

# STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

For reporting on  
FFY 2023

Louisiana



**PART C DUE**  
**February 3, 2025**

U.S. DEPARTMENT OF EDUCATION  
WASHINGTON, DC 20202

## Introduction

### Instructions

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

### Intro - Indicator Data

#### Executive Summary

The Lead Agency (LA) for Louisiana's Early Intervention Program for Individuals with Disabilities Education Act (IDEA), Part C, is EarlySteps, which is administered by the Louisiana Department of Health (LDH), Office for Citizens with Developmental Disabilities (OCDD). Louisiana Part C service delivery system includes an administrative staff, contractors, and independent vendors. The following is an overview of Louisiana Part C infrastructure.

EarlySteps has 13 full-time Part C staff who support the administration of Louisiana Early Intervention Program. Those 13 positions include: one Part C Coordinator/Program Manager, nine Regional Coordinators, one Contract Manager; one Data Manager, and a Professional Development Coordinator. Part C staff coordinate state-level activities; professional development and technical assistance; manage contracts; provide oversight for system implementation and assurance that federal and state requirements are met; and recommend system changes and improvements. The LA has undergone recent staffing changes. The Part C staff is diverse and represents the majority of the families in Louisiana early intervention. LA Part C staff is composed of 62% African American/Black and 38% White. The children and families served in EarlySteps are 43% African American/Black, 43% White and 14% other.

The LA sectioned the State into ten geographical Regions. EarlySteps Regional Coordinators are responsible for ensuring IDEA Part C requirements; LDH/OCDD policies; and EarlySteps policies and practices are implemented within the Regions, respectively. The Regional Coordinators are responsible to identify training and technical assistance needs, recruit new providers and support providers with provider enrollment; and conduct child find activities. Other responsibilities of the Regional Coordinators include the oversight of EarlySteps general supervision policy and practice. Each Regional Coordinator manages a Regional Interagency Coordinating Council (RICC) for the assigned Region. Regional reports on activities and meetings are shared with the State Interagency Coordinating Council (SICC). The RICCs is one mechanism for sharing federal, state, and local updates relevant to IDEA Part C and other early childhood initiatives. Training and technical assistance are provide by the Part C Coordinator and Professional Development Coordinator.

Referrals to EarlySteps are managed by the System Point of Entry Office (SPOE) for each Region. The SPOEs are contracted agencies responsible for the intake process, which includes: receiving referrals; assigning intake coordinators; ensuring families know their rights in early intervention; conducting screenings; gathering information, such as medical records; coordinating evaluation; assisting with eligibility determinations; developing the initial IFSPs for eligible children; and assisting with transition to ongoing support coordinators for continuous service coordination.

EarlySteps Evaluators, Family Support Coordination agencies, direct services providers, and translators are independent vendors who support the LA with implementation of early intervention services. Evaluators are responsible for conducting timely evaluation to determine initial eligibility and annual re-determination of eligibility. Family Support Coordination agencies provide ongoing service coordination, after initial IFSPs have been completed through children exiting out of early intervention. Translation and interpretation services are provided as needed.

EarlySteps has nine Community Outreach Specialists (COS) and one COS Parent Liaison contracted positions. The COSs contracts are with Families Helping Families agencies and Southeast Louisiana Area Health Education Center agencies throughout Louisiana. COSs are part-time and assigned based on Regions. The COS Parent Liaison is full-time and provides support statewide. COSs are parents or family members of children with disabilities. COSs provide parent-to-parent support; conduct public awareness activities; and support EarlySteps with data collection for Indicator 4: Family Involvement. The COS Parent Liaison assists with transition data for the State Education Agency and the Local Education Agency.

EarlySteps contracts with Gainwell Technology to provide a data system. Gainwell is LA Part C Finance Office (CFO) contractor that maintains Louisiana's Early Intervention Data System (EIDS). The CFO oversees the data system support, provider enrollment and maintenance of the central service directory (service matrix), data reports, and claims processing and payments for services provided. Included in the CFO operations with Medicaid is a monthly eligibility verification batch file submission to Medicaid's fiscal intermediary to accurately identify Medicaid-eligible children so that the appropriate funding source can be billed for service delivery. EarlySteps Part C Coordinator and Data Manger work directly with the CFO to ensure data requirements are met.

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

Data collected for this APR varied across each indicator. The following procedures were used:

- Desk audits from the central data system reports;
- Data review supported by agency chart review using state-developed protocols;
- Self-assessments and monthly reporting conducted by System Point of Entry agencies;
- Technical assistance and on-site follow-up monitoring by Regional Coordinators;
- Family Surveys collected by Community Outreach Specialists (Parent-to-Parent Liaisons); and
- Complaint investigations.

More information about specific data collection procedure for each indicator is provided in the appropriate indicator sections included in this report.

#### General Supervision System

The systems that are in place to ensure that the IDEA Part C requirements are met (e.g., integrated monitoring activities; data on processes and results; the SPP/APR; fiscal management; policies, procedures, and practices resulting in effective implementation; and improvement, correction, incentives, and sanctions). Include a description of all the mechanisms the State uses to identify and verify correction of noncompliance and improve results. This should include, but not be limited to, State monitoring, State database/data system, dispute resolution, fiscal management systems as well as other mechanisms through which the State is able to determine compliance and/or issue written findings of noncompliance. The State should include the following elements:

#### Describe the process the State uses to select EIS providers and/or EIS programs for monitoring, the schedule, and number of EIS providers/programs monitored per year.

For this reporting period, the System Point of Entry (SPOE) agencies and Family Support Coordination (FSC) agencies were monitored. There are 10 SPOE agencies and 29 FSC agencies. All are monitored annually. EarlySteps monitoring is based on the SPP/APR indicators.

**Describe how child records are chosen, including the number of child records that are selected, as part of the State's process for determining an EIS provider's and EIS program's compliance with IDEA requirements and verifying the EIS provider/program's correction of any identified compliance.**

Indicator 1: Louisiana collected and analyzed data from the state's database. The time period for data analysis was July 1, 2023 through September 30, 2023, the first quarter of Fiscal Year 2023, for all IFSPs written. Data collected for this indicator is accurate and valid as it was collected from all 32-Family Support Coordination (FSC) agencies for all infants and toddlers for whom IFSPs were developed in the first quarter of fiscal year 2023 – 2024.

Indicator 3: The Battelle Developmental Inventory, 2nd edition (BDI-2) is the statewide tool used for eligibility determination and outcome reporting. During the eligibility determination process, the BDI-2 is administered and results are entered into EIDS. Subsequently, at annual eligibility determination and/or exit, the BDI-2 is re-administered and the new results entered. The data system uses the formula provided in the previous section to calculate results for each child who has been in the system for at least 6 months. Louisiana received a data completeness score of 1 on the results matrix due to the percentage of exit scores available compared to national data. Improvement activities are underway to increase the number of entry to exit scores available. Complete entry and exit scores were collected on 2,965 children for the 2023-24 reporting period using the measurement method.

Indicator 7: Data used for this indicator was the full reporting period July 1, 2023 - June 30, 2024. The EIDS report, 45-Day Referral to IFSP Timeline, was used to collect and analyze data for Indicator 7. This report generates a list of every initial IFSP written during the reporting period. This EIDS report also provides the reasons for IFSP delays based on reasons indicated by System Point of Entry SPOE staff. The system calculates the number of days from referral to IFSP based upon the referral dates entered. Analysis of the reasons for untimely due to exceptional family circumstances such as child's illness or hospitalization, response time by the family and /or family request are verified by EarlySteps Part C Staff by reviewing documentation.

Indicator 8A: The Early Intervention Data System (EIDS) Transition Report produces the list of children exiting during the targeted months of March, April and May, 2024. Data collected for this indicator is accurate and valid as included children from all family support coordination (FSC) agencies during the quarter. This period selected for data review for this indicator has been consistently used for several years and when quarterly results are compared each year the data has consistently reflected the full reporting period. Chart review was then conducted using the report for data collection for Indicators 8a and 8c for IFSPs with steps and services and timely transition conferences. Reviews of System Point of Entry agencies and Family Support Coordination agencies' charts were then conducted for children exiting for the period--a total of 820 children. The review protocol used by Regional staff requires contacting the Local Education Agency or the parents and indicate the status of the child's transition when the data system's closure reason reported "Part B eligibility not determined", if the transition conference was not timely. The state team verified by review of child records which included children's IFSPs and the state data base for Indicator 8A. The Part C Coordinator reviewed 10% of each regional list as verification of compliance.

Indicator 8B: The EIDS Transition Report is pulled each month and used to send transition notification to the SEA and LEAs. This report of active children ages 2 years, 2 months through 3 years of age is sent to the Louisiana Department of Education (LDOE) monthly. The LDOE staff acknowledge receipt of the list, then disaggregates and sends the list to the appropriate Local Education Agency (LEA). The receiving LEA staff review the list and contact families to begin the eligibility determination process for Part B. Support Coordinators send the Transition Notification letter to the LEA the month a child turns 2 years 2 months. Discrepancies are discussed with the FSC agency and/or Regional Coordinator. Examples of identified discrepancies include the reporting of a child of the appropriate age whose case was closed when the notification was sent or an incorrect address or contact phone number by which to reach the family. In addition, the LDOE staff compares the lists with its data system to monitor timely completion of IEPs by the third birthday. Discrepancies for timely IEPs are resolved with each LEA according to the LDOE protocol. The average of 3541 names per month, including duplicates, was received by the LDOE and is the number used to calculate performance for this indicator. All names are sent, regardless of the child's potential Part B status, since the EarlySteps eligibility requirements are more restrictive than Louisiana's Part B eligibility, all children are presumed Part B eligible for purposes of this notification.

Indicator 8C: The EIDS Transition Report produced the list of children exiting during the targeted months of March, April, and May 2024. The list is disaggregated to the appropriate region. Chart review is then conducted by regional staff for data collection for Indicators 8a and 8c for timely transition conferences, IFSPs with transition steps and services, and LEA participation in transition conferences. Reviews of System Point of Entry and Family Support Coordination agency charts were then conducted for children exiting for the period which was a total of 820. The review protocol used by Regional Coordinators requires them to contact the LEA or the parents and indicate the status of the child's transition if eligibility was not determined at exit. Therefore, even when performance is less than 100% for an agency, the child's transition status is reviewed and verified. The state team verified by review of child records which included children's IFSPs, IFSP meeting minutes, and the state data base for Indicator 8C. The Part C Coordinator reviewed 10% of each regional list as verification of compliance.

**Describe the data system(s) the State uses to collect monitoring and SPP/APR data, and the period from which records are reviewed.**

EarlySteps data system has 3 main components which collectively make up the early intervention data system (EIDS):

- Service Matrix and Provider Account Module: Central Directory with providers information which is shared with families to offer Freedom of Choice to families for practitioner selection as well as provider enrollment and claims submission and payment information
- LAEIKIDS-Service Authorizations, Claims Payment and Status, Data Reports
- EarlySteps Online-Child record includes information on:
  - early intervention dates (referral, intake, eligibility, IFSP, exit);
  - child and family information;
  - eligibility and evaluation;
  - child records (IFSPs, provider contact notes); and
  - services authorizations.

Data for indicator reporting is generated from one of the sites either through standard reports or queries from the FTP site which may also be matched with Medicaid data from Louisiana Medicaid Management Information System. Information from these systems can generate data for the reporting requirements for Part C; provider enrollment; payment, invoices and claims; service authorizations, and child records. Reports include the data review component of monitoring. Results may indicate need for technical assistance; findings of noncompliance; or follow-up by the Part C State office or regional staff. In each section of the APR Indicators describes the period of record review which is quarterly or annual data.

**Describe how the State issues findings: by EIS provider and/or EIS program; and if findings are issued by the number of instances or by EIS provider and/or EIS program.**

EarlySteps monitors System Point of Entry (SPOE) agencies and Family Support Coordination (FSC) agencies on compliance Indicators 1, 7, 8a and 8c. Indicator 8b data is collected and reported for the SPP/APR by the data manager. Findings are issued for results less than 100% complaint.

Indicator 1: FSC agencies are responsible for ensuring timely services. Finding is issued when 100% compliance has not been met. Corrective Action Plan (CAP) is developed by FSC agencies with support from Regional Coordinators. CAP includes action steps for correcting noncompliance; required follow-up; and subsequent record reviews. Regional Coordinators support FSC agencies through the completion of the CAP. Data collection includes direct service providers who are listed on the IFSP Service page. Finding is also issued to a direct services provider when it has been identified the specific provider has as an ongoing issue with providing timely services. Regional Coordinators follow the same process for findings. Regional Coordinators identify if technical assistance is need. Technical assistance is provided by Regional Coordinators; the Professional Development Coordinators; or the Part C Coordinator.

Indicator 7: SPOEs are responsible for meeting the 45-day timeline. When the timeline has exceeded the 45 days, the reason for the delay is

documented. The data manager generates reports on the 45-day timeline and provides reports to Regional Coordinators to follow-up. Delays due to system reasons result in findings and a CAP. Follow-up includes verifying that documentation identify if the reason for delay is a family or system reason for delay. Regional Coordinators support SPOE agencies through the completion of the CAP.

Indicators 8a and 8c: FSC agencies are responsible for transition activities. A list of children in the transition age timeline is generated by the data manager; added to the monitoring protocol; and shared with Regional Coordinators for monitoring. Regional Coordinators use the Louisiana's Early Intervention Data System (EIDS) and IFSP documents are reviewed to verify compliance. Results of monitoring are included in the monitoring protocol. Findings are issued for noncompliance and CAPs are required. The protocol requires Regional Coordinators to follow-up with LEAs and families when transition steps did not occur as required and if a transition conference happened, although late. Data is collected on LEA participation in transition conference and is reported annually to Louisiana Department of Education.

When a findings letter is issued to a System Point of Entry or Family Support Coordination agency, the Regional Coordinator coordinates a meeting with the agency to develop a Corrective Action Plan (CAP). The CAP includes activities to address noncompliance and sustain compliance; identifies any technical assistance needs; individuals responsible for ensure activities on the CAP are completed; timelines to correct noncompliance and; strategies to improve performance. Regional Coordinators provide professional development and technical assistance to assist the agency. Based on the data, findings resulted from work conducted by a newly hired Family Support Coordinators and Intake Coordinators. Prior to closing a CAP, the Regional Coordinator verifies that correction have been made and that there are no new noncompliance issues. A new list of children transitioning, after the period previously reviewed and reported, to monitor for compliance and verifies that. If requirements are met at 100%, the findings are measured as corrected. If not, additional technical assistance is provided and the CAP extended followed by an additional review. Correction must be completed within one year of the findings. For this reporting period, all noncompliance were corrected within a year.

Other data reviewed:

- Fiscal audits conducted by contractors reviewed annually
- Investigation/Monitoring following a complaint
- Number of exit evaluations conducted
- Provider monitoring for compliance with IFSP requirements and documentation
- SPOE and FSC agency monthly report requirements
- EIDS data reports prior to scheduled meetings with FSC agencies/SPOEs to discuss results determine TA needs

Stakeholder input has not part of the monitoring for this reporting year.

**If applicable, describe the adopted procedures that permit its EIS providers/ programs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction).**

LA Part C does not have procedures in place for providers/ programs to correct noncompliance prior to the State issuance of a finding.

Describe the State's system of graduated and progressive sanctions to ensure the correction of identified noncompliance and to address areas in need of improvement, used as necessary and consistent with IDEA Part C's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State policies.

For this reporting period, La Part C system of a graduated and progressive sanctions for IDEA Part C.

**Describe how the State makes annual determinations of EIS program performance, including the criteria the State uses and the schedule for notifying EIS programs of their determinations. If the determinations are made public, include a web link for the most recent determinations.**

The State does not make annual determinations of EIS program performance.

**Provide the web link to information about the State's general supervision policies, procedures, and process that is made available to the public.**

<https://ldh.la.gov/page/early-steps-manual-2023>

**Technical Assistance System:**

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

The EarlySteps technical assistance (TA) system is a component of the General Supervision System. The infrastructure which supports the TA system relies strongly on the support provided by the Part C Coordinator, Regional Coordinators and the Professional Development Coordinator. EarlySteps' TA support provided includes on-line training modules; face-to-face training and TA; virtual statewide quarterly meetings; individual agency meetings; and fidelity monitoring activities. TA activities include initial system training following completion of the online modules with new provider/agency enrollment. Regional Coordinators use a standard orientation module for this purpose. The module requires a series of scheduled contacts with the agency/provider covering certain content with built-in follow up activities. When new policies, etc. are forthcoming, regional staff are responsible for coordinating the implementation and conducting monitoring to ensure that implementation occurs as intended. Regional staff are responsible for information sharing during Regional Interagency Coordinating Council meetings; agency and provider meetings, and through email listservs. Regional Coordinators are responsible for the follow up monitoring and coaching activities to ensure practice implementation fidelity for the process which are reported quarterly to state office staff.

LA Part C staff and OCDD staff support Part C receive ongoing technical assistance from the Early Childhood Technical Assistance Center (ECTA) and the Center for IDEA Fiscal Reporting (CIFR). Technical assistance is provided through monthly meetings. Various topics are discussed, such as monitoring, fiscal management, dispute resolution, and other topics relevant to IDEA Part C. ECTA and CIFR. National Technical Assistance Specialists recommendations and suggestions have supported the State in making positive changes to LA Part C system. Part C staff also participation on the CARDE call to gain knowledge on how to enhance EarlySteps Dispute Resolution policy and practice.

**Professional Development System:**

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

The EarlySteps professional development (PD) system is designed to function with the TA system. As a component of the general supervision system, it is designed to be responsive to identified needs of providers and families. The system includes online training modules for providers; resources for providers and families; EarlySteps website information; and information and training for families. Virtual and in-person professional development activities are provided by EarlySteps Part C staff. The PD framework system includes the components already in place, such as the online and face-to-face orientation modules, specific topical content presented at RICC meetings (examples: information on IDEA Part C federal requirements, background check changes, etc.).

**Stakeholder Engagement:**

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

EarlySteps has quarterly SICC Executive Members meetings and SICC general meetings which provide an opportunity for stakeholders to advise and assist EarlySteps. Regional Interagency Coordinating Council Meetings is another mechanism in which input can be provided to EarlySteps regional staff. Family members are invited to attend SICC and RICC meetings. EarlySteps Part C Coordinator conducts quarterly statewide meetings for the System Point of Entry agencies; Family Support Coordinators agencies; direct service providers; and evaluators, respectively. EarlySteps Part C Coordinator also have bi-annually meetings with translators and interpreters. The statewide meetings with providers are to inform stakeholders about proposed changes; opportunity to provide feedback and ask questions to Part C staff; and offer clarification on specific topics. During this reporting year, EarlySteps did not convene stakeholders meetings to discuss target setting. There are no changes to the target settings.

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

NO

**Number of Parent Members:**

3

**Parent Members Engagement:**

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

Louisiana State Interagency Coordinating Council undergone changes during this SPP/APR reporting period. The SICC Executive Director resigned. The Part C Coordinator is the acting SICC Executive Director and is supporting the SICC to ensure the Council aligns with IDEA Part C requirements for an SICC and adheres to SICC Bylaws. The SICC has 22 members which includes three parent members. The SICC Chair is also the Louisiana Department of Education Head Start representative. The SICC Secretary is a family member. The Community Outreach Specialists are parents with children with disabilities. For this fiscal year reporting, there was no parent participation on the SICC, although there are three parent members listed on the SICC roster. One of the focuses of the SICC is recruitment of parents and family members. EarlySteps is working closely with the Louisiana Governor's Office of Disability Affairs and Louisiana Boards and Commission with SICC application process parents and providers who are interested in the SICC.

**Activities to Improve Outcomes for Children with Disabilities:**

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

EarlySteps issued a statewide email blast to all providers requesting their support in recruiting parents and family members for the SICC. The Part C Coordinator shared contact information for anyone to call or email with questions about the SICC. Included in EarlySteps Part C budget is funding for parents and family members for the cost of child care and mileage reimbursements when attending SICC committee meetings. The SICC is in the initial phase of developing a sub-committee, Family Engagement Committee, which will focus on family involvement with the SICC and family input on implementation of early intervention in Louisiana. Regional Interagency Coordinating Council are regional quarterly meetings with EarlySteps Regional Coordinators and stakeholders. Parents are also invited to participate. EarlySteps shared with stakeholders during statewide meetings the plan to have bi-annually forums for families.

Translation and interpretation services are available for all meetings.

**Soliciting Public Input:**

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

EarlySteps did not solicit public input for this fiscal year reported.

**Making Results Available to the Public:**

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

Information on Lead Agency and SICC activities are shared quarterly at SICC Executive Committee and SICC general meetings. Slides from the presentations are shared with the SICC listserv. Regional Coordinators then present the information at their RICC stakeholder meetings and share the slides with their listservs. Part C Coordinator share information during quarterly meetings with System Point of Entry agencies, Family Support Coordination agencies, providers, and evaluators.

**Reporting to the Public:**

**How and where the State reported to the public on the FFY 2022 performance of each EIS Program located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2022 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State's SPP/APR, including any revisions if the State has revised the targets that it submitted with its FFY 2022 APR in 2024, is available.**

The reports of FFY 2022 performance were reported at SICC Executive Committee; SICC general meetings; and the Office for Citizens with Developmental Disabilities, Developmental Disability Council Report. Information on local performance of regional programs is posted to the EarlySteps website at <https://ldh.la.gov/page/early-steps>.

**Intro - Prior FFY Required Actions**

None

**Intro - OSEP Response**

**Intro - Required Actions**

# Indicator 1: Timely Provision of Services

## Instructions and Measurement

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

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

### Data Source

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

### Measurement

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

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

### Instructions

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

Targets must be 100%.

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

## 1 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	50.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	90.06%	93.66%	95.69%	94.25%	95.93%

### Targets

FFY	2023	2024	2025
Target	100%	100%	100%

### FFY 2023 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
674	835	95.93%	100%	92.81%	Did not meet target	Slippage

**Provide reasons for slippage, if applicable**

Louisiana did not meet its target for 2023-24 and showed slight slippage from the previous fiscal year. System delays in meeting the 30-day timeline are largely related to availability of disciplines and availability of services in rural/underserved areas to provide early intervention services. Staff turnover and shortages in our family support coordination (FSC) agencies also contributed to our slippage.

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

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

101

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

Louisiana had 101 delays in service start dates due to family reasons and 60 delays due to system reasons. Exceptional family circumstances reasons for delays include family or child illness and missed appointments by the family.

EarlySteps had an increase in the number of referrals in 2023 than referrals in 2022. Louisiana has a shortage of providers to meet the demands of higher number of referrals. In July 2022, Louisiana Department of Health/Office for Citizens with Developmental Disabilities (LDH/OCDD) approved a rate increase for providers to support recruitment and retention efforts for Louisiana Early Intervention System. Since that time provider enrollment has slightly increased and it is hoped that availability will improve performance.

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

Timely services are defined as the delivery of early intervention services identified on the initial IFSP and any additional early intervention services identified on subsequent IFSPs that are provided within 30 days of parent consent for IFSP services.

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

State database

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

Louisiana collected and analyzed data from the state's database. The time period for data analysis was July 1, 2023 through September 30, 2023, the first quarter of Fiscal Year 2023, for all IFSPs written.

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

Data collected for this indicator is accurate and valid as it was collected from all 32-family support coordination (FSC) agencies for all infants and toddlers for whom IFSPs were developed in the first quarter of fiscal year 2023 - 2024. This period selected for data review for this indicator has been consistently used for several years and when quarterly results are compared each year the data has consistently reflected the full reporting period. Selection of the first quarter each fiscal year for data review allows time for service claims to be submitted, paid, and payment discrepancies resolved prior to monitoring and analysis for the APR. In addition, time is required to conduct service data matching for services paid for by Medicaid to be added and combined with those paid for by Part C for analysis of all service start dates for each child.

Reasons for delays in service delivery within 30 days have been consistent over time--provider shortages for specific disciplines and service delivery in rural/underserved areas despite ongoing efforts to improve availability. For these reasons, the state feels strongly that the results are representative of the full reporting period when analyzing all IFSPs written during the first quarter and comparing trends across fiscal years.

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

**Correction of Findings of Noncompliance Identified in FFY 2022**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
34	34		0

**FFY 2022 Findings of Noncompliance Verified as Corrected**

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

There were 34 findings of noncompliance for services not being provided in a timely manner. The findings were under corrective action through a jointly developed Corrective Action Plan (CAP) between the Early Intervention Services (EIS) agency and the EarlySteps Regional Coordinator. For the 34 cases of noncompliance, each finding was reviewed with each specific Family Support Coordination (FSC) agency that received a finding as part of the notice of findings letter, and individual agency-specific CAPs were developed to address the finding and compliance with Indicator 1 regulatory requirements. Each specific FSC agency with a finding and the Regional Coordinator established an "end date" on the CAP based on the level of need and time to implement correction. Following the end date of the CAP, follow-up monitoring was conducted by the Regional Coordinator through IFSP and service billing reviews using the report of service dates for IFSPs written during the next quarter following completion of the CAP end date. The state reviewed 10% of pertinent data and verified that each FSC was correctly implementing the regulatory requirements at 100% performance. Also, the state reviewed documentation that the agency contacted the family and the provider within 2 weeks after IFSP to ensure supports were delivered within 30 days, the state reviewed documentation/agency sign-in log that the staff was trained on indicator 1 timely services and that it was discussed during weekly staff supervision sessions.

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

The Early Intervention Data System (EIDS) is used to generate a data report to monitor Indicator 1. The data report provided the service start dates for IFSPs written during Quarter 1. For each of the 34 individual cases of noncompliance, the Regional Coordinator reviewed and monitored multiple data sources including IFSPs and service start dates, as well as provided technical assistance and training related to Indicator 1. Service start dates were compared with service billing dates to verify that each service was initiated. The state reviewed the data to verify that each individual case of noncompliance was corrected and children received services, although late.

**Correction of Findings of Noncompliance Identified Prior to FFY 2022**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

**1 - Prior FFY Required Actions**

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01.

In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

**Response to actions required in FFY 2022 SPP/APR**

Louisiana did not meet the 100% target for Indicator 1 and issued 34 findings of noncompliance for IFSP services that were not provided timely in Fiscal Year 2022. The process for verifying correct implementation of the regulatory requirements and for correction of each individual case of noncompliance is addressed in the previous Indicator 1 sections and is consistent with OSEP QA 23-01

Meeting regulatory requirements: Following completion of CAPs, Part C staff conducted follow up monitoring for timely service delivery and verified 100% compliance and correctly implementing the regulatory requirements for timely services.

**1 - OSEP Response**

**1 - Required Actions**



## Indicator 2: Services in Natural Environments

### Instructions and Measurement

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

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

## 2 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	98.60%

FFY	2018	2019	2020	2021	2022
Target >=	98.00%	98.00%	98.00%	98.00%	98.00%
Data	99.68%	99.75%	99.87%	99.90%	99.86%

### Targets

FFY	2023	2024	2025
Target >=	98.00%	98.00%	98.00%

### Targets: Description of Stakeholder Input

Stakeholder involvement in the development of data collection and target setting for Indicator 2 was completed in the 2020-2021 fiscal year and we will continue to use those targets for FFY 2023.

### Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	6,531
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Total number of infants and toddlers with IFSPs	6,538

### FFY 2023 SPP/APR Data

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of Infants and toddlers with IFSPs	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
6,531	6,538	99.86%	98.00%	99.89%	Met target	No Slippage

Provide additional information about this indicator (optional).

**2 - Prior FFY Required Actions**

None

**2 - OSEP Response**

**2 - Required Actions**

## Indicator 3: Early Childhood Outcomes

### Instructions and Measurement

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

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

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

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

#### Data Source

State selected data source.

#### Measurement

Outcomes:

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

Progress categories for A, B and C:

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

#### Summary Statements for Each of the Three Outcomes:

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

##### Measurement for Summary Statement 1:

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

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

##### Measurement for Summary Statement 2:

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

#### Instructions

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

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

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

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

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

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

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

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

### 3 - Indicator Data

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

NO

#### Targets: Description of Stakeholder Input

For FFY 2023 APP/APR there was not a stakeholder's meeting to discuss this Indicator. During the regularly scheduled SICC, recommendations were to keep the targets the same but to continue to monitor the data to make potential adjustments in the future. The Lead Agency receives support from National Technical Assistance centers including the Early Childhood Technical Assistance (ECTA) Center, the Center for IDEA Early Childhood Data Systems (DaSy Center), Center for IDEA Fiscal Reporting (CIFR), and the Center for Appropriate Dispute Resolution in Special Education (CADRE). The Part C staff have regular meetings to discuss strategies regarding analysis of each indicator and potential improvement strategies.

#### Historical Data

Outcome	Baseline	FFY	2018	2019	2020	2021	2022
A1	2008	Target>=	22.00%	45.00%	46.00%	47.00%	48.00%
A1	20.10%	Data	47.90%	46.03%	47.90%	44.18%	39.52%
A2	2008	Target>=	37.00%	70.00%	70.00%	70.00%	70.00%
A2	32.40%	Data	70.38%	68.86%	69.95%	69.15%	67.22%
B1	2008	Target>=	43.10%	74.00%	74.00%	74.00%	74.00%
B1	42.60%	Data	75.43%	70.35%	70.78%	68.76%	69.04%
B2	2008	Target>=	34.00%	34.50%	34.50%	34.50%	34.50%
B2	28.90%	Data	34.62%	30.50%	27.21%	28.73%	27.21%
C1	2008	Target>=	29.60%	87.00%	87.00%	87.00%	87.00%
C1	29.10%	Data	87.44%	86.10%	84.87%	84.02%	85.45%
C2	2008	Target>=	46.20%	59.00%	59.00%	59.00%	59.00%
C2	45.70%	Data	59.23%	55.85%	51.08%	53.08%	54.72%

#### Targets

FFY	2023	2024	2025
Target A1>=	48.00%	48.00%	48.00%
Target A2>=	70.00%	70.00%	70.00%
Target B1>=	74.00%	74.00%	74.00%
Target B2>=	34.50%	34.50%	34.50%
Target C1>=	87.00%	87.00%	87.00%
Target C2>=	59.00%	59.00%	59.00%

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

Outcome A Progress Category	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	76	2.59%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	764	26.03%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	175	5.96%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	387	13.19%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	1,533	52.23%

Outcome A	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	562	1,402	39.52%	48.00%	40.09%	Did not meet target	No Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	1,920	2,935	67.22%	70.00%	65.42%	Did not meet target	Slippage

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

Louisiana did not meet its targets for either summary statement for Outcome A and experienced slippage of 1.80 percentage points for Summary Statement A2. The pandemic continued to have impact of the number of children making substantial progress due to children beginning services later, therefore in the program for less time and some families remaining hesitant to resume in-person services.

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

Outcome B Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	28	0.95%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	818	27.87%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1,309	44.60%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	560	19.08%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	220	7.50%

Outcome B	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	1,869	2,715	69.04%	74.00%	68.84%	Did not meet target	No Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	780	2,935	27.21%	34.50%	26.58%	Did not meet target	No Slippage

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

Outcome C Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	23	0.78%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	332	11.31%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1,131	38.53%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	825	28.11%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	624	21.26%

Outcome C	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	1,956	2,311	85.45%	87.00%	84.64%	Did not meet target	No Slippage
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	1,449	2,935	54.72%	59.00%	49.37%	Did not meet target	Slippage

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

Louisiana did not meet targets for either Summary Statement. There was a slippage of 5.35 percentage points for Summary Statement C2. The pandemic continued to have impact of the number of children making substantial progress due to children beginning services later, therefore in the program for less time and some families remaining hesitant to resume in-person services.

**FFY 2023 SPP/APR Data**

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

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data	5,742
The number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.	1,249
Number of infants and toddlers with IFSPs assessed	2,935

Sampling Question	Yes / No
Was sampling used?	NO

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

NO

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

The measurement system was installed in March 2017. The measurement process for defining comparable to same-aged peers and placing child-outcome results in progress categories a-e using all subdomain scores in all BDI2 domain areas:

Category a--The exit DQ is less than 80 and all exit raw subdomain scores are less than or equal to entry raw subdomain scores

Category b--The exit DQ is less than 80 and less than or equal to entry DQ and one or more exit raw subdomain scores are greater than the entry raw subdomain score

Category c--The exit DQ is less than 80 and greater than entry DQ and one or more exit raw subdomain scores are greater than the entry raw subdomain score

Category d--The entry DQ is less than 80 and the exit DQ is greater or equal to 80

Category e--The entry and exit DQs are greater than or equal to 80.

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

The Battelle Developmental Inventory, 2nd edition (BDI-2) is the statewide tool used for eligibility determination and outcome reporting. During the eligibility determination process, the BDI-2 is administered and results are entered into EIDS. Subsequently at annual eligibility determination and/or exit, the BDI-2 is re-administered and the new results entered. The data system uses the formula provided in the previous section to calculate results for each child who has been in the system for at least 6 months. Louisiana received a data completeness score of 1 on the results matrix due to the percentage of exit scores available compared to national data. Improvement activities are underway to increase the number of entry to exit scores available.

Complete entry and exit scores were collected on 2,965 children for the 2023-24 reporting period using the measurement method. This number represents a 1.12% increase in the number of exit evaluations available for the period compared to last year. EarlySteps Regional Coordinators provides improvement activities to the SPOE and FSC agencies on the importance of obtaining exit scores.

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

**3 - Prior FFY Required Actions**

None

**3 - OSEP Response**

**3 - Required Actions**

## Indicator 4: Family Involvement

### Instructions and Measurement

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

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

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

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

#### Data Source

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

#### Measurement

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

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

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

#### Instructions

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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

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

## 4 - Indicator Data

### Historical Data

Measure	Baseline	FFY	2018	2019	2020	2021	2022
A	2006	Target>=	80.00%	90.00%	90.00%	91.00%	91.00%
A	78.00%	Data	93.30%	95.37%	96.86%	93.48%	96.59%
B	2006	Target>=	85.10%	90.00%	92.00%	92.00%	92.00%
B	84.00%	Data	83.24%	92.15%	94.24%	90.11%	95.22%
C	2006	Target>=	91.00%	91.00%	92.00%	92.00%	93.00%
C	81.00%	Data	87.47%	94.77%	95.29%	91.46%	96.59%



## Targets

FFY	2023	2024	2025
Target A $\geq$	91.00%	91.00%	91.00%
Target B $\geq$	92.00%	92.00%	92.00%
Target C $\geq$	93.00%	93.00%	93.00%

### Targets: Description of Stakeholder Input

Stakeholder involvement in the development of APR Indicators is described in the Introduction Section of the APR and the process included the target setting for Indicator 4 during the 2020-21 fiscal year. Stakeholders were involved in designing the family survey process with the EarlySteps Community Outreach Specialists (COSs) reviewing and recommending the Early Childhood Outcomes (ECO) Center, Family Outcomes Survey, Revised Version, and selecting this survey for use for the mailed surveys to which families responded. Prior to this time, the original version of the ECO Family Outcomes Survey was used in Louisiana. Additional State-developed questions were added to the revised survey in 2014-15. The revisions to the survey are intended to capture items related to the state's State Identified Measurable Result (SIMR): the EarlySteps system will improve child outcomes through supports that are focused on family concerns, priorities, and resources and provided through a team-based approach. The Family Outcomes Survey, Revised Version uses a 5-item rating scale. EarlySteps considers a response of "Somewhat helpful" or better as the criteria for determining if early intervention services "helped/describes their family." There were 671 responses received to the Family Outcomes survey.

### FFY 2023 SPP/APR Data

The number of families to whom surveys were distributed	1,981
Number of respondent families participating in Part C	671
Survey Response Rate	33.87%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	661
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	671
B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	656
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	671
C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn	658
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	671

Measure	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	96.59%	91.00%	98.51%	Met target	No Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)	95.22%	92.00%	97.76%	Met target	No Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	96.59%	93.00%	98.06%	Met target	No Slippage

Sampling Question	Yes / No
Was sampling used?	NO

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

### Response Rate

FFY	2022	2023
Survey Response Rate	20.18%	33.87%

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

Representativeness of responders was determined by comparing the demographics of the responders with the demographics of the general population of children in EarlySteps: responders' race distribution compared to child count race distribution, gender, income, length of time in early intervention, and regional distribution of responders compared to regional distribution of the population. To further verify representativeness of the responses to the EarlySteps population, the Representativeness Calculator from the Early Childhood Technical Assistance Center was used verifying representativeness of income level and language of the respondents. The responses using the calculator indicated that the data were representative for language, regional distribution of responses compared to exits, and race

**Include the State's analysis of the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program. States should consider categories such as race/ethnicity, age of infant or toddler, and geographic location in the State. States must include race/ethnicity in their analysis. In addition, the State's analysis must include at least one of the following demographics: socioeconomic status, parents, or guardians whose primary language is other than English and who have limited English proficiency, maternal education, geographic location, and/or another category approved through the stakeholder input process.**

Completed survey information was received from 671 families of the age 3 exits from January 2024 - June 2024. Louisiana uses multiple questions from the survey for each Indicator 4 area: rights (4a), communicating needs (4b) and helping their child develop and learn (4c). Since multiple questions are used for each area, the response totals are averaged in each measure. The total responses scoring "somewhat helpful" or better for each area is the numerator. Family surveys are provided in English and translation are provided when applicable.

As part of the collection of information about the surveyed families, they were asked to indicate the length of time their child was in EarlySteps:

- 13.86% of the respondent's children had been in EarlySteps for less than 6 months;
- 25.19% of the children had been in EarlySteps for 6 months to 1 year;
- 39.05% of the children had been in EarlySteps for 1 to 2 years;
- 21.31% children had been in EarlySteps greater than 2 years; and
- 0.59% did not respond to the question.

The average length of time for a child to remain in EarlySteps during 2023-24 was 18 - 22 months.

The distribution of survey responses across races closely mirrored race distribution of the 2022 child count. Comparison of responses from families designating their child's race with the 2022 child count:

- White was 40.68%, 2022 child count 45.17%
- African American/Black 43.51%, 2022 child count 41.65%
- Two or more races 9.09%, 2022 child count 4.91%
- Hispanic 3.72%, 2022 child count 6.96%
- American Indian/Alaska Native 0.14%, 2022 child count 0.19%
- Asian 0.47%, 2022 child count 1.03%
- Native Hawaiian/Other Pacific Islander 0%, 2022 child count 0.09%
- Other race 0.47%, 2022 child count 0%
- Did not identify 1.92%, 2022 child count 0%

Percentage responses by the child's gender were compared with exit data:

- Male gender by responses was 59.76 and by exit data 62.15
- Female gender by responses was 38.60 and by exit data 37.85%.
- Did not identify 1.64%

**The demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program. (yes/no)**

**YES**

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

As part of its system improvement activities and State-Identified Measurable Result (SIMR) to improve child outcomes through a focus on family priorities, the EarlySteps Community Outreach Specialists (COSs), state parent liaison, other stakeholders, and state staff developed improvement strategies to improve the family outcomes measurement process including increasing the response rate to the family survey. The specific process used has varied slightly each year in an attempt to improve the return rate. Processes include telephone interviews with exiting families each month, mail-out surveys to families exiting in specific months and using an online survey.

The Community Outreach Specialists across the state and the State Parent Liaison coordinated the family survey process using the revised version of the Family Outcomes Survey. In an attempt to improve the response rate, the COSs called each family of children 2 years, 10 months of age (two months before their actual exit date) for the months of January 2024 through June 2024. Families who were not able to complete the survey by phone were sent a survey by mail. In addition, the EarlySteps regional staff received training on the Family Survey Process and will assist with this regional activity in an effort to increase family participation in those areas across the state that had a lower response rate.

EarlySteps families will be surveyed at every IFSP annual and exit meeting. Surveys will be provided through an online web link, QR code, by mail or by phone. Also, a process will be developed to review all comments and statements from surveys which allow for EarlySteps to be more aware of the families experience with the goal being to improve the quality of the EarlySteps support system.

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

As shown in the demographics section which follows, the demographics of the families who responded to the survey closely represent the demographics of the program overall. EarlySteps has identified that by only providing family surveys in English, although translation services are provided, this may be a barrier to the response rate from families. The response rate increased for this reporting year compared to last year's reporting. Currently, family

surveys are given when a child is exiting out of early intervention. In addition to that point in time, family surveys will also be provided to families at annual IFSP meetings.

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

**4 - Prior FFY Required Actions**

None

**4 - OSEP Response**

**4 - Required Actions**

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

### Instructions and Measurement

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

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

The State should conduct a root cause analysis of child find identification rates, including reviewing data (if available) on the number of children referred, evaluated, and identified. This analysis may include examining not only demographic data but also other child-find related data available to the State (e.g., geographic location, family income, primary language, etc.). The State should report the results of this analysis under the "Additional Information" section of this indicator. If the State is required to report on the reasons for slippage, the State must include the results of its analyses under the "Additional Information" section of this indicator.

## 5 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2013	1.17%

FFY	2018	2019	2020	2021	2022
Target >=	1.50%	1.50%	1.32%	1.32%	1.32%
Data	1.52%	1.45%	1.22%	1.24%	1.28%

### Targets

FFY	2023	2024	2025
Target >=	1.45%	1.45%	1.45%

### Targets: Description of Stakeholder Input

The process for selecting targets for the 2020-2025 reporting period was completed during 2020-21. Stakeholder involvement in the development of data collection and in target setting for Indicator 5 and 6 is described in the Introduction Section of the APR.

### Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Number of infants and toddlers birth to 1 with IFSPs	834
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2023	06/25/2024	Population of infants and toddlers birth to 1	55,838

### FFY 2023 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
834	55,838	1.28%	1.45%	1.49%	Met target	No Slippage

Provide results of the root cause analysis of child find identification rates.

Provide additional information about this indicator (optional)

**5 - Prior FFY Required Actions**

None

**5 - OSEP Response**

**5 - Required Actions**

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

### Instructions and Measurement

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

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

The State should conduct a root cause analysis of child find identification rates, including reviewing data (if available) on the number of children referred, evaluated, and identified. This analysis may include examining not only demographic data but also other child-find related data available to the State (e.g. geographic location, family income, primary language, etc.). The State should report the results of this analysis under the "Additional Information" section of this indicator. If the State is required to report on the reasons for slippage, the State must include the results of its analysis under the "Additional Information" section of this indicator.

## 6 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	1.76%

FFY	2018	2019	2020	2021	2022
Target >=	2.08%	2.50%	2.50%	2.60%	3.00%
Data	3.05%	3.10%	2.69%	3.00%	3.49%

#### Targets

FFY	2023	2024	2025
Target >=	3.00%	3.00%	3.00%

#### Targets: Description of Stakeholder Input

The process for selecting targets for the 2020-2025 reporting period was completed during 2020-21. Stakeholder involvement in the development of data collection and in target setting for Indicator 5 and 6 is described in the Introduction Section of the APR.

#### Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Number of infants and toddlers birth to 3 with IFSPs	6,538
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2023	06/25/2024	Population of infants and toddlers birth to 3	167,577

#### FFY 2023 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
6,538	167,577	3.49%	3.00%	3.90%	Met target	No Slippage

**Provide results of the root cause analysis of child find identification rates**

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

**6 - Prior FFY Required Actions**

None

**6 - OSEP Response**

**6 - Required Actions**

## Indicator 7: 45-Day Timeline

### Instructions and Measurement

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

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

#### Data Source

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

#### Measurement

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

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

#### Instructions

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

Targets must be 100%.

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

## 7 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	95.02%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	100.00%	99.95%	100.00%	99.80%	100.00%

### Targets

FFY	2023	2024	2025
Target	100%	100%	100%

### FFY 2023 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
5,478	5,575	100.00%	100%	99.34%	Did not meet target	No Slippage



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

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

60

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

Analysis of the reasons for untimely evaluations, assessments and initial IFSPs indicates that 60 IFSPs were late due to due to exceptional family circumstances such as child's illness or hospitalization, response time by the family and /or family request. 37 IFSPs were late due to system reasons. Increased referrals and staff shortages at our System Point of Entry offices contributed to system delays.

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

State database

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

The EIDS report, 45-Day Referral to IFSP Timeline, produced a list of every initial IFSP written during the fiscal year July 1, 2023 – Jun 30, 2024.

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

Data used for this indicator was the full reporting period July 1, 2023 - June 30, 2024. The EIDS report, 45-Day Referral to IFSP Timeline, was used to collect and analyze data for Indicator 7. This report generates a list of every initial IFSP written during the reporting period. This EIDS report also provides the reasons for IFSP delays based on reasons indicated by System Point of Entry SPOE staff. The system calculates the number of days from referral to IFSP based upon the referral dates entered. Analysis of the reasons for untimely due to exceptional family circumstances such as child's illness or hospitalization, response time by the family and /or family request are verified by EarlySteps Part C Staff by reviewing documentation.

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

**Correction of Findings of Noncompliance Identified in FFY 2022**

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

**Correction of Findings of Noncompliance Identified Prior to FFY 2022**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

**7 - Prior FFY Required Actions**

None

**7 - OSEP Response**

**7 - Required Actions**

## Indicator 8A: Early Childhood Transition

### Instructions and Measurement

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

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

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

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

- A. Percent = [(# of toddlers with disabilities exiting Part C at age 3 who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C at age 3)] times 100.
- B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

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

#### Instructions

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

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

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

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

Indicator 8A: The measurement is intended to capture those children exiting at age 3 for whom an IFSP must be developed with transition steps and services within the required timeline consistent with 34 CFR §303.209(d) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

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

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline consistent with 34 CFR §303.209(e) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

## 8A - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	86.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	98.15%	98.37%	82.32%	92.92%	95.97%

**Targets**

FFY	2023	2024	2025
Target	100%	100%	100%

**FFY 2023 SPP/APR Data**

Data include only those toddlers with disabilities exiting Part C at age 3 for whom the Lead Agency was required to develop an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday. (yes/no)

YES

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
820	820	95.97%	100%	100.00%	Met target	No Slippage

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

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

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

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

State database

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

March, April, and May 2024

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

The Early Intervention Data System (EIDS) Transition Report produces the list of children exiting during the targeted months of March, April and May, 2024. Data collected for this indicator is accurate and valid as included children from all family support coordination (FSC) agencies during the quarter. This period selected for data review for this indicator has been consistently used for several years and when quarterly results are compared each year the data has consistently reflected the full reporting period. Chart review was then conducted using the report for data collection for Indicators 8a and 8c for IFSPs with steps and services and timely transition conferences. Reviews of System Point of Entry agencies and Family Service Coordination agencies' charts were then conducted for children exiting for the period--a total of 820 children. The review protocol used by Regional staff requires contacting the Local Education Agency or the parents and indicate the status of the child's transition when the data system's closure reason reported "Part B eligibility not determined", if the transition conference was not timely. The state team verified by review of child records which included children's IFSPs and the state data base for Indicator 8A. The Part C Coordinator reviewed 10% of each regional list as verification of compliance.

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

**Correction of Findings of Noncompliance Identified in FFY 2022**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
19	19		0

**FFY 2022 Findings of Noncompliance Verified as Corrected**

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

The Part C state team met and discussed data analysis for transition steps and services to ensure consistency in the monitoring process. EarlySteps staff have added improvement activities during regional interagency coordinating council meetings, regular meetings with intake and family support coordinator agencies, statewide quarterly meetings with Part C Coordinator, Transition Workshops held with Families Helping Families, and through technical assistance e-mails with reminders from the EarlySteps practice manual. The EIDS Transition Report and chart review were used to verify that IFSPs included transition steps and services were completed. Regional Coordinators reviewed data, conducted chart review, and contacted LEAs and families to verify that transition occurred. For the 19 findings issued, written notification of the findings was issued to the FSC agencies and corrective action plans were developed. The Regional Coordinator conducted follow up monitoring of at least 10% of subsequent files for each agency using the Transition Report and chart review to verify that subsequent IFSPs included transition steps and services. The state reviewed pertinent data and verified that all FSCs with a finding of noncompliance were correctly implementing the regulatory requirements at 100% performance within one year of issuing the finding.

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

The Part C state team met and discussed data analysis for transition steps and services to ensure consistency in the monitoring process. The state reviewed pertinent data to verify that the 19 children had IFSPs with transition steps and service, although late. Through monitoring for Indicator 8a

performance, Regional Coordinator reviewed the transition status for each child for whom the IFSP did not include steps and services. Additionally a chart review by the Regional Coordinator, verified that each child had IFSPs with transition steps and service.

**Correction of Findings of Noncompliance Identified Prior to FFY 2022**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2021	49	49	0

**FFY 2021**

**Findings of Noncompliance Verified as Corrected**

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

The EIDS Transition Report and chart review were used to verify that IFSPs included transition steps and services were completed. The state reviewed pertinent data and verified that all FSCs with a finding of noncompliance were correctly implementing the regulatory requirements at 100% performance. Regional Coordinator reviewed data, conducted chart review and contacted LEAs and families to verify that transition occurred. For the 49 findings issued, notification of the findings was issued to the FSC agencies and corrective action plans were developed. After completion of the CAP, the Regional Coordinator conducted follow up monitoring with agencies using the Transition Report and chart review to verify that subsequent IFSPs included transition steps and services.

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

At the time of monitoring, these 49 children were no longer within jurisdiction of EarlySteps.

Through monitoring for Indicator 8a performance, Regional Coordinator reviewed the transition status for each child for whom the IFSP did not include steps and services. Regional Coordinator contacted families and/or the LEAs to verify that for these 49 children transition occurred even though steps and services were not accurately documented on IFSP documents.

**8A - Prior FFY Required Actions**

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. In addition, the State must demonstrate, in the FFY 2023 SPP/APR, that the remaining 49 uncorrected findings of noncompliance identified in FFY 2021 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2022 and each EIS program or provider with remaining noncompliance identified in FFY 2021: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01.

In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

**Response to actions required in FFY 2022 SPP/APR**

Louisiana verified that the agencies with cases of noncompliance for IFSPs with steps and services are now correctly implementing the regulatory requirements based on follow up reviews of IFSPs following the completion of Corrective Action Plans (CAP) and achieved 100% compliance. The verification process, following completion of the CAP, involved review of IFSPs of children selected from the EIDS Transition Report. All IFSPs reviewed had steps and services to support child transition. For the individual cases of noncompliance, regional coordinators contacted family support coordinators, contacted families and LEAs to verify that each child for whom an IFSP lacked steps and services successfully transitioned and reviewed closure reason in the EIDS data system.

**8A - OSEP Response**

**8A - Required Actions**

## Indicator 8B: Early Childhood Transition

### Instructions and Measurement

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

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

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

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

- A. Percent = [(# of toddlers with disabilities exiting Part C at age 3 who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C at age 3)] times 100.
- B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

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

#### Instructions

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

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

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

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

Indicator 8A: The measurement is intended to capture those children exiting at age 3 for whom an IFSP must be developed with transition steps and services within the required timeline consistent with 34 CFR §303.209(d) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

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

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline consistent with 34 CFR §303.209(e) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

## 8B - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	100.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	100.00%	100.00%	100.00%	100.00%	100.00%

**Targets**

FFY	2023	2024	2025
Target	100%	100%	100%

**FFY 2023 SPP/APR Data**

Data include notification to both the SEA and LEA

YES

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
3,541	3,541	100.00%	100%	100.00%	Met target	No Slippage

**Number of parents who opted out**

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

Provide reasons for delay, if applicable.

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

The EIDS Transition Report is pulled each month and used to send transition notification to the SEA and LEAs. This report of active children ages 2 years, 2 months through 3 years of age is sent to the Louisiana Department of Education (LDOE) monthly. The LDOE staff acknowledge receipt of the list, then disaggregates and sends the list to the appropriate Local Education Agency (LEA). The receiving LEA staff review the list and contact families to begin the eligibility determination process for Part B. Support Coordinators send the Transition Notification letter to the LEA the month a child turns 2 years 2 months. Discrepancies are discussed with the FSC agency and/or Regional Coordinator. Examples of identified discrepancies include the reporting of a child of the appropriate age whose case was closed when the notification was sent or an incorrect address or contact phone number by which to reach the family. In addition, the LDOE staff compares the lists with its data system to monitor timely completion of IEPs by the third birthday. Discrepancies for timely IEPs are resolved with each LEA according to the LDOE protocol. Performance for this indicator is reported as 100%, since 100% of the active children within the age range are included in the submitted list. The total numbers of children vary each month as the ages of the children change and names are duplicated throughout the age range period. The average of 3541 names per month, including duplicates, was received by the LDOE and is the number used to calculate performance for this indicator. All names are sent, regardless of the child's potential Part B status, since the EarlySteps eligibility requirements are more restrictive than Louisiana's Part B eligibility, all children are presumed Part B eligible for purposes of this notification.

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

NO

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

State database

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

As described above, the data reported is an average of the number of children on the list sent to the State Education Agency and Local Education Agency each month of the reporting period.

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

The EIDS Transition Report provides all active children between 2 years, 2 months and 3 years of age, so the data includes all children in the system each month.

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

**Correction of Findings of Noncompliance Identified in FFY 2022**

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

**Correction of Findings of Noncompliance Identified Prior to FFY 2022**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

**8B - Prior FFY Required Actions**

None

**8B - OSEP Response**

**8B - Required Actions**

## Indicator 8C: Early Childhood Transition

### Instructions and Measurement

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

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

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

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

- A. Percent = [(# of toddlers with disabilities exiting Part C at age 3 who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C at age 3)] times 100.
- B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

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

#### Instructions

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

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

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

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

Indicator 8A: The measurement is intended to capture those children exiting at age 3 for whom an IFSP must be developed with transition steps and services within the required timeline consistent with 34 CFR §303.209(d) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

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

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline consistent with 34 CFR §303.209(e) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

## 8C - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	96.00%



FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	95.42%	96.51%	95.18%	94.94%	93.55%

**Targets**

FFY	2023	2024	2025
Target	100%	100%	100%

**FFY 2023 SPP/APR Data**

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

YES

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
771	820	93.55%	100%	95.37%	Did not meet target	No Slippage

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

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

0

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

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

11

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

Most children of transition-age had a transition conference in a timely manner; although 38 of the children had late transition conferences due to system noncompliance attributed to support coordinators not conducting a transition conference timely. The increased provider shortages for Family Support Coordination agencies continues to impact early intervention services. Due to turnover within agencies, a coordinator's caseload size may have increased affecting the timeliness of some transition conferences. There has been an increase in the need for additional technical assistance and training on the transition process for newly hired support coordinators. EarlySteps has added a Professional Development Coordinator and conducted a staff restructure to address these needs.

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

State database

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

March, April, and May 2024

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

The EIDS Transition Report produced the list of children exiting during the targeted months of March, April, and May 2024. The list is disaggregated to the appropriate region. Chart review is then conducted by regional staff for data collection for Indicators 8a and 8c for timely transition conferences, IFSPs with transition steps and services, and LEA participation in transition conferences. Reviews of System Point of Entry and Family Support Coordination agency charts were then conducted for children exiting for the period which was a total of 820. The review protocol used by Regional Coordinators requires them to contact the LEA or the parents and indicate the status of the child's transition if eligibility was not determined at exit. Therefore, even when performance is less than 100% for an agency, the child's transition status is reviewed and verified. The state team verified by review of child records which included children's IFSPs, IFSP meeting minutes, and the state data base for Indicator 8C. The Part C Coordinator reviewed 10% of each regional list as verification of compliance

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

**Correction of Findings of Noncompliance Identified in FFY 2022**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
51	51		0

**FFY 2022 Findings of Noncompliance Verified as Corrected**

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

The EIDS Transition Report and chart review were used for verification that transition conferences occurred within the required timelines. Regional staff review dates, conduct chart review to verify that transition conferences occurred and were timely. When conferences were not timely, staff contact LEAs and/or families to verify that transition to the LEA occurred for each child. Subsequently, those agencies are issued findings and placed under corrective action. Upon completion of the CAP, the regional staff conducted follow up monitoring with agencies using the Transition Report and chart review to verify that regulatory requirements were implemented as required to establish correction. With this review following the completion of the CAP, all agencies were meeting regulatory requirements at 100% compliance.

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

FSC agencies were required to submit data to verify the 51 individual cases of noncompliance had been corrected. LA Part C staff reviewed data submitted by FSC agencies in the statewide database and information in the child records, including IFSP and transition conference documentation. Of the 51 individual cases, transition conferences occurred, although late, or the children were no longer in the jurisdiction of the EI program.

**Correction of Findings of Noncompliance Identified Prior to FFY 2022**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

**8C - Prior FFY Required Actions**

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01.

In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

**Response to actions required in FFY 2022 SPP/APR**

Louisiana Part C issued 51 findings of noncompliance for transition conferences that were not held timely. Corrective Action Plans were developed to correct and improve performance and to ensure that agencies meet regulatory requirements. Following completion of the CAPs, Regional Coordinators reviewed Transition Report data for subsequent months and established that agencies were meeting requirements at 100% compliance. For findings that were issued, Regional Coordinators followed up with Local Education Agencies and families to verify that the individual child successfully transitioned. At the time of monitoring, these children were no longer within jurisdiction of EarlySteps.

**8C - OSEP Response**

**8C - Required Actions**

## Indicator 9: Resolution Sessions

### Instructions and Measurement

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

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

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

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

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

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

### 9 - Indicator Data

#### Not Applicable

**Select yes if this indicator is not applicable.**

YES

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

Louisiana does not use Part B Resolution Sessions to resolve disputes.

### 9 - Prior FFY Required Actions

OSEP notes that this indicator is not applicable.

**Response to actions required in FFY 2022 SPP/APR**

### 9 - OSEP Response

### 9 - Required Actions

## Indicator 10: Mediation

### Instructions and Measurement

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

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

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

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

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

### 10 - Indicator Data

#### Select yes to use target ranges

Target Range not used

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

NO

#### Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/13/2024	2.1 Mediations held	0
SY 2023-24 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/13/2024	2.1.a.i Mediations agreements related to due process complaints	0
SY 2023-24 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/13/2024	2.1.b.i Mediations agreements not related to due process complaints	0

#### Targets: Description of Stakeholder Input

#### Historical Data

Baseline Year	Baseline Data
2005	

FFY	2018	2019	2020	2021	2022
Target>=					
Data					

#### Targets

FFY	2023	2024	2025
Target>=			

#### FFY 2023 SPP/APR Data

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
0	0	0				N/A	N/A

Provide additional information about this indicator (optional)

**10 - Prior FFY Required Actions**

None

**10 - OSEP Response**

**10 - Required Actions**

# Indicator 11: State Systemic Improvement Plan

## Instructions and Measurement

**Monitoring Priority:** General Supervision

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

### Measurement

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

### Instructions

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

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

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

### Overview of the Three Phases of the SSIP

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

#### Phase I: Analysis:

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

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

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

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

### Specific Content of Each Phase of the SSIP

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

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

#### Phase III: Implementation and Evaluation

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

##### A. Data Analysis

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

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

The State must provide a narrative or graphic representation, (e.g., a logic model) of the principal activities, measures and outcomes that were implemented since the State's last SSIP submission (i.e., February 1, 2024). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2023 APR, report on anticipated outcomes to be obtained during FFY 2024, i.e., July 1, 2024-June 30, 2025).

The State must summarize the specific evidence-based practices that were implemented and the strategies or activities that supported their selection and ensured their use with fidelity. Describe how the evidence-based practices, and activities or strategies that support their use, are intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g., behaviors), parent/caregiver outcomes,

and/or child outcomes. Describe any additional data (e.g., progress monitoring data) that was collected to support the on-going use of the evidence-based practices and inform decision-making for the next year of SSIP implementation.

**C. Stakeholder Engagement**

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

**Additional Implementation Activities**

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2023 APR, report on activities it intends to implement in FFY 2024, i.e., July 1, 2024-June 30, 2025) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

**11 - Indicator Data**

**Section A: Data Analysis**

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

The EarlySteps system will improve child outcomes through supports that are focused on family concerns, priorities, and resources (CPRs).

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

NO

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

NO

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

NO

**Please provide a link to the current theory of action.**

<https://ldh.la.gov/page/early-steps>

**Progress toward the SiMR**

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

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

NO

**Historical Data**

Baseline Year	Baseline Data
2013	42.50%

**Targets**

FFY	Current Relationship	2023	2024	2025
Target	Data must be greater than or equal to the target	55.00%	55.00%	55.00%

**FFY 2023 SPP/APR Data**

Numerator=sum of results of progress categories d + e for all children with entry and exit scores from Indicator 3	Denominator= sum of total possible of all available child results for all progress categories for all children with entry and exit scores from Indicator 3	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
4,149	8,805	49.72%	55.00%	47.12%	Did not meet target	Slippage

**Provide reasons for slippage, if applicable**

Louisiana had slippage in meeting child outcomes. The pandemic continued to have an impact of the number of children making substantial process due to children beginning services later, therefore in the program for less time and some families remaining hesitant to resume in-person services.

**Provide the data source for the FFY 2023 data.**

Louisiana uses the Indicator 3 child outcome data for progress categories d and e across the 3 child outcome areas (positive social-emotional skills, acquisition and use of knowledge and skills, and use of appropriate behaviors to meet their needs).

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

Louisiana did not meet its target for 2023 2024. The calculation process selected to report the C-11 SSIP Annual Performance Report (APR) data uses the results of the APR Indicator 3 progress categories d. and e. combined across the three outcome areas: positive social-emotional skills, acquisition and use of knowledge and skills, and use of appropriate behaviors to meet needs. Categories d. and e. represent children exiting at a level comparable to same-aged peers. The total of the combined d. and e. results across the three outcome areas comprises the numerator and the total possible for all available child results across the 3 outcome areas is the denominator. The result is expressed as a percentage. The results of this indicator, therefore are based on Indicator 3 progress category performance across the three outcome areas

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

NO

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

NO

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

NO

**Section B: Implementation, Analysis and Evaluation**

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

<https://dh.la.gov/page/early-steps>

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

NO

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

For this reporting period, the Part C Coordinator conducted an analysis of the State SSIP and SiMR. Improvement strategies will be reported in the next reporting period.

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

EarlySteps has identified the need to enhance its policy and practices; provide ongoing training and technical assistance to providers, stakeholders; and families; and expand monitoring beyond compliance indicators.

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

NO

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

EarlySteps is undergoing infrastructural changes which will be reported in the next reporting period. Included in those changes is reassigning the existing Part C staff to Teams. By doing so, EarlySteps will have a Quality Assurances Team and a Provider Relations Team. The teams are created with existing Part C staff. The Quality Assurance (QA)Team will focus on improvements to EarlySteps Dispute Resolution policy and practice. The QA Team will established monitoring protocols for all aspects of IDEA Part C requirements, such as fiscal monitoring. The Provider Relations Team will primarily focus on recruitment and retention of providers; training and technical assistance. Part C Coordinator will be providing statewide training on Child Outcomes for Part C staff, providers, stakeholders, and families. Part of the training will include guidance on how to collect Child Outcomes data; including parents input; and providers observation.

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

For this reporting period, the Part C staff continued with the similar evidence-based practices as the previous reporting period. Those practices are:

- Family Assessment
- Service Delivery Supporting Family Priorities
- Evaluation and Assessment

**Provide a summary of each evidence-based practice.**

EarlySteps continued to use a family assessment; team support; and service delivery that support families' priorities.

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



#### Family Assessment:

Impacting the SiMR: Louisiana's SiMR proposes that when early intervention supports address family concerns, priorities, and resources (CPRs) that child outcomes will improve. The Family Assessment practices are the process by which the CPRs are identified and prioritized for implementation of supports with children and families through the IFSP. Part of the PPM process is to identify what is in place to implement the practice and what is needed to ensure successful implementation with fidelity and includes updates or additions to policy, procedures or practices and may include revisions to forms, requirements for implementing fidelity measures, professional development, revisions to the family assessment tool and process and reporting results of implementation. Implementation of the state's SiMR depends on correctly identifying family CPRs through the family assessment process.

#### Team-based Practice Supports

Impacting the SiMR: Louisiana's SiMR proposes that when early intervention supports are provided through a team-based approach that child outcomes will improve. The Team-based practices are the process by which service supports are provided to children and families and the "quality of the relationships and interactions among these adults affects the success of these programs" (DECPR, 2014). EarlySteps is using some components of team-base; but is not fully implementing team-based in early intervention. There is joint discussions among the intake coordinator, evaluator, and the family about eligibility decision. The intake coordinator supports the family by sharing information for the family's decision of a provider, which is the Family Freedom of Choice of Providers. IFSP meeting includes the Service Coordinator, family, and providers.

#### Service Delivery Supporting Family Priorities

Impacting the SiMR: Louisiana's SiMR proposes that service delivery that supports family priorities will improve child outcomes. Family priorities must first be identified (family assessment) and practitioners must then address them through the team-designed IFSP service supports. The workgroup's desired result is that child outcomes will improve if families are supported through early interventionists addressing IFSP outcomes using a coaching interaction style where both the child and family are actively engaged within their familiar everyday routines and activities. Anticipated implementation outcomes are:

- Practitioners will implement service delivery practices with fidelity based on family-identified priorities and informed decisions.
- Service delivery reflects team data-sharing to inform decisions about individualized supports to meet child and family needs.
- Practitioners embed instruction across family-identified routines, activities and environments to provide contextually relevant learning opportunities.

#### Evaluation and Assessment

During this reporting period, Part C state team evaluated its current SiMR and have identified the need to make changes to how child outcomes data is collected and reported.

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

EarlySteps Part C Coordinator evaluated the process for monitoring fidelity and concluded that there were inconsistencies statewide on how data was collection and reported. Data provided was not valid. No data is available for this reporting period.

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

No additional data collected to report.

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

Louisiana will reconvene with its stakeholders to revised its identified evidence-based practice.

Louisiana Part C will continue to focus on child outcomes. Training will be provided on child outcomes. Child outcomes data will be collected using various ways. For this reporting period, child outcomes data is only collected using the BDI-2 scores. For the next reporting period, child outcomes data will be collected by using parent input; assessment; and provider observation. Child outcome summary will be completed by the IFSP team, family and providers. The IFSP team will use the decision tree when determining the rating for the three areas of the child outcomes. Data will be recorded in the Child Outcomes Summary section in the states database.

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

NO

#### **If no, describe any changes to the activities, strategies or timelines described in the previous submission and include a rationale or justification for the changes.**

### **Section C: Stakeholder Engagement**

#### **Description of Stakeholder Input**

There were no stakeholders input for this reporting period.

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

EarlySteps has implemented statewide quarterly meetings with providers. The meetings are an opportunity for providers to provide input on implementation of early intervention in Louisiana; potential changes to policy and practice; and recommendations for EarlySteps. The new SICC committees provide another way to solicit stakeholders input.

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

NO

#### **Additional Implementation Activities**

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

No additional activities.

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

Data will be collected throughout the this fiscal year

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

No barriers identified.

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

### **11 - Prior FFY Required Actions**

The State did not summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. In the FFY2023 SPP/APR, the State must address all components of this Indicator.

The State did not describe the specific strategies implemented to engage stakeholders. In the FFY 2023 SPP/APR, the State must provide information regarding the engagement strategies used and how the State addressed stakeholder concerns.

**Response to actions required in FFY 2022 SPP/APR**

### **11 - OSEP Response**

### **11 - Required Actions**

## Indicator 12: General Supervision

### Instructions and Measurement

**Monitoring Priority:** General Supervision

**Compliance indicator:** This SPP/APR indicator focuses on the State lead agency's exercise of its general supervision responsibility to monitor its Early Intervention Service (EIS) Providers and EIS Programs for requirements under Part C of the Individuals with Disabilities Act (IDEA) through the State's reporting on timely correction of noncompliance (20 U.S.C. 1416(a) and 1435(a)(10); 34 C.F.R. §§ 303.120 and 303.700). In reporting on findings under this indicator, the State must include findings from data collected through all components of the State's general supervision system that are used to identify noncompliance. This includes, but is not limited to, information collected through State monitoring, State database/data system dispute resolution, and fiscal management systems as well as other mechanisms through which noncompliance is identified by the State.

#### Data Source

The State must include findings from data collected through all components of the State's general supervision system that are used to identify noncompliance. This includes, but is not limited to, information collected through State monitoring, State database/data system, dispute resolution, and fiscal management systems as well as other mechanisms through which noncompliance is identified by the State. Provide the actual numbers used in the calculation. Include all findings of noncompliance regardless of the specific type and extent of noncompliance.

#### Measurement

This SPP/APR indicator requires the reporting on the percent of findings of noncompliance corrected within one year of identification:

- # of findings of noncompliance issued the prior Federal fiscal year (FFY) (e.g., for the FFY 2023 submission, use FFY 2022, July 1, 2022 – June 30, 2023)
- # of findings of noncompliance the State verified were corrected no later than one year after the State's written notification of findings of noncompliance

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

States are required to complete the General Supervision Data Table within the online reporting tool.

#### Instructions

**Baseline Data:** The State must provide baseline data expressed as a percentage. OSEP assumes that the State's FFY 2023 data for this indicator is the State's baseline data unless the State provides an explanation for using other baseline data.

Targets must be 100%.

Report in Column A the total number of findings of noncompliance made in FFY 2022 (July 1, 2022 – June 30, 2023) and report in Column B the number of those findings which were timely corrected, as soon as possible and in no case later than one year after the State's written notification of noncompliance.

Starting with the FFY 2023 SPP/APR, States are required to report on the correction of noncompliance related to compliance indicators 1, 7, 8a, 8b, and 8c based on findings issued in FFY 2022. Under each compliance indicator, States report on the correction of noncompliance for that specific indicator. However, in this general supervision Indicator 12, States report on both those findings as well as any additional findings that the State issued related to that compliance indicator.

In the last row of this General Supervision Data Table, States may also provide additional information related to other findings of noncompliance that are not specific to the compliance indicators. This row would include reporting on all other findings of noncompliance that were not reported by the State under the compliance indicators (e.g., Results indicators (including related requirements), Fiscal, Dispute Resolution, etc.). In future years (e.g., with the FFY 2026 SPP/APR), States may be required to further disaggregate findings by results indicators (2, 3, 4, 5, 6, 9, 10, and 11), fiscal and other areas.

If the State did not ensure timely correction of previous findings of noncompliance, provide information on the nature of any continuing noncompliance and the actions that have been taken, or will be taken, to ensure the subsequent correction of the outstanding noncompliance, to address areas in need of improvement, and any sanctions or enforcement actions used, as necessary and consistent with IDEA's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

## 12 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2023	100.00%

### Targets

FFY	2023	2024	2025
Target	100%	100%	100%

**Indicator 1. Percent of infants and toddlers with Individual Family Service Plans (IFSPs) who receive the early intervention services on their IFSPs in a timely manner. (20 U.S.C. 1416(a)(3)(A) and 1442)**

### Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
34	0	34	0	0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 1 due to various factors (e.g., additional findings related to other IDEA requirements).

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

There were 34 findings of noncompliance for services not being provided in a timely manner. The findings were under corrective action through a jointly developed Corrective Action Plan (CAP) between the Early Intervention Services (EIS) agency and the EarlySteps Regional Coordinator. For the 34 cases of noncompliance, each finding was reviewed with each specific Family Support Coordination (FSC) agency that received a finding as part of the notice of findings letter, and individual agency-specific CAPs were developed to address the finding and compliance with Indicator 1 regulatory requirements. Each specific FSC agency with a finding and the Regional Coordinator established an "end date" on the CAP based on the level of need and time to implement correction. Following the end date of the CAP, follow-up monitoring was conducted by the Regional Coordinator through IFSP and service billing reviews using the report of service dates for IFSPs written during the next quarter following completion of the CAP end date. The state reviewed pertinent data and verified that each FSC was correctly implementing the regulatory requirements at 100% performance.

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case of noncompliance was corrected*:

The Early Intervention Data System (EIDS) is used to generate a data report to monitor Indicator 1. The data report provided the service start dates for IFSPs written during Quarter 1. For each of the 34 individual cases of noncompliance, the Regional Coordinator reviewed and monitored multiple data sources including IFSPs and service start dates, as well as provided technical assistance and training related to Indicator 1. Service start dates were compared with service billing dates to verify that each service was initiated. The state reviewed the data to verify that each individual case of noncompliance was corrected and children received services, although late. Also, the state reviewed documentation that the agency contacted the family and the provider within 2 weeks after IFSP to ensure supports were delivered within 30 days, the state reviewed documentation/agency sign-in log that the staff was trained on indicator 1 timely services and that it was discussed during weekly staff supervision sessions.

**Indicator 7. Percent of eligible infants and toddlers with IFSPs for whom initial evaluation, initial assessment, and the initial IFSP meeting were conducted within Part C's 45-day timeline. (20 U.S.C. 1416(a)(3)(B) and 1442)**

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
0	0		0	0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 7 due to various factors (e.g., additional findings related to other IDEA requirements).

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case of noncompliance was corrected*:

**Indicator 8A. The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:**

**A. Developed an IFSP with transition steps and services at least 90 days (and, at the discretion of all parties, not more than nine months) prior to the toddler's third birthday. (20 U.S.C. 1416(a)(3)(B) and 1442).**

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
19	0	19	0	0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 8A due to various factors (e.g., additional findings related to other IDEA requirements).

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

The Part C state team met and discussed data analysis for transition steps and services to ensure consistency in the monitoring process. EarlySteps staff have added improvement activities during regional interagency coordinating council meetings, during regular meetings with intake and family support coordinator agencies, during statewide quarterly meetings with Part C Coordinator, during Transition Workshops held with Families Helping Families, and through technical assistance e-mails with reminders from the EarlySteps practice manual. The EIDS Transition Report and chart review were used to verify that IFSPs included transition steps and services were completed. Regional Coordinators reviewed data, conducted chart review, and contacted LEAs and families to verify that transition occurred. For the XXX(19?) findings issued, written notification of the findings was issued to the FSC agencies and corrective action plans were developed. The Regional Coordinator conducted follow up monitoring of at least 10% of subsequent files for each agency using the Transition Report and chart review to verify that subsequent IFSPs included transition steps and services. The state reviewed pertinent data and verified that all FSCs with a finding of noncompliance were correctly implementing the regulatory requirements at 100% performance within one year of issuing the finding.

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

The Part C state team met and discussed data analysis for transition steps and services to ensure consistency in the monitoring process. Through monitoring for Indicator 8a performance, Regional Coordinator reviewed the transition status for each child for whom the IFSP did not include steps and services. Additionally a chart review by the Regional Coordinator, verified that each child had IFSPs with transition steps and service. The state reviewed pertinent data to verify that the 19 children had IFSPs with transition steps and service, although late.

Indicator 8B. The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

B. Notified (consistent with any opt-out policy) the SEA and LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services. (20 U.S.C. 1416(a)(3)(B) and 1442)

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
	0		0	0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 8B due to various factors (e.g., additional findings related to other IDEA requirements).

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

Indicator 8C. The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

C. Conducted the transition conference held with the approval of the family at least 90 days (and, at the discretion of all parties, not more than nine months) prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services. (20 U.S.C. 1416(a)(3)(B) and 1442)

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
51	0	51	0	0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 8C due to various factors (e.g., additional findings related to other IDEA requirements).

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

As stated in the Indicator 8a section, the EIDS Transition Report and chart review were used for verification that transition conferences occurred within the required timelines. Regional staff review dates, conduct chart review to verify that transition conferences occurred and were timely. When conferences were not timely, staff contact LEAs and/or families to verify that transition to the LEA occurred for each child. Subsequently, those agencies are issued findings and placed under corrective action. Upon completion of the CAP, the regional staff conducted follow up monitoring with agencies using the Transition Report and chart review to verify that regulatory requirements were implemented as required to establish correction. With this review following the completion of the CAP, all agencies were meeting regulatory requirements at 100% compliance.

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

FSC agencies were required to submit data to verify the 51 individual cases of noncompliance had been corrected. LA Part C staff reviewed data submitted by FSC agencies in the statewide database and information in the child records, including IFSP and transition conference documentation. Of the 51 individual cases, transition conferences occurred, although late. At the time of monitoring, these children were no longer within jurisdiction of EarlySteps.

*Optional for FFY 2023, 2024, and 2025:*

*Other Areas - All other findings: States may report here on all other findings of noncompliance that were not reported under the compliance indicators listed above (e.g., Results indicators (including related requirements), Fiscal, Dispute Resolution, etc.).*

Column B: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Column B for which correction was not completed or timely corrected
0	0	0

Explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any findings reported in this section:

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

Total for All Noncompliance Identified (Indicators 1, 7, 8A, 8B, 8C, and Optional Areas):

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
104	0	104	0	0

FFY 2023 SPP/APR Data

Number of findings of Noncompliance that were timely corrected	Number of findings of Noncompliance that were identified in FFY 2022	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
104	104		100%	100.00%	N/A	N/A

Percent of findings of noncompliance not corrected or not verified as corrected within one year of identification	0.00%
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Provide additional information about this indicator (optional)

**Summary of Findings of Noncompliance identified in FFY 2022 Corrected in FFY 2023 (corrected within one year from identification of the noncompliance):**

1. Number of findings of noncompliance the State identified during FFY 2022 (the period from July 1, 2022 through June 30, 2023).	104
2. Number of findings the State verified as timely corrected (corrected within one year from the date of written notification to the EIS program/provider of the finding)	104
3. Number of findings <u>not</u> verified as corrected within one year	0

**Subsequent Correction: Summary of All Outstanding Findings of Noncompliance identified in FFY 2022 Not Timely Corrected in FFY 2023 (corrected more than one year from identification of the noncompliance):**

4. Number of findings of noncompliance not timely corrected	0
5. Number of written findings of noncompliance (Col. A) the State has verified as corrected beyond the one-year timeline ("subsequent correction") - as reported in Indicator 1, 7, 8A, 8B, 8C	
6a. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 1	0
6b. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 7	0
6c. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 8A	0
6d. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 8B	0
6e. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 8C	0
6f. (optional) Number of written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Other Areas - <u>All other findings</u>	0
7. Number of findings <u>not</u> yet verified as corrected	0

**Subsequent correction:** If the State did not ensure timely correction of previous findings of noncompliance, provide information on the nature of any continuing noncompliance and the actions that have been taken, or will be taken, to ensure the subsequent correction of the outstanding noncompliance, to address areas in need of improvement, and any sanctions or enforcement actions used, as necessary and consistent with IDEA's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

**12 - OSEP Response**

**12 - Required Actions**

## Certification

### Instructions

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

#### Certify

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

#### Select the certifier's role

Lead Agency Director

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

#### Name:

Julie Foster Hagan

#### Title:

Assistant Secretary, Office for Citizens with Developmental Disabilities

#### Email:

Julie.Hagan@la.gov

#### Phone:

225-342-0095

#### Submitted on:

02/03/25 5:13:45 PM