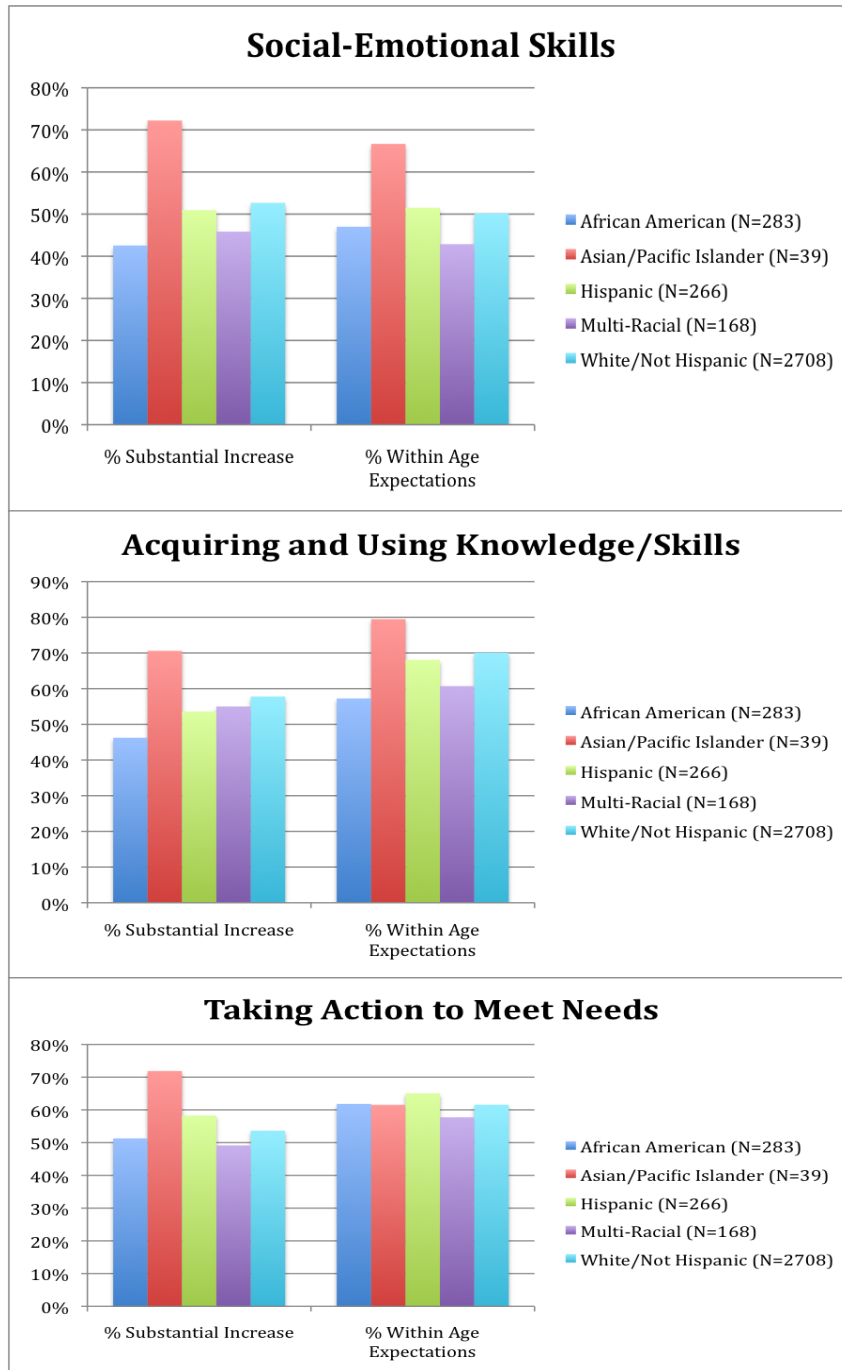
In a series of analyses (Figures 1-5), differences in child outcomes were examined based on the following factors: child's eligibility status, child's race/ethnicity, average number of hours/month received, and the number of early intervention services received. Child outcome measures were the percentage of children who substantially increased their rate of growth by the time they turned 3 years of age or exited the program; and the percentage of children who were functioning within age expectations by the time they turned 3 years of age or exited the program.

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Figure 1: Differences in Child Outcomes by Race/Ethnicity



In Figure 1, differences among various race/ethnicities are presented for each of the three child outcomes. These charts indicate that a greater percentage of children who are Asian/Pacific Islander, although fewer in number, demonstrate sizable gains across all three outcomes and measures. Conversely, proportionally fewer children who are African American and Multi-Racial demonstrate similar gains. Children who are Hispanic and White tend to experience positive outcomes close to the average of the entire population.

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Figure 2: Differences in Child Outcomes by Eligibility Status

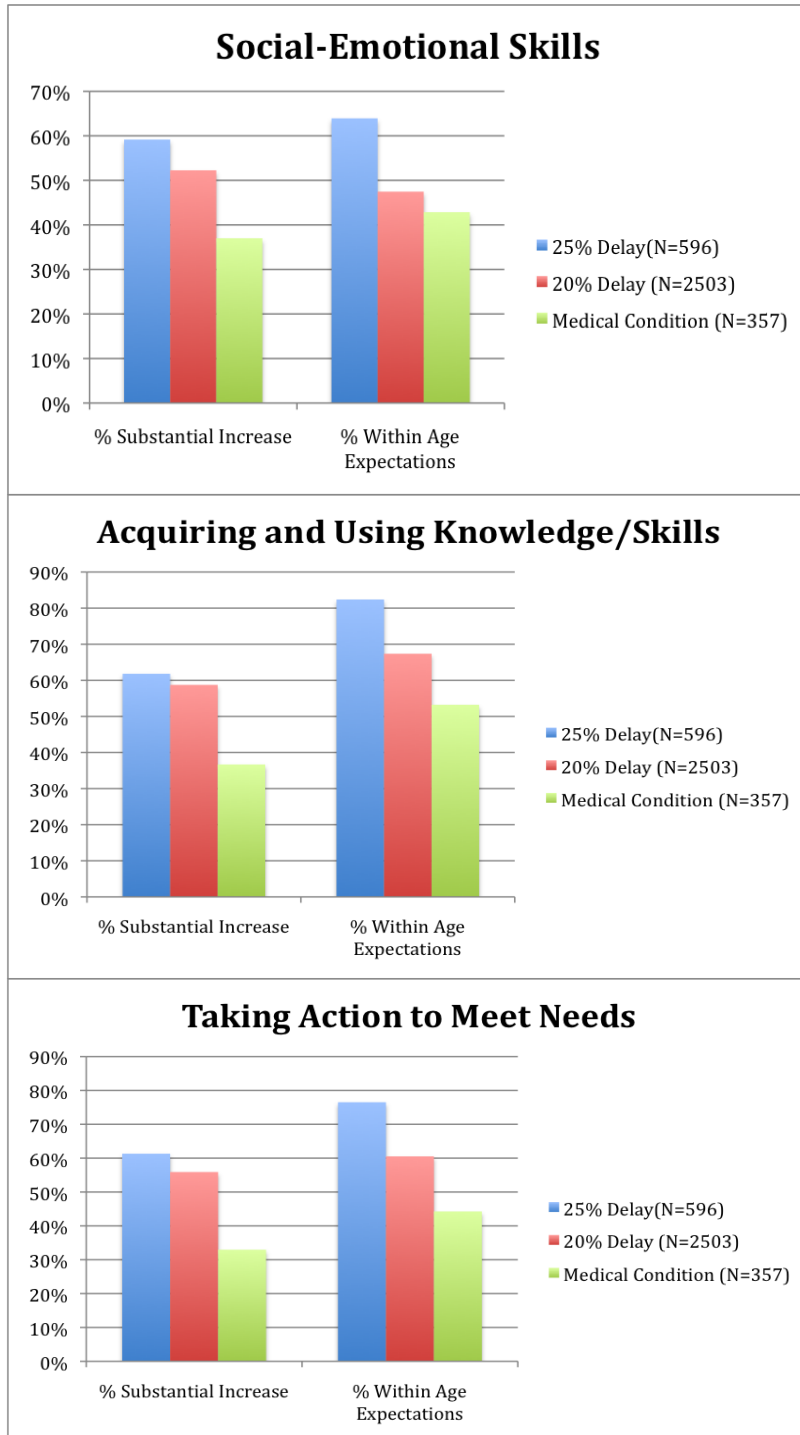


Figure 2 provides similar charts highlighting differences among the three major eligibility categories in Indiana: 25% delay in just one developmental domain; 20% delay in two or more areas; or an established medical condition. These results indicate that a greater percentage of children diagnosed with a 25% delay in just one domain scored higher on both measures across all three outcomes than children in the other two eligibility categories. A greater percentage of children with at least a 20% delay in two or more areas performed better on both measures across all three outcomes than children with established medical conditions.

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Figure 3: Differences in Child Outcomes by Gender

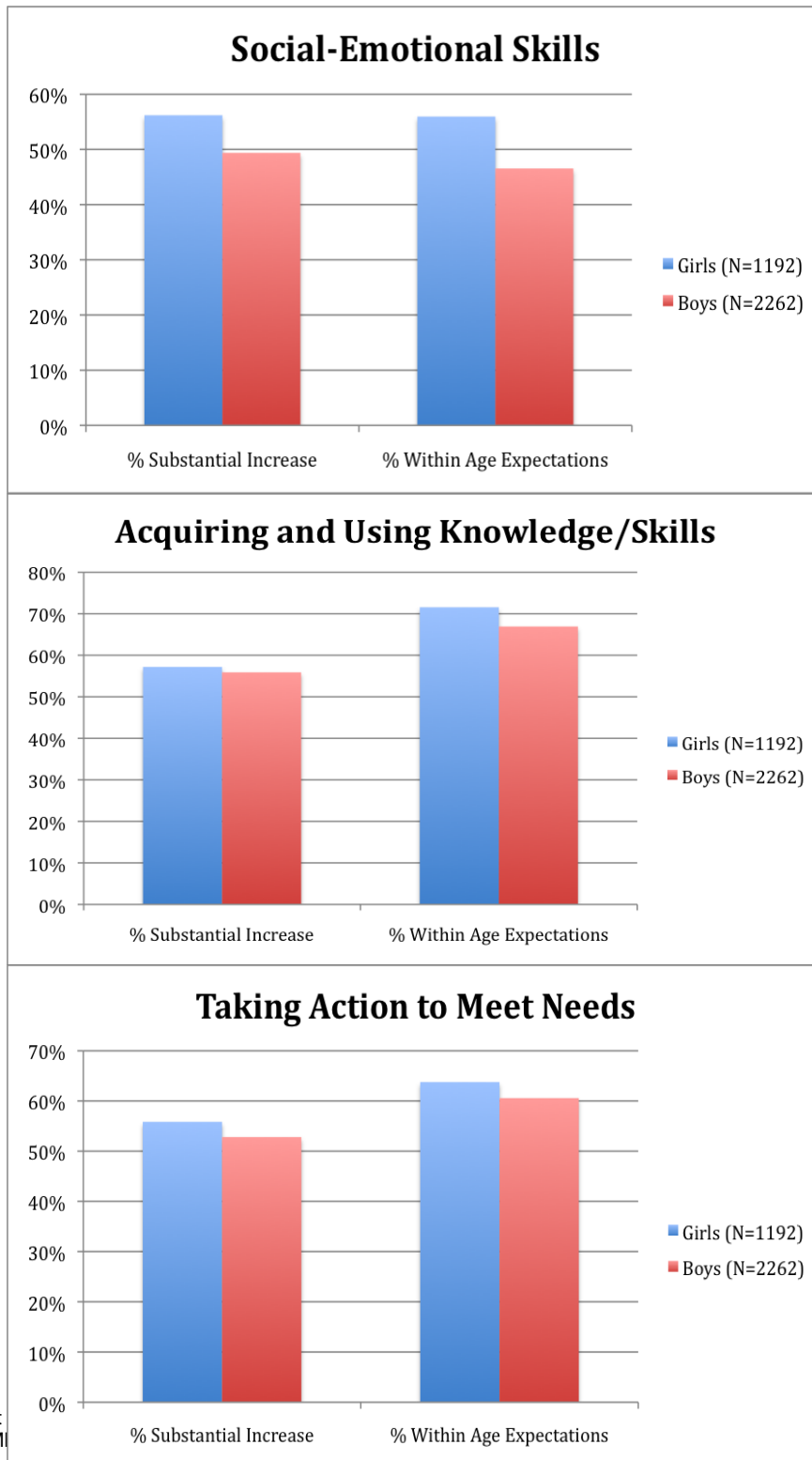


Figure 3 provides similar charts highlighting differences between gender (boys and girls). A greater percentage of children served by First Steps are boys-- 64% versus 35% who are girls.

These results indicate that a slightly greater percentage of girls performed better than boys across all three outcomes. The largest difference was the outcome concerning social-emotional skills.

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Figure 4: Differences in Child Outcomes by Hours of Service/Month

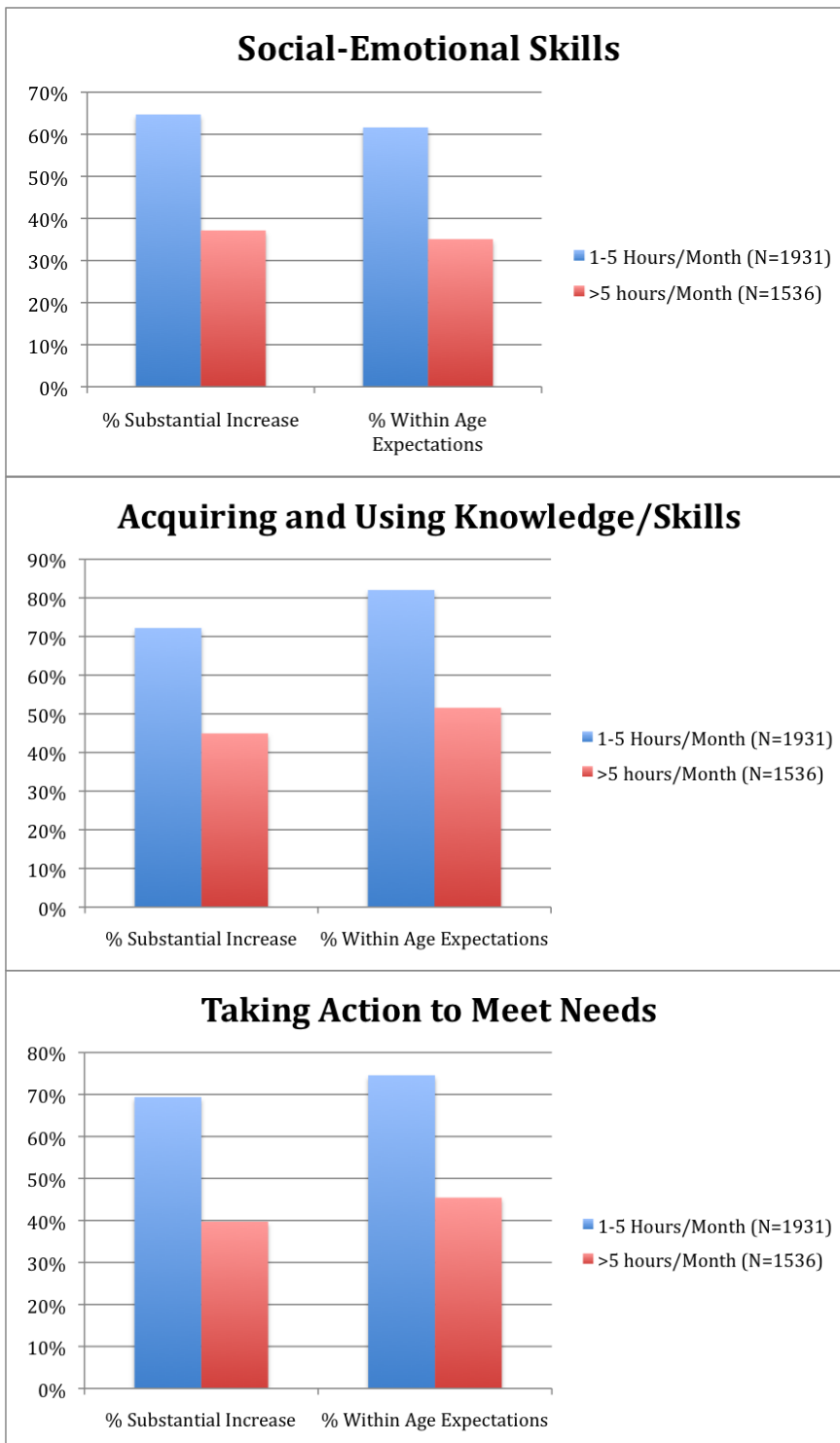


Figure 4 shows differences between two groups of children based on the average amount of services they receive each month: children who receive up to 5 hours of service per month, and children who receive over 5 hours of service per month.

Results from this analysis indicate that a greater percentage of children who receive 0-5 hours of service per month experience positive child outcomes, as compared to children who receive greater than 5 hours of service per month. This observation was true across all measures and three outcomes.

The reader should be cautioned against making a conclusion that children who receive fewer hours of services make greater gains. It is possible that the amount of service provided is related to the severity of the child’s disability. A children with more significant disabilities might received greater amounts of

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service and may be less likely to demonstrate the same levels of gains.

Figure 5: Differences in Child Outcomes by Number of Services Received

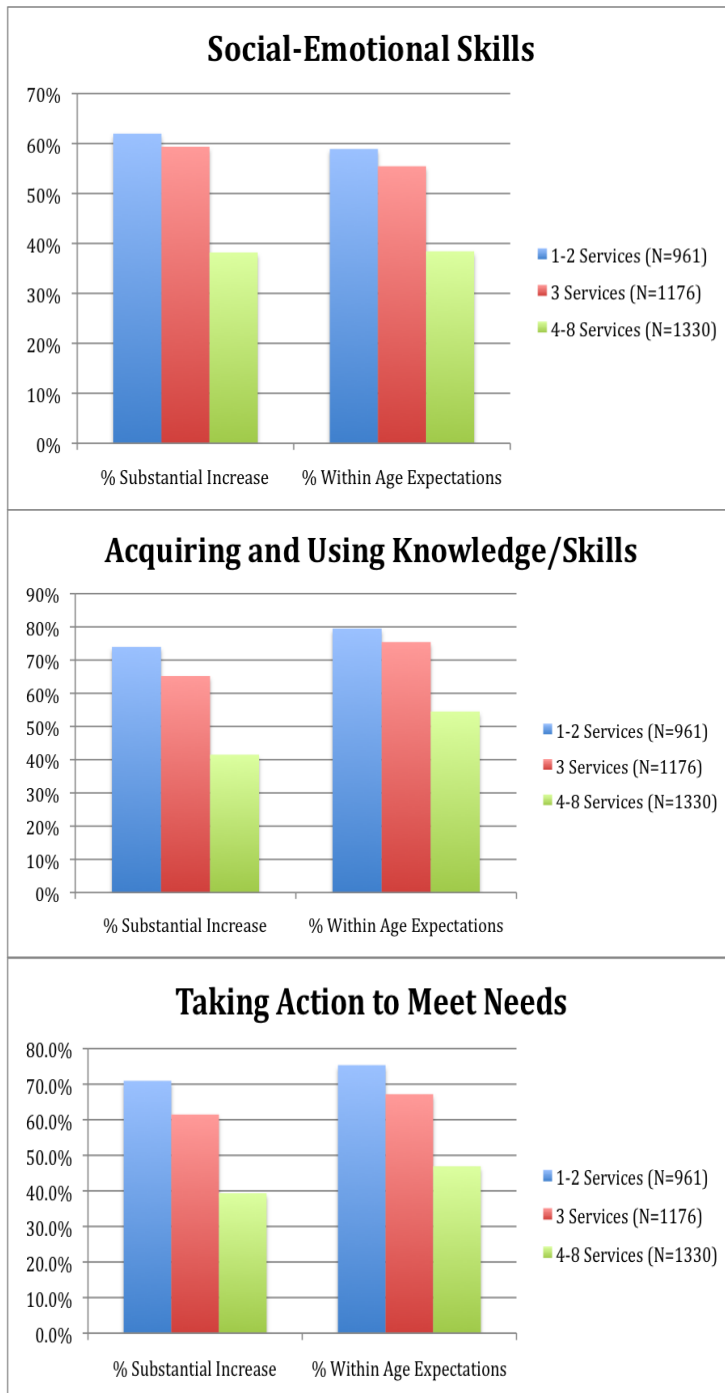


Figure 5 illustrates the differences in child outcome measures among three groups of children based on the number of early intervention services (not including service coordination): children who received 1-2 services (e.g., developmental and speech therapy), children who received 3 services, and children who received 4-8 different EI services.

Results from this analysis indicate that there were slight differences between children in the first two groups. A slightly greater percentage of children who received 1-2 services experienced positive outcomes as compared to children who received 3 services. A significantly smaller percentage of children who received 4-8 services experienced positive child outcomes than children who received fewer services.

The number of services received may be related to the severity of the child’s disability. Children with more significant disabilities received greater numbers of service and may be less likely to demonstrate the same levels of gains.

In comparing FFY2008 data with previous years, percentage declines are noted for all three child outcome measures. Possible reasons for the decrease in child outcome progress data in FFY2008 may be due to the following:

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1. A significantly larger number of children in this year’s report may have contributed to more representative or accurate picture of First Step’s impact.
2. This is the first year that the AEPS® was used to provide both entry and exit assessment data for all children included in this report. The AEPS® was adopted statewide in 2006; which means that all children who entered First Steps for this year’s report would have been assessed with the AEPS®. In previous years, comparable standard deviation/percentage delay scores were extrapolated from prior assessment tools, which may have resulted in some inaccuracies.
3. Third, with the addition of a data element to note if a child made (or didn’t make) progress, it was possible to more accurately and reliably determine in which of the five reporting categories to place children. In previous years, determining which children made or did not make progress was estimated based on the reported assessment scores. Again, there may have been possible estimation errors in past reports that would have been eliminated in this year’s report.
4. In 2006, Indiana changed its eligibility criteria in ways that limited the number of children eligible for First Steps services. Biological risk was eliminated as an eligibility criteria and children who were eligible because of a developmental delay needed to demonstrate delays that are more significant. The result is that all children in this year’s report would have fallen under these new, more restrictive, eligibility guidelines.

While the addition of Summary Statements is new to the SPP, calculations for the two preceding years are included below.

Summary Statements	FFY 2006 '% of children	FFY 2007 '% of children	FFY 2008 '% of children
Outcome A: Positive social-emotional skills (including social relationships)			
1. 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	65.6%	64.9%	51.7%
2. The percent of children who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	66.8%	53.6%	49.9%
Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)			
1. 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	69.4%	73.2%	56.3%

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2. The percent of children who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	63.0%	76.2%	68.5%
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Outcome C: Use of appropriate behaviors to meet their needs			
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1. 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	66.8%	67.9%	53.8%
2. The percent of children who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	68.1%	68.3%	61.7%

Based on the data analysis, Indiana’s stakeholder group has chosen to set the rigorous and measurable target for FFY2009 at the FFY2008 level and to increase these targets by 1% for FFY2010.

Measurable and Rigorous Target:

Targets for Infants and Toddlers Exiting in FFY 2009 and FFY 2010

Summary Statements	FFY 2009 % of children	FFY 2010 % of children	FFY 2011 % of children	FFY 2012 % of children
Outcome A: Positive social-emotional skills (including social relationships)				
1. 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	52%	53%	53%	53%
2. The percent of children who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	50%	51%	51%	51%

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Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)	FFY 2009 '% of children	FFY 2010 '% of children	FFY 2011 '% of children	FFY 2012 '% of children
1. 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	57%	58%	58%	58%
2. The percent of children who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	69%	70%	70%	70%

Outcome C: Use of appropriate behaviors to meet their needs	FFY 2009 '% of children	FFY 2010 '% of children	FFY 2011 '% of children	FFY 2012 '% of children
1. 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	54%	55%	55%	55%
2. The percent of children who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	62%	63%	63%	63%

Improvement Activities/Timelines/Resources:

As a part of Indiana’s First Steps early intervention system, each of the nine regional System Points of Entry and their individual service coordinators are responsible for all demographic and child/family outcomes data entry. As part of their contracts with the state, each SPOE is provided with clear policies and guidelines for completing demographic and outcome data entry requirements. In addition, the state evaluation and eligibility determination teams, who are responsible for the entry and exit assessment of children, receive clear guidance (policy manual) concerning their role in recording accurate and useful developmental assessment data.

Quality assurance, monitoring, and ongoing technical assistance to ensure accurate and complete data reporting is provided by two state-contracted organizations, Indiana’s Unified Training System (UTS) and the Indiana Institute on Disability and Community (IIDC). UTS provides extensive and ongoing training on the use of the AEPS®. In addition, UTS provided statewide training of Service Coordinator supervisors on the use of the web-based, data entry system. Those supervisors, in turn, provided both training and technical assistance to the individual service coordinators and clerical staff who were responsible for all data entry.

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Each month, the Indiana Institute on Disability and Community (IIDC) receives data on all children and families who have exited First Steps. Using this data (each child has a unique identifier), IIDC collects the web-based child and family outcome data entered by the SPOEs, and integrates it with the demographic data provided by the state. IIDC then conducts a simple analysis to highlight data that is complete, incomplete, or missing; and issues monthly reports for each SPOE as to the quality and completeness of their data entry. The SPOE then has the opportunity to provide the missing or incomplete data during the following month. Any time staff at the SPOE has questions or concerns regarding the data entry process, they can contact IIDC for assistance.

The APR for FFY2008 is the first reporting period in which all children in Indiana’s First Steps program received an evaluation/assessment using the Assessment, Evaluation, Programming System for Infants and Children (AEPS® 2nd Ed.), in conjunction with medical diagnoses, family report and other testing, as necessary to determine eligibility and service needs, on entrance and exit from First Steps. Before October of 2006, infants and toddlers were initially assessed using multiple assessment tools. FFY2008 is also the first reporting period in which all infants and toddlers in the First Steps System met the higher eligibility requirements at their initial eligibility determination.

The anticipated transition to the use of the Indiana Standards Tool for Alternative Reporting-Kindergarten Readiness (ISTAR-KR) system for measuring child outcomes has been postponed pending the standardization of the tool. Indiana completed a General Supervision Enhancement Grant (GSEG) in December of 2008. The work of the GSEG included: alignment the ISTAR-KR with the Indiana academic standards; demonstration of the tool’s reliability and validity as a measure of academic standards progress; and cross-walking ISTAR-KR items with the OSEP child outcomes. Only the identification of cut scores for typical development remains to be completed. This work is now being conducted by the Indiana Department of Education, utilizing a panel of experts from various fields, including education, child development, speech pathology, occupational and physical therapy. When all standardization is completed, the tool will allow Indiana to utilize one system for progress measurement of academic standards and the OSEP outcomes, from birth to 5 years. Until the ISTAR-KR is in use for all children in Part C, the AEPS® will continue to be utilized to measure functional child developmental skills.

Activity	Timelines	Resources
AEPS® training for all EDT members by AEPS® co-authors	April - August 2006 and ongoing for new EDT members	A component of the statewide Unified Training System contract with FSSA
Development of a database for entry and exit child outcome data	June through October 2006	Part of the statewide evaluation contract with IIDC
Revision of the database to provide online data entry of child outcome data	July 2008	
Development of an AEPS® Train-the Trainer course	February 2007 – 2010, ongoing once per quarter	A component of the statewide Unified Training System

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		contract with FSSA
First Steps provider training in the AEPS®	Offered quarterly March 2007 – June 2010-2012	A component of the statewide Unified Training System contract with FSSA
Collect child outcome data	Ongoing 2005- 2010-2012	SPOE and Part of the statewide evaluation contract with IIDC
Quarterly Cluster analysis of child outcome data with annual analysis of FFY data by Indiana University.	July 2006 – June 2010-2012	Part of the statewide evaluation contract with IIDC
Collaborate with GSEG group in the consideration of the ISTAR-KR tool as the instrument for measuring child outcomes.	July 2006 – June 2009	Indiana GSEG project, Indiana First Steps, Indiana Department of Education and part of the statewide evaluation contract with IIDC
Provide baseline data for child outcome measures	Ongoing through 2010-2012	Part of the statewide evaluation contract with IIDC
Monthly data entry audit reports will be provided to all regional Clusters. Each report will provide the number and percentage of children complete Entry and Exit child and family outcome data are entered. The names of children and families for whom data are missing, including the names of their Service Coordinators, will also be provided.	November 2008 - 2010-2012 on a monthly basis	Part of the statewide evaluation contract with IIDC

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Indicator 3 Revisions proceed this section

~~Overview of the State Performance Plan Development:~~~~(The following items are to be completed for each monitoring priority/indicator.)~~**Monitoring Priority: ~~Early Intervention Services In Natural Environments~~**~~Indicator 3: Percent of infants and toddlers with IFSPs who demonstrate improved:~~

- ~~2. Positive social-emotional skills (including social relationships);~~
- ~~3. Acquisition and use of knowledge and skills (including early language/ communication); and~~
- ~~4. Use of appropriate behaviors to meet their needs.~~

~~(20 USC 1416(a)(3)(A) and 1442)~~**Measurement:**~~B. Positive social-emotional skills (including social relationships):~~

- ~~a. Percent of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers = # of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers divided by # of infants and toddlers with IFSPs assessed times 100.~~
- ~~b. Percent of infants and toddlers who improve functioning = # of infants and toddlers who improved functioning divided by # of infants and toddlers with IFSPs assessed times 100.~~
- ~~c. Percent of infants and toddlers who did not improve functioning = # of infants and toddlers who did not improve functioning divided by # of infants and toddlers with IFSPs assessed times 100.~~

~~If children meet the criteria for a, report them in a. Do not include children reported in a in b or c. If a + b + c does not sum to 100%, explain the difference.~~~~B. Acquisition and use of knowledge and skills (including early language/communication):~~

- ~~a. Percent of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers = # of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers divided by # of infants and toddlers with IFSPs assessed times 100.~~
- ~~b. Percent of infants and toddlers who improved functioning = # of infants and toddlers who improved functioning divided by # of infants and toddlers with IFSPs assessed times 100.~~
- ~~c. Percent of infants and toddlers who did not improve functioning = # of infants and toddlers who did not improve functioning divided by # of infants and toddlers with IFSPs assessed times 100.~~

~~If children meet the criteria for a, report them in a. Do not include children reported in a in b or c. If a + b + c does not sum to 100%, explain the difference.~~~~C. Use of appropriate behaviors to meet their needs:~~

- ~~a. Percent of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers = # of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers divided by # of infants and toddlers with IFSPs assessed times 100.~~
- ~~b. Percent of infants and toddlers who improved functioning = # of infants and toddlers who improved functioning divided by # of infants and toddlers with IFSPs assessed times 100.~~
- ~~c. Percent of infants and toddlers who did not improve functioning = # of infants and toddlers who did not improve functioning divided by # of infants and toddlers with IFSPs assessed times 100.~~

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If children meet the criteria for a, report them in a. Do not include children reported in a in b or c. If a + b + c does not sum to 100%, explain the difference.

Overview of Issue/Description of System or Process:

Since 2002, Indiana First Steps has contracted with the Early Childhood Center at the Indiana Institute on Disability and Community, Indiana University to develop and implement a statewide evaluation system that would: enable documentation and communication of the benefits of First Steps (Part C) to major decision-makers at local and state levels; help to expand the focus beyond compliance with the law to include service quality; provide information for improving services, particularly in tying training efforts to supporting desired outcomes; provide the information needed to continuously plan for the future.

The Early Childhood Center developed an evaluation system that strives to reflect the following features and guiding principles:

- The evaluation system is statewide (it touches all children and families receiving First Steps services) and ongoing (not a one-shot investigation).
- The focus is on outcomes for children, families and communities, not on services or procedures.
- Data collection procedures are embedded into ongoing service routines (to minimize, as much as possible, its intrusiveness and time consumption) and are locally implemented by service providers (no independent/outside investigators collecting data).
- Data analyses and findings are understandable, accessible, and useable in guiding local and state quality improvement efforts.

A final feature of the evaluation system is that it was developed with considerable input from all major stakeholders of First Steps: families, providers, local decision makers, and state policy makers. At each step in the development process, from identifying key program outcomes, to piloting various data collection instruments and surveys, to implementing the system statewide, input from program consumers, providers, and decision makers has been, and will continue to be, sought.

The statewide implementation of the First Steps evaluation system began November 1, 2002. The goal of the system is to assess First Step's impact on all children and families exiting First Steps who have been in the system for a minimum of six months.

Data is collected on children and families entering First Steps from three sources: 1) at intake with portions of the Combined Enrollment Form, 2) during the initial evaluation through the Family Interview, and 3) at the initial IFSP meeting with portions of the completed IFSP. Service Coordinators are asked to assemble and send documents from these three sources to the Early Childhood Center for data entry. Data is also collected on children and families exiting First Steps. Service Coordinators are asked to conduct an Exit Interview with the family, and include developmental data from the other members of the team. The forms that are used to collect information from entering and exiting children and families are available on the First Steps web site: http://www.state.in.us/fssa/first_step/outcomeseval.html.

A primary outcome of First Steps is that children make developmental progress in the cognitive, communicative, physical, self-help, and social/emotional areas. To assess if First Steps is meeting this outcome, information was gathered from entering children in three areas:

1. Positive social-emotional skills (including social relationships)—The developmental level of the social-emotional domain in the current level of performance section of the initial Individualized Family Service Plan was used. In FFY 05, the determination of the developmental level was made through assessment and evaluation by the eligibility determination team (ED team) using a

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variety of developmental tools. Levels of development included: at age level, 15-25% delay; 26-50% delay or greater than 50% delay.

2. Acquisition and use of knowledge and skills (including early language/ communication) – The developmental level of the communication domain in the current level of performance section of the initial Individualized Family Service Plan was used. In FFY 05, the determination of the developmental level was made through assessment and evaluation by the eligibility determination team (ED team) using a variety of developmental tools. Levels of development included: at age level, 15-25% delay; 26-50% delay or greater than 50% delay.

3. Use of appropriate behaviors to meet their needs – The developmental level of the adaptive domain in the current level of performance section of the initial Individualized Family Service Plan was used. In FFY 05, the determination of the developmental level was made through assessment and evaluation by the eligibility determination team (ED team) using a variety of developmental tools. Levels of development included: at age level, 15-25% delay; 26-50% delay or greater than 50% delay.

Baseline Data for FFY 2004 (2004-2005):

1. Positive social-emotional skills (including social relationships):
 - a. 54% of children functioning at a level comparable to same aged peer
 - b. 46% of children functioning at a level below same aged peers.
 - i. 17.4% of children functioning at a 15-25% delay
 - ii. 21.6% of children functioning at a 26-50% delay, and
 - iii. 7% of children functioning at a greater than 50% delay

2. Acquisition and use of knowledge and skills (including early language/ communication):
 - a. 15.3% of children functioning at a level comparable to same aged peer
 - b. 84.7% of children functioning at a level below same aged peers
 - i. 19.2% of children functioning at a 15-25% delay
 - ii. 44.9% of children functioning at a 26-50% delay, and
 - iii. 20.5% of children functioning at a greater than 50% delay

3. Use of appropriate behaviors to meet their needs:
 - a. 51.7% of children functioning at a level comparable to same aged peer
 - b. 48.3% of children functioning at a level below same aged peer
 - i. 16.3% of children functioning at a 15-25% delay
 - ii. 22.7% of children functioning at a 26-50% delay, and
 - iii. 9.3% of children functioning at a greater than 50% delay

Discussion of Baseline Data: Baseline data was calculated from the initial IFSPs written from July 1, 2005 through June 30, 2006. In that time, 6,352 initial IFSPs were written and data was available for 27% (1,737—social domain), 29% (1866— for communication domain) and 26% (1,632— adaptive domain). The sample included only those entrance interview packets that were submitted to IIDC with all components completed. To insure that this sample was representative, a review of the sample demographics was conducted. Entrance packets were received from all counties. The sample demographics mirror those of the children receiving Part C services in Indiana.

	Part C total	% of Part C	Sample size	Counties	Male	Female	White	AA	Hispanic	Multi	Asian
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Indiana – Statewide	6352	100%		92	63%	37%	78%	10%	6%	5%	1%
Actual Sample Demographics			1632-1866	92	64.6%	35.4%	76.8%	9.1%	6.8%	5.7%	1.5%

Domain developmental levels were chosen because they most closely matched the OSEP outcomes and by choosing domain scores instead of cross-walking individual skill items, Indiana can proceed with its transition from the use of multiple developmental assessment tools, to the use the Assessment, Evaluation, Programming System for Infants and Children (AEPS® 2nd Ed.), for eligibility determination and finally to the exclusive use of the Indiana Standards Tool for Alternative Reporting (ISTAR). Indiana is currently completing a General Supervision Enhancement Grant (GSEG) that will align the ISTAR with the Indiana academic standards, perform reliability and validity studies on the ISTAR as a measure of academic standards progress, identify cut scores for typical versus atypical development, and cross-walk ISTAR items with the OSEP child outcomes. This will allow Indiana to utilize one system for progress towards academic standards and the OSEP outcomes from birth through 9th grade. The GSEG project will be completed in December 2007. All children entering First Steps after July 1, 2007 will be assessed using the ISTAR (negating the need for the use of sampling). Until the ISTAR is in use for all children in Part C, those children identified in the sample used for FFY 05 and FFY 06, will be followed through transition, utilizing the specified domain level of performance from their last IFSP prior to transition.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	"N/A" means the information is not required in the SPP due February 2008.
2006 (2006-2007)	"N/A" means the information is not required in the SPP due February 2008.
2007 (2007-2008)	"N/A" means the information is not required in the SPP due February 2008.
2008 (2008-2009)	"N/A" means the information is not required in the SPP due February 2008.
2009 (2009-2010)	"N/A" means the information is not required in the SPP due February 2008.
2010 (2010-2011)	"N/A" means the information is not required in the SPP due February 2008.

~~Improvement Activities/Timelines/Resources: Indiana is currently in the process of transitioning between its previous method of child outcome evaluation to the use of the Indiana Standards Tool for Alternative Reporting (ISTAR). Indiana was awarded a US DOE General Supervision Enhancement Grant (GSEG) that will align ISTAR with the Indiana academic standards, perform reliability and validity studies on the ISTAR as a measure of academic standards progress, identify cut-off scores for typical versus atypical development, and cross-walk ISTAR items with the OSEP child outcomes. This will allow Indiana to use one system for monitoring progress towards academic standards and the OSEP outcomes from birth through 9th grade. The GSEG project will be completed in December 2007. Included in the GSEG project are extensive training opportunities for Indiana Part C service coordinators and direct service providers on assessment and evaluation and in the use of the ISTAR for monitoring child performance.~~

~~All Eligibility Determination teams attended a 2-day course in the use of the AEPS®. In the Spring, all ED team members will be instructed in the use of the ISTAR to assess academic~~

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~~progress. All direct service providers will attend an overview of the AEPS® and the ISTAR beginning in April 2007. Indiana will begin using the ISTAR to measure child progress and OSEP child outcomes beginning in July 2007.~~

~~As a result of receiving child progress data on only 44% of the total population, a new Improvement Activity for FFY2008 has been added to ensure that data are available and entered for all exiting children.~~

Monthly data entry audit reports will be provided to all regional Clusters. Each report will provide the number and percentage of children complete Entry and Exit child and family outcome data are entered. The names of children and families for whom data are missing, including the names of their Service Coordinators, will also be provided.	November 2008 -2010 on a monthly basis	Part of the statewide evaluation contract with IIDC
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Activity	Timelines	Resources
AEPS® training for all EDT members by AEPS® co-authors	April – August 2006 and ongoing for new EDT members	A component of the statewide Unified Training System contract with FSSA
Development of a database for entry and exit child outcome data	June through October 2006	Part of the statewide evaluation contract with IIDC
Revision of the database to provide online data entry of child outcome data	July 2008	Part of the statewide evaluation contract with IIDC
Development of an AEPS® Train-the Trainer course	February 2007 – 2010, ongoing once per quarter	A component of the statewide Unified Training System contract with FSSA
First Steps provider training in the AEPS®	Offered quarterly March 2007 – June	A component of the statewide Unified Training

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	2010	System contract with FSSA
Collect child outcome data	Ongoing 2005-2010	SPOE and Part of the statewide evaluation contract with IIDG
Quarterly Cluster analysis of child outcome data with annual analysis of FFY data by Indiana University.	July 2006— June 2010	Part of the statewide evaluation contract with IIDG
Collaborate with GSEG group in the consideration of the ISTAR-KR tool as the instrument for measuring child outcomes.	July 2006— June 2009	Indiana GSEG project, Indiana First Steps, Indiana Department of Education and part of the statewide evaluation contract with IIDG
Provide baseline data for child outcome measures	Ongoing through 2010	Part of the statewide evaluation contract with IIDG

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

(20 USC 1416(a)(3)(A) and 1442)

Measurement:

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

Overview of Issue/Description of System or Process:

The Statewide implementation of the First Steps evaluation system began November 1, 2002. The goal of the system is to assess First Steps' impact on all children and families exiting First Steps who have been in the system for a minimum of six months. Complete background information on the evaluation system is contained in the Indicator 3 Overview. The outcomes below are taken from the evaluation study.

Outcomes data is provided from the Exit Family Interviews. **A copy of the Family Interview and Exit Summary forms is attached in the appendices.**

1. Knowledge of First Steps rights

Exiting families are asked in the outcomes survey if they know and understand their rights under First Steps. Families receive verbal and written explanation of their rights during the intake process, at every IFSP meeting, and every procedural safeguard moment. The IFSP service page contains a statement that the family has received written and verbal explanation of their rights and the family reads and signs this statement. Data for this indicator is compiled from the Exit Interview question 6.1, "I know about and

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understand my rights under First Steps.” The link to the entire Exit Interview is <http://www.in.gov/icpr/webfile/formsdiv/51310.pdf>

2. Effectively communicate their children’s needs

Exiting families are asked in the outcomes survey if they can effectively communicate their children’s needs in question 6.2.a “I know I can advocate for my child and family in a number of ways, including; sharing my concerns, needs and priorities.” Also during exit interviews, families are asked if they know what roles they could assume during the First Steps process (e.g., share information), and if they exercised any of these roles, including:

- sharing information during evaluation and assessment,
- contributing outcomes at the IFSP meeting,
- expressing agreement with the team, and
- doing things at home that are part of their IFSP and the team’s recommendations.

3. Help their children develop and learn

Exiting families are asked if the early intervention services have helped the family help their children develop and learn in the outcomes survey in question 3.1.a-f; “I am comfortable knowing how to support my child’s learning and development in the areas of: a. communication skills; b. cognitive skills; c. gross motor skills; d. fine motor skills; e. social/emotional skills; and f. adaptive skills.

Baseline Data for FFY 2004 (2004-2005):

- 99.9% (3593 of 3595) of respondent families participating in Part C reported that early intervention services have helped the family know their
- 99.9% (3592 of 3594) of respondent families participating in Part C reported that early intervention services have helped the family effectively communicate their children’s needs
- 95.5% (3479 of 3644) of respondent families participating in Part C reported that early intervention services have helped the family help their children develop and learn

Discussion of Baseline Data: For FFY 2005, 4744 families exited First Steps. All families leaving First Steps are asked to participate in an exit interview with their service coordinator. For the questions selected, there were responses from over 75% of exiting families. In the returned questionnaires, 12.6% (600) of the sample demographics were missing gender identification and 12.2% (580) did not disclose race. The sample included children from all counties in Indiana.

	Exiting Part C	%exitiing Part C	Sample size	Counties	Male	Female	White	AA	Hispanic	Multi	Asian
Indiana - Statewide	4744	100%		92	63%	37%	78%	10%	6%	5%	1%
Actual Sample Demographics		76%	3594-3644	92	54.3%	33.1%	70.4%	6.9%	4.7%	4.6%	1.1%

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FFY	Measurable and Rigorous Target
2005 (2005-2006)	A. 99% of families know their rights (of those responding). B. 99% of families can effectively communicate their children’s needs (of those responding). C. 99% of families can help their children develop and learn (of those responding).
2006 (2006-2007)	A. 99% of families know their rights (of those responding). B. 99% of families can effectively communicate their children’s needs (of those responding). C. 99% of families can help their children develop and learn (of those responding).
2007 (2007-2008)	A. 99% of families know their rights (of those responding). B. 99% of families can effectively communicate their children’s needs (of those responding). C. 99% of families can help their children develop and learn (of those responding).
2008 (2008-2009)	A. 99% of families know their rights (of those responding). B. 99% of families can effectively communicate their children’s needs (of those responding). C. 99% of families can help their children develop and learn (of those responding).
2009 (2009-2010)	A. 100% of families know their rights (of those responding). B. 100% of families can effectively communicate their children’s needs (of those responding). C. 100% of families can help their children develop and learn (of those responding).
2010 (2010-2011)	A. 100% of families know their rights (of those responding). B. 100% of families can effectively communicate their children’s needs (of those responding). C. 100% of families can help their children develop and learn (of those responding).
FFY	Measurable and Rigorous Target – REVISED FFY2009
2010-2012	A. 99% of respondent families participating in Part C who reported that early intervention services have helped the family know their rights. B. 98% of respondent families participating in Part C who reported that early intervention services have helped the family effectively communicate their children’s needs. C. 97% of respondent families participating in Part C who reported that early intervention services have helped the family help their children develop and learn.

Improvement Activities/Timelines/Resources:

In 2006, the Indiana Interagency Coordinating Council selected the Early Childhood Outcome Center (ECO) Family Survey as the tool to measure OSEP family outcomes. Training on the use of the ECO family survey was provided to SPOE and service coordinator supervisors in November 2006. It is expected that all service coordinators will use the ECO family survey shortly after a family enters First Steps and again during their exit from First Steps services.

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FFY	Improvement Activities	Resources	On-going Activities*
2005 (2005-2006)	<ul style="list-style-type: none"> ▪ Service Coordination training to increase the return rate of the Exit Summary survey ▪ Increase Service Coordination supervision to increase the return rate of the Exit Summary survey ▪ Review NCSEAM and ECO survey tools 	<ul style="list-style-type: none"> ▪ Mandatory Service Coordination meetings/trainings ▪ NCSEAM and ECO 	<ul style="list-style-type: none"> ▪ Ongoing thru 2010 2012
2006 (2006-2007)	<ul style="list-style-type: none"> ▪ Move Service Coordination under the System Point of Entry supervision ▪ Service Coordinator training on chosen interview tools 	<ul style="list-style-type: none"> ▪ Unified Training System ▪ Mandatory Service Coordination meetings 	
2007 (2007-2008)	<ul style="list-style-type: none"> ▪ Unified Training System outcomes grant. 	<ul style="list-style-type: none"> ▪ Unified Training System 	<ul style="list-style-type: none"> ▪ Ongoing thru 2010 2012
2008 (2008-2009)	<ul style="list-style-type: none"> ▪ Unified Training System outcomes grant. ▪ Incorporate child outcomes into the Indiana Standards Tool for Alternate Reporting (ISTAR). 	<ul style="list-style-type: none"> ▪ Unified Training System ▪ GSEG project 	<ul style="list-style-type: none"> ▪ Ongoing thru 2010 2012
2009 (2009-2010)	<ul style="list-style-type: none"> ▪ Service Coordinator training on ISTAR 	<ul style="list-style-type: none"> ▪ Unified Training System 	<ul style="list-style-type: none"> ▪ Ongoing thru 2010 2012
2010 (2010-2011)	NOTE: See on-going activities identified above.		<ul style="list-style-type: none"> ▪ Ongoing thru 2010 2012
2011 (2011-2012)	NOTE: See on-going activities identified above.		<ul style="list-style-type: none"> ▪ Ongoing thru 2010 2012
2012 (2012-2013)	NOTE: See on-going activities identified above.		<ul style="list-style-type: none"> ▪ Ongoing thru 2010 2012

* On-going Activity = activity will occur each subsequent year

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Overview of the State Performance Plan Development:

*(The following items are to be completed for each monitoring priority/indicator.)***Monitoring Priority: Effective General Supervision Part C / Child Find****Indicator 5:** Percent of infants and toddlers birth to 1 with IFSPs compared to national data:~~A. Other States with similar eligibility definitions; and~~~~B. National data.~~ (Revised for FFY2008, updated 4/10)

(20 USC 1416(a)(3)(B) and 1442)

Measurement:~~A. Percent = # of infants and toddlers birth to 1 with IFSPs divided by the population of infants and toddlers birth to 1 times 100 compared to the same percent calculated for other States with similar (narrow, moderate or broad) eligibility definitions.~~

B. Percent = # of infants and toddlers birth to 1 with IFSPs divided by the population of infants and toddlers birth to 1 times 100 compared to National data.

Overview of Issue/Description of System or Process:

Indiana ensures that parents and other primary referral sources have access to information on Part C referral and eligibility criteria through various collaborative efforts with other state agencies, early intervention providers, healthcare providers, professional organizations, child care providers, and early childhood educators. Local Planning and Coordinating Councils (LPCCs) and Systems Points of Entry (SPOEs) develop and disseminate information materials about First Steps services, including the referral and eligibility process. Local councils have public awareness and child find materials in both English and Spanish. The First Steps web page includes an IFSP form that is available in both English and Spanish. Interpreters, speaking a variety of languages, are also availed throughout the state.

Indiana has several initiatives to specifically identify potentially eligible infants less than one year of age. The Universal Newborn Hearing Screening (UNHS) is one example. The State began universal hearing screening of all newborns effective July 1, 2000. Hospitals/birthing institutions are requested to report their screening and follow-up results monthly to the Indiana State Department of Health (ISDH). The ISDH has established this program to coordinate statewide universal newborn hearing screening. The mission of the State UNHS Program is to 1). Ensure that all newborns receive state mandated physiologic hearing screening 2). Collaborate with the First Steps Intervention Programs to ensure that infants who test positive for hearing loss receive appropriate intervention and/or treatment, and their parents receive appropriate support and counseling; 3). Collect information on the incidence of hearing loss; and 4). Promote public awareness and education concerning hearing conditions.

A second initiative to identify potentially eligible infants less than one year of age is Neonatal Intensive Care Unit (NICU) project. In service areas with a Level III NICU, the SPOE assigns an Intake Coordinator to the NICU. The Intake Coordinator is available to staff and families to accept and process referrals. Infants are identified before discharge and in many cases leave the hospital with an IFSP. There are

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NICU collaboration projects in each area of the state and with three bordering out-of-state hospitals in Cincinnati, Chicago, and Louisville.

LPCC/SPOE grant applications or Request for Funds (RFF) include specific performance standards related to the early identification of children (14 months or less). Some local initiatives have included health fairs, television interviews, radio commercials on the Disney radio station, developmental checklists on tray inserts at McDonalds, local news stories, billboard advertising and physician office visits. In addition, Local Planning and Coordinating Councils (LPCCs) are required to collaborate and develop memorandum of agreements (MOAs) with various community referral agencies, such as Early Head Start; Head Start; Healthy Families; Women's Infants and Children (WIC); Division of Child Services; local physician offices, hospitals, social service, and child care resource and referral. Policies and procedures are in place for local SPOEs to follow children who are found not eligible, but considered at risk for developmental delay.

Indiana continues to rank high among other states in the percentage of birth-to-one year old infants identified for early intervention. The percentage of infants under one year of age with an IFSP is historically higher than the national data and that of comparable states. Indiana utilizes NECTAC, www.ideadata.org, and NCSEAM as valuable data sources for comparison nationally and with other States with similar eligibility definitions. Indiana publishes state and regional SPOE profiles on its website. The profiles provide information on the population of infants and toddlers, low birth weight, number of infants less than 1 year with an IFSP, total number of children served, and average age at referral (http://www.state.in.us/fssa/first_step/pdf/State0605.pdf).

Baseline Data for FFY 2004 (2004-2005):

1.69% of the State's birth-to-one population has an IFSP*.

*NOTE: This represents corrected data from FFY 04.

Discussion of Baseline Data: Indiana now falls into the "moderate" category of eligibility. A review of states within this category revealed some major differences in eligibility criteria and in demographics. A representative stakeholder committee met to review this information. The stakeholder group narrowed the list of states to those that are comparable to Indiana in both eligibility criteria and population. Indiana's eligibility criteria will be revised in 2006 through rule promulgation. Therefore the committee chose states which had eligibility criteria similar to the proposed 2006 eligibility criteria. The committee selected comparable states from the moderate eligibility category that 1) did not serve children who were biologically at risk, 2) had specific percentage(s) of delay for eligibility determination similar to Indiana, and 3) whose birth-to-three population more closely matched Indiana's. The 10 states chosen are listed in the table *Comparison with Similar States, Children Ages 0-1 Year*.

None of the states in the comparison group served a greater percentage of infants, birth-to-one year old. The next closest states to Indiana were Pennsylvania with 1.45%, Kansas with 1.23% Maryland with 1.22%, Wisconsin with 1.14%, and Iowa with 1.12% of infants in the birth-to-one population. The remainder of the states in the comparison group served less than one percent of infants in the birth-to-one population. Nationally, 0.98% of infants, less than one year old have an IFSP (all data from December 1, 2004 child counts from www.ideadata.org).

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The table below contains the corrected data from FFY 2004.

Corrected Baseline Data for FFY 2004 (2004-2005): Comparison with Similar States, Children Ages 0-1 Year

STATE	DEC.2004 ONE-DAY CHILD COUNT, AGE 0-1	POPULATION 0-1	PERCENT OF POPULATION AGE 0-1	CURRENT ELIGIBILITY	RISK FACTORS
Indiana	1,456	86,163	1.69%	15% Delay In Two Areas Or 20% Delay In One Area	Eligibility changed May, 2006
Pennsylvania	2,113	145,759	1.45%	25% Delay In One Area; In cl opin	No
Wisconsin	782	68,647	1.14%	25% Delay In One Area Or Atypical Development As Determined By MDT With ICO	No
Maryland	926	75,601	1.22%	25% Delay In One Or More Areas, Atypical Development/Behavior	No
Arkansas	311	37,667	0.83%	25% Delay In One Or More Areas	No
Kansas	479	38,945	1.23%	25% Delay In One Or More Areas, 20% Delay In Two Areas	No
Iowa	420	37,571	1.12%	25% Below Age In One Or More Areas, Prof. Judgment of MDT or A Known Condition With High Prop. of Delay	No
Virginia	578	100,219	0.58%	25% Delay In One Area Or Atypical Development; ICO	No
Washington	389	76,487	0.51%	25% Delay In One Area	No
Mississippi	318	42,880	.74%	25% Delay In One Or More Areas; ICO	No
Alabama	291	59,756	0.49%	25% Delay In One Or More Areas	No
National	40,566	4,143,461	0.98%		

Source: www.ideadata.org

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FFY	Measurable and Rigorous Target
2005 (2005-2006)	1.40% of the birth-to-one children will have an IFSP
2006 (2006-2007)	1.40% of the birth-to-one children will have an IFSP
2007 (2007-2008)	1.40% of the birth-to-one children will have an IFSP
2008 (2008-2009)	1.40% of the birth-to-one children will have an IFSP
2009 (2009-2010)	1.40% of the birth-to-one children will have an IFSP
2010 (2010-2011)	1.40% of the birth-to-one children will have an IFSP
2011 (2011-2012)	1.40% of the birth-to-one children will have an IFSP
2012 (2012-2013)	1.40% of the birth-to-one children will have an IFSP

Indiana experienced a significant increase percentage of infants (birth to one year) with an IFSP in FFY 2004 (1.69%) compared to FFY 2003 (1.57%). This increase occurred prior to the revised eligibility rules and cost participation changes which did not take effect until May of 2006. A review of child counts for FFY 2005 reveals a decrease to 1.40%. It is currently difficult to set a rigorous and measurable target when Indiana has just undergone changes in its eligibility and cost participation. Indiana has set its revised targets at the current FFY 2005 rate and will review these targets in the future.

Indiana anticipates very little improvement in its percentage of infants, birth to 1 year with an IFSP. Indiana currently serves a high number of infants less than one year. The revised eligibility criteria, effective in 2006, will eliminate infants in the biological risk category. It raises the percentage of developmental delay from a 15% delay in two developmental domains to 20% delay **and** from a 20% in one developmental domain to 25% delay. The State is confident that it can maintain and slightly improve the number of infants birth to one year of age with an IFSP.

A second legislative change that will be implemented in 2006 is an increase in cost participation criteria and co-pay fees. Cost participation for direct services is formulated on a sliding fee schedule based on family income, family size and federal poverty level. Families are billed on a per service basis up to a monthly maximum. Under the legislation, families will pay significantly more per service and monthly maximum, as indicated in the chart below.

Indiana Cost Participation Proposed Fee Schedule							
Percentage of Federal Income Poverty Level		Co-payment Per Treatment			Maximum Monthly Cost Share		
At Least	But Not More Than	New Rate	increase from current rate	(% change)	New Max. Rate	increase from current rate	(% change)
0%	250%	\$ -			\$ -		
251%	350%	\$ 3	\$3	NA	\$ 24	\$24	NA

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(REVISIONS MADE 2/07, 2/08, 2/09, 2/10, 4/10)

REVISIONS FOR FFY09 AND TO EXTEND THE SPP THROUGH 2012 MADE 2/1/11

351%	450%	\$ 6	\$1	120%	\$ 48	\$23	192%
451%	550%	\$ 15	\$5	150%	\$ 120	\$70	240%
551%	650%	\$ 25	\$10	167%	\$ 200	\$125	267%
651%	750%	\$ 50	\$30	250%	\$ 400	\$300	400%
751%	850%	\$ 75	\$50	300%	\$ 600	\$475	480%
851%	1000%	\$ 100	\$70	333%	\$ 800	\$650	533%
1001%		\$ 120	\$84	333%	\$ 960	\$780	533%

The new cost participation levels represent a significant increase in costs to families. The State believes that some families may opt to seek services through insurance, or other sources, rather than pay the higher rate. The State will continue to retain the right to reduce or waive co-pays for families with an inability to pay.

Indiana will continue to work with LPCCs/SPOEs to increase child find activities for this age group and will continue to work with medical community on timely and appropriate referrals for infants under one year of age.

Improvement Activities/Timelines/Resources:

FFY	Improvement Activities	Resources	On-going Activities*
<p>2005 - 2010 2012 (2005-2011 2013)</p>	<ul style="list-style-type: none"> ▪ Performance based outcomes added to LPCC Request for Funding (RFF) to reflect measurable and rigorous target percentages. ▪ Continue Child Find as an RFF activity ▪ Provider and referral source training ▪ LPCC review to maintain and update current referral sources and develop new sources with agreements. ▪ Data analysis of impact of eligibility and cost participation changes (2007 – 2011) ▪ Added 2/1/08: Completion of a First Steps program audit to evaluate the effect of the changes in eligibility and cost participation. The audit has been contracted through the Indiana Institute for Disability in the Community. Once all data has been collected, an outside entity will perform a comprehensive program analysis. 	<ul style="list-style-type: none"> ▪ LPCC and provider meetings ▪ Inter-agency collaboration meetings ▪ Unified Training System ▪ Data systems <p>IIDC</p>	<ul style="list-style-type: none"> ▪ Ongoing thru 2010 2012 <p>2007 through 2008</p>

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

Revised February 1, 2007

Overview of the State Performance Plan Development:

*(The following items are to be completed for each monitoring priority/indicator.)***Monitoring Priority: Effective General Supervision Part C / Child Find****Indicator 6:** Percent of infants and toddlers birth to 3 with IFSPs compared to:

- ~~A. Other States with similar eligibility definitions; and~~
~~B. National data. (Revised for FFY2008, updated 4.10)~~

(20 USC 1416(a)(3)(B) and 1442)

Measurement:

- ~~A. Percent = # of infants and toddlers birth to 3 with IFSPs divided by the population of infants and toddlers birth to 3 times 100 compared to the same percent calculated for other States with similar (narrow, moderate or broad) eligibility definitions.~~
~~B. Percent = # of infants and toddlers birth to 3 with IFSPs divided by the population of infants and toddlers birth to 3 times 100 compared to National data.~~

Overview of Issue/Description of System or Process:

Please refer to the overview of the issue/description in Indicator 5

Baseline Data for FFY 2004 (2004-2005):

3.94% of Indiana's birth-to-three populations have an IFSP.

*NOTE: Data from FFY 03 was has been replaced with FFY 2004 data.**Discussion of Baseline Data:**

Indiana falls into the "Moderate" category of eligibility. A review of states within this category revealed some major differences in eligibility criteria and in demographics. A representative stakeholder committee met to review this information. The stakeholder group narrowed the list of states to those that are comparable to Indiana in both eligibility criteria and population. Indiana's eligibility criteria will be revised in 2006 through rule promulgation. Therefore, the committee chose states which had eligibility criteria similar to the proposed 2006 eligibility criteria. The committee selected comparable states from the moderate eligibility category that 1) did not serve children who were biologically at risk, 2) had specific percentage(s) of delay for eligibility determination similar to Indiana, and 3) whose birth-to-three population more closely matched Indiana's. The 10 states chosen are listed in the table *Comparison with Similar States, Children Ages 0-3 Years*.

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None of the states in the comparison group served a greater percentage of the birth-to-three population than Indiana. The closest states were Pennsylvania with 3.08%, Wisconsin with 2.83%, Maryland with 2.78%, Arkansas with 2.94%, Kansas with 2.57% and Iowa with 2.21%. The remainder of the states in the group served less than 2.00% of the birth-to-three population. Nationally, 2.24% of the birth-to-three population is served. (all data from December 1, 2004 child counts from www.ideadata.org).

**Correction of baseline data: In the 2005-2010 SPP, Indiana used FFY 2003 data.
Baseline Data for FFY 2004 (2004-2005): Comparison with Similar States,
Children Ages 0-2 Year**

STATE	DEC.2004 ONE-DAY CHILD COUNT, AGE 0-2	POPULATION 0-2	PERCENT OF POPULATION AGE 0-2	CURRENT ELIGIBILITY	RISK FACTORS
Indiana	10,067	255,744	3.94%	20% Delay In Two Areas Or 25% Delay In One Area	No
Pennsylvania	13,297	432,315	3.08%	25% Delay In One Area; In cl opin	No
Wisconsin	5,756	203,618	2.83%	25% Delay In One Area Or Atypical Development As Determined By MDT With ICO	No
Maryland	6,276	225,878	2.78%	25% Delay In One Or More Areas, Atypical Development/Behavior	No
Arkansas	3,283	111,706	2.94%	25% Delay In One Or More Areas	No
Kansas	2,947	114,457	2.57%	25% Delay In One Or More Areas, 20% Delay In Two Areas	No
Iowa	2,331	109,781	2.12%	25% Below Age In One Or More Areas, Prof. Judgment of MDT or A Known Condition With High Prop. of Delay	No
Virginia	5,369	299,736	1.79%	25% Delay In One Area Or Atypical Development; ICO	No
Washington	3,859	230,108	1.68%	25% Delay In One Area	No
Mississippi	2,126	125,719	1.69%	25% Delay In One Or More Areas; ICO	No
Alabama	2,261	176,839	1.28%	25% Delay In One Or More Areas	No
National	275,484	12,311,909	2.24%		

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FFY	Measurable and Rigorous Target * REVISED
2005 (2005-2006)	3.94% of the birth-to-three will have an IFSP
2006 (2006-2007)	3.3% of the birth-to-three will an IFSP
2007 (2007-2008)	3.25% of the birth-to-three will an IFSP
2008 (2008-2009)	3.25% of the birth-to-three will an IFSP
2009 (2009-2010)	3.15% of the birth-to-three will an IFSP
2010 (2010-2011)	3.00% of the birth-to-three will an IFSP
2011 (2011-2012)	3.00% of the birth-to-three will an IFSP
2012 (2012-2013)	3.00% of the birth-to-three will an IFSP

* The inclusion of the FFY 04 child counts necessitated a revision in the Measurable and Rigorous Targets in the above chart. The 2010 target (3.0%) remains the same and is still significantly higher than the national percentage (2.24%) of children served. Indiana anticipates a decrease of its percentage of children, birth to 3 years with an IFSP. Indiana currently serves a very high number of children. The revised eligibility criteria, effective in 2006, has eliminated the biological risk category. It increases the percentage of developmental delay from a 15% delay in two developmental domains to a 20% delay **and** from a 20% in one developmental domain to a 25% delay. It is difficult to determine at this point the impact this change will cause, but projections indicate a potential 15% decrease in the number of children eligible under the new criteria.

A second legislative change that will be implemented in 2006 is an increase in cost participation scale and co-pay fees. Cost participation for direct services is formulated on a sliding fee schedule based on family income, family size and federal poverty level. Families are billed on a per service basis up to a monthly maximum. Under the legislation, families will pay significantly more per service and monthly maximum, as indicated in the chart below.

Indiana Cost Participation Proposed Fee Schedule							
Percentage of Federal Income Poverty Level		Co-payment Per Treatment			Maximum Monthly Cost Share		
At Least	But Not More Than	New Rate	increase from current rate	(% change)	New Max. Rate	increase from current rate	(% change)
0%	250%	\$ -			\$ -		
251%	350%	\$ 3	\$3	NA	\$ 24	\$24	NA
351%	450%	\$ 6	\$1	120%	\$ 48	\$23	192%
451%	550%	\$ 15	\$5	150%	\$ 120	\$70	240%
551%	650%	\$ 25	\$10	167%	\$ 200	\$125	267%
651%	750%	\$ 50	\$30	250%	\$ 400	\$300	400%
751%	850%	\$ 75	\$50	300%	\$ 600	\$475	480%

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851%	1000%	\$ 100	\$70	333%	\$ 800	\$650	533%
1001%		\$ 120	\$84	333%	\$ 960	\$780	533%

The new cost participation levels represent a significant increase in costs for families. The State believes that some families may opt to seek services through insurance, or other sources.

Indiana will continue to work with LPCCs/SPOEs to increase child find activities for this age group and will continue to work with the medical community on timely and appropriate referrals for infants and toddlers.

Improvement Activities/Timelines/Resources:

FFY	Improvement Activities	Resources	On-going Activities*
<p>FFY 2005 – 2010 2012 (2005-2013)</p>	<ul style="list-style-type: none"> ▪ Performance based outcomes added to LPCC Request for Funding (RFF) to reflect measurable and rigorous target percentages. ▪ Continue Child Find as an RFF activity ▪ Provider and referral source training ▪ LPCC review to maintain and update current referral sources and develop new sources with agreements. ▪ Data analysis of impact of eligibility and cost participation changes <p>Added 2/1/08: Completion of a First Steps program audit to evaluate the effect of the changes in eligibility and cost participation. The audit has been contracted through the Indiana Institute for Disability in the Community. Once all data has been collected, an outside entity will perform a comprehensive program analysis.</p>	<ul style="list-style-type: none"> ▪ LPCC and provider meetings ▪ Inter-agency collaboration meetings ▪ Unified Training System ▪ Data systems <p>IIDC</p>	<ul style="list-style-type: none"> ▪ Ongoing thru 2010 2012 <p>2007 through 2008</p>

* On-going Activity = activity will occur each subsequent year

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Overview of the State Performance Plan Development:
 (The following items are to be completed for each monitoring priority/indicator.)

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 7: Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C’s 45-day timeline.

(20 USC 1416(a)(3)(B) and 1442)

Measurement:
 Percent = # of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting was conducted within Part C’s 45-day timeline divided by # of eligible infants and toddlers evaluated and assessed times 100.
 Account for untimely evaluations.

Measurement Revisions FFY2008, updated 2/1/10

Indicator 7: Percent of eligible infants and toddlers with IFSPs for whom an evaluation and 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)

Measurement:
 Percent = [(# of infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting was conducted within Part C’s 45-day timeline) divided by the (# of infants and toddlers with IFSPs 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.

FFY	Measurable and Rigorous Target
2008	100% of eligible children will have an evaluation/assessment and an initial IFSP meeting were conducted within Part C’s 45-day timeline
2009	100% of eligible children will have an evaluation/assessment and an initial IFSP meeting were conducted within Part C’s 45-day timeline
2010	100% of eligible children will have an evaluation/assessment and an initial

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	IFSP meeting were conducted within Part C's 45-day timeline
2011	100% of eligible children will have an evaluation/assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline
2012	100% of eligible children will have an evaluation/assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline

Overview of Issue/Description of System or Process:

Indiana places a high priority on the ability of SPOEs to meet the 45-day timeline. To support this priority the State and SPOE representatives developed procedures for referral through initial IFSP. SPOE staffs receive training on an on-going basis. In addition, SPOE staffs are encouraged to participate in the evaluation and review of all policies to assist with the assurance that policies meet the needs of the local community.

Children who are found to meet eligibility criteria are scheduled for an IFSP meeting. Families are encouraged and assisted in the selection of an on-going service coordinator. The IFSP meeting is completed within 45 days of referral at the family's convenience, unless the family requests an extension. Eligibility Determination (ED) Teams are assigned to children as they enter the system and are responsible for completing initial evaluations, assisting in determining eligibility and in developing initial IFSPs. ED Teams remain on the child's IFSP Team, but do not provide on-going services to the child. At the IFSP meeting, the family's desires for their child and the child's needs are discussed by the family and the ED Team in order to develop the IFSP. Parents are notified of their rights at all times in the process, including the right to an initial IFSP within the 45-day timeline.

The Local Planning and Coordinating Councils (LPCC) and System Points of Entry (SPOE) have performance-based outcomes based on meeting the 45-day timeline. If the 45-day timeline is not met there is a financial consequence in the level of funding they receive. The State meets periodically with SPOE directors to discuss policy and technical assistance needs around this issue.

All First Steps providers receive training prior to enrollment on policies, procedures, federal/state requirements, including the 45-day timeline. Intake Coordinators have a rigorous process they follow in order to insure that the initial intake and evaluation occur in a timely manner so that the IFSP can be completed within the 45-day timeline. The Eligibility Determination Teams were implemented to facilitate the timely completion of the evaluation and assessment within 3 weeks of the intake meeting. All of those involved in the initial IFSP process are continuously trained on the importance of timely completion of this process and clearly understand the policies and procedures in place to insure that families receive services within this time frame. The State publishes county, regional, and statewide profile reports that includes 45-day timeline compliance information on the First Steps website (www.in.gov/fssa/first_step/index.html).

A "Delay in IFSP" form is completed for every IFSP that exceeds the 45-day timeline. This form provides information why the timeline was not met. The parent must sign this form indicating that they understand that the IFSP will exceed the 45-day timeline and they agree with the reasons listed. Back-up documentation as to the circumstances is also written in the case notes. The Delay in IFSP form and the case notes become part of the early intervention record. In order to monitor that the timelines are met there is a Quality Review/Focused Monitoring process. A determination is then made by a Focus Monitor

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whether the delay was a family or a system issue. Data is analyzed and distributed to the SPOE offices on all IFSPs written and on the number exceeding 45 days. On-site file reviews are completed to validate the information provided by the SPOE.

Baseline Data for FFY 2004 (2004-2005):

95.63% of all IFSPs (8878 of the 9284) IFSPs written in FFY 04) were completed within the 45-day timeline. Of the 4.37% (406 of 9284) not meeting the 45-day timeline 2.93% (272 of 9284) of IFSPs were delayed at the requests of the family. **98.56%** of all IFSPs (9150 of 9284) were complete within the 45-day timeline or were delayed at the family's request.

It is important to note that Indiana's data reflects completion of the IFSP and not just the convening of an initial IFSP meeting or the completion of an evaluation and assessment.

Discussion of Baseline Data:

Indiana has made great strides towards meeting 100% compliance of the 45-day timeline requirement. The SPOEs must provide written documentation to explain any IFSP that exceeds 45 days. Monthly a SPOE database report is ran on all IFSPs exceeding 45 day timeline provides the total number. This report is matched with the Delay of IFSP forms and the determination of family or system issues. This information is validated by focused monitoring.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of eligible children will have an evaluation/assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline
2006 (2006-2007)	100% of eligible children will have an evaluation/assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline
2007 (2007-2008)	100% of eligible children will have an evaluation/assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline
2008 (2008-2009)	100% of eligible children will have an evaluation/assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline
2009 (2009-2010)	100% of eligible children will have an evaluation/assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline
2010 (2010-2011)	100% of eligible children will have an evaluation/assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline
2011 (2011-2012)	100% of eligible children will have an evaluation/assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline
2012 (2012-2013)	100% of eligible children will have an evaluation/assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline

Improvement Activities/Timelines/Resources:

Over the past two years Indiana has shown marked improvement in this area. The State will continue to provide technical assistance and support to SPOE's to insure 100% compliance with the 45-day timeline. A new data entry system is in development which will more closely track this issue for frontline staff.

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FFY	Improvement Activities	Resources	On-going Activities*
2005 (2005-2006)	<ul style="list-style-type: none"> ▪ A performance standard is written into the SPOE Request for Funding (RFF) contracts. Funds are tied to the achievement of this standard reviewed semi-annually. ▪ Data analysis, on-going training to providers, and Focused Monitoring Quality Review system to ensure compliance and maintain timely delivery of services 	<ul style="list-style-type: none"> ▪ LPCC and provider meetings ▪ Unified Training System ▪ Data systems 	<ul style="list-style-type: none"> ▪ Ongoing thru 2010–2012 Ongoing thru 2010–2012
2006 (2006-2007)	<ul style="list-style-type: none"> ▪ Providers, service coordinators, and intake coordinators will be trained on a new data entry system which will enable better tracking of IFSP’s at the local SPOE level. 	<ul style="list-style-type: none"> ▪ LPCC and provider meetings ▪ Unified Training System ▪ Data systems 	Ongoing thru 2010 –2012
2007 (2007-2008)	NOTE: See on-going activities identified above.		Ongoing thru 2010 –2012
2008 (2008-2009)	NOTE: See on-going activities identified above.		Ongoing thru 2010 –2012
2009 (2009-2010)	NOTE: See on-going activities identified above.		Ongoing thru 2010 –2012
2010-2012 (2010-2013)	<p>NOTE: See on-going activities identified above.</p> <ol style="list-style-type: none"> 1. All providers must be employed or contracted through a state approved provider network. Networks will be responsible for the supervision of its providers. 2. While IFSPs are written for one year period, IFSP service authorizations will be written for 3 months and providers must submit progress notes at 3 month intervals. Progress notes must contain service start states and reasons for delay if >30 days. 3. To streamline the initial and annual evaluation/assessment process, EDTs will work under the direction of the SPOEs as employees or contractors. 	State Bureau Child Development Services Central Reimbursement Office System Points of Entry	Start Date 01/01/2011 and continuous through 06/30/2013

* On-going Activity = activity will occur each subsequent year

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Overview of the State Performance Plan Development:*(The following items are to be completed for each monitoring priority/indicator.)***Monitoring Priority: Effective General Supervision Part C / Effective Transition**

Indicator 8: Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including:

- A. IFSPs with transition steps and services
- B. Notification to LEA, if child potentially eligible for Part B; and
- C. Transition conference, if child potentially eligible for Part B.

(20 USC 1416(a)(3)(B) and 1442)

Measurement:

- A. Percent = # of children exiting Part C who have an IFSP with transition steps and services divided by # of children exiting Part C times 100.
- B. Percent = # of children exiting Part C and potentially eligible for Part B where notification to the LEA occurred divided by the # of children exiting Part C who were potentially eligible for Part B times 100.
- C. Percent = # of children exiting Part C and potentially eligible for Part B where the transition conference occurred divided by the # of children exiting Part C who were potentially eligible for Part B times 100.

Overview of Issue/Description of System or Process:

Transition planning is a required component of IFSP development in Indiana. Transition planning helps to ensure that the child and family will experience success and benefit from the planned services by preparing them appropriately for changes that may occur in the future. Indiana requires transition planning meetings for all children enrolled in First Steps system. Our goal is to facilitate transition activities into, within, and from the First Steps System. Therefore, every IFSP contains transition planning activities and timelines to ensure successful transitions.

Indiana has a state Transition Team with representatives from First Steps, Department of Education, Division of Exceptional Learners (Part B), Head Start, child care, and families. The vision of the Indiana's State Transition Team is to provide a comprehensive, community-wide system ensuring positive and effective transition experiences. This team has developed several documents including a statewide family transition survey which is available through the State Transition website at: <http://www.indianatransition.org/>.

The First Steps System together with the Division of Exceptional Learners (Part B) jointly funds the Indiana Transition Initiative for Young Children. This collaboration supports a state transition coordinator and regional facilitators to improve assistance to community teams to develop, coordinate, and implement transition activities. Specific initiatives include funding for local transition planning opportunities for families and the provision of regional transition facilitators. Additionally, the transition initiative grant supports the Family Involvement Fund which provides funding for parents who attend transition informational meetings and/or to participate in transition planning events.

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Indiana maintains, and updates as needed, the State inter-agency agreement with Head Start, child care, Division of Exceptional Learners (Part B), and First Steps. LPCCs and SPOEs are required in their grants (Request for Funds) to develop and maintain memorandum of agreements with their lead education agency (LEA) and with other transition resources, e.g., Early Head Start, community pre-schools, and child care. This requirement is a performance standard with financial sanctions for non-compliance.

Indiana's Unified Training System provides statewide training on transition to enrolled providers and community partners, including families. Training opportunities include regional topical training, as well as written publications and videos.

A joint First Steps/Division of Exceptional Learners (Part B) memo was released in May 2005 and training sessions were held in all regions of the State for all service coordinators. The memo strengthens collaborative efforts for children in transition from Part C to Part B services. This document was created with the guidance of a leadership committee including service coordinators, parents, preschool coordinators, and a special education director. It clarifies provider roles and responsibilities and identifies how a parent can request an initial educational evaluation during the transition process. **A copy is available in the appendix.** This memo has also been added to the service coordinator training manual.

Indiana utilizes a focused monitoring, quality review system to monitor transition indicators. Working with NCSEAM, the quality review team has identified key components in the transition process, including transition planning activities in the IFSP, 30 day LEA notice, and transition meetings. The quality review teams visit local service areas to perform early intervention record reviews for these required transition components.

Baseline Data for FFY 2004 (2004-2005):

- A. 100% of children exiting Part C have an IFSP with transition steps and services
- B. 94.7% (3202 of 3381) of children exiting Part C and potentially eligible for Part B, had notification to the LEA
- C. 93% of children exiting Part C and potentially eligible for Part B had a Transition conference meeting to plan for transition within 90-180 days prior to the 3rd birthday

Discussion of Baseline Data:

A. The data source for transition steps and services in the IFSP was early intervention record reviews conducted by the Quality Review – Focused Monitoring Team from December 2004 through May 2005. Early intervention records were selected by random sample from each of the 14 service area SPOEs. The random sample consisted of 5% of closed records (a minimum of 75 records) for children who were enrolled in First Steps until 36 months of age and who had received services at least 6 months (N=1,687). 100% (1687 of 1687) of all reviewed IFSPs included a plan for transition steps and services. However, only 69% (1164 of 1687) of the audited transition plans completely met Indiana's quality review transition criteria. (A copy of the transition record audit form is included in the appendix)

B. In Indiana, the early intervention system (part C) does not have the authority to determine which children are potentially eligible for the Part B program, as that responsibility lies with the LEA. Therefore First Steps requires a referral to Part B for all children who are in the First Steps program at 30 months of age. In FFY 04, 3,381 children exited Part C with transition plans for Part B (3123) or with plans to receive other services (258). Data from the FFY 04 Part B report noted that 3202 children were referred to Part B. Of those children 77% (2465 of 3202) also had a school representative invited to the transition meeting (N=3,202)

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C. The Indiana Family Transition Survey (copy provided in the appendix), was used to determine the number of children exiting Part C who had a transition conference. The survey was sent to a random sample of 400 families who had exited the system. 25% of those receiving the survey (98) responded. 93% (91 of 98) indicated that their child had a meeting to plan for transition, 90 to 180 days before their child's third birthday.

Indiana has added the transition meeting date to the SPOE database so that survey data will no longer be used in determining compliance for this indicator.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	A. 100% of eligible children will have IFSPs with transition steps and services. B. 100% of all children exiting Part C will have Notification to LEA, if child potentially eligible for Part B. C. 100% of all children exiting Part C will have a transition conference, if child potentially eligible for Part B.
2006 (2006-2007)	A. 100% of eligible children will have IFSPs with transition steps and services. B. 100% of all children exiting Part C will have Notification to LEA, if child potentially eligible for Part B. C. 100% of all children exiting Part C will have a transition conference, if child potentially eligible for Part B.
2007 (2007-2008)	A. 100% of eligible children will have IFSPs with transition steps and services. B. 100% of all children exiting Part C will have Notification to LEA, if child potentially eligible for Part B. C. 100% of all children exiting Part C will have a transition conference, if child potentially eligible for Part B.
2008 (2008-2009)	A. 100% of eligible children will have IFSPs with transition steps and services. B. 100% of all children exiting Part C will have Notification to LEA, if child potentially eligible for Part B. C. 100% of all children exiting Part C will have a transition conference, if child potentially eligible for Part B.
2009 (2009-2010)	A. 100% of eligible children will have IFSPs with transition steps and services. B. 100% of all children exiting Part C will have Notification to LEA, if child potentially eligible for Part B. C. 100% of all children exiting Part C will have a transition conference, if child potentially eligible for Part B.
2010 (2010-2011)	A. 100% of eligible children will have IFSPs with transition steps and services. B. 100% of all children exiting Part C will have Notification to LEA, if child potentially eligible for Part B. C. 100% of all children exiting Part C will have a transition conference, if child potentially eligible for Part B.
2011 (2011-2012)	A. 100% of eligible children will have IFSPs with transition steps and services. B. 100% of all children exiting Part C will have Notification to LEA, if child potentially eligible for Part B. C. 100% of all children exiting Part C will have a transition conference, if child potentially eligible for Part B.
2012 (2012-2013)	A. 100% of eligible children will have IFSPs with transition steps and services. B. 100% of all children exiting Part C will have Notification to LEA, if child potentially eligible for Part B. C. 100% of all children exiting Part C will have a transition conference, if child potentially eligible for Part B.

Improvement Activities/Timelines/Resources:

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<p>2011 (2011-2012)</p>	<p>NOTE: See on-going activities identified above.</p>		<p>▪ Ongoing thru 2010 2012</p>
<p>2012 (2012-2013)</p>	<p>NOTE: See on-going activities identified above.</p>		<p>▪ Ongoing thru 2010 2012</p>

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Overview of the State Performance Plan Development:

*(The following items are to be completed for each monitoring priority/indicator.)***Monitoring Priority: Effective General Supervision Part C / General Supervision**

Indicator 9: General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects non-compliance as soon as possible but in no case later than one year from identification.

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

Measurement:**Percent of noncompliance corrected within one year of identification:**

- a. # of findings of noncompliance.
- b. # of corrections completed as soon as possible but in no case later than one year from identification.

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

States are required to use the "Indicator C 9 Worksheet" to report data for this indicator (see Attachment A).

Measurement:

~~A. Percent of noncompliance related to monitoring priority areas and indicators corrected within one year of identification:~~

- ~~c. # of findings of noncompliance made related to priority areas.~~
 - ~~d. # of corrections completed as soon as possible but in no case later than one year from identification.~~
- ~~Percent = b divided by a times 100.~~

~~For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.~~

~~B. Percent of noncompliance related to areas not included in the above monitoring priority areas and indicators corrected within one year of identification:~~

- ~~a. # of findings of noncompliance made related to such areas.~~
 - ~~b. # of corrections completed as soon as possible but in no case later than one year from identification.~~
- ~~Percent = b divided by a times 100.~~

~~For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.~~

~~C. Percent of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) corrected within one year of identification:~~

- ~~a. # of EIS programs in which noncompliance was identified through other mechanisms.~~
 - ~~b. # of findings of noncompliance made.~~
 - ~~c. # of corrections completed as soon as possible but in no case later than one year from identification.~~
- ~~Percent = c divided by b times 100.~~

~~For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.~~

Part C State Performance Plan (SPP) for 2005-2010**Revised February 1, 2007****Overview of Issue/Description of System or Process:**

Indiana has a comprehensive quality review system to monitor compliance. In addition to the identification of non-compliance through complaints, due process hearings and mediation at the state level, Indiana has developed a comprehensive system for monitoring quality through its Focused Monitoring Quality Review program. The purpose of the Quality Review Focused Monitoring program is to review the regional System Points of Entry (SPOE) and their Local Planning and Coordination Councils (LPCCs) for compliance with applicable state and federal laws; to provide data for completion of the Office of Special Education Programs (OSEP) State Performance Plan and the Annual Progress Report (APR); to provide input and technical assistance for quality improvement and best practice; and, to identify exemplary practice examples for use by other clusters.

The LPCCs and SPOE service areas are scheduled for an on-site Quality Review Focused Monitoring visit annually and more frequently, if requested by the Bureau of Child Development. The Bureau of Child Development (BCD), in collaboration with the Focused Monitoring Teams, determines the schedule for quality review visits, based on SPOE profiles and complaints/concerns received by the BCD. Focused Monitoring Teams are trained to use approved auditing forms and to adhere to quality review policies and procedures to insure consistency between and among Focused Monitoring Teams.

In 2003, Indiana became a Project Partner with the national Center for Special education Accountability Monitoring (NCSEAM). In January 2004 Indiana completed its Self-Assessment Focused Monitoring Implementation Checklist. This checklist assessed the comprehensiveness of Indiana's data system and activities, the involvement and participation of stakeholders in the development, implementation, and evaluation of the monitoring system and the monitoring procedures within a focused monitoring process. At that time Indiana's Accountability Monitoring Work Plan was developed. The Work Plan was reviewed and revised on May 10, 2005. A copy of Indiana's plan can be found on the NCSEAM website at: http://www.monitoringcenter.lsuhs.edu/STATES%20WORK%20PLANS%202005/Indiana_PartC_WorkPlan_05102005.pdf.

Indiana also uses Complaint/Concern reporting to monitor system issues. While only formal, written complaints are tracked through to findings and resolutions, all concerns are investigated as appropriate. Formal complaints regarding First Steps providers most frequently require additional provider training requirements and a follow-up reviews, with disenrollment of the provider as a final measure. Providers with a substantiated complaint are placed on probation for a minimum of 60 days. If the provider receives further complaints during this time period, the lead agency will consider if disenrollment of the provider is warranted. Historically, most complaints received are in regards to the quality or timeliness of service coordination services. In 2004, First Steps created a new state level position responsible for coordination of all quality assurance activities, including local monitoring and complaint investigations.

The State conducts regular reviews of the Indiana data system, quarterly state and local data profiles, and policies and procedures to identify any barriers or system issues, compile and integrate data across systems, and identify local providers in need of assistance, intervention, and substantial intervention.

State policies are submitted with State Performance Plan. The Part C Coordinator and the State Quality Assurance Manager track and monitor system performance to identify and correct 100% of non-compliance, within one year from identification.

Baseline Data for FFY 2004 (2004-2005):

- A. 100% of non-compliance related to monitoring priority areas and indicators are corrected within one year of identification.
 - a. There were 0 findings of non-compliance made related to priority areas.
 - b. There were 0 corrections completed.

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- B. 100% of non-compliance related to areas not included in the above to monitoring priority areas and indicators are corrected within one year of identification.
 - a. There were 0 findings of non-compliance made related to such areas.
 - b. There were 0 corrections completed as soon as possible but in no case later than one year from identification.

- C. 100% of non-compliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) corrected within one year of identification:
 - a. There were 0 findings of non-compliance made.
 - b. There were 0 corrections completed as soon as possible but in no case later than one year from identification.

Discussion of Baseline Data:

While Indiana does not have any identified systemic areas of non-compliance, a clarification request was noted in the OSEP response letter dated November 14, 2005 for Indiana’s 2003 APR submission. Indiana’s response to this clarification is contained in Indicator 8 of the State Performance Plan.

In FFY 04 the Quality Review Team completed on-site monitoring reviews for Part C requirements (state and federal). 100% (14 of 14) SPOEs were visited. Each quality review visit consisted of a two to four day on-site review of early intervention records using the focused monitoring audit forms, interviews with SPOE staff and LPCC members and family interviews. While no areas of non-compliance were identified at the SPOE level, areas for improvement were identified for each SPOE/LPCC. The SPOEs/LPCCs are required to submit quality improvement plans and quarterly progress updates. Indiana will report on the correction of areas cited for improvement in its FFY 05 APR.

In FFY 04, there were no findings of non-compliance from other mechanisms (complaints). Indiana did report 2 written complaints for FFY 04. Neither complaint resulted in a finding of noncompliance. There were no due process hearings or mediations.

FFY	Measurable and Rigorous Target
<p>2005 (2005-2006)</p>	<p>100% of non-compliance related to monitoring priority areas and indicators are corrected within one year of identification. 100% of non-compliance related to areas not included in the above to monitoring priority areas and indicators are corrected within one year of identification. 100% of non-compliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) corrected within one year of identification</p>
<p>2006 (2006-2007)</p>	<p>100% of non-compliance related to monitoring priority areas and indicators are corrected within one year of identification. 100% of non-compliance related to areas not included in the above to monitoring priority areas and indicators are corrected within one year of identification. 100% of non-compliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) corrected within one year of identification</p>
<p>2007 (2007-2008)</p>	<p>100% of non-compliance related to monitoring priority areas and indicators are corrected within one year of identification. 100% of non-compliance related to areas not included in the above to monitoring priority areas and indicators are corrected within one year of identification. 100% of non-compliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) corrected within one year of identification</p>
<p>2008 (2008-2009)</p>	<p>100% of non-compliance related to monitoring priority areas and indicators are corrected within one year of identification.</p>

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	100% of non-compliance related to areas not included in the above to monitoring priority areas and indicators are corrected within one year of identification. 100% of non-compliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) corrected within one year of identification
2009 (2009-2010)	100% of non-compliance related to monitoring priority areas and indicators are corrected within one year of identification. 100% of non-compliance related to areas not included in the above to monitoring priority areas and indicators are corrected within one year of identification. 100% of non-compliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) corrected within one year of identification
2010 (2010-2011)	100% of non-compliance related to monitoring priority areas and indicators are corrected within one year of identification. 100% of non-compliance related to areas not included in the above to monitoring priority areas and indicators are corrected within one year of identification. 100% of non-compliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) corrected within one year of identification
FFY2010	100% of noncompliance corrected within one year of identification
FFY2011	100% of noncompliance corrected within one year of identification
FFY2012	100% of noncompliance corrected within one year of identification

Improvement Activities/Timelines/Resources:

FFY	Improvement Activities	Resources
2005-2010 (2005-2011)	<p>The Indiana First Steps program will continue to educate families, providers and other interested parties regarding the complaint process, due process and mediation. The QA manager will develop clear policies and procedures for processing complaints in the 60 day timeline and will provide full reports of the complaint, issues and resolution the the Part C Coordinator, FSSA Secretary, ICG and OSEP</p> <p>Indiana will continue to oversee its quality review focused monitoring program and will respond to any priority areas of non-compliance concerns through local quality improvement plans.</p> <p>The quality review program will develop "report card" reports that clearly provide an overview of each regions compliance with the monitoring priorities. These "report cards" will be posted on the state web site for public review.</p> <p>Indiana will continue as a Project Partner with NCSEAM to improve its</p>	<p>* Ongoing thru 2010</p>

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	accountability work plan.	
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Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2008 - The target for this indicator is 100%. In FFY2006, the 2005-2010 SPP was revised to include the full scope of Indiana’s general supervision system. In activity 2 below, the timeline for annual verification visits, findings and determination letters was revised so that they all occur within the same federal fiscal year. **These plans are ongoing through FFY2012.**

1. The state has a comprehensive system of general supervision that includes Quality Review (QR) contractors responsible for the coordination of performance data, development of Cluster performance reports and the provision of technical assistance to the Cluster. The QR team and the state consultants conduct verification visits to each Cluster SPOE annually. Responsible parties: Part C Coordinator and consultants and the QR contractors through state contracts. Timeline: Annual QR contracts October 1st through September 30th.
2. Cluster SPOEs are responsible for the development of a Cluster Performance Plans in which they must respond to any noncompliance identified during the annual Cluster verification visits, through the complaint process or through QR desk audits. Responsible parties: Cluster fiscal agent/SPOE supervisor/LPCC Coordinator with assistance from the QR team leader. Timeline: Annually, in April following the completion of the verification visit reviews, scheduled for January and February. (The timeline for the annual verification visits and issuance of the local findings and determination letters was revised so that the visits, reports, findings and determinations now all occur in the same fiscal year.)
3. Cluster SPOEs and LPCCs are funded through a grant process by the state. The Request for Funds (RFF) includes specific outcomes to be achieved by the SPOE, LPCC and through the provision of service coordination. These outcomes are tied to financial holdbacks of up to 10% of the Cluster’s annual funding. The Cluster must document the achievement of or progress towards the achievement of the outcomes in order to access the holdback funds. Timeline: the RFF is granted in April of each year and holdback reviews occur in October and January of each year.

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Overview of the State Performance Plan Development:*(The following items are to be completed for each monitoring priority/indicator.)***Monitoring Priority: Effective General Supervision Part C / General Supervision**

Indicator 10: Percent of signed written complaints with reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

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

Measurement:

Percent = (1.1(b) + 1.1(c)) divided by (1.1) times 100.

Overview of Issue/Description of System or Process:

Indiana's general supervision procedures identify and correct IDEA non-compliance in a timely manner. Indiana's general supervision procedures continue to document statewide and county success in meeting IDEA requirements, identify non-compliance issues, and support correction in a timely manner.

Indiana uses Complaint/Concern reporting to monitor system issues. While only formal, written complaints are tracked through to findings and resolutions, all concerns are investigated. 100% of signed, written complaints are resolved within 60 day timeline. Complaints are tracked and reviewed on a regular basis to ensure policies and procedures are followed. Letters are sent to families and providers at initiation and completion of investigation.

Extensions of the 60-day timeline are made only when exceptional circumstances exist with respect to a particular complaint. The State has not had any extensions, but policies and procedures are in place if needed.

Formal complaints regarding First Steps providers most frequently require additional provider training requirements and a follow-up reviews, with disenrollment of the provider as a final measure. Providers with a substantiated complaint are placed on probation for a minimum of 60 days. If the provider receives further complaints during this time period, the lead agency will consider if disenrollment of the provider is warranted. Historically complaints are about the quality or timeliness of service coordination services. In 2004, First Steps created a new state level position responsible for coordination of all quality assurance activities, including local monitoring and complaint investigations.

State policies are submitted with State Performance Plan. The Part C Coordinator and the State Quality Assurance Manager track and monitor system performance to identify and correct 100% of non-compliance, within one year from identification.

The State conducts regular reviews of the Indiana data system, quarterly state and local data profiles, and policies and procedures to identify any barriers or system issues, compile and integrate data across systems, and identify local providers in need of assistance, intervention, and substantial intervention.

Baseline Data for FFY 2004 (2004-2005):

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100% of signed (2 of 2), written complaints are resolved within 60 day timeline, as documented in the First steps complaint log.

Discussion of Baseline Data:

All complaints (2 of 2) were resolved within the 60 day timeline.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of signed, written complaints are resolved within 60 day timeline.
2006 (2006-2007)	100% of signed, written complaints are resolved within 60 day timeline.
2007 (2007-2008)	100% of signed, written complaints are resolved within 60 day timeline.
2008 (2008-2009)	100% of signed, written complaints are resolved within 60 day timeline.
2009 (2009-2010)	100% of signed, written complaints are resolved within 60 day timeline.
2010 (2010-2011)	100% of signed, written complaints are resolved within 60 day timeline.
2011 (2011-2012)	100% of signed, written complaints are resolved within 60 day timeline.
2012 (2012-2013)	100% of signed, written complaints are resolved within 60 day timeline.

Improvement Activities/Timelines/Resources:

FFY	Improvement Activities	Resources
2005-2010 (2005-2011)	Continue to conduct annual procedural safeguard training for all intake and service coordinators.	* Ongoing thru 2010

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2008: This is a compliance indicator and the target is set at 100%.

Indiana revised its improvement activities to enhance understanding of due process; complaints, mediations and hearings by SC, direct service providers and families. In FFY07, Family-to-Family support personnel were assigned to each Cluster SPOE. Through a state grant, the Family-to-Family parent liaisons provide parent to parent support and information. Family-to-Family parent liaison training includes family centered care, family rights and procedural safeguards. The parent liaisons may assist families in the process of filing a written complaint or a hearing request.

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Service Coordinator and direct service provider orientation trainings were revised in FFY2007. Each now contains expanded sections on procedural safeguards. In FFY2008, revisions to the booklet, “A Family’s Guide to Procedural Safeguards” will be complete along with a new core training module on procedural safeguards.

Timeline	Improvement Activities	Resources
FFY 2005-2010 2012	State staff assigned as compliant coordinator to log in all complaints, hearing and mediation requests.	State Part C Complaint Coordinator
	The LPCCs are responsible for the receipt of complaints and concerns. If these are violations of state and federal rules, they are immediately forwarded to the state. A log is maintained that includes the nature of the complaint or concern, date received, resolution and date of resolution.	LPCC Coordinator State Part C Complaint Coordinator
	Annual procedural safeguard training for all intake/ongoing Service Coordinators (SC) and direct service providers (DSP), within the SC and DSP required orientation training and through the <i>Training Times</i> Newsletter. (Revised)	UTS Programmatic Training grant
	Provide the booklet “A Family’s Guide Through Procedural Safeguards” to all families at intake, evaluation/assessment, IFSP development/review and transition meetings. (Updates completed in 2008)	Cluster SPOEs Intake/ongoing SC
FFY2007	Family to Family staff assigned to SPOEs	UTS – IIDC grant
FFY2008	Development of a First Steps Core Training module on Procedural Safeguards (New)	UTS Programmatic Training grant
FFY2008	Revise “A Family’s Guide Through Procedural Safeguards” (New)	UTS Programmatic Training grant

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Overview of the State Performance Plan Development:

(The following items are to be completed for each monitoring priority/indicator.)

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 11: Percent of fully adjudicated due process hearing requests that were fully adjudicated within the applicable timeline.

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

Measurement:

Percent = (3.2(a) + 3.2(b)) divided by (3.2) times 100.

Overview of Issue/Description of System or Process:

No due process hearing requests have been received, but policies and procedures are in place if needed.

Baseline Data for FFY 2004 (2004-2005):

No hearing requests were received in FFY 2004.

Discussion of Baseline Data:

No hearing requests were received in FFY 2004.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of fully adjudicated due process hearing requests will be fully adjudicated within the applicable timeline.
2006 (2006-2007)	100% of fully adjudicated due process hearing requests will be fully adjudicated within the applicable timeline.
2007 (2007-2008)	100% of fully adjudicated due process hearing requests will be fully adjudicated within the applicable timeline.
2008 (2008-2009)	100% of fully adjudicated due process hearing requests will be fully adjudicated within the applicable timeline.
2009 (2009-2010)	100% of fully adjudicated due process hearing requests will be fully adjudicated within the applicable timeline.
2010 (2010-2011)	100% of fully adjudicated due process hearing requests will be fully adjudicated within the applicable timeline.
2011 (2011-2012)	100% of fully adjudicated due process hearing requests will be fully adjudicated within the applicable timeline.
2012 (2012-2013)	100% of fully adjudicated due process hearing requests will be fully adjudicated within the applicable timeline.

Improvement Activities/Timelines/Resources:

FFY	Improvement Activities	Resources
2005-2010 (2005-2011)	Continue to record concerns and complaints, conducting investigations in a timely manner	Quality Assurance Manager

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Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2008: This is a compliance indicator and the target is set at 100%.

Indiana did revise and add to its improvement activities to enhance understanding of due process; complaints, mediations and hearings by SC, direct service providers and families. In FFY07, Family-to-Family support staff were assigned to each Cluster SPOE. Through a state grant, the Family-to-Family support staff provide parent-to-parent support and information. Family-to-Family staff training includes procedural safeguards and they may assist families in the process of written complaints or in requesting hearings. The Service Coordinator and direct service provider orientation trainings were revised in FFY2007. Each now contains expanded sections on procedural safeguards. Revisions to the booklet "A Family's Guide to Procedural Safeguards will be completed in FFY2008. A new core training module on Procedural Safeguards will be completed in FFY2008.

Timeline	Improvement Activities	Resources
FFY 2005-2010 2012	State staff assigned as compliant coordinator to log in all complaint, hearing and mediation requests.	State Part C Complaint Coordinator
	The LPCCs are responsible for the receipt of complaints and concerns. If these are violations of state and federal rules, they are immediately forwarded to the state. A log is maintained that includes the nature of the complaint or concern, date received, resolution and date of resolution.	LPCC Coordinator State Part C Complaint Coordinator
	Continue to conduct annual procedural safeguard training for all intake/ongoing Service Coordinators (SC) and direct service providers (DSP), within the SC and DSP required orientation training and through the Training Times Newsletter. (Revised)	UTS Programmatic Training grant
	Provide the booklet <i>A Family's Guide Through Procedural Safeguards</i> to all families at intake and/or evaluation/assessment, IFSP development/review, and transition meetings. (Updates completed in 2008)	Cluster SPOEs Intake/ongoing SC
FFY2007	Family to Family staff assigned to SPOEs	UTS – IIDC grant
FFY2008	Development of a First Steps Core Training module on Procedural Safeguards (New)	UTS Programmatic Training grant
FFY2008	Revise <i>A Family's Guide Through Procedural Safeguards</i> (New)	UTS Programmatic

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Overview of the State Performance Plan Development:

*(The following items are to be completed for each monitoring priority/indicator.)***Monitoring Priority: Effective General Supervision Part C / General Supervision**

Indicator 12: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures are adopted).

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

Measurement:

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

Overview of Issue/Description of System or Process: Not applicable, since Indiana has not adopted Part B 615 due process procedures.

Baseline Data for FFY 2004 (2004-2005):**Discussion of Baseline Data:**

OSEP FAQ update: A State should not set targets for Indicator 12 unless it has received at least a minimum threshold for 10 hearing requests and has adopted the Part B due process hearing procedures under 34 CFR §303.420.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	NA – State should not set targets for Indicator 12 unless it has received at least a minimum threshold for 10 hearing requests and has adopted the Part B due process hearing procedures under 34 CFR §303.420.
2006 (2006-2007)	NA– State should not set targets for Indicator 12 unless it has received at least a minimum threshold for 10 hearing requests and has adopted the Part B due process hearing procedures under 34 CFR §303.420.
2007 (2007-2008)	NA– State should not set targets for Indicator 12 unless it has received at least a minimum threshold for 10 hearing requests and has adopted the Part B due process hearing procedures under 34 CFR §303.420.
2008 (2008-2009)	NA– State should not set targets for Indicator 12 unless it has received at least a minimum threshold for 10 hearing requests and has adopted the Part B due process hearing procedures under 34 CFR §303.420.
2009 (2009-2010)	NA– State should not set targets for Indicator 12 unless it has received at least a minimum threshold for 10 hearing requests and has adopted the Part B due process hearing procedures under 34 CFR §303.420.
2010 (2010-2011)	NA– State should not set targets for Indicator 12 unless it has received at least a minimum threshold for 10 hearing requests and has adopted the Part B due process hearing procedures under 34 CFR §303.420.
2011 (2011-2012)	NA– State should not set targets for Indicator 12 unless it has received at least a minimum threshold for 10 hearing requests and has adopted the Part B due process hearing procedures under 34 CFR §303.420.
2012 (2012-2013)	NA– State should not set targets for Indicator 12 unless it has received at least a minimum threshold for 10 hearing requests and has adopted the Part B due process hearing procedures under 34 CFR §303.420.

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Improvement Activities/Timelines/Resources:

FFY	Improvement Activities	Resources
2005-20102012 (2005-2013)	Continue to conduct annual procedural safeguard training for all intake and service coordinators.	Ongoing thru 2010 2012

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Overview of the State Performance Plan Development:

(The following items are to be completed for each monitoring priority/indicator.)

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 13: Percent of mediations held that resulted in mediation agreements.

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

Measurement:
 Percent = (2.1(a)(i) + 2.1(b)(i)) divided by (2.1) times 100.

Overview of Issue/Description of System or Process:

No mediation requests have been received, but policies and procedures are in place if needed.

Baseline Data for FFY 2004 (2004-2005):

No mediation requests were received in FFY 2004.

Discussion of Baseline Data:

No mediation requests were received in FFY 2004.

OSEP FAQ update: A State should not set targets for Indicator 13 unless its baseline data reflect that it has received a minimum threshold of 10 mediation requests.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	NA – A state should not set targets for Indicator 13 unless its baseline data reflects that it has received a minimum threshold of 10 mediation requests.
2006 (2006-2007)	NA – A state should not set targets for Indicator 13 unless its baseline data reflects that it has received a minimum threshold of 10 mediation requests.
2007 (2007-2008)	NA – A state should not set targets for Indicator 13 unless its baseline data reflects that it has received a minimum threshold of 10 mediation requests.
2008 (2008-2009)	NA – A state should not set targets for Indicator 13 unless its baseline data reflects that it has received a minimum threshold of 10 mediation requests.
2009 (2009-2010)	NA – A state should not set targets for Indicator 13 unless its baseline data reflects that it has received a minimum threshold of 10 mediation requests.
2010 (2010-2011)	NA – A state should not set targets for Indicator 13 unless its baseline data reflects that it has received a minimum threshold of 10 mediation requests.
2011 (2011-2012)	NA – A state should not set targets for Indicator 13 unless its baseline data reflects that it has received a minimum threshold of 10 mediation requests.
2012 (2012-2013)	NA – A state should not set targets for Indicator 13 unless its baseline data reflects that it has received a minimum threshold of 10 mediation requests.

Improvement Activities/Timelines/Resources:

FFY	Improvement Activities	Resources
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2005-2010 (2005-2011)	Continue to conduct annual procedural safeguard training for all intake and service coordinators.	*Ongoing thru 2010
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Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2008: Indiana has not received a minimum of 10 mediation requests and therefore, no targets have been set for this indicator. The Service Coordinator and direct service provider orientation trainings were revised in FFY2007. Each now contain expanded sections on procedural safeguards. Revisions to the booklet “A Family’s Guide to Procedural Safeguards will be completed in FFY2008. A new core training module on Procedural Safeguards will be completed in FFY2008.

Timeline	Improvement Activities	Resources
FFY 2005-2010 2012	Continue to conduct annual procedural safeguard training for all intake/ongoing Service Coordinators (SC) and direct service providers (DSP), within the SC and DSP required orientation training and through the Training Times Newsletter. (Revised)	UTS Programmatic Training
	Provide the booklet <i>A Family’s Guide Through Procedural Safeguards</i> to all families at intake and/or evaluation/assessment/IFSP development/review and transition meetings. (Updates completed in 2008)	Intake/ongoing SC
FFY2008	Development of a First Steps Core Training module on Procedural Safeguards (New)	UTS Programmatic Training
FFY2008	Revise “A Family’s Guide Through Procedural Safeguards” (New)	UTS Programmatic Training

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Overview of the State Performance Plan Development:

(The following items are to be completed for each monitoring priority/indicator.)

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 14: State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate.

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

Measurement:

State reported data, including 618 data, State performance plan, and annual performance reports, are:

- a. Submitted on or before due dates (February 1 for child count, including race and ethnicity, settings and November 1 for exiting, personnel, dispute resolution); and
- b. Accurate (describe mechanisms for ensuring accuracy).

Overview of Issue/Description of System or Process:

Indiana has an excellent history of submitting accurate and timely data to OSEP. The state is confident in the accuracy of its comprehensive data system. Data from the IFSP is entered directly by the SPOE and claims information is entered by the CRO. Missing data elements on IFSPs are returned to service coordinators for completion. On-site observation is conducted to provide verification of SPOE data through early intervention record review. Quarterly reports and profile reports help to identify any anomalies present in the data.

Training is conducted regarding requirements and procedures for collecting and reporting data for individuals who perform data entry functions (SPOEs and intake/service coordinators). The data entry manual, annual report and APR are posted on the State website. The dynamic nature of the system requires constant validation of data and on-going training.

Baseline Data for FFY 2004 (2004-2005):

100% of the State reported data are timely and accurate.

Discussion of Baseline Data: Indiana has an excellent history of submitting accurate and timely data to OSEP. The state is confident in the accuracy of its comprehensive data system. Data from the IFSP is entered directly by the SPOE and claims information is entered by the CRO. Missing data elements on IFSPs are returned to service coordinators for completion. On-site observation is conducted to provide verification of SPOE data through early intervention record review. Quarterly reports and profile reports help to identify any anomalies present in the data.

Training is conducted regarding requirements and procedures for collecting and reporting data for individuals who perform data entry functions (SPOEs and intake/service coordinators). The data entry manual, annual report and APR are posted on the State website. The dynamic nature of the system requires constant validation of data and on-going training.

In August, Indiana participated in an OSEP validation visit. Indiana was found to have a reasonable approach in its data collection and analysis.

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

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of the State reported data are timely and accurate.
2006 (2006-2007)	100% of the State reported data are timely and accurate.
2007 (2007-2008)	100% of the State reported data are timely and accurate.
2008 (2008-2009)	100% of the State reported data are timely and accurate.
2009 (2009-2010)	100% of the State reported data are timely and accurate.
2010 (2010-2011)	100% of the State reported data are timely and accurate.
2011 (2011-2012)	100% of the State reported data are timely and accurate.
2012 (2012-2013)	100% of the State reported data are timely and accurate.

Improvement Activities/Timelines/Resources:

FFY	Improvement Activities	Resources
2005-2010 2012 (2005-2013)	Continue to collect comprehensive and accurate data. Continue to submit all required reports within Federal timelines	Quality Assurance Manager Data Warehouse CRO provider