

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**

Alabama



**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 meet 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

Alabama's Early Intervention System (AEIS) provides services to children with disabilities, birth to three, and their families based on state and federal regulations and Alabama's Core Values. These values, or guiding principles, ensure that recommended and evidence-based practices are incorporated into all services provided throughout the system.

The ICC serves as one of the primary stakeholder groups providing ongoing guidance and input into the development of the SPP/APR. Information, updates and new initiatives are discussed regularly at each ICC meeting. In addition, ICC Subcommittees (Personnel, Program Planning and Evaluation, Public Awareness and Financial) and special task groups provide input throughout the year in the development of all aspects of AEIS.

The AEIS SPP/APR is being submitted based on supervision/monitoring results, evaluation of child outcomes, family survey data, ongoing data collection/analysis and stakeholder input.

The general supervision system in Alabama's Early Intervention System includes 8 interrelated components, all of which inform infrastructure development, ensure program/provider compliance, and ensure infant/toddler achievement. These components connect, interact and inform one another in monitoring and oversight of the programs/providers.

1. Program monitoring extends beyond the APR indicators and includes the following additional components:

Eligibility, Evaluation and Assessment (303.321) in terms of whether programs implement required procedures and ensure eligibility is based on either 25% delay, approved diagnosis, or informed clinical opinion.

Voluntary Family Assessment (303.321) to ensure that programs/providers are using the Routines-Based Interview process (as per parent permission).

IFSP (303.342) to ensure programs/providers are in compliance with IDEA requirements and other state requirements such as outcomes written to be achieved within 6 months, provision of functional outcomes as per the IFSP, provision of services as per the IFSP, use of evidence-based practices, and use of cultural competence.

Child Outcomes to ensure programs/providers achieve state targets with data being used to determine program effectiveness, conduct root cause analysis, develop action plans, and use of the Child Outcome Summary Process with fidelity. For monitoring purposes, child outcomes data are reviewed through desk audits and when children who are not making substantial progress are identified, monitors provide technical assistance to the program and service coordinator on how to effectively help those children develop and learn.

Family Outcomes to ensure programs/providers achieve state targets for determining program effectiveness and development of action plans. Family outcomes data were collected via a Family Survey conducted by the independent research entity. Questions regarding the impact of services provided to the child and family, the implementation of evidence-based practices, whether the child made progress in social-emotional, knowledge/skill and appropriate behavior as a result of EI services, the three OSEP family outcomes, and the family's participation in the COS process were asked.

Service Coordinator activities (303.34) to ensure services are provided as per the IFSP and that provider notes denote appropriate service provision.

Procedural Safeguards (303.406) to ensure the family is informed as determined by family signature and the completion of required forms such as permission to evaluate, notifications, record of access, etc.

Data collection (303.124) to ensure that programs/providers are entering data timely and correctly, and that dates adhere to required timelines.

CSPD (303.118) to ensure providers meet state personnel standards, training requirements, and other state required criteria such as mentorships and knowledge checks.

Other requirements such as participation in the District Coordinating Councils and public awareness activities.

2. Data on processes and results is accessible through the GIFTS data system (i.e., Giving Infants, Families and Toddlers Support), which includes timelines and IFSP development, child progress by demographics, family outcomes by demographics, Child Find referrals by demographics, fiscal data for grant management, live data regarding COS, referrals, caseloads, closed/transitioned cases and data from family surveys conducted by AEIS and APEC (PTI) for system improvements. AEIS' electronic data system gathers data from providers on all components of the system, such as eligibility (data used to monitor child find referrals, ratio of referrals to eligibility determination, and public awareness), IFSP development (re: meeting timelines, functional outcomes, services based on IFSP), IFSP reviews, child outcomes (data compared to targets, root cause analysis and action plans), settings, and numbers served. Data entry is monitored by the state office data manager to ensure validity and reliability. Business rules within the data system require the input of all required data as the service coordinator moves through the system.

3. SPP/APR includes results data that informs system improvement such as addressing low child outcomes, identifying family needs, initiating monitoring revisions, analysis of equitable service provision and progress, identification of training/TA needs, and stakeholder engagement.

4. Fiscal management includes program financial audits on the use of Part C funds, inclusion in development of program profiles and determinations, identification of needed state level policy/procedure changes, and the restructuring of the program funding process (i.e., conducting a rate study and developing a new system of payment).

5. Dispute resolution is conducted and disputes are resolved through analysis of root causes, identification of programs where the complaints originate, issuing a finding as per monitoring, development of action plans per program for resolution, and follow-up to ensure the complaint has been resolved

satisfactorily.

6. Targeted TA and Professional Development are based on monitoring results, local implementation of evidence-based practice, fidelity checks, child outcome results, new fiscal policies/procedures and new GIFTS data entry requirements. For instance, during FFY 2023, special emphasis was placed on training for fidelity in implementation of the COS process (including statewide training and use of ECTA modules based on the Child Outcome Summary Knowledge Check results), technical assistance in the use of the Routines-Based Model, redevelopment of targeted training for Developmental Specialists, and revision of required foundational training for all EIS providers.

7. Policies, procedures and practices resulting in effective implementation are reviewed annually, and revised as needed, based on child/family outcome data, family and stakeholder input, financial audits, program determinations, monitoring reviews, and data analysis. AEIS expects programs to maintain policies and procedures that ensure compliance with IDEA.

8. Improvement, correction, incentives and sanctions are based on state and local root cause analysis and the completion of program action plans, follow-up file reviews, development of program profiles, use of adopted sanctions and incentives based on program determinations, targeted TA, and required training/professional development.

Indicator 11, the State Systemic Improvement Plan, summarizes improvement activities that have been undertaken during FFY 2023 as well as new activities that have been identified through stakeholder input. The State Identified Measurable Result, or the SiMR, adopted by AEIS from the beginning, is that the percent of children who substantially increased their rate of growth in social-emotional development by the time they turn 3 years of age or exit the program will show an increase from year to year.

Additional information related to data collection and reporting

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.

All community-based EI programs are monitored every year regardless of status at a prior review. Monitoring reviews are conducted during the SPP/APR reporting dates (July 1 - June 30) and are scheduled with each program based on mutually agreed upon dates. Monitoring reviews consist of record reviews, interviews with providers, interviews with families, and data reviews. Monitoring reviews determine how programs assist families in developing and meeting appropriate functional outcomes and ensure that early intervention services enhance the capacity of families to improve their children's development. Monitoring also ensures that programs remain in compliance with state and federal regulations. AEIS focuses on both compliance and performance indicators. There are 48 programs/providers monitored each year.

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.

AEIS (lead agency) randomly selects records and provides programs with a list of the names on the day of the monitoring visit. A cross-section of needs and demographics (i.e., race, ethnicity, and diagnosis/DD) are considered. It is expected that each program has an internal record review process in place before the monitoring (supervisor review, peer review, etc.) using the AEIS Self-Assessment Tool. Monitors expect programs to describe ongoing internal review methods utilized.

Three records per service coordinator, but not less than ten records per program, are selected for review and should be children who are being served within the current reporting period (July 1 – June 30). Targeted records are reviewed for detailed discussions on compliance, how service delivery determinations were made, identified challenges, successful strategies, family involvement status, specific interventions that promote improvement, and other factors that affect program quality improvement.

In addition, data entered in the GIFTS Data System by service coordinators and collected during onsite monitoring reviews are used in making findings, reporting a program's annual performance to OSEP, and making individual program determinations. If a program is "Out of Compliance" (i.e., findings issued as per federal regulations), monitoring reports will be developed outlining actions to reestablish compliance within one year. Follow-up reviews occur after the initial monitoring visit or any needed TA and include the submission of documentation by the program or an on-site review.

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

AEIS has a database system in place (GIFTS or Giving Infants, Families, and Toddlers Support) that gathers data from providers on all components of the system, such as eligibility reasons, IFSP reviews, child outcomes, natural environment, numbers served, and other pertinent data. The EI case management system/data systems is custom built by the ADRS IT Department. The application itself is written using the .Net framework. Originally written in VB.Net, the case management systems is currently undergoing a major rewrite using Blazor. This application has a SQL database for the backend and utilizes SSRS reporting for generating reports.

Data entry is monitored by the state office data manager and compliance monitors to ensure validity and reliability. Business rules within the data system require the input of all required data as the service coordinator moves through the system. State office staff review the data on a regular basis through desk audits and monitoring site visits to ensure accuracy. The data is a replication of the physical record, so the rules for GIFTS are the same as the physical record. All new SCs must attend one-on-one training and standardized, statewide training (Journey I). A GIFTS training packet is provided at the GIFTS training, and the Monitoring Manual with additional handouts is provided at the Journey I training.

Data is analyzed routinely in preparation for submitting and implementing the SPP/APR to identify trends, both statewide and within programs, such as child count per county, demographics of children served, child outcomes, family outcomes, and compliance issues. The Part C Data Manager is responsible for monitoring data quality reports. If data quality issues are found, the results are shared with the specific program monitors and TA is provided. Data specific to SPP/APR indicators is pulled from the GIFTS database for reporting to OSEP and stakeholders statewide. Subcommittees also analyze data related to their purpose and use the information for initiatives to improve the various aspects of the system (e.g., public awareness, personnel, finance, and program planning and evaluation). Program monitors review data prior to each program's monitoring visit and conduct onsite record reviews during the current federal reporting year (i.e., July 1 – June 30). These data are used to determine compliance and performance and to

provide assistance in addressing areas of concern. Error reports are run on a weekly basis, individual program outcome data is looked at twice a year, 618 data are run yearly, program level indicator data are looked at yearly, and various other data inquiries are run as needed by state office staff.

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.

Monitoring determines how programs assist families in developing and meeting appropriate functional outcomes and ensures that early intervention services enhance the child's development and the capacity of families to help their child learn. Monitoring also ensures that programs remain in compliance with state and federal regulations. The Monitoring Manual describes all requirements of programs such as compliance with indicators, implementation of evidence-based practices, and family participation (the monitoring manual is available on the AEIS website at rehab.alabama.gov/services/ei).

The monitoring process emphasizes program quality, child and family outcomes, effectiveness, evidence-based practices, and compliance with rules and regulations under Part C of IDEA. Programs are expected to protect procedural safeguards of families during referral, eligibility determination, IFSP development, transition planning, service delivery, and closure.

Monitoring involves the following components: (1) Validating compliance with all required indicators including OSEP compliance indicators; (2) Reviewing the family survey results; (3) Reviewing data; (4) Self-monitoring by the program; and (5) Interviews with families. Both compliance and performance indicators are used in making program determinations.

The monitoring process includes examining documentation accumulated by a program in relation to the compliance indicators defined by OSEP, federal regulations, fiscal monitoring, and state criteria. A monitoring team consists of an AEIS state office monitor and a fiscal agency representative and may include other EI state office-approved personnel. A monitor's role is as follows:

1. Review randomly selected open cases being served within the federal reporting year being monitored, which includes service coordination-only cases.
2. Review randomly selected ineligible cases and closed cases.
3. Evaluate program timeliness of required activities and program services.
4. Report data for the Annual Performance Report to OSEP.
5. Approve program action plans developed to address noncompliance.
6. Provide results for future programmatic planning and improvement.
7. Verify resolution of informal family concerns, written formal complaints, credible allegations, and due process information.
8. Conduct random calls with families to determine whether services are being provided as planned.

Specifically, record reviews ensure early intervention services are:

Helping families meet functional family-defined outcomes.

Providing developmentally appropriate services to Part C eligible infants, toddlers, and families.

Based on the IFSP.

Based on AEIS core values and evidence-based practices.

Meeting requirements of Part C rules and regulations.

AEIS defines identification of noncompliance (i.e., a finding) as the determination that an EIS program's policies, procedures, or practices, including those that are child-specific, are inconsistent with IDEA requirements as defined by the AEIS Compliance Indicators. Any indicator with one or more findings will be out of compliance for that indicator. Findings are issued by program, not by individual instance of noncompliance (i.e., if the program has 3 incidences of noncompliance in one indicator, the program is issued one finding under that indicator).

There are other areas that are monitored where an action plan will be required if not met. The compliance and other areas that are reviewed include the following:

Evaluation, Assessment, and Eligibility

Voluntary Family Assessment

IFSP

Child Outcomes

Family Outcomes

Service Coordination

Procedural Safeguards

Data Collection

CSPD

Other (Public Awareness and participation in District Council)

In order to demonstrate that noncompliance has been corrected, AEIS verifies that the EIS program (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100 percent compliance with the relevant IDEA requirements) based on a subsequent review of updated data and information such as data and information subsequently collected through integrated monitoring activities or the State's data system (systemic compliance); and (2) if applicable, has corrected each individual case of child-specific noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, and no outstanding corrective action exists under a State complaint or due process hearing decision for the child (child-specific compliance).

AEIS expects programs to maintain policies that verify and ensure appropriate services for families. Any program policy, such as an attendance policy, must be available to monitors for review. When two or more agencies collaborate to provide appropriate services, collaborative agencies must ensure that compliance standards are met. Collaborative agencies, service providers, and service coordinators will be held equally accountable for providing service documentation.

AEIS program providers, administrators, and service coordinators, along with other stakeholders (i.e., families and other related state agencies), provide input annually on priorities, requirements, and data elements for compliance through meetings such as the ICC, the Program Planning and Evaluation subcommittee, and required statewide TA. AEIS provides explanations of data and monitoring priorities for stakeholders to understand and provide input into the general supervision system. Both compliance and performance indicators are used in making program determinations.

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).

AEIS uses pre-finding correction when noncompliance has been determined but has been corrected prior to the issuance of an official finding. Official written notification of findings is issued no later than 30 days after the monitoring review. If, prior to the issuance of a written finding, the program can

verify that they are (1) correctly implementing the specific regulatory requirements (i.e., achieved 100 percent compliance with the relevant IDEA requirements) based on a review of updated data; and (2) as applicable, has corrected each individual case of child-specific noncompliance (unless the child is no longer within the jurisdiction of the EIS program, and no outstanding corrective action exists under a State complaint or due process hearing decision for the child), then no official finding is issued to the program. AEIS maintains data on all findings made through its monitoring process for APR reporting.

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.

AEIS bases its graduated and progressive sanctions on the Federal Regulations which require, at a minimum, the following enforcement actions for programs not meeting requirements:

Needs Assistance for two consecutive years,

The State takes one or more of the following enforcement actions in §300.604:

1. Requires additional professional development and advise programs of available sources of technical assistance to address areas on which the program needs assistance; or
2. Identify programs as high-risk and impose conditions on use of funds.

Needs Intervention for three or more consecutive years,

The State takes one or more of the following actions in §300.604:

1. Require the program to prepare or implement a corrective action plan to correct the identified area(s); or
2. Withhold, in whole or in part, further payments to programs.

Needs Substantial Intervention at any time,

The State takes the following enforcement action in §300.604:

1. Withhold, in whole or in part, any Part C funds.

As required by OSEP, AEIS ensures that all federal requirements are met and that all instances of noncompliance are corrected within one year.

ADRS/EI may impose sanctions under the following circumstances:

The program fails to meet requirements on its annual Determination.

The ADRS/EI determines that the service provider failed to reestablish compliance within one year.

The program fails to address recommendations or to meet the requirements of an Action Plan.

The program utilizes Part C dollars for activities not in compliance with Part C regulations.

The program has ongoing compliance issues (two or more years out of compliance).

These sanctions include but may not be limited to the following:

Repayment of misapplied federal and state funds based on federal and state regulations.

Withholding state and federal funds until corrective action is taken to ensure Part C compliance.

Withholding referrals to programs for a specified period of time.

Cancellation of a program contract.

Other sanctions as deemed necessary by the Lead Agency.

A summary of specific sanctions per determination category is available in the AEIS Monitoring Manual at www.rehab.alabama.gov/services/ei under Resources for Service Coordinators.

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.

AEIS makes annual determinations about the performance of each EIS program during the federal reporting period (July 1 - June 30) regarding Part C requirements consistent with 34 C.F.R. § 303.700(a)(2) and (3). When making an annual determination, AEIS considers performance in the following areas:

- A. Compliance Indicators
- B. Valid, reliable, timely data
- C. Correction of noncompliance within one year
- D. Performance Indicators:

SETTINGS: Did Settings meet or exceed the state target or have appropriate justifications at the time of monitoring?

FAMILY OUTCOMES: Did Family Survey results meet or exceed the state target in the three (3) family outcome areas?

CHILD OUTCOMES: Did the program meet or exceed the state target for progress in the three (3) child outcome areas (as per OSEP's summary statements 1 and 2).

E. Fiscal audit findings: Did the program have any audit findings related to the use of EI funds?

AEIS uses the same four categories in IDEA section 616(d) as OSEP in making determinations of the status of EIS program. These categories and criteria are:

MEETS REQUIREMENTS

A: Compliance Indicators

Scored at least 80% on all compliance indicators.

B: Valid, reliable, and timely data

Had valid, reliable, and timely data.

C: Correction of noncompliance

Corrected all areas of noncompliance within a year.

D1: Settings

Achieved 90% or better for natural environments or had appropriate justification.

D2: Family Survey

Met or exceeded state target in 2 of the 3 family survey items.

D3: Child outcomes

Met or exceeded state target in at least 4 of the 6 child outcome areas.

E: Financial Audit

Had no audit findings.

NEEDS ASSISTANCE

A: Compliance Indicators

Scored 50-79% on any one compliance indicator or 60-79% on multiple compliance indicators.

B: Valid, reliable, and timely data

Did not have valid, reliable, or timely data.

C: Correction of noncompliance

Did not correct noncompliance within a year.

D1: Settings

Had 80 - 89% for natural environments or have appropriate justification.

D2: Family Survey

Met or exceeded state target for at least 1 of the 3 family outcomes.

D3: Child outcomes

Met or exceeded target in at least 2 of the 6 child outcome areas.

E: Financial Audit

Had one audit finding

NEEDS INTERVENTION

A: Compliance Indicators

Scored 0% - 49% on any compliance indicator or more than 1 year out of "Meets Requirements" for any compliance indicator.

D1: Settings

Had less than 79% on settings.

D2: Family Survey

Had 0 checks on the family survey.

D3: Child outcomes

Had 1 or less checks on child outcomes out of the 6 outcome areas.

E: Financial Audit

Had two audit findings.

NEEDS SUBSTANTIAL INTERVENTION

A: Compliance Indicators

Scored below 50% on any compliance indicator and more than 1 year out of "Meets Requirements" and does not meet requirements for B (data) or C (child outcomes).

D2: Family Survey or D3: Child outcomes

Had 0 checks for family survey or 1 or less checks for child outcomes and more than 2 years out of "Meets Requirements" for D.

E: Financial Audit

Had three or more audit findings.

Determinations are issued immediately following the posting of the Program Profiles. Program profiles are posted on the AEIS website for public review within 120 days of submission of the SPP/APR and can be found at www.rehab.alabama.gov/services/ei.

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

www.rehab.alabama.gov/services/ei

Scroll down to the resources tabs for "Information for Stakeholders", "For Service Coordinators", and "Policies and Procedures".

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 purpose of TA is to ensure that programs have opportunities to discuss with AEIS and their contracting agency any identified issues related to service provision under Part C. Monitors educate programs regarding federal and state regulations, engage in discussions of evidence-based practices in early Intervention, offer input into needs identified during the program's self-assessment, and address training needs of personnel. Following the TA, a written report is provided within (4) weeks outlining such information as what was provided, who was in attendance, and any next steps recommended.

Technical Assistance (TA) may include but IS NOT limited to any combination of the following:

- District Training (district forum for discussing system concerns or interests)
- In-service or individual program training
- Informal discussions with the program (videoconference, teleconference, onsite forum)
- Email responses to program inquiries
- AEIS Policy Memoranda regarding administrative decisions and actions
- EI Updates

TA is usually recommended once the Monitoring team has identified a pattern or determined the extent of non-compliance is programmatic. If non-compliance is an isolated occurrence, information and guidance is provided during the Exit. The Exit is also an opportunity for program staff to engage with the Monitoring team, ask questions, and get assistance on any topic or area of concern.

TA may include required professional development and targeted consultation. In addition, there are 5 required professional activities and a requirement for 20 contact hours of continuing education every two years. The required trainings include the following:

Journey I (a required foundational training for all new service coordinators on the structure of the EI system and their role in service provision)

Journey II (training on service delivery requirements)

Routines-Based Interview modules (evidence-based practice for service coordinators)

Routines-Based Home Visiting modules (evidence-based practice for EI providers)

Child development (for new service coordinators)

Developmental Specialist coursework (for all Developmental Specialists without a degree in ECSE, HI or VI)

Technical Assistance, as part of professional development per individual provider or program, is provided in areas where compliance issues or concerns are found. Some of the more frequently identified topics for TA include Transition, Child and Family Outcomes, COS process, and IFSP components. TA is provided by the AEIS state monitors, state agency partners such as the Alabama Department of Mental Health, and the Alabama Institute of the Deaf Blind, university faculty from the University of Alabama and Auburn University, and other outside consultants as needed.

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 Comprehensive System of Personnel Development or CSPD is an annual statewide plan that addresses three areas: Family Involvement, Personnel Development and Recruitment/ Retention. This plan is developed by the ICC Personnel Subcommittee, which includes EI stakeholders, program representatives, ICC representatives, higher education, and families, and is discussed/approved by the ICC. The goals and guiding principles are as follows:

FAMILY INVOLVEMENT

GOAL: Families of young children with disabilities (aged 12 or younger) will be active participants in AEIS.

GUIDING PRINCIPLES: (1) Families should have input regarding the effectiveness of EI services and AEIS initiatives. (2) Families should have input regarding workshops topics that are provided to address their identified interests and needs; (3) Families should be supported in such a way that their involvement in early intervention activities and training events are enhanced; (4) Families should assume leadership roles in training and technical assistance activities.

Ongoing Methodology:

1. Utilize results from the FAMILY Survey and family membership on committees to plan workshop opportunities at the state, district and local levels that address the most frequently requested training topics.
2. Inform families of opportunities for involvement in AEIS and routinely ask families if they would like to serve on state/local committees.
3. Provide reimbursement for family participation in EI by utilizing (when available): (a) the District Coordinating Council parent activity fee, (b) the ICC parent reimbursement format, and (c) the DD Council Parent Involvement Fund.
4. Utilize parent co-presenters in training activities provided through the District Councils, the EI/Preschool Conference, and other CSPD training activities.

PERSONNEL DEVELOPMENT

GOAL 1: Standards: AEIS will have personnel standards that are consistent with state established minimum degree/experience requirements, and current licensure and certification requirements in the state.

GUIDING PRINCIPLES: (1) Up-to-date licensure and/or certification standards within each discipline providing EI services must be maintained by all AEIS personnel; (2) Personnel qualifications for the delivery of each AEIS service must be established and monitored.

Ongoing Methodology:

1. Request input from national and state professional organizations and licensure boards on professional requirements for credentialing, licensure, and continuing education.
2. Review and update requirements for personnel qualifications under the AEIS Personnel Standards based on federal mandates, state policies and recommendations from the field.

GOAL 2 Training: AEIS will have highly qualified professionals delivering evidence-based services to eligible children and families.

GUIDING PRINCIPLES: (1) Customized personnel training should be provided at the district level in response to local needs; (2) Global training should be offered at the state level that advances the knowledge/skill of service providers based on identified needs and peer-reviewed research; (3) On-site technical assistance should be available to support the application of knowledge/skill in the field; (4) There should be consistency in the interpretation and implementation of policies by direct service providers under the three anchor agencies (AIDB, AEIS/ADRS and DMH) and by individual vendors; (5) Developmental Specialists should have proficiency in evidence-based practice for special instruction services; (6) Service Coordinators should have a working knowledge of the requirements of IDEA under AEIS, family centered philosophy, and evidence-based practice in EI service delivery; (7) The inclusion of children with special needs in home and community-based settings should be cultivated; (8) The impact of training activities should be measured.

Ongoing Methodology

1. Utilize a systematic method of identifying statewide training needs (i.e., through monitoring, post training evaluations, and family surveys).
2. Conduct required annual TA training per district.
3. Provide on-site technical assistance to service providers and program site supervisors statewide.
4. Require foundational training on evidence-based practice for conditional Developmental Specialists immediately upon hire.
5. Require foundational training for service coordinators that addresses state/federal requirements/regulations, family centered philosophy, and evidence-based practice in EI service delivery.
6. Require continuing education for all personnel providing early intervention services within AEIS.
7. Require advanced training for all early intervention personnel within every three years during their employment with AEIS.
8. Require personnel implementing eligibility evaluations to complete training and/or coursework in child development and on the specific tools to be utilized.
9. Develop alternative methodologies for service providers and families to participate in state CSPD trainings such as webinars and virtual training events.
10. Monitor the effects of AEIS training on staff behavior and service delivery through follow-up surveys and interviews by the AEIS external evaluators.
11. Require service coordinators to complete the Routines-Based Interview boot camp/training and early intervention providers to complete the Routines-Based Home Visiting training.

RECRUITMENT AND RETENTION

GOAL 1: Pre-service training in all EI related disciplines includes content in early intervention/pediatrics.

GUIDING PRINCIPLE: Early intervention information should be included in pre-service class instruction for disciplines related to EI service provision.

Ongoing Methodology: 1. Offer EI speakers to provide early intervention/pediatric information during higher education class instruction; 2. Continue District Council activities to provide EI/pediatric instruction for physicians; 3. Participate in the Higher Education Consortium.

GOAL 2: AEIS has innovative strategies and activities for recruitment and retention.

GUIDING PRINCIPLES: (1) High school students, community college students, university students, and other potential EI providers/vendors should be made aware of AEIS; (2) Early Intervention Program sites should be used as practicum and internship sites for college students; (3) Professionals who are willing to work in rural and inner-city areas should be identified and recruited.

Ongoing Methodology: 1. Utilize District Coordinating Councils to disseminate AEIS PA materials to educational sites; 2. Encourage district coordinators to attend career days and participate in speaking engagements; 3. Encourage programs to participate in practicum experiences; 4. Maintain

representatives from higher education on the Personnel Subcommittee; 5. Encourage new vendor applications through District Early Intervention Coordinators.

Annually, training activities are added to the CSPD plan based on SSIP goals, monitoring results, stakeholder input, provider and family input, and priorities of the state office. The approved CSPD Plan and Personnel Standards can be accessed on the AEIS website at <https://rehab.alabama.gov/services/ei>.

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.

During FFY 2023, broad stakeholder input was gathered to develop new state activities, revise the general supervision/monitoring system, revise the family survey process, develop an AEIS Handbook, and make recommendations as per the cost study to streamline funding mechanisms for EI service delivery. Input was gathered using a variety of methods, such as face-to-face meetings, virtual meetings, surveys, and website postings. Family and provider involvement included review of data related to the demographics of children referred and served, referral sources, number and demographics of family respondents and response rate on the AEIS Family Survey, SPP/APR compliance and performance results, and reimbursement rates.

Activities to build the capacity of diverse and representative groups included the addition of a new ICC member representing the homeless population and contact with the military and tribal populations for their participation. In addition, new parents were involved in providing input through collaboration with the Alabama PTI. These families had exited AEIS and were able to share ideas for new strategies for outreach and service delivery based on their experience. AEIS is also developing new materials for families to help them understand the system structure, AEIS philosophy and parent rights so that they will be able to provide informed input into system development.

1. At ICC meetings, system updates are provided with input regarding system improvements. During the year, 70 ICC members and stakeholders participated quarterly in ICC activities. Discussions included improvement strategies in surveying families to increase the response rate, suggestions to consider when making decisions based on the AEIS rate study results, strategies and commitments to enhance outreach through collaboration with existing agencies and programs, including the Department of Public Health and Medicaid. As a result of this input, AEIS has revised the family survey process, enhanced the data system for gathering data for billing purposes based on the new rate structure, disseminated detailed information about AEIS and EI services to the Alabama Association of Pediatrics, and included information on AEIS and services in Medicaid packets given to families. In addition, the ICC provided suggestions for training and family support. During the December 2024 meeting, ICC members approved the submission of the FFY 2023 SPP/APR in February 2025.

2. ICC subcommittees such as Personnel Preparation, Program Planning and Evaluation, Financial Planning and Public Awareness routinely (at least quarterly) discussed system initiatives.

The Public Awareness subcommittee, with 15 parent and provider members, reviewed data by county on numbers and demographics of children referred and served to identify underserved pockets in the state where targeted campaigns could increase awareness and referrals of diverse groups, which could lead to more diverse stakeholder involvement. As a result of this discussion, AEIS district councils and programs were able to target those underserved counties during the statewide PA initiative and identify referral sources from which high rates of inappropriate referrals were being made (e.g., Early Head Start and Department of Early Childhood Education childcare programs).

The Personnel Subcommittee, with 25 parent and provider members, along with the AEIS state team, the ICC and District TA sessions with providers statewide, developed the SFY 2024 CSPD. Discussions and input also occurred regarding embedding the COS data into the IFSP process. In addition, the AEIS Personnel Standards were updated with new training requirements (e.g., Child Outcome Summary Process and Developmental Specialist coursework).

The Program, Planning and Evaluation Subcommittee, with 15 parent and provider members, provided feedback and suggestions on the development of the new AEIS Handbook for providers, families, and other interested parties, revisions to the monitoring process and manual, embedding the COS into the IFSP, updates to the Service Coordinator Handbook, development of a standard program self-assessment tool, and implementation of SSIP activities.

The Financial Planning Subcommittee, with 15 parent and provider members, along with task groups and ICC, focused on the rate study and provided input/data for its implementation using a new electronic system for documentation and billing. In addition, CIFR provided ongoing technical assistance on financial requirements and activities.

3. Provider surveys were conducted to gather input for TA and training in the Child Outcome Summary process, AEIS system implementation, family input process, and service coordinator supports. Results were used in developing structured training on conducting the COS process with fidelity, revising the family survey process, and revising the AEIS Handbook.

4. The AEIS Family Survey was disseminated to all families whose children had been enrolled in the system for 6 months or longer (2223 families). Family input was collected on all three OSEP outcomes, whether the RBI was conducted, service delivery based on routines, participation in the COS process, how well their child made progress in the 3 APR child outcome areas, and recommendations for improving the transition process.

5. A quarterly newsletter was routinely disseminated providing information to stakeholders statewide and requesting input on improvement activities, child progress strategies, family involvement, proposed changes to procedures such as general supervision/monitoring, service coordinator handbook, changes to the AEIS Personnel Standards, and financial planning. In FFY 2023, 48 EIS programs received the newsletter and shared it with all providers and families. The newsletter included state contacts for use in seeking information and support.

6. Seven AEIS District Councils provided suggestions for public awareness initiatives. These councils, along with the Public Awareness subcommittee, reviewed data on numbers served by demographic groups within all counties in the state. This enabled the councils to conduct outreach activities within counties of underserved populations.

7. As part of a WestEd federal grant to implement the Collective Impact Model, AEIS had multiple meetings with stakeholders in a pilot site of four southeastern counties to develop recommendations for screening, making informed referrals, providing follow-up back to referral sources, methods to improve the child find infrastructure, policies, and practices. The Collective Impact Model is a framework for the development and execution of activities and strategies intended to improve community collaboration and use of culturally responsive screening practices for an efficient and effective child find system. As a result of this project, a structure was implemented for improving child outreach including a physician survey, professional training materials, and a scale-up tool kit.

8. District TAs are required of all providers and service coordinators annually. In FFY 2023, over 200 participants discussed and provided feedback on program self-assessment, new AEIS rates, public awareness/outreach, increasing family input, monitoring revisions, and suggested training (e.g., COS process, Routines-Based Model, ASD, and Infant/Early Childhood Mental Health).

9. A task group of university faculty and therapists met to develop methodology for training therapists statewide on AEIS evidence-based practices, functional evaluation, and COS participation.

10. AEIS has developed a system to gather input from service providers on the effectiveness of four required training activities to determine their ability to implement evidence-based practices and to identify barriers to implementation that can be addressed. The survey will be conducted 3 months post training and will assist in revisions to training strategies, content and follow-up.

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

YES

Number of Parent Members:

602

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.

A diverse group of families representing various ethnic, racial, geographic and language groups were involved in providing ongoing feedback through interviews and surveys in areas such as the implementation of evidence-based practice, the achievement of child outcomes, the ability to help their child develop/learn, the ability to participate in the team and communicate their child's needs, and whether they knew their rights.

Through this interview and survey process, family input was gathered as to system infrastructure, methods for improvement, and training/resources needed. In FFY 2023, a new family survey was developed to increase the number and diversity of stakeholders who are representative of the state demographics (e.g., race/ethnicity, child age, and primary language spoken in the home). The new strategy was to survey all families served in AEIS, rather than a random sample, and gather additional data in such areas as the use of the Routines-Based Model and the COS process.

A new survey was added in FFY 2023 to increase the capacity of a diverse group of families to provide input into system activities. This survey was conducted by the Alabama PTI and included 100 families within 29 counties who had previously participated in AEIS. These families were asked to provide input on outreach, improving service delivery, and suggested training and support for families. Responses from the following questions provided guidance for new AEIS activities:

? In addition to coaching/teaching families how to help their child develop and learn at home (or elsewhere), what are additional strategies or support that could be provided?

? How could we reach more unserved families for early intervention, especially in outer lying counties?

? How can we more effectively reach out to referral sources to acquaint them with AEIS (e.g., pediatricians, families, etc.)?

? Is there training that you would recommend for families that would be helpful? If so, in what areas?

? Is there training that you would recommend for early intervention professionals to help them effectively work with families? If so, in what areas?

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.

The Family Survey methodology was redesigned to include all families who had been in the system for at least 6 months. The intent was to implement a more inclusive strategy to ensure diversity. Additional strategies to increase the numbers and diversity of respondents will include the use of a QR code and strengthening the involvement of service coordinators in enabling families to participate.

The survey of additional families conducted by the Alabama PTI increased the diversity of families providing input, particularly those families who had exited from the system who had a longitudinal view of the infrastructure and service delivery system.

Additional family interviews were added via follow-up calls through the monitoring process to gather input on system effectiveness and implementation. Through these interviews, information was gathered in such areas as families' extent of knowledge of the service delivery model and whether it is being implemented as intended (i.e., coaching and routines-based), whether families understand their rights under IDEA, and whether families understand the difference between the three OSEP outcomes and the IFSP outcomes. Based on this information, programs will be assisted in conducting self-assessments and root cause analysis to address areas of concern. This monitoring strategy will ultimately lead to better outcomes for infants and toddlers with disabilities and their families

District Councils across the state were instructed to increase family participation in outreach and other system initiatives particularly in areas of underserved populations.

A family forum has been planned for the annual state Early Intervention and Preschool Conference to enable more families to provide input and feedback into the AEIS infrastructure.

As a result of this input, additional support and training will be provided to service coordinators and providers on connecting families to more outside resources, completing the COS process to fidelity (including supporting families to participate effectively), assisting families in understanding the AEIS Coaching Model and Core Values (including how they can be more actively involved in their child's intervention), and providing more topical training materials for families.

Soliciting Public Input:

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

The ICC is an established quarterly forum designed to solicit public input from state agencies and other partners in all AEIS initiatives such as infrastructure effectiveness, child and family outcomes, monitoring, data analysis, development of improvement strategies, and evaluation of CSPD and SSIP activities. Participants include representatives from the Department of Mental Health, the Alabama Department of Public Health, Medicaid, the Department of Early Childhood Education, Head Start, Department of Human Resources, Alabama Institute for the Deaf/Blind, Homeless

supports/services, Alabama Parent Training Institute, service providing programs, and other contributors/consultants. In addition, the Part C application is posted for public comment as per OSEP requirements.

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.

The mechanisms for making stakeholder feedback available to the public include such activities as the dissemination of family survey results to all families and programs statewide, dissemination and posting of program profiles on the AEIS website, dissemination of the APR and SSIP to stakeholder groups such as the ICC and partnering state agencies, and posting of the APR/SSIP, family survey results, program profiles, policies/procedures, personnel standards, and CSPD plan on the website.

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 completed SPP/APR for FFY 2022, program profiles (i.e., performance data), and APR/SSIP evaluation plan/results were posted on the AEIS website for public dissemination within 120 days of submission. In addition, data compiled for the APR has been and will continue to be routinely shared with the ICC, ICC subcommittees, local councils, stakeholder groups and state fiscal agents on at least a quarterly basis. A complete copy of the AEIS SPP/APR for FFY 2022 and other data documents can be found at <https://www.rehab.alabama.gov/services/ei> under "Information for Stakeholders" (scroll down to the Resources page). As per OSEP requirements, AEIS's reporting to the public on the performance of each AEIS program in meeting the measurable and rigorous targets found in the Part C SPP/APR were disseminated to state agency liaisons, program administrators and to the public via web posting. The profiles may be viewed at <https://www.rehab.alabama.gov/services/ei> under "Program Profiles". AEIS will disseminate and post the FFY 2023 SPP/APR and Program Profiles within 120 days after submission.

Intro - Prior FFY Required Actions

None

Intro - OSEP Response

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

OSEP notes that the State did not describe a process that constitutes a reasonably designed general supervision system, consistent with OSEP QA 23-01. Specifically, the State described a process that limits the scope of its general supervisory activities to the EIS program's performance on SPP/APR indicators. OSEP may follow up with the State regarding its general supervisory activities outside of the SPP/APR process.

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	96.60%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	91.56%	97.13%	98.36%	96.97%	98.10%

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
713	769	98.10%	100%	94.80%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

Slippage can be attributed overall to service coordination turnover, provider shortage, and high referral numbers. Specific instances include data entry errors, technical issues with data entry, holiday and inclement weather cancellations, service coordinator illness and emergencies, and clerical errors.

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.

16

Provide reasons for delay, if applicable.

Family or child illness
Family out of town
Other family obligations (e.g., court, medical appointments)
Family not available until after the deadline (e.g., work schedule)
Personal reasons (e.g., new baby, death in the family)
Family emergency
No show by family

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 receipt of services is defined in Alabama as the initiation of services or attempt to deliver services within 30 days of the service begin dates on the IFSP.

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

State monitoring

Describe the method used to select EIS programs for monitoring.

All AEIS programs are required to participate in a review annually. This scheduling process ensures that all AEIS programs are selected for onsite monitoring each year, and data are used in APR reporting for compliance indicators. AEIS randomly selects records for review based on demographics such as race, ethnicity, primary language, etc. Reviews are arranged annually based on mutually convenient dates and sites for the primary monitor, contracting agency liaisons, and program personnel. Schedules are arranged in advance of each fiscal year.

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
12	12	0	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.

AEIS issued 12 findings in 8 programs for Timely Services (AIDB Birmingham, ARC of Central Alabama, ARC of Walker County, Community Services Program, Marshall Jackson 310, Tri County, UCP Mobile, and United Ability). Within one year, all of these individual cases were verified as corrected and the programs were correctly implementing the regulatory requirements. The determination that compliance had been achieved was based on data reviews from the GIFTS database, a review of records, and the completion of the required action plans by the programs.

AIDB Birmingham's initial 1 finding was made on 1/24/23. Their action plan required them to submit 5 records completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved on 4/6/23.

ARC of Central Alabama's initial 1 finding was made on 5/10/23. Their action plan required them to submit 5 records that were completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved on 8/31/2023.

Arc of Walker County's initial 1 finding was made on 12/7/22. Their action plan required them to submit 3 records completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved on 2/21/23.

Community Services Program's initial 1 finding was made on 9/27/22. Their action plan required them to submit samples of records completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved on 1/10/23.

Marshall Jackson 310's initial 1 finding was made on 9/8/22. Their action plan required them to submit 3 records completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 1/10/23.

Tri County's initial 2 findings were made on 8/2/22. A follow-up review was held on 12/8/22 when 15 records were reviewed. All 15 of these records indicated services were provided within 30 days, and they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved on 12/8/22.

UCP Mobile's (FF/NJ/PSD) initial 1 finding was made on 2/28/23. Their action plan required them to submit samples of records completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved on 8/7/23. UCP Mobile's (Horizon/FT/BB) initial 1 finding was made on 2/10/23. Their action plan required them to submit samples of records completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved on 6/26/23.

United Ability's initial 3 findings were made on 4/18/23. Their action plan required them to participate in an additional on-site review within six months. This additional review took place on 9/12/2023, at which time the monitoring team reviewed 16 additional records for this component to ensure the program has identified, addressed, and resolved any root cause of noncompliance until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance.

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

AEIS issued 12 findings in 8 programs for Timely Services (AIDB Birmingham, ARC of Central Alabama, ARC of Walker County, Community Services Program, Marshall Jackson 310, Tri County, UCP Mobile, and United Ability.) These findings were determined to be individual instances of noncompliance and not a systemic issue (i.e., individual service coordinator issue). All 12 individual cases of noncompliance for Indicator 1 were found to be subsequently corrected. All 12 services were delivered, although late. Verification of correction of each instance of noncompliance (12 findings) was conducted through monitoring based on record reviews.

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

AEIS has provided information on the status of correction of noncompliance identified in FFY 2022, including the verification that each EIS program with noncompliance is correctly implementing the specific regulatory requirements (based on a review of updated data) and has corrected each individual case of noncompliance. Specific actions that were taken to verify the correction have been provided.

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	87.40%

FFY	2018	2019	2020	2021	2022
Target>=	99.00%	99.10%	99.10%	99.10%	99.10%
Data	99.53%	99.53%	99.94%	99.85%	99.73%

Targets

FFY	2023	2024	2025
Target >=	99.10%	99.10%	99.10%

Targets: Description of Stakeholder Input

During FFY 2023, broad stakeholder input was gathered to develop new state activities, revise the general supervision/monitoring system, revise the family survey process, develop an AEIS Handbook, and make recommendations as per the cost study to streamline funding mechanisms for EI service delivery. Input was gathered using a variety of methods, such as face-to-face meetings, virtual meetings, surveys, and website postings. Family and provider involvement included review of data related to the demographics of children referred and served, referral sources, number and demographics of family respondents and response rate on the AEIS Family Survey, SPP/APR compliance and performance results, and reimbursement rates.

Activities to build the capacity of diverse and representative groups included the addition of a new ICC member representing the homeless population and contact with the military and tribal populations for their participation. In addition, new parents were involved in providing input through collaboration with the Alabama PTI. These families had exited AEIS and were able to share ideas for new strategies for outreach and service delivery based on their experience. AEIS is also developing new materials for families to help them understand the system structure, AEIS philosophy and parent rights so that they will be able to provide informed input into system development.

1. At ICC meetings, system updates are provided with input regarding system improvements. During the year, 70 ICC members and stakeholders participated quarterly in ICC activities. Discussions included improvement strategies in surveying families to increase the response rate, suggestions to consider when making decisions based on the AEIS rate study results, strategies and commitments to enhance outreach through collaboration with existing agencies and programs, including the Department of Public Health and Medicaid. As a result of this input, AEIS has revised the family survey process, enhanced the data system for gathering data for billing purposes based on the new rate structure, disseminated detailed information about AEIS and EI services to the Alabama Association of Pediatrics, and included information on AEIS and services in Medicaid packets given to families. In addition, the ICC provided suggestions for training and family support. During the December 2024 meeting, ICC members approved the submission of the FFY 2023 SPP/APR in February 2025.

2. ICC subcommittees such as Personnel Preparation, Program Planning and Evaluation, Financial Planning and Public Awareness routinely (at least quarterly) discussed system initiatives.

The Public Awareness subcommittee, with 15 parent and provider members, reviewed data by county on numbers and demographics of children referred and served to identify underserved pockets in the state where targeted campaigns could increase awareness and referrals of diverse groups, which could lead to more diverse stakeholder involvement. As a result of this discussion, AEIS district councils and programs were able to target those underserved counties during the statewide PA initiative and identify referral sources from which high rates of inappropriate referrals were being made (e.g., Early Head Start and Department of Early Childhood Education childcare programs).

The Personnel Subcommittee, with 25 parent and provider members, along with the AEIS state team, the ICC and District TA sessions with providers statewide, developed the SFY 2024 CSPD. Discussions and input also occurred regarding embedding the COS data into the IFSP process. In addition, the AEIS Personnel Standards were updated with new training requirements (e.g., Child Outcome Summary Process and Developmental Specialist coursework).

The Program, Planning and Evaluation Subcommittee, with 15 parent and provider members, provided feedback and suggestions on the development of the new AEIS Handbook for providers, families, and other interested parties, revisions to the monitoring process and manual, embedding the COS into the IFSP, updates to the Service Coordinator Handbook, development of a standard program self-assessment tool, and implementation of SSIP activities.

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4. The AEIS Family Survey was disseminated to all families whose children had been enrolled in the system for 6 months or longer (2223 families). Family input was collected on all three OSEP outcomes, whether the RBI was conducted, service delivery based on routines, participation in the COS process, how well their child made progress in the 3 APR child outcome areas, and recommendations for improving the transition process.

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7. As part of a WestEd federal grant to implement the Collective Impact Model, AEIS had multiple meetings with stakeholders in a pilot site of four southeastern counties to develop recommendations for screening, making informed referrals, providing follow-up back to referral sources, methods to improve the child find infrastructure, policies, and practices. The Collective Impact Model is a framework for the development and execution of activities and strategies intended to improve community collaboration and use of culturally responsive screening practices for an efficient and effective child find system. As a result of this project, a structure was implemented for improving child outreach including a physician survey, professional training materials, and a scale-up tool kit.

8. District TAs are required of all providers and service coordinators annually. In FFY 2023, over 200 participants discussed and provided feedback on program self-assessment, new AEIS rates, public awareness/outreach, increasing family input, monitoring revisions, and suggested training (e.g., COS process, Routines-Based Model, ASD, and Infant/Early Childhood Mental Health).

9. A task group of university faculty and therapists met to develop methodology for training therapists statewide on AEIS evidence-based practices, functional evaluation, and COS participation.

10. AEIS has developed a system to gather input from service providers on the effectiveness of four required training activities to determine their ability to implement evidence-based practices and to identify barriers to implementation that can be addressed. The survey will be conducted 3 months post training and will assist in revisions to training strategies, content and follow-up.

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	4,521
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	4,531

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
4,521	4,531	99.73%	99.10%	99.78%	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

During FFY 2023, broad stakeholder input was gathered to develop new state activities, revise the general supervision/monitoring system, revise the family survey process, develop an AEIS Handbook, and make recommendations as per the cost study to streamline funding mechanisms for EI service delivery. Input was gathered using a variety of methods, such as face-to-face meetings, virtual meetings, surveys, and website postings. Family and provider involvement included review of data related to the demographics of children referred and served, referral sources, number and demographics of family respondents and response rate on the AEIS Family Survey, SPP/APR compliance and performance results, and reimbursement rates.

Activities to build the capacity of diverse and representative groups included the addition of a new ICC member representing the homeless population and contact with the military and tribal populations for their participation. In addition, new parents were involved in providing input through collaboration with the Alabama PTI. These families had exited AEIS and were able to share ideas for new strategies for outreach and service delivery based on their experience. AEIS is also developing new materials for families to help them understand the system structure, AEIS philosophy and parent rights so that they will be able to provide informed input into system development.

1. At ICC meetings, system updates are provided with input regarding system improvements. During the year, 70 ICC members and stakeholders participated quarterly in ICC activities. Discussions included improvement strategies in surveying families to increase the response rate, suggestions to consider when making decisions based on the AEIS rate study results, strategies and commitments to enhance outreach through collaboration with existing agencies and programs, including the Department of Public Health and Medicaid. As a result of this input, AEIS has revised the family survey process, enhanced the data system for gathering data for billing purposes based on the new rate structure, disseminated detailed information about AEIS and EI services to the Alabama Association of Pediatrics, and included information on AEIS and services in Medicaid packets given to families. In addition, the ICC provided suggestions for training and family support. During the December 2024 meeting, ICC members approved the submission of the FFY 2023 SPP/APR in February 2025.

2. ICC subcommittees such as Personnel Preparation, Program Planning and Evaluation, Financial Planning and Public Awareness routinely (at least quarterly) discussed system initiatives.

The Public Awareness subcommittee, with 15 parent and provider members, reviewed data by county on numbers and demographics of children referred and served to identify underserved pockets in the state where targeted campaigns could increase awareness and referrals of diverse groups, which could lead to more diverse stakeholder involvement. As a result of this discussion, AEIS district councils and programs were able to target those underserved counties during the statewide PA initiative and identify referral sources from which high rates of inappropriate referrals were being made (e.g., Early Head Start and Department of Early Childhood Education childcare programs).

The Personnel Subcommittee, with 25 parent and provider members, along with the AEIS state team, the ICC and District TA sessions with providers statewide, developed the SFY 2024 CSPD. Discussions and input also occurred regarding embedding the COS data into the IFSP process. In addition, the AEIS Personnel Standards were updated with new training requirements (e.g., Child Outcome Summary Process and Developmental Specialist coursework).

The Program, Planning and Evaluation Subcommittee, with 15 parent and provider members, provided feedback and suggestions on the development of the new AEIS Handbook for providers, families, and other interested parties, revisions to the monitoring process and manual, embedding the COS into the IFSP, updates to the Service Coordinator Handbook, development of a standard program self-assessment tool, and implementation of SSIP activities.

The Financial Planning Subcommittee, with 15 parent and provider members, along with task groups and ICC, focused on the rate study and provided input/data for its implementation using a new electronic system for documentation and billing. In addition, CIFR provided ongoing technical assistance on financial requirements and activities.

3. Provider surveys were conducted to gather input for TA and training in the Child Outcome Summary process, AEIS system implementation, family input process, and service coordinator supports. Results were used in developing structured training on conducting the COS process with fidelity, revising the family survey process, and revising the AEIS Handbook.

4. The AEIS Family Survey was disseminated to all families whose children had been enrolled in the system for 6 months or longer (2223 families). Family input was collected on all three OSEP outcomes, whether the RBI was conducted, service delivery based on routines, participation in the COS process, how well their child made progress in the 3 APR child outcome areas, and recommendations for improving the transition process.

5. A quarterly newsletter was routinely disseminated providing information to stakeholders statewide and requesting input on improvement activities, child progress strategies, family involvement, proposed changes to procedures such as general supervision/monitoring, service coordinator handbook, changes to the AEIS Personnel Standards, and financial planning. In FFY 2023, 48 EIS programs received the newsletter and shared it with all providers and families. The newsletter included state contacts for use in seeking information and support.

6. Seven AEIS District Councils provided suggestions for public awareness initiatives. These councils, along with the Public Awareness subcommittee, reviewed data on numbers served by demographic groups within all counties in the state. This enabled the councils to conduct outreach activities within counties of underserved populations.

7. As part of a WestEd federal grant to implement the Collective Impact Model, AEIS had multiple meetings with stakeholders in a pilot site of four southeastern counties to develop recommendations for screening, making informed referrals, providing follow-up back to referral sources, methods to improve the child find infrastructure, policies, and practices. The Collective Impact Model is a framework for the development and execution of activities and strategies intended to improve community collaboration and use of culturally responsive screening practices for an efficient and effective child find system. As a result of this project, a structure was implemented for improving child outreach including a physician survey, professional training materials, and a scale-up tool kit.

8. District TAs are required of all providers and service coordinators annually. In FFY 2023, over 200 participants discussed and provided feedback on

program self-assessment, new AEIS rates, public awareness/outreach, increasing family input, monitoring revisions, and suggested training (e.g., COS process, Routines-Based Model, ASD, and Infant/Early Childhood Mental Health).

9. A task group of university faculty and therapists met to develop methodology for training therapists statewide on AEIS evidence-based practices, functional evaluation, and COS participation.

10. AEIS has developed a system to gather input from service providers on the effectiveness of four required training activities to determine their ability to implement evidence-based practices and to identify barriers to implementation that can be addressed. The survey will be conducted 3 months post training and will assist in revisions to training strategies, content and follow-up.

Historical Data

Outcome	Baseline	FFY	2018	2019	2020	2021	2022
A1	2021	Target>=	71.60%	71.70%	72.09%	81.45%	82.00%
A1	81.45%	Data	78.64%	80.68%	81.72%	81.45%	83.19%
A2	2021	Target>=	73.50%	73.60%	73.60%	50.90%	51.00%
A2	50.90%	Data	59.13%	55.29%	50.81%	50.93%	51.26%
B1	2021	Target>=	80.10%	80.20%	80.59%	85.57%	86.00%
B1	85.57%	Data	83.54%	85.68%	86.69%	85.57%	86.97%
B2	2021	Target>=	57.10%	57.20%	57.20%	40.96%	41.10%
B2	40.96%	Data	48.92%	44.17%	40.61%	40.96%	42.37%
C1	2021	Target>=	80.60%	80.70%	81.09%	83.86%	84.00%
C1	83.86%	Data	82.12%	83.16%	83.78%	83.86%	84.69%
C2	2021	Target>=	75.30%	75.40%	75.40%	49.20%	49.30%
C2	49.20%	Data	58.95%	54.89%	49.33%	49.24%	50.54%

Targets

FFY	2023	2024	2025
Target A1>=	82.10%	82.20%	82.30%
Target A2>=	51.10%	51.20%	51.30%
Target B1>=	86.10%	86.20%	86.30%
Target B2>=	41.20%	41.30%	41.40%
Target C1>=	84.10%	84.20%	84.30%
Target C2>=	49.40%	49.50%	49.60%

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	66	1.92%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	591	17.17%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1,234	35.84%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,144	33.23%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	408	11.85%

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	2,378	3,035	83.19%	82.10%	78.35%	Did not meet target	Slippage

Outcome A	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
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							
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	1,552	3,443	51.26%	51.10%	45.08%	Did not meet target	Slippage

Provide reasons for A1 slippage, if applicable

Although there was slippage for 3A1, AEIS far exceeded the national average for this indicator (national average = 63.68%; AEIS = 78.3%). Slippage may be attributed to child regression due to diagnosed conditions (e.g., hearing loss, Down syndrome, autism and medical issues) and inadequate implementation of the Child Outcome Summary process (COS). Specific examples include the following:

1. There is inadequate understanding of the COS process and the methods for scoring by service coordinators, families and team members
2. Families feel unqualified to make decisions about their child's progress for COS participation
3. Families do not understand the difference between the OSEP child outcomes and the outcomes on their IFSPs
4. Families have a lack of knowledge of typical child development for comparison of their child to same age peers

Extensive training and focused technical assistance have been planned for FFY 2024 to address this competency issue and will continue as mandatory.

National averages were obtained from the 2024 IDEA SPP/APR Indicator Analysis as published by OSEP.

Provide reasons for A2 slippage, if applicable

Slippage may be attributed to child regression due to diagnosed conditions (e.g., hearing loss, Down syndrome, autism and medical issues) and inadequate implementation of the Child Outcome Summary process (COS). Specific examples include the following:

1. There is inadequate understanding of the COS process and the methods for scoring by service coordinators, families and team members
2. Families feel unqualified to make decisions about their child's progress for COS participation
3. Families do not understand the difference between the OSEP child outcomes and the outcomes on their IFSPs
4. Families have a lack of knowledge of typical child development for comparison of their child to same age peers

Extensive training and focused technical assistance have been planned for FFY 2024 to address this competency issue and will continue as mandatory.

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	44	1.28%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	474	13.77%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1,643	47.72%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,162	33.75%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	120	3.49%

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	2,805	3,323	86.97%	86.10%	84.41%	Did not meet target	Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	1,282	3,443	42.37%	41.20%	37.23%	Did not meet target	Slippage

Provide reasons for B1 slippage, if applicable

Although there was slippage for 3B1, AEIS far exceeded the national average for this indicator (national average = 68.67%; AEIS = 84.4%). Slippage may be attributed to child regression due to diagnosed conditions (e.g., hearing loss, Down syndrome, autism and medical issues) and inadequate implementation of the Child Outcome Summary process (COS). Specific examples include the following:

1. There is inadequate understanding of the COS process and the methods for scoring by service coordinators, families and team members
2. Families feel unqualified to make decisions about their child's progress for COS participation
3. Families do not understand the difference between the OSEP child outcomes and the outcomes on their IFSPs
4. Families have a lack of knowledge of typical child development for comparison of their child to same age peers

Extensive training and focused technical assistance have been planned for FFY 2024 to address this competency issue and will continue as mandatory.

National averages were obtained from the 2024 IDEA SPP/APR Indicator Analysis as published by OSEP.

Provide reasons for B2 slippage, if applicable

Slippage may be attributed to child regression due to diagnosed conditions (e.g., hearing loss, Down syndrome, autism and medical issues) and inadequate implementation of the Child Outcome Summary process (COS). Specific examples include the following:

1. There is inadequate understanding of the COS process and the methods for scoring by service coordinators, families and team members
2. Families feel unqualified to make decisions about their child's progress for COS participation
3. Families do not understand the difference between the OSEP child outcomes and the outcomes on their IFSPs
4. Families have a lack of knowledge of typical child development for comparison of their child to same age peers

Extensive training and focused technical assistance have been planned for FFY 2024 to address this competency issue and will continue as mandatory.

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	57	1.66%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	557	16.18%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1,275	37.03%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,297	37.67%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	257	7.46%

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	2,572	3,186	84.69%	84.10%	80.73%	Did not meet target	Slippage
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	1,554	3,443	50.54%	49.40%	45.14%	Did not meet target	Slippage

Provide reasons for C1 slippage, if applicable

Although there was slippage for 3C1, AEIS far exceeded the national average for this indicator (national average = 69.38%; AEIS = 80.8%). Slippage may be attributed to child regression due to diagnosed conditions (e.g., hearing loss, Down syndrome, autism and medical issues) and inadequate implementation of the Child Outcome Summary process (COS). Specific examples include the following:

1. There is inadequate understanding of the COS process and the methods for scoring by service coordinators, families and team members
2. Families feel unqualified to make decisions about their child's progress for COS participation
3. Families do not understand the difference between the OSEP child outcomes and the outcomes on their IFSPs
4. Families have a lack of knowledge of typical child development for comparison of their child to same age peers

Extensive training and focused technical assistance have been planned for FFY 2024 to address this competency issue and will continue as mandatory.

National averages were obtained from the 2024 IDEA SPP/APR Indicator Analysis as published by OSEP.

Provide reasons for C2 slippage, if applicable

Slippage may be attributed to child regression due to diagnosed conditions (e.g., hearing loss, Down syndrome, autism and medical issues) and inadequate implementation of the Child Outcome Summary process (COS). Specific examples include the following:

1. There is inadequate understanding of the COS process and the methods for scoring by service coordinators, families and team members
2. Families feel unqualified to make decisions about their child's progress for COS participation
3. Families do not understand the difference between the OSEP child outcomes and the outcomes on their IFSPs
4. Families have a lack of knowledge of typical child development for comparison of their child to same age peers

Extensive training and focused technical assistance have been planned for FFY 2024 to address this competency issue and will continue as mandatory.

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	4,564
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.	1,127
Number of infants and toddlers with IFSPs assessed	3,443

Sampling Question	Yes / No
Was sampling used?	NO

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

YES

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

Documentation used in gathering data:

Routines-based interviews

Parent Observation of child in home/natural environment

Service Provider Notes from service delivery visits and documentation of progress

Concerns/Outcomes identified on IFSP reviews

EI provider(s) observations or progress notes

Non-EI service provider observations such as child care provider

Evaluation/Assessment results

Tool(s) that help inform the decision:

ASQ

ASQ-SE

BDI

DAYC

E-LAP

IDA

SEAM

PLS

Rosetti

REEL

DOCS

ELM

PDMS

BSID

DP

How information was acquired from the parents on their child's functioning:

Parent report during IFSP meetings and 6 month reviews

Parent report in conducting assessment(s)

Voluntary Family Assessment (Routines-Based Interview)

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 = $\left[\frac{\text{(\# of respondent families participating in Part C who report that early intervention services have helped the family know their rights)}}{\text{(\# of respondent families participating in Part C)}} \right] \times 100$.
- B. Percent = $\left[\frac{\text{(\# of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs)}}{\text{(\# of respondent families participating in Part C)}} \right] \times 100$.
- C. Percent = $\left[\frac{\text{(\# of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn)}}{\text{(\# of respondent families participating in Part C)}} \right] \times 100$.

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>=	99.10%	99.20%	99.21%	99.22%	99.23%
A	94.50 %	Data	98.92%	99.10%	98.70%	96.28%	98.51%
B	2006	Target>=	95.60%	95.70%	95.71%	95.72%	95.73%
B	95.40 %	Data	95.35%	98.65%	94.30%	96.45%	96.45%
C	2006	Target>=	99.00%	99.10%	99.11%	99.12%	99.13%
C	98.00 %	Data	99.09%	99.09%	95.60%	95.98%	97.51%

Targets

FFY	2023	2024	2025
Target A>=	99.24%	99.25%	99.26%
Target B>=	95.74%	95.75%	95.76%
Target C>=	99.14%	99.15%	99.16%

Targets: Description of Stakeholder Input

During FFY 2023, broad stakeholder input was gathered to develop new state activities, revise the general supervision/monitoring system, revise the family survey process, develop an AEIS Handbook, and make recommendations as per the cost study to streamline funding mechanisms for EI service delivery. Input was gathered using a variety of methods, such as face-to-face meetings, virtual meetings, surveys, and website postings. Family and provider involvement included review of data related to the demographics of children referred and served, referral sources, number and demographics of family respondents and response rate on the AEIS Family Survey, SPP/APR compliance and performance results, and reimbursement rates.

Activities to build the capacity of diverse and representative groups included the addition of a new ICC member representing the homeless population and contact with the military and tribal populations for their participation. In addition, new parents were involved in providing input through collaboration with the Alabama PTI. These families had exited AEIS and were able to share ideas for new strategies for outreach and service delivery based on their experience. AEIS is also developing new materials for families to help them understand the system structure, AEIS philosophy and parent rights so that they will be able to provide informed input into system development.

1. At ICC meetings, system updates are provided with input regarding system improvements. During the year, 70 ICC members and stakeholders participated quarterly in ICC activities. Discussions included improvement strategies in surveying families to increase the response rate, suggestions to consider when making decisions based on the AEIS rate study results, strategies and commitments to enhance outreach through collaboration with existing agencies and programs, including the Department of Public Health and Medicaid. As a result of this input, AEIS has revised the family survey process, enhanced the data system for gathering data for billing purposes based on the new rate structure, disseminated detailed information about AEIS and EI services to the Alabama Association of Pediatrics, and included information on AEIS and services in Medicaid packets given to families. In addition, the ICC provided suggestions for training and family support. During the December 2024 meeting, ICC members approved the submission of the FFY 2023 SPP/APR in February 2025.

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and strategies intended to improve community collaboration and use of culturally responsive screening practices for an efficient and effective child find system. As a result of this project, a structure was implemented for improving child outreach including a physician survey, professional training materials, and a scale-up tool kit.

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9. A task group of university faculty and therapists met to develop methodology for training therapists statewide on AEIS evidence-based practices, functional evaluation, and COS participation.

10. AEIS has developed a system to gather input from service providers on the effectiveness of four required training activities to determine their ability to implement evidence-based practices and to identify barriers to implementation that can be addressed. The survey will be conducted 3 months post training and will assist in revisions to training strategies, content and follow-up.

FFY 2023 SPP/APR Data

The number of families to whom surveys were distributed	1,487
Number of respondent families participating in Part C	492
Survey Response Rate	33.09%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	482
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	492
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	482
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	492
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	478
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	492

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)	98.51%	99.24%	97.97%	Did not meet target	No Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)	96.45%	95.74%	97.97%	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)	97.51%	99.14%	97.15%	Did not meet target	No Slippage

Sampling Question	Yes / No
Was sampling used?	NO

Question	Yes / No
Was a collection tool used?	YES
If yes, is it a new or revised collection tool?	YES
If your collection tool has changed, upload it here.	Family_Survey_2024 FINAL 1-29-24

Response Rate

FFY	2022	2023
Survey Response Rate	44.17%	33.09%

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

The representativeness metric used was +/- 5% discrepancy.

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.

Utilizing the ECTA Representativeness Calculator, it was determined that the Hispanic population was underrepresented by 6.57% as compared to the Part C population enrolled in AEIS. Primary language and race of survey respondents was determined to be representative.

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

NO

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

Strategies to be implemented include tasking Service Coordinators with assisting Hispanic families to complete the survey in Spanish via the hard copy format. In addition, more live interviews will be conducted by the survey team targeting the Hispanic population.

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

For the online survey, a QR code will be provided to families for easier access to the survey site. For families who don't have access to the online site, an emphasis will be placed on service coordinators directly helping them complete a hard copy format.

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.

The overall response rate was 33.09%. In an analysis of survey data, it was determined that the distribution of surveys was not representative of the overall state demographics (as per census data) for the black and white populations. The black population was overrepresented in the distribution and the white population was underrepresented based on a +/- 1% metric.

The delivery method also impacted the responses. Of the 2223 families in the survey pool, only 61% had emails in order to receive the online survey link and 10% of the emails distributed were undeliverable. Follow up surveys were mailed with only a 6% return rate.

In order to address bias, attention to delivery methods and support in completing the survey should occur. The intent will be to reduce any bias against individuals without email/internet, those requiring more assistance in completing the survey, and in the representativeness of the pool of families surveyed. In FFY 2023, all families who had been in the system for 6 months or longer were selected to be surveyed. For FFY 2024, this pool will be increased to include all families who have been in the system for at least 3 months. In addition, more direct interviews with families will be conducted, in particular within those groups who are deemed unrepresented. Moreover, additional data will be collected in FFY 2024 for a more detailed analysis of response bias.

Provide additional information about this indicator (optional).

Although AEIS did not meet its target on 4A and 4C, it is note worthy that AEIS exceeded the national averages for Indicators 4A, 4B, and 4C as follows:

4A (National average = 90.5%; AEIS = 93.9%)

4B (National average = 91.2%; AEIS = 97.9%)

4C (National average = 92.0%; AEIS = 95.8%)

National averages were obtained from the 2024 IDEA SPP/APR Indicator Analysis as published by OSEP.

4 - Prior FFY Required Actions

None

4 - OSEP Response

The State did not analyze the response rate to identify potential nonresponse bias, as required by the Measurement Table.

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 EDFacts Metadata and Process System (EMAPS)) and Census (for the denominator).

Measurement

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

Instructions

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

Describe the results of the calculations. 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
2005	0.50%

FFY	2018	2019	2020	2021	2022
Target >=	0.64%	0.65%	0.68%	0.71%	0.74%
Data	0.69%	0.74%	0.83%	0.79%	0.71%

Targets

FFY	2023	2024	2025
Target >=	0.77%	0.80%	0.83%

Targets: Description of Stakeholder Input

During FFY 2023, broad stakeholder input was gathered to develop new state activities, revise the general supervision/monitoring system, revise the family survey process, develop an AEIS Handbook, and make recommendations as per the cost study to streamline funding mechanisms for EI service delivery. Input was gathered using a variety of methods, such as face-to-face meetings, virtual meetings, surveys, and website postings. Family and provider involvement included review of data related to the demographics of children referred and served, referral sources, number and demographics of family respondents and response rate on the AEIS Family Survey, SPP/APR compliance and performance results, and reimbursement rates.

Activities to build the capacity of diverse and representative groups included the addition of a new ICC member representing the homeless population and contact with the military and tribal populations for their participation. In addition, new parents were involved in providing input through collaboration with the Alabama PTI. These families had exited AEIS and were able to share ideas for new strategies for outreach and service delivery based on their experience. AEIS is also developing new materials for families to help them understand the system structure, AEIS philosophy and parent rights so that they will be able to provide informed input into system development.

1. At ICC meetings, system updates are provided with input regarding system improvements. During the year, 70 ICC members and stakeholders participated quarterly in ICC activities. Discussions included improvement strategies in surveying families to increase the response rate, suggestions to consider when making decisions based on the AEIS rate study results, strategies and commitments to enhance outreach through collaboration with existing agencies and programs, including the Department of Public Health and Medicaid. As a result of this input, AEIS has revised the family survey process, enhanced the data system for gathering data for billing purposes based on the new rate structure, disseminated detailed information about AEIS and EI services to the Alabama Association of Pediatrics, and included information on AEIS and services in Medicaid packets given to families. In addition, the ICC provided suggestions for training and family support. During the December 2024 meeting, ICC members approved the submission of the FFY 2023 SPP/APR in February 2025.

2. ICC subcommittees such as Personnel Preparation, Program Planning and Evaluation, Financial Planning and Public Awareness routinely (at least quarterly) discussed system initiatives.

The Public Awareness subcommittee, with 15 parent and provider members, reviewed data by county on numbers and demographics of children referred and served to identify underserved pockets in the state where targeted campaigns could increase awareness and referrals of diverse groups, which could lead to more diverse stakeholder involvement. As a result of this discussion, AEIS district councils and programs were able to target those underserved counties during the statewide PA initiative and identify referral sources from which high rates of inappropriate referrals were being made

(e.g., Early Head Start and Department of Early Childhood Education childcare programs).

The Personnel Subcommittee, with 25 parent and provider members, along with the AEIS state team, the ICC and District TA sessions with providers statewide, developed the SFY 2024 CSPD. Discussions and input also occurred regarding embedding the COS data into the IFSP process. In addition, the AEIS Personnel Standards were updated with new training requirements (e.g., Child Outcome Summary Process and Developmental Specialist coursework).

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7. As part of a WestEd federal grant to implement the Collective Impact Model, AEIS had multiple meetings with stakeholders in a pilot site of four southeastern counties to develop recommendations for screening, making informed referrals, providing follow-up back to referral sources, methods to improve the child find infrastructure, policies, and practices. The Collective Impact Model is a framework for the development and execution of activities and strategies intended to improve community collaboration and use of culturally responsive screening practices for an efficient and effective child find system. As a result of this project, a structure was implemented for improving child outreach including a physician survey, professional training materials, and a scale-up tool kit.

8. District TAs are required of all providers and service coordinators annually. In FFY 2023, over 200 participants discussed and provided feedback on program self-assessment, new AEIS rates, public awareness/outreach, increasing family input, monitoring revisions, and suggested training (e.g., COS process, Routines-Based Model, ASD, and Infant/Early Childhood Mental Health).

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10. AEIS has developed a system to gather input from service providers on the effectiveness of four required training activities to determine their ability to implement evidence-based practices and to identify barriers to implementation that can be addressed. The survey will be conducted 3 months post training and will assist in revisions to training strategies, content and follow-up.

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	460
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	57,885

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
460	57,885	0.71%	0.77%	0.79%	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	1.39%

FFY	2018	2019	2020	2021	2022
Target >=	1.78%	1.79%	1.86%	1.93%	2.00%
Data	2.08%	2.20%	2.03%	2.33%	2.53%

Targets

FFY	2023	2024	2025
Target >=	2.07%	2.14%	2.21%

Targets: Description of Stakeholder Input

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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	4,531
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	174,310

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
4,531	174,310	2.53%	2.07%	2.60%	Met target	No Slippage

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

AEIS examined data on referrals birth to three and eligibility for FFY 2023. The percentage of referrals resulting in eligibility was 44% compared to FFY 2022 which was 43% and FFY 2021 which was 42%. This indicates a slight increase in the number of children referred being found eligible for services.

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 = $\left[\frac{\text{\# of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline}}{\text{\# of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted}} \right] \times 100$.

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	98.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	99.26%	100.00%	99.55%	99.58%	99.03%

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
625	732	99.03%	100%	94.54%	Did not meet target	Slippage

Provide reasons for slippage, if applicable.

Slippage may be attributed overall to Service Coordinator turnover and a high number of referrals. In addition, specific instances included data entry errors, technical issues with data entry, service coordinator workload, holiday and inclement weather cancellations, service coordinator illness and emergencies, and clerical errors.

We may need to beef this up. We went from 5 findings last year to 40 findings this year.

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.

67

Provide reasons for delay, if applicable.

Reasons for delays on the part of the programs included:

Provider illness
Personnel shortage
Lack of providers
Service Coordinator error

Reasons for delay related to exceptional family circumstances included:

Family or child illness
Family out of town
Other family obligations (e.g., court, medical appointments)
Family not available until after the deadline (e.g., work schedule)
Personal reasons (e.g., new baby, death in family)
Family emergency
No show by family
Inclement weather

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

State monitoring

Describe the method used to select EIS programs for monitoring.

All AEIS programs are required to participate in a review annually. AEIS randomly selects records for review based on demographics such as race, ethnicity, primary language, etc. This scheduling process ensures that all AEIS programs are selected for onsite monitoring each year, and data are used in APR reporting for compliance indicators. Reviews are arranged annually based on mutually convenient dates and sites for the primary monitor, contracting agency liaisons, and program personnel. Schedules are arranged in advance of each fiscal year.

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
5	5	0	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.

AEIS issued a total of 5 findings in 3 programs for Indicator 7 (Children R Us, Community Services Program, and UCP Mobile (Horizon).) All 5 of these findings were verified as corrected within one year and were correctly implementing the regulatory requirements as verified through follow-up record reviews and completion of the assigned action plan. The monitoring team reviewed the reasons for the 5 findings of noncompliance and determined that they were service coordinator issues that were not systemic in nature.

Children R Us' initial 2 findings were made on 11/14/22. Their action plan required them to submit 3 records completed after the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 3/17/23.

Community Services Program's initial 2 findings were made on 9/27/22. Their action plan required them to submit 3 records that were completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved on 1/10/23.

UCP Mobile-Horizon's initial 1 finding was issued on 3/10/23. Their action plan required them to submit 3 records that were completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 8/30/23.

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

AEIS issued a total of 5 findings in 3 programs (Children R Us, Community Services Program, and UCP Mobile (Horizon).) All 5 of these cases were determined eligible, and their IFSPs were developed, although late, so compliance for the individual cases was re-established at the time of the record reviews. Each individual record of noncompliance was reviewed to ensure that the IFSP for the individual child and family was developed appropriately. These were determined to be individual instances of noncompliance and not a systemic issue. It was determined that each individual case (5 findings) of noncompliance was 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

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

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

AEIS has provided information on the status of correction of noncompliance identified in FFY 2022, including the verification that each EIS program with noncompliance is correctly implementing the specific regulatory requirements (based on a review of updated data) and has corrected each individual case of noncompliance. Specific actions that were taken to verify the correction have been provided.

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

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.

8A - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	98.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	93.89%	98.65%	89.04%	88.50%	99.03%

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
263	288	99.03%	100%	91.67%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

Slippage can be attributed to difficulty in scheduling planning meetings with families. Families don't understand why planning must occur at 27 months and are reluctant to do so. Other reasons include service coordinators not calculating the due dates correctly and large caseloads impacting scheduling.

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.

1

Provide reasons for delay, if applicable.

Reasons for delay related to the program included:

Service Coordinator illness

Service Coordinator miscalculation of transition timeline

Personnel shortage

New Service Coordinator not fully understanding the timelines

Reasons for delay related to exceptional family circumstances included:

Family or child illness

Family out of town

Other family obligations (e.g., court, medical appointments)

Family not available until after the deadline (e.g., work schedule)

Personal reasons (e.g., new baby, death in family)

Family emergency

No show by family

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

State monitoring

Describe the method used to select EIS programs for monitoring.

All AEIS programs are required to participate in a review annually. AEIS randomly selects records for review based on demographics such as race, ethnicity, primary language, etc. This scheduling process ensures that all programs are selected for a monitoring each year and data is used in APR reporting for compliance indicators. Reviews are arranged annually based on mutually convenient dates and sites for primary monitor, contracting agency liaisons and program personnel. Schedules are arranged in advance of each fiscal year.

Provide additional information about this indicator (optional).

While completing the FY23-24 APR, it was determined that data entered into EMaps for FY22-23 for Indicator 8a was incorrect. The totals for Indicator 7 were mistakenly used for 8a. There were a total of 33 findings for Indicator 8a, not 5.

FY22 APR SHOULD be:

Number of children exiting Part C who have an IFSP with transition steps and services-299 Number of toddlers with disabilities exiting Part C-332 FFY 2021 Data-88.50% FFY 2022 Target-100% FFY 2022 Data-90.01%

Number of documented delays attributable to exceptional family circumstances

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

0

Provide reasons for delay, if applicable.

NA

It should NOT be:

Number of children exiting Part C who have an IFSP with transition steps and services-480 Number of toddlers with disabilities exiting Part C-516 FFY 2021 Data-88.50% FFY 2022 Target-100% FFY 2022 Data-99.03 Status-Did not meet target Slippage-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.

31

Provide reasons for delay, if applicable.

Reasons for delays on the part of the programs included:

Service Coordinator illness

Service Coordinator miscalculation of transition timeline

Personnel shortage

COVID

Reasons for delay related to exceptional family circumstances included:

Family or child illness

Family out of town

Other family obligations (e.g., court, medical appointments)

Family not available until after the deadline (e.g., work schedule)

Personal reasons (e.g., new baby, death in family)

Family emergency

No show by family

Inclement weather

COVID

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
33	33	0	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*.

AEIS issued a total of 33 findings across 15 programs for timely transition plan (AIDB Birmingham, AIDB Huntsville, AIDB Mobile, AIDB Montgomery, Arc of Central Alabama, Arc of Shelby County, Arc of Walker County, Children R Us, Community Services Program, Marshall Jackson 310, NCA-MRA, UCP East Central, UCP Mobile, United Ability, and Valley Haven). Within one year of the findings, all 33 of the individual cases were verified as corrected as per additional record reviews, data reviews, and achievement of their action plan. It was subsequently determined that the programs were correctly implementing the regulatory requirements.

AIDB Birmingham's initial 4 findings were made on 1/24/23. Their action plan required them to submit 5 transition plans completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 4/6/23.

AIDB Huntsville's initial 1 finding was made on 1/24/23. Their action plan required them to submit 3 transition plans completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 1/12/23.

AIDB Mobile's initial 1 finding was made on 6/29/23. Their action plan required them to submit 5 transition plans completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance, which was achieved on 11/27/23.

AIDB Montgomery's initial 2 findings were made on 3/13/23. Their action plan required them to submit 3 transition plans completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 4/6/23.

Arc of Central AL's initial 1 finding was made on 5/10/23. Their action plan required them to submit 5 transition plans completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 8/8/23.

Arc of Shelby County's initial 1 finding was made on 11/8/22. Their action plan required them to submit 5 transition plans completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 1/5/23.

Arc of Walker County's initial 3 findings were made on 12/7/22. Their action plan required them to submit 3 transition plans completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 2/21/23.

Children R Us' initial 2 findings were made on 11/14/22. Their action plan required them to submit 5 transition plans completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 3/17/23.

Community Services Program's initial 1 finding was made on 9/27/22. Their action plan required them to submit 3 transition plans completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 1/10/23.

Marshall Jackson 310's initial 1 finding was made on 9/8/22. Their action plan required them to submit 3 transition plans completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 1/10/23.

NCA MRA's initial 1 finding was made on 5/16/23. Their action plan required them to submit 4 transition plans completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 7/25/23.

UCP East Central's initial 3 findings were made on 1/11/23. Their action plan required them to submit 3 transition plans completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 1/26/23.

UCP Mobile's (FF/NJ/PSD) initial 1 finding was made on 2/28/23 and UCP Mobile's (Horizon/FT/BB) initial 2 findings were made on 2/10/23. Their action plan required them to submit 3 transition plans completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 8/7/23.

United Ability's initial 5 findings were made on 4/18/23. Their action plan required them to submit 16 transition plans completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 10/4/23.

Valley Haven's initial 1 finding was made on 10/25/22. Their action plan required them to submit 3 transition plans completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 2/2/23.

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

AEIS issued a total of 33 findings across 15 programs (AIDB Birmingham, AIDB Huntsville, AIDB Mobile, AIDB Montgomery, Arc of Central Alabama, Arc of Shelby County, Arc of Walker County, Children R Us, Community Services Program, Marshall Jackson 310, NCA-MRA, UCP East Central, UCP Mobile, United Ability, and Valley Haven.) Within one year of the findings, all of the 33 individual cases were verified as corrected as per additional record reviews, data reviews, and achievement of their action plan. These were determined to be individual instances of noncompliance and not a systemic issue. Each program that had findings of noncompliance was either brought back into compliance at the monitoring review (transition plan written, although late) or they were issued an action plan that included assurances that the program would address the issue and subsequently meet regulatory requirements. Verification of correction of each instance of noncompliance was conducted through monitoring based on a review of updated data and records. Each individual instance of noncompliance was reviewed by the monitoring team and was determined to have been addressed by the programs.

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

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. 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

AEIS has provided information on the status of correction of noncompliance identified in FFY 2022, including the verification that each EIS program with noncompliance is correctly implementing the specific regulatory requirements (based on a review of updated data) and has corrected each individual case of noncompliance. Specific actions that were taken to verify the correction have been provided.

AEIS issued a total of 33 findings across 15 programs for timely transition plan (AIDB Birmingham, AIDB Huntsville, AIDB Mobile, AIDB Montgomery, Arc of Central Alabama, Arc of Shelby County, Arc of Walker County, Children R Us, Community Services Program, Marshall Jackson 310, NCA-MRA, UCP East Central, UCP Mobile, United Ability, and Valley Haven). Within one year of the findings, all 33 of the individual cases were verified as corrected as per additional record reviews, data reviews, and achievement of their action plan. It was subsequently determined that the programs were correctly implementing the regulatory requirements.

AIDB Birmingham's initial 4 findings were made on 1/24/23. Their action plan required them to submit 5 transition plans completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 4/6/23.

AIDB Huntsville's initial 1 finding was made on 1/24/23. Their action plan required them to submit 3 transition plans completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 1/12/23.

AIDB Mobile's initial 1 finding was made on 6/29/23. Their action plan required them to submit 5 transition plans completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance, which was achieved on 11/27/23.

AIDB Montgomery's initial 2 findings were made on 3/13/23. Their action plan required them to submit 3 transition plans completed following the

monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 4/6/23.

Arc of Central AL's initial 1 finding was made on 5/10/23. Their action plan required them to submit 5 transition plans completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 8/8/23.

Arc of Shelby County's initial 1 finding was made on 11/8/22. Their action plan required them to submit 5 transition plans completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 1/5/23.

Arc of Walker County's initial 3 findings were made on 12/7/22. Their action plan required them to submit 3 transition plans completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 2/21/23.

Children R Us' initial 2 findings were made on 11/14/22. Their action plan required them to submit 5 transition plans completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 3/17/23.

Community Services Program's initial 1 finding was made on 9/27/22. Their action plan required them to submit 3 transition plans completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 1/10/23.

Marshall Jackson 310's initial 1 finding was made on 9/8/22. Their action plan required them to submit 3 transition plans completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 1/10/23.

NCA MRA's initial 1 finding was made on 5/16/23. Their action plan required them to submit 4 transition plans completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 7/25/23.

UCP East Central's initial 3 findings were made on 1/11/23. Their action plan required them to submit 3 transition plans completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 1/26/23.

UCP Mobile's (FF/NJ/PSD) initial 1 finding was made on 2/28/23 and UCP Mobile's (Horizon/FT/BB) initial 2 findings were made on 2/10/23. Their action plan required them to submit 3 transition plans completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 8/7/23.

United Ability's initial 5 findings were made on 4/18/23. Their action plan required them to submit 16 transition plans completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 10/4/23.

Valley Haven's initial 1 finding was made on 10/25/22. Their action plan required them to submit 3 transition plans completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 2/2/23.

AEIS issued a total of 33 findings across 15 programs (AIDB Birmingham, AIDB Huntsville, AIDB Mobile, AIDB Montgomery, Arc of Central Alabama, Arc of Shelby County, Arc of Walker County, Children R Us, Community Services Program, Marshall Jackson 310, NCA-MRA, UCP East Central, UCP Mobile, United Ability, and Valley Haven). Within one year of the findings, all of the 33 individual cases were verified as corrected as per additional record reviews by monitoring team, data reviews, and achievement of their action plans. These were determined to be individual instances of noncompliance and not a systemic issue. Each program that had findings of noncompliance was either brought back into compliance at the monitoring review (transition plan written, although late) or they were issued an action plan that included assurances that the program would address the issue and subsequently meet regulatory requirements. Verification of correction of each instance of noncompliance was conducted through monitoring based on a review of updated data and records. Each individual instance of noncompliance was reviewed by the monitoring team and was determined to have been addressed by the programs.

8A - OSEP Response

The State did not demonstrate that the EIS program or provider corrected the findings of noncompliance identified in FFY 2022 because it did not report that it verified correction of those findings, consistent with the requirements in OSEP QA 23-01. Specifically, the State did not report that it verified that each EIS program or provider with noncompliance identified in FFY 2022: (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.

The State did not provide the reasons for delay, as required by the Measurement Table. Therefore, OSEP was unable to determine whether the State reviewed the reasons for delay.

OSEP notes that the State reported, "While completing the FY23-24 APR, it was determined that data entered into EMaps for FY22-23 for Indicator 8a was incorrect. The totals for Indicator 7 were mistakenly used for 8a." The State provided the corrected FFY 2022 data in the Additional Information section

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

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.

8B - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	99.50%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	92.16%	95.71%	87.82%	98.79%	97.93%

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
254	288	97.93%	100%	96.95%	Did not meet 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.

26

Provide reasons for delay, if applicable.

Service Coordinator illness
Service Coordinator's miscalculation of transition timeline
Personnel shortage
New Service Coordinator not fully understanding the timelines

Describe the method used to collect these data.

All AEIS programs are required to participate in an annual monitoring review. Through this monitoring process, data on compliance and other indicators for 15% (or a minimum of 10) of the program's records for children served during the current federal fiscal year are reviewed to determine whether there are findings. 100% of the data obtained through the monitoring process, for all programs, is used in determining compliance and in APR reporting.

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

YES

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

YES

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

State monitoring

Describe the method used to select EIS programs for monitoring.

All AEIS programs are required to participate in a review annually. AEIS randomly selects records for review based on demographics such as race, ethnicity, primary language, etc. This scheduling process ensures that all programs are selected for a monitoring each year and data is used in APR reporting for compliance indicators. Reviews are arranged annually based on mutually convenient dates and sites for primary monitor, contracting agency liaisons and program personnel. Schedules are arranged in advance of each fiscal year.

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
6	6	0	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.

AEIS issued a total of 6 findings in 4 programs (AIDB Mobile, AIDB Montgomery, UCP Mobile, and WISE.) AIDB Mobile's initial 1 finding was made on 6/29/23. Their action plan required them to submit 5 transition plans completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 11/30/23.

AIDB Montgomery's initial 1 finding was made on 3/13/23. Their action plan required them to submit 3 transition plans completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was

achieved 4/6/23.

UCP Mobile's (FF/NJ/PSD) initial 1 finding was made on 2/28/23 and UCP Mobile's (Horizon/FT/BB) initial 2 findings were made on 2/10/23. Their action plan required them to submit 3 transition plans completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 8/30/23.

WISE's initial 1 finding was made on 11/29/22. Their action plan required them to submit 3 transition plans completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 2/2/23.

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

AEIS issued a total of 6 findings in 4 programs for notification to the LEA (AIDB Mobile, AIDB Montgomery, UCP Mobile, and WISE.) All 6 of these individual cases of noncompliance were verified as corrected within one year (the notification was sent within the year but was late). These were determined to be individual instances of noncompliance and not a systemic issue. Each program with findings of noncompliance was issued an action plan that included assurances that the program was correctly implementing the regulatory requirements and that the individual cases of noncompliance were corrected. Each individual instance of noncompliance was reviewed by the monitoring team and was subsequently determined to have been addressed by the programs as per their action plan and follow-up monitoring visit.

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

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

AEIS has provided information on the status of correction of noncompliance identified in FFY 2022, including the verification that each EIS program with noncompliance is correctly implementing the specific regulatory requirements (based on a review of updated data) and has corrected each individual case of noncompliance. Specific actions that were taken to verify the correction have been provided.

AEIS issued a total of 6 findings in 4 programs (AIDB Mobile, AIDB Montgomery, UCP Mobile, and WISE.)

AIDB Mobile's initial 1 finding was made on 6/29/23. Their action plan required them to submit 5 transition plans completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 11/30/23.

AIDB Montgomery's initial 1 finding was made on 3/13/23. Their action plan required them to submit 3 transition plans completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 4/6/23.

UCP Mobile's (FF/NJ/PSD) initial 1 finding was made on 2/28/23 and UCP Mobile's (Horizon/FT/BB) initial 2 findings were made on 2/10/23. Their action plan required them to submit 3 transition plans completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 8/30/23.

WISE's initial 1 finding was made on 11/29/22. Their action plan required them to submit 3 transition plans completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 2/2/23.

AEIS issued a total of 6 findings in 4 programs for notification to the LEA (AIDB Mobile, AIDB Montgomery, UCP Mobile, and WISE.) All 6 of these individual cases of noncompliance were verified as corrected within one year (the notification was sent within the year but was late). These were determined to be individual instances of noncompliance and not a systemic issue. Each program with findings of noncompliance was issued an action plan that included assurances that the program was correctly implementing the regulatory requirements and that the individual cases of noncompliance were corrected. Each individual instance of noncompliance was reviewed by the monitoring team and was subsequently determined to have been addressed by the programs as per their action plan and follow-up monitoring visit.

8B - OSEP Response

The State did not provide the reasons for delay, as required by the Measurement Table. Therefore, OSEP was unable to determine whether the State reviewed the reasons for delay.

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

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	99.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	100.00%	100.00%	97.42%	100.00%	99.66%

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
255	262	99.66%	100%	97.33%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

Overloaded caseloads and new Service Coordinators

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.

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.

Provide reasons for delay, if applicable.

Service Coordinator error caused all 7 of Indicator 8c findings.

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

State monitoring

Describe the method used to select EIS programs for monitoring.

All AEIS programs are required to participate in a review annually. AEIS randomly selects records for review based on demographics such as race, ethnicity, primary language, etc. This scheduling process ensures that all AEIS programs are selected for onsite monitoring each year, and data are used in APR reporting for compliance indicators. Reviews are arranged annually based on mutually convenient dates and sites for the primary monitor, contracting agency liaisons, and program personnel. Schedules are arranged in advance of each fiscal year.

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
1	1	0	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.

AEIS issued a total of 1 finding at UCP Mobile (Horizon/FT/BB.) UCP Mobile's (Horizon/FT/BB) initial 1 finding was made on 2/10/23. Their action plan required them to submit 3 transition plans completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 8/30/23.

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

AEIS issued a total of 1 finding at UCP Mobile (Horizon/FT/BB.) The 1 individual case of noncompliance was verified as corrected within one year (the 33rd-month meeting with the LEA was held within the year but was late). This was determined to be an individual instance of noncompliance and not a systemic issue. The program was issued an action plan that included assurances that the program was correctly implementing the regulatory

requirements and that the individual case of noncompliance was corrected. The individual instance of noncompliance was reviewed by the monitoring team and was subsequently determined to have been addressed by the programs as per their action plan and follow-up monitoring visit.

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

AEIS has provided information on the status of correction of noncompliance identified in FFY 2022, including the verification that each EIS program with noncompliance is correctly implementing the specific regulatory requirements (based on a review of updated data) and has corrected each individual case of noncompliance. Specific actions that were taken to verify the correction have been provided.

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.

NO

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 C: Due Process Complaints	11/13/2024	3.1 Number of resolution sessions	0
SY 2023-24 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/13/2024	3.1(a) Number resolution sessions resolved through settlement agreements	0

Targets: Description of Stakeholder Input

During FFY 2023, broad stakeholder input was gathered to develop new state activities, revise the general supervision/monitoring system, revise the family survey process, develop an AEIS Handbook, and make recommendations as per the cost study to streamline funding mechanisms for EI service delivery. Input was gathered using a variety of methods, such as face-to-face meetings, virtual meetings, surveys, and website postings. Family and provider involvement included review of data related to the demographics of children referred and served, referral sources, number and demographics of family respondents and response rate on the AEIS Family Survey, SPP/APR compliance and performance results, and reimbursement rates.

Activities to build the capacity of diverse and representative groups included the addition of a new ICC member representing the homeless population and contact with the military and tribal populations for their participation. In addition, new parents were involved in providing input through collaboration with the Alabama PTI. These families had exited AEIS and were able to share ideas for new strategies for outreach and service delivery based on their experience. AEIS is also developing new materials for families to help them understand the system structure, AEIS philosophy and parent rights so that they will be able to provide informed input into system development.

1. At ICC meetings, system updates are provided with input regarding system improvements. During the year, 70 ICC members and stakeholders participated quarterly in ICC activities. Discussions included improvement strategies in surveying families to increase the response rate, suggestions to consider when making decisions based on the AEIS rate study results, strategies and commitments to enhance outreach through collaboration with existing agencies and programs, including the Department of Public Health and Medicaid. As a result of this input, AEIS has revised the family survey process, enhanced the data system for gathering data for billing purposes based on the new rate structure, disseminated detailed information about AEIS and EI services to the Alabama Association of Pediatrics, and included information on AEIS and services in Medicaid packets given to families. In addition, the ICC provided suggestions for training and family support. During the December 2024 meeting, ICC members approved the submission of the FFY 2023 SPP/APR in February 2025.

2. ICC subcommittees such as Personnel Preparation, Program Planning and Evaluation, Financial Planning and Public Awareness routinely (at least quarterly) discussed system initiatives.

The Public Awareness subcommittee, with 15 parent and provider members, reviewed data by county on numbers and demographics of children referred and served to identify underserved pockets in the state where targeted campaigns could increase awareness and referrals of diverse groups, which could lead to more diverse stakeholder involvement. As a result of this discussion, AEIS district councils and programs were able to target those underserved counties during the statewide PA initiative and identify referral sources from which high rates of inappropriate referrals were being made (e.g., Early Head Start and Department of Early Childhood Education childcare programs).

The Personnel Subcommittee, with 25 parent and provider members, along with the AEIS state team, the ICC and District TA sessions with providers statewide, developed the SFY 2024 CSPD. Discussions and input also occurred regarding embedding the COS data into the IFSP process. In addition, the AEIS Personnel Standards were updated with new training requirements (e.g., Child Outcome Summary Process and Developmental Specialist coursework).

The Program, Planning and Evaluation Subcommittee, with 15 parent and provider members, provided feedback and suggestions on the development of the new AEIS Handbook for providers, families, and other interested parties, revisions to the monitoring process and manual, embedding the COS into the IFSP, updates to the Service Coordinator Handbook, development of a standard program self-assessment tool, and implementation of SSIP activities.

The Financial Planning Subcommittee, with 15 parent and provider members, along with task groups and ICC, focused on the rate study and provided input/data for its implementation using a new electronic system for documentation and billing. In addition, CIFR provided ongoing technical assistance on financial requirements and activities.

- 3. Provider surveys were conducted to gather input for TA and training in the Child Outcome Summary process, AEIS system implementation, family input process, and service coordinator supports. Results were used in developing structured training on conducting the COS process with fidelity, revising the family survey process, and revising the AEIS Handbook.
- 4. The AEIS Family Survey was disseminated to all families whose children had been enrolled in the system for 6 months or longer (2223 families). Family input was collected on all three OSEP outcomes, whether the RBI was conducted, service delivery based on routines, participation in the COS process, how well their child made progress in the 3 APR child outcome areas, and recommendations for improving the transition process.
- 5. A quarterly newsletter was routinely disseminated providing information to stakeholders statewide and requesting input on improvement activities, child progress strategies, family involvement, proposed changes to procedures such as general supervision/monitoring, service coordinator handbook, changes to the AEIS Personnel Standards, and financial planning. In FFY 2023, 48 EIS programs received the newsletter and shared it with all providers and families. The newsletter included state contacts for use in seeking information and support.
- 6. Seven AEIS District Councils provided suggestions for public awareness initiatives. These councils, along with the Public Awareness subcommittee, reviewed data on numbers served by demographic groups within all counties in the state. This enabled the councils to conduct outreach activities within counties of underserved populations.
- 7. As part of a WestEd federal grant to implement the Collective Impact Model, AEIS had multiple meetings with stakeholders in a pilot site of four southeastern counties to develop recommendations for screening, making informed referrals, providing follow-up back to referral sources, methods to improve the child find infrastructure, policies, and practices. The Collective Impact Model is a framework for the development and execution of activities and strategies intended to improve community collaboration and use of culturally responsive screening practices for an efficient and effective child find system. As a result of this project, a structure was implemented for improving child outreach including a physician survey, professional training materials, and a scale-up tool kit.
- 8. District TAs are required of all providers and service coordinators annually. In FFY 2023, over 200 participants discussed and provided feedback on program self-assessment, new AEIS rates, public awareness/outreach, increasing family input, monitoring revisions, and suggested training (e.g., COS process, Routines-Based Model, ASD, and Infant/Early Childhood Mental Health).
- 9. A task group of university faculty and therapists met to develop methodology for training therapists statewide on AEIS evidence-based practices, functional evaluation, and COS participation.
- 10. AEIS has developed a system to gather input from service providers on the effectiveness of four required training activities to determine their ability to implement evidence-based practices and to identify barriers to implementation that can be addressed. The survey will be conducted 3 months post training and will assist in revisions to training strategies, content and follow-up.

Historical Data

Baseline Year	Baseline Data

FFY	2018	2019	2020	2021	2022
Target>=			.00%		
Data					

Targets

FFY	2023	2024	2025
Target>=			

FFY 2023 SPP/APR Data

3.1(a) Number resolutions sessions resolved through settlement agreements	3.1 Number of resolutions sessions	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
0	0				N/A	N/A

Provide additional information about this indicator (optional)

9 - Prior FFY Required Actions

None

9 - OSEP Response

The State did not report whether it has adopted Part C due process procedures under section 639 of the IDEA, or Part B due process procedures under section 616 of the IDEA, therefore the State's data were not prefilled in the indicator and OSEP cannot determine if the State met its target.

9 - Required Actions

Indicator 10: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

States are not required to establish 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 is 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

During FFY 2023, broad stakeholder input was gathered to develop new state activities, revise the general supervision/monitoring system, revise the family survey process, develop an AEIS Handbook, and make recommendations as per the cost study to streamline funding mechanisms for EI service delivery. Input was gathered using a variety of methods, such as face-to-face meetings, virtual meetings, surveys, and website postings. Family and provider involvement included review of data related to the demographics of children referred and served, referral sources, number and demographics of family respondents and response rate on the AEIS Family Survey, SPP/APR compliance and performance results, and reimbursement rates.

Activities to build the capacity of diverse and representative groups included the addition of a new ICC member representing the homeless population and contact with the military and tribal populations for their participation. In addition, new parents were involved in providing input through collaboration with the Alabama PTI. These families had exited AEIS and were able to share ideas for new strategies for outreach and service delivery based on their experience. AEIS is also developing new materials for families to help them understand the system structure, AEIS philosophy and parent rights so that they will be able to provide informed input into system development.

1. At ICC meetings, system updates are provided with input regarding system improvements. During the year, 70 ICC members and stakeholders participated quarterly in ICC activities. Discussions included improvement strategies in surveying families to increase the response rate, suggestions to consider when making decisions based on the AEIS rate study results, strategies and commitments to enhance outreach through collaboration with existing agencies and programs, including the Department of Public Health and Medicaid. As a result of this input, AEIS has revised the family survey process, enhanced the data system for gathering data for billing purposes based on the new rate structure, disseminated detailed information about AEIS and EI services to the Alabama Association of Pediatrics, and included information on AEIS and services in Medicaid packets given to families. In addition, the ICC provided suggestions for training and family support. During the December 2024 meeting, ICC members approved the submission of the FFY 2023 SPP/APR in February 2025.

2. ICC subcommittees such as Personnel Preparation, Program Planning and Evaluation, Financial Planning and Public Awareness routinely (at least quarterly) discussed system initiatives.

The Public Awareness subcommittee, with 15 parent and provider members, reviewed data by county on numbers and demographics of children referred and served to identify underserved pockets in the state where targeted campaigns could increase awareness and referrals of diverse groups, which could lead to more diverse stakeholder involvement. As a result of this discussion, AEIS district councils and programs were able to target those underserved counties during the statewide PA initiative and identify referral sources from which high rates of inappropriate referrals were being made (e.g., Early Head Start and Department of Early Childhood Education childcare programs).

The Personnel Subcommittee, with 25 parent and provider members, along with the AEIS state team, the ICC and District TA sessions with providers statewide, developed the SFY 2024 CSPD. Discussions and input also occurred regarding embedding the COS data into the IFSP process. In addition,

the AEIS Personnel Standards were updated with new training requirements (e.g., Child Outcome Summary Process and Developmental Specialist coursework).

The Program, Planning and Evaluation Subcommittee, with 15 parent and provider members, provided feedback and suggestions on the development of the new AEIS Handbook for providers, families, and other interested parties, revisions to the monitoring process and manual, embedding the COS into the IFSP, updates to the Service Coordinator Handbook, development of a standard program self-assessment tool, and implementation of SSIP activities.

The Financial Planning Subcommittee, with 15 parent and provider members, along with task groups and ICC, focused on the rate study and provided input/data for its implementation using a new electronic system for documentation and billing. In addition, CIFR provided ongoing technical assistance on financial requirements and activities.

3. Provider surveys were conducted to gather input for TA and training in the Child Outcome Summary process, AEIS system implementation, family input process, and service coordinator supports. Results were used in developing structured training on conducting the COS process with fidelity, revising the family survey process, and revising the AEIS Handbook.

4. The AEIS Family Survey was disseminated to all families whose children had been enrolled in the system for 6 months or longer (2223 families). Family input was collected on all three OSEP outcomes, whether the RBI was conducted, service delivery based on routines, participation in the COS process, how well their child made progress in the 3 APR child outcome areas, and recommendations for improving the transition process.

5. A quarterly newsletter was routinely disseminated providing information to stakeholders statewide and requesting input on improvement activities, child progress strategies, family involvement, proposed changes to procedures such as general supervision/monitoring, service coordinator handbook, changes to the AEIS Personnel Standards, and financial planning. In FFY 2023, 48 EIS programs received the newsletter and shared it with all providers and families. The newsletter included state contacts for use in seeking information and support.

6. Seven AEIS District Councils provided suggestions for public awareness initiatives. These councils, along with the Public Awareness subcommittee, reviewed data on numbers served by demographic groups within all counties in the state. This enabled the councils to conduct outreach activities within counties of underserved populations.

7. As part of a WestEd federal grant to implement the Collective Impact Model, AEIS had multiple meetings with stakeholders in a pilot site of four southeastern counties to develop recommendations for screening, making informed referrals, providing follow-up back to referral sources, methods to improve the child find infrastructure, policies, and practices. The Collective Impact Model is a framework for the development and execution of activities and strategies intended to improve community collaboration and use of culturally responsive screening practices for an efficient and effective child find system. As a result of this project, a structure was implemented for improving child outreach including a physician survey, professional training materials, and a scale-up tool kit.

8. District TAs are required of all providers and service coordinators annually. In FFY 2023, over 200 participants discussed and provided feedback on program self-assessment, new AEIS rates, public awareness/outreach, increasing family input, monitoring revisions, and suggested training (e.g., COS process, Routines-Based Model, ASD, and Infant/Early Childhood Mental Health).

9. A task group of university faculty and therapists met to develop methodology for training therapists statewide on AEIS evidence-based practices, functional evaluation, and COS participation.

10. AEIS has developed a system to gather input from service providers on the effectiveness of four required training activities to determine their ability to implement evidence-based practices and to identify barriers to implementation that can be addressed. The survey will be conducted 3 months post training and will assist in revisions to training strategies, content and follow-up.

Historical Data

Baseline Year	Baseline Data
2005	

FFY	2018	2019	2020	2021	2022
Target>=					
Data					

Targets

FFY	2023 (low)	2023 (high)	2024 (low)	2024 (high)	2025 (low)	2025 (high)
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 (low)	FFY 2023 Target (high)	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

The State reported fewer than ten mediations held in FFY 2023. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

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)?

Substantial progress in social-emotional development (Indicator 3a Summary Statement 1) as measured through the COS process.

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.

www.rehab.alabama.gov/services/ei under Information for Stakeholders

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
2008	71.40%

Targets

FFY	Current Relationship	2023	2024	2025
Target	Data must be greater than or equal to the target	82.10%	73.65%	74.04%

FFY 2023 SPP/APR Data

Numerator: Number of infants and toddlers who made substantial progress in Social Emotional development (summary statement 1)	Denominator: Total number of infants and toddlers exiting who had been receiving services for at least 6 months.	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
2,378	3,035	83.19%	82.10%	78.35%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

Although AEIS had slippage for this indicator, Alabama's results far exceeded the national average for substantial progress in social-emotional development (national average = 63.6%; AEIS = 78.3%). Slippage may be attributed to child regression due to diagnosed conditions (e.g., hearing loss, Down syndrome, autism and medical issues) and inadequate implementation of the Child Outcome Summary process (COS). Specific examples include the following:

1. There is inadequate understanding of the COS process and the methods for scoring by service coordinators, families and team members
2. Families feel unqualified to make decisions about their child's progress for COS participation
3. Families do not understand the difference between the OSEP child outcomes and the outcomes on their IFSPs
4. Families have a lack of knowledge of typical child development for comparison of their child to same age peers

Provide the data source for the FFY 2023 data.

Child Outcome Summary data (COS) from AEIS GIFTS database for Indicator 3a, Summary Statement 1 of all children exiting who were in the system for at least 6 months.

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

Data are collected through the COS process for all children exiting who had been in the system for at least 6 months. Data are pulled from the database and analyzed by state office staff, providers and other stakeholders compared to targets and the previous year to determine progress or slippage.

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.

www.rehab.alabama.gov/services/ei in the "Information for Stakeholders" folder near the bottom of the page

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.

STRATEGY 1. Conducted leadership strategies to support infrastructure improvement and to ensure positive outcomes for children and families.

Activity A. Initiated the AEIS Public Awareness campaign including materials, billboards, and a designated website with links to new public awareness videos for dissemination statewide, especially in counties that have low referrals for EI and low percentages of referrals being determined eligible for IFSP development.

Activity B. Continued participation in a 5-year national grant through WestEd, the Collective Impact Model for Part C (CIM-C), to enhance child find efforts to promote consistency in screening and referral to AEIS.

Activity C. Continued to utilize the GIFTS data system for programs and state monitors to view and utilize data for program enhancement. A total revamping of the GIFTS data system was initiated to allow for the collection of additional data and for overall improvement in reporting.

Activity D. Gathered family input related to child progress and for infrastructure improvements. Implemented a new family survey in FFY 2023 to gather more specific data on the three OSEP family outcomes, participation in the Routines-Based Interview process, participation in the Child Outcome Summary process, and implementation of evidence-based practices.

STRATEGY 2. Provided training, technical assistance and support for the implementation of evidence-based practices in service delivery with fidelity.

Activity A. Provided training and materials on the Routines-Based Model to assist in positive child and family outcomes. All new early intervention providers are required to participate in the modules and achieve 80% competency based on the post-test. For providers who do not achieve 80%, a series of TA activities are provided to assist in achieving competency. If after the TA, the 80% competency level is not achieved, then the providers will no longer meet Personnel Standards and will not be able to provide services to children and families.

Activity B. Provided training by ASD specialists on the use of evidence-based practices (i.e., Naturalistic Developmental Behavioral Interventions Model or NDBI) for working with children who have autism.

Activity C. Enhanced monitoring to include indicators related to implementation of evidence-based practices, fidelity of use, child progress, outreach activities, and data use. In addition, new sanctions and incentives were developed based on program determinations.

Activity D. Provided training on the Child Outcome Summary process for implementation with fidelity. In collaboration with consultants from the ECTA/DaSY centers, all service coordinators throughout the state were required to take the Child Outcome Summary-Knowledge Check (a knowledge assessment developed by the ECTA Center) to determine their level of competency. Service Coordinators who did not pass after the second try were required to take the ECTA COS Modules and then retake the COS-KC. For those who didn't pass after taking the modules, specific technical assistance was provided until they passed. The COS-KC was also embedded in the required introductory training for all new services coordinators.

Activity E. Embedded COS process instruction in the two required professional development training, Journey I and Journey II, for all service providers statewide.

Activity F. In collaboration with the Alabama Department of Mental Health, provided Infant/Early Childhood Mental Health Consultation as a support for providers. A three-tiered approach was implemented for IECMHC: Tier 1 Workforce Capacity Building; Tier 2 Provider Focused Support; Tier 3 Specific

Child/Family Related Concerns.

Activity G. Utilized findings from monitoring to identify and provide targeted TA in areas of greatest need.

STRATEGY 3. Developed partnerships to support service delivery for all eligible children and families.

Activity A. Through the WestEd grant, partnerships with community providers were established to assist in the provision of effective screening within referral sites to impact appropriate referrals for EI services. It is the intention of Alabama's Early Intervention System (AEIS) to scale up the CIMC (Collective Impact Model for Part C) statewide.

Activity B. Collaborated with national TA providers to enhance system development. Collaboration occurred with several TA sites related to general supervision, data collection and financial monitoring. The sites included the ECTA Center, DaSy Center, CIFS and other TA providers.

Activity C. Developed CSPD linkages with higher education for early intervention instruction. A contract was initiated with Auburn University to develop and implement training for Developmental Specialists on evidence-based practices and other associated competencies. Beginning in FFY 2024, additional university instruction will be provided for therapists on AEIS evidence-based practices, including evaluation, Routines-Based Model, Child Outcome Summary Process and other associated competencies.

Activity D. Partnered with the Alabama PTI to conduct a family survey with families who had exited AEIS to gather recommendations related to improving service delivery, outreach, and family support.

Activity E. Collaborated with CIFS to develop a strong financial foundation for program implementation

Activity F. Collaborated with Public Consulting Group (PCG) to design a rate structure for reimbursement to programs for services rendered.

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.

STRATEGY 1. Conducted leadership strategies to support infrastructure improvement and to ensure positive outcomes for children and families.

Outcome: Public Awareness activities were conducted that reached 5270 individuals throughout the state with the intent of increasing the number of referrals in underserved areas of the state. (Governance)

Outcome: A structure for scale-up of the Collective Impact Model for Part C (CIM-C) is in place.

Based on the information gathered from the CIM-C model, recommendations and strategies for improving collaboration with referral sources were developed to ensure an understanding of Alabama's Early Intervention System, screening for appropriate referrals, and the importance of early intervention services. (Governance) Based on these recommendations, AEIS will use the new strategies within other communities as scale up of the model occurs.

Outcome: A method for analyzing physician involvement in referrals to AEIS is in place.

Through the CIM-C project, a physician survey tool for gathering information on knowledge and involvement in early intervention was created. AEIS will utilize the tool across the state to personalize scale up in new communities. (Governance, data, quality standards) Resources to be available through this project include:

Scale-up Tool kit

First Steps for Scale Up

Online file sharing

HIPPA compliant form for sharing back with referral source.

Infographic on referral loop.

Outcome: A plan has been established to restructure the AEIS database for use in moving towards a paperless system.

AEIS began the process of revamping the data system to enable all data collection and billing to be electronic statewide. (Data) AEIS has determined that electronic data management and billing will be an advancement in infrastructure improvement.

Outcome: A revised survey for gathering family input has been developed.

AEIS, in collaboration with the University of Alabama at Birmingham created a new family survey that expands on previously collected data to include family participation in the Routines-Based Model, participation in the Child Outcome Summary Process, child progress in the three OSEP developmental areas, and impact of early intervention services. (Data, professional development and/or technical assistance).

Based on the data collected through two family surveys, revisions are being planned to gather data/information in additional areas as recommended by the ECTA Center, such as:

Families understand their child's strengths, abilities, and special needs.

Families able to advocate effectively for their child.

Families have support systems.

Families access desired services, programs, and activities in their community.

STRATEGY 2. Provided training, technical assistance and support for the implementation of evidence-based practices in service delivery with fidelity.

Outcome: A system for supporting additional EI providers in implementing evidence-based practices with fidelity is in place.

AEIS provided continuation training and support for EI providers on implementing the Routines-Based Model. (Quality standards, professional development and/or technical assistance) This training system will be continued.

Outcome: A system for providing support to EI providers in working with children who have autism has been established.

Training and support were provided statewide for service providers on implementing the NDBI model. (Professional development and/or technical assistance) Data were as follows:

There were 19 ASD Trained Mentors (i.e., 10 Speech Pathologists, 2 Occupational Therapists, and 7 Developmental Instructors) covering all 7 AEIS districts during FFY 2023. These mentors conducted 24 Learning Collaboratives- "Integrating Effective Practices into Community Early Intervention Settings"- across all 7 AEIS districts with 707 EI providers and Childcare providers in attendance.

Outcome: A revised AEIS General Supervision process has been established for using multiple sources of information that will inform decisions on noncompliance.

A comprehensive general supervision tool was created that is inclusive of compliance, performance, implementation of evidence-based practice with fidelity, child progress, outreach activities and data use. (Accountability/monitoring, quality standards, professional development and/or technical assistance) This process will be utilized for future monitoring activities and will be revised annually as needed.

Outcome: A mechanism is in place for ensuring service coordinators, providers and families are implementing the COS process to fidelity.

Through the training process, the knowledge and skill of service coordinators and providers in implementing the Child Outcome Summary process has been enhanced. Targeted COS training was provided within each district for 192 service coordinators and providers. It was determined that this training and support should be continued and strategies for ongoing training, monitoring of knowledge, and support will be developed. (Professional development and/or technical assistance, quality standards) This training will continue statewide.

Outcome: A system for support to providers in working with children who have mental health issues has been established.

The Alabama Department of Mental Health developed the Infant/Early Childhood Mental Health Model (I/ECMH), which is being implemented within AEIS statewide. (Quality standards, professional development, and/or technical assistance). This model will be continued statewide.

STRATEGY 3. Developed partnerships to support service delivery for all eligible children and families.

Outcome: Supports are available for revising and improving the AEIS infrastructure for ensuring positive outcomes for children and families.

AEIS gained knowledge, skill and tools from national TA providers for revamping the general supervision system, APR development, DMS preparation, data collection, and financial monitoring. (Governance, quality standards, professional development and/or technical assistance) This assistance will continue to be accessed.

Outcome: A partnership with higher education has been established to enhance the knowledge and skill of service providers.

AEIS created new linkages with Auburn University for structured training/coursework for Developmental Specialists and therapists on implementation of evidence-based practices. (Professional development and/or technical assistance) This partnership will be continued.

Outcome: A renewed partnership with the Alabama PTI has been established for engaging and supporting families.

The AL PTI gathered additional family input and recommendations for improving service delivery, outreach and family support. (Data) Based on the information gathered from the PTI family survey, AEIS will address the following recommendations:

- Families need access to more training and opportunities for learning such as reading materials about child development, a list of recommended toys from therapists that can facilitate development during play, a list of resources that are available outside of early intervention like inclusive doctors and support groups, etc.
- Families could benefit from a video library that provides a series of pull up topics such as feeding, potty training, communication, motor development and other educational topics.
- Families need to be connected to credible resources and information, such as support groups and networks where families can connect with other families facing similar challenges.
- Families need to get information on EI before leaving the hospital.

Outcome: A structured approach for moving towards a fee for service model is in place.

AEIS created a financial structure for transitioning to a fee for service strategy in collaboration with the Public Consulting Group (PCG). (Finance) This structure will be implemented in FFY 2024.

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.

STRATEGY 1. Conduct leadership strategies to support infrastructure improvement and to ensure positive outcomes for children and families.

Activity A: Public Awareness

Next Steps: Continue to utilize new materials for public awareness and seek new venues for outreach. Develop strategies for responding to the influx of new referrals, such as provider/program recruitment.

Anticipated Outcomes: AEIS will receive new referrals within the targeted demographic areas.

Activity B: Child Find

Next Steps: Scale up the CIM-C model in other areas of the state.

Anticipated Outcomes: AEIS will experience an increase in appropriate referrals from the medical community and other new sources.

Activity C: Data Collection

Next Steps: Implement the new system.

Anticipated Outcome: All AEIS data will be available electronically for use in monitoring, system improvements and reporting.

Activity D: Family Input

Next Steps: Revise survey content to gather additional information, such as families understanding their child's strengths, abilities and special needs; families effectively advocating for their child; families having support systems. Identify additional strategies for increasing the return rate.

Anticipated Outcomes: AEIS will be able to gather additional information from families on the AEIS structure, services, child outcomes, and use of evidence-based practice. In addition, AEIS will increase its response rate.

Activity E: Rate Restructuring

Next Steps: Provide office hours and training to programs statewide. Conduct testing of new system. Implement new structure.

Anticipated Outcome: AEIS will have an efficient system for using Part C funds in system operation as per federal regulations.

STRATEGY 2. Provide training, technical assistance and support for the implementation of evidence-based practices in service delivery with fidelity.

Activity A: Evidence-Based Practice

Next Steps: Utilize a structured Routines-Based Home Visiting Coaching Model (RBHV) in collaboration with the Alabama Department of Education's State Professional Development Grant from OSEP.

Anticipated Outcome: AEIS will provide additional support for implementation of the Routines-Based Home Visiting model with fidelity.

Activity B: ASD Initiative

Next Steps: The primary funding source for this initiative was not renewed, so AEIS is exploring alternatives for continuation.

Activity C: General Supervision

Next Steps: Implement the new monitoring and determination processes and gather information on their effectiveness (i.e., compliance results).

Anticipated Outcome: AEIS will ensure that all EI programs are implementing IDEA as required and that technical assistance will be provided in areas of need.

Activity D: Child Outcome Summary

Next Steps: Embed the COS-KC in required training (Journey I and II) for all services coordinators and providers (completed). Conduct additional training per district. Embed the COS process into the IFSP to encourage more team discussion and to involve parents more effectively in the process.

Anticipated Outcome: AEIS will increase competency in the implementation of the COS process which will include the involvement of all team members and families.

Activity E: Infant/Early Childhood Mental Health

Next Steps: This process for providing support and training will be continued.

Anticipated Outcomes: EI providers will be supported in working with children who have mental health issues.

Activity F: Monitoring

Next Steps: Conduct family interviews as part of the monitoring process to gather more information on service delivery, child progress, and participation in the COS process. Analyze the annual monitoring summary to identify and address areas of concern. The top FFY 2023 areas of greatest need included:

Transition

Timely service

Individualized Family Service Plan

Anticipated Outcome: AEIS will improve in compliance within the FFY 2024 target areas.

Activity G: Evaluation

Next Steps: Implement new evaluation system through a contract with UAB. Analyze results for use in training adjustments statewide.

Anticipated Outcome: AEIS will have information and data on the effectiveness of statewide training on the implementation of evidence-based practices in order to make improvements and provide additional assistance.

STRATEGY 3. Develop partnerships to support service delivery for all eligible children and families.

Activity A: TA Center Involvement

Next Steps: Continue utilizing TA centers for ongoing support and guidance.

Anticipated Outcome: AEIS will receive support and guidance from national technical assistance providers to help in the improvement of its infrastructure.

Activity B: University Collaboration

Next Steps: Provide additional university instruction for therapists on AEIS evidence-based practices, including evaluation, Routines-Based Model, Child Outcome Summary Process and other associated competencies.

Anticipated Outcome: AEIS will continue to have highly qualified professionals delivering evidence-based EI services.

Activity C: PTI Collaboration

Next Steps: Expand participation of PTI in AEIS efforts to support families.

Anticipated Outcome: AEIS will have an additional resource to provide support for families.

Activity D: Rate Structure Technical Assistance

Next Steps: Continue relationship with PCG for future needs.

Anticipated Outcome: AEIS will continue to effectively implement the rate structure statewide.

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

Routines-Based Interview

Routines-Based Home Visiting

Naturalistic Developmental Behavioral Interventions (NDBI)

Provide a summary of each evidence-based practice.

Routines-Based Interview (RBI):

The Routines-Based Interview, as developed by Dr. Robin McWilliam at the University of Alabama who provided training and support for its implementation, is a semi-structured interview about the family's day-to-day life, focusing on the child's engagement, independence, and social relationships. Its purposes are to create a strong relationship with the family, to obtain a rich and thick description of child and family functioning, and to result in a family-chosen list of functional and family outcomes/goals for IFSP use.

Routines-Based Home Visits (RBHV):

This model (again implemented with consultation from Dr. Robin McWilliam) provides family-centered, support-based home visits to build families' capacity to meet their children's and the family's needs. This will result in children (a) receiving "intervention" in naturally occurring learning opportunities, (b) receiving more intervention, and (c) receiving intervention from the people they are already learning from. Therefore, children in Alabama's Early Intervention System (AEIS) can be expected to make greater gains in their functioning—through meaningful participation in their everyday routines. This increased functioning includes better learning. Routines-Based Home Visits replace visits in which the home visitor sets the agenda, brings in materials and leaves with them, and works directly with the child as though teaching the child or providing therapy to the child, with the caregiver observing or having other secondary roles. AEIS is collaborating with the Alabama Department of Education through the SPDG grant to provide coaching and evaluation of providers in implementing the Routines-Based Home Visiting Model with fidelity.

Naturalistic Developmental Behavioral Interventions:

The Part C ASD Initiative is two-pronged and includes the Part C ASD Mentorship Initiative and the Part C ASD Screening Initiative. They are separate. The Mentorship initiative doesn't require MCHAT scores. On Sept. 2, 2020, the 5 Strategies of Intervention were adopted by the AEIS Interagency Coordinating Council meeting as the "go to" strategies of intervention that should be utilized with all families/children diagnosed with Autism or suspected of Autism. Once characteristics of Autism are seen in any child in EI, the 5 strategies of intervention (which meet all of the AEIS core value expectations) are to be used by the EI provider working with the child/family. The ASD Mentors are there to help these EI providers and have met fidelity in the strategies to train others on the model. They can do this in many ways including one-on-one provider support and in-group training.

The NDBI model is intended to bridge the "research to practice" gap to early detection and early intervention for Alabama's youngest children with ASD. The Alabama developers, under the leadership of Dr. Angie Barber at the University of Alabama, were comprised of early childhood experts and families throughout the state who have studied the literature on evidence-based practice, reviewed red flags for practitioners, and developed five core strategies when working with infants and toddlers with autism and their families. The core strategies are based on Naturalistic Developmental Behavioral Interventions (NDBI) which are implemented in natural settings, involve shared control between child and therapist, utilize natural contingencies and use a variety of behavioral strategies. The Part C ASD Mentorship Initiative (NDBI model) includes the use of 5 Strategies of Intervention:

Following the child's lead
Naturalistic teaching
Naturalistic reinforcement
Parent Implemented Intervention
Modeling

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.

In implementing evidence-based practices, AEIS changed (and will continue to evaluate the need for change) procedures, practices, and methods for service delivery. The Routines-Based Model is the required evidence-based practice and ongoing training/consultation is ensuring its implementation with fidelity. The Routines-Based Interview explores more deeply with families their concerns and priorities pertaining to daily routines. This RBI strategy is a requirement for the Voluntary Family Assessment and is used in determining outcomes on the IFSP. The Routines-Based Home Visiting model, also required, ensures that providers deliver appropriate services based on the family concerns as per routines of the day.

The AEIS ASD Mentorship initiative utilizing the NDBI model provides a structured and systematic method for instructing providers on evidence-based interventions for children who have autism. As the model continues to train additional specialists and scales up statewide, practices will be utilized that will directly impact the social-emotional development of children with autism. Programs complete an MCHAT-R on all children 18 to 30 months with parent permission. If the MCHAT score is considered a FAIL, the answers to the questions indicate concerns the child may have characteristics of autism. Once this is established, those children (and families) are to automatically receive the NDBI intervention strategies (5 ASD Strategies) from their provider(s) during their EI service, whether it be speech, OT, developmental instruction, etc. The NDBI model is required of programs where children are identified with characteristics of autism.

The SiMR has shown consistent results over the past four years, ranging from 78% to 83%.

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

Data on the achievement of evaluation plan goals and objectives are gathered and used in monitoring progress (the AEIS SPP/APR evaluation plan is available on the website at www.rehab.alabama.gov/services/ei under information for stakeholders). In addition, fidelity of implementation of evidence-based practices is data driven and includes the following strategies:

The Routines-Based Interview:

Routines-Based Interview fidelity checks have been conducted with Service Coordinators with data collected to support their effective implementation of the model. The methodology for conducting fidelity checks includes initial observations of the new service coordinators by seasoned personnel with scoring based on the model's standards as established by the Routines-Based Model developer, Dr. Robin McWilliam. Practice change is assessed through the formal AEIS monitoring process conducted for each program annually (through review of the child outcome data) and compared to the previous year's practices.

AEIS standards for implementation of the Routines-Based Model are as follows:

SERVICE COORDINATORS must meet Alabama requirements for Routines-Based Interview (RBI), which include:
Completing the RBI Modules.
Participating in a live review to determine fidelity.
Achieving 80% scoring based on the live review.

Service Coordinators who score less than 80% must participate in TA and submit 2 IFSPs with handwork.
Service Coordinators whose IFSPs and handwork are not sufficient, or if they scored less than 70% on the live review, must receive TA and participate in a second review.
Service Coordinators who do not achieve 80% on the second review will no longer meet Personnel Standards for employment in AEIS.

Routines-Based Home Visiting utilized competency exam scores after completion of the training modules. As with the RBI, AEIS has established standards for competency as follows:

SERVICE PROVIDERS must meet Alabama requirements for Routines-Based Home Visiting (RBHV), which include:

Completing the RBHV modules

Scoring an 80% passing grade on the RBHV module post-test

Providers who score less than 80% on the RBHV posttest must participate in TA, review RBHV resource materials and retake the test.

Providers who do not score 80% on the second post-test will no longer meet Personnel Standards for employment in AEIS.

In FFY 2023, there were no providers who did not achieve the 80% minimum score on their initial post-test assessment. Through the AEIS annual monitoring process, data on the implementation of the evidence-based practices with fidelity were collected. During FFY 2023, all AEIS programs were monitored. There were no programs not implementing evidence-based practices to fidelity.

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.

Data gathered through the AEIS Family Survey was utilized to gather additional information in the following areas:

Services provided in natural routines (use of evidence-based practice)

The family's ability to participate in the child outcome process (implementation of the COS process as per recommended practice)

The family's participation on the team (family involvement)

The family's ability to participate in and enjoy typical daily activities and community events (family outcomes)

The family's ability to identify and respond to their child's needs in the area of social or emotional development (SiMR)

Results indicated a high level of positive responses (i.e., greater than 85% in all areas) which supports the continuation of practices as currently designed.

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

Routines-Based Model Next Steps:

1. Continue training on the Routines-Based Model utilizing didactic and coaching approaches.
2. Utilize RBHV coaches to provide live technical assistance within all AEIS programs based on the results of the observations.
3. Collect data from Alabama families regarding their experience with the Routines-Based Home Visiting Model (RBHV) for planning and developing improvement strategies.

Outcomes:

Continued improvement in implementation of the models with fidelity.

Increased SiMR achievement statewide.

NDBI Model Next Steps (pending funding)

1. Continue with a data-driven, structured approach.
2. Continue to expand the use of the model statewide.

Outcomes:

Increased identification of children with autism for participation in the NDBI model of services.

Increased capacity of ASD specialists to implement the NDBI model with fidelity to a broadened audience.

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

YES

If yes, describe how evaluation data support the decision to implement without any modifications to the SSIP.

Data on achievement of child outcomes showed slippage for FFY 2023. As a result of stakeholder and AEIS leadership analysis, improvement activities were developed to support the improvement of child outcomes. Activities include targeted training, technical assistance and, monitoring of child outcome data every 6 months. Due to the planned activities to impact child outcomes, stakeholders and AEIS leaders determined that no modifications were needed in SSIP activities other than implementing the next steps identified above.

Section C: Stakeholder Engagement

Description of Stakeholder Input

During FFY 2023, broad stakeholder input was gathered to develop new state activities, revise the general supervision/monitoring system, revise the family survey process, develop an AEIS Handbook, and make recommendations as per the cost study to streamline funding mechanisms for EI service delivery. Input was gathered using a variety of methods, such as face-to-face meetings, virtual meetings, surveys, and website postings. Family and provider involvement included review of data related to the demographics of children referred and served, referral sources, number and demographics of family respondents and response rate on the AEIS Family Survey, SPP/APR compliance and performance results, and reimbursement rates.

Activities to build the capacity of diverse and representative groups included the addition of a new ICC member representing the homeless population and contact with the military and tribal populations for their participation. In addition, new parents were involved in providing input through collaboration with the Alabama PTI. These families had exited AEIS and were able to share ideas for new strategies for outreach and service delivery based on their experience. AEIS is also developing new materials for families to help them understand the system structure, AEIS philosophy and parent rights so that

they will be able to provide informed input into system development.

1. At ICC meetings, system updates are provided with input regarding system improvements. During the year, 70 ICC members and stakeholders participated quarterly in ICC activities. Discussions included improvement strategies in surveying families to increase the response rate, suggestions to consider when making decisions based on the AEIS rate study results, strategies and commitments to enhance outreach through collaboration with existing agencies and programs, including the Department of Public Health and Medicaid. As a result of this input, AEIS has revised the family survey process, enhanced the data system for gathering data for billing purposes based on the new rate structure, disseminated detailed information about AEIS and EI services to the Alabama Association of Pediatrics, and included information on AEIS and services in Medicaid packets given to families. In addition, the ICC provided suggestions for training and family support. During the December 2024 meeting, ICC members approved the submission of the FFY 2023 SPP/APR in February 2025.

2. ICC subcommittees such as Personnel Preparation, Program Planning and Evaluation, Financial Planning and Public Awareness routinely (at least quarterly) discussed system initiatives.

The Public Awareness subcommittee, with 15 parent and provider members, reviewed data by county on numbers and demographics of children referred and served to identify underserved pockets in the state where targeted campaigns could increase awareness and referrals of diverse groups, which could lead to more diverse stakeholder involvement. As a result of this discussion, AEIS district councils and programs were able to target those underserved counties during the statewide PA initiative and identify referral sources from which high rates of inappropriate referrals were being made (e.g., Early Head Start and Department of Early Childhood Education childcare programs).

The Personnel Subcommittee, with 25 parent and provider members, along with the AEIS state team, the ICC and District TA sessions with providers statewide, developed the SFY 2024 CSPD. Discussions and input also occurred regarding embedding the COS data into the IFSP process. In addition, the AEIS Personnel Standards were updated with new training requirements (e.g., Child Outcome Summary Process and Developmental Specialist coursework).

The Program, Planning and Evaluation Subcommittee, with 15 parent and provider members, provided feedback and suggestions on the development of the new AEIS Handbook for providers, families, and other interested parties, revisions to the monitoring process and manual, embedding the COS into the IFSP, updates to the Service Coordinator Handbook, development of a standard program self-assessment tool, and implementation of SSIP activities.

The Financial Planning Subcommittee, with 15 parent and provider members, along with task groups and ICC, focused on the rate study and provided input/data for its implementation using a new electronic system for documentation and billing. In addition, CIFR provided ongoing technical assistance on financial requirements and activities.

3. Provider surveys were conducted to gather input for TA and training in the Child Outcome Summary process, AEIS system implementation, family input process, and service coordinator supports. Results were used in developing structured training on conducting the COS process with fidelity, revising the family survey process, and revising the AEIS Handbook.

4. The AEIS Family Survey was disseminated to all families whose children had been enrolled in the system for 6 months or longer (2223 families). Family input was collected on all three OSEP outcomes, whether the RBI was conducted, service delivery based on routines, participation in the COS process, how well their child made progress in the 3 APR child outcome areas, and recommendations for improving the transition process.

5. A quarterly newsletter was routinely disseminated providing information to stakeholders statewide and requesting input on improvement activities, child progress strategies, family involvement, proposed changes to procedures such as general supervision/monitoring, service coordinator handbook, changes to the AEIS Personnel Standards, and financial planning. In FFY 2023, 48 EIS programs received the newsletter and shared it with all providers and families. The newsletter included state contacts for use in seeking information and support.

6. Seven AEIS District Councils provided suggestions for public awareness initiatives. These councils, along with the Public Awareness subcommittee, reviewed data on numbers served by demographic groups within all counties in the state. This enabled the councils to conduct outreach activities within counties of underserved populations.

7. As part of a WestEd federal grant to implement the Collective Impact Model, AEIS had multiple meetings with stakeholders in a pilot site of four southeastern counties to develop recommendations for screening, making informed referrals, providing follow-up back to referral sources, methods to improve the child find infrastructure, policies, and practices. The Collective Impact Model is a framework for the development and execution of activities and strategies intended to improve community collaboration and use of culturally responsive screening practices for an efficient and effective child find system. As a result of this project, a structure was implemented for improving child outreach including a physician survey, professional training materials, and a scale-up tool kit.

8. District TAs are required of all providers and service coordinators annually. In FFY 2023, over 200 participants discussed and provided feedback on program self-assessment, new AEIS rates, public awareness/outreach, increasing family input, monitoring revisions, and suggested training (e.g., COS process, Routines-Based Model, ASD, and Infant/Early Childhood Mental Health).

9. A task group of university faculty and therapists met to develop methodology for training therapists statewide on AEIS evidence-based practices, functional evaluation, and COS participation.

10. AEIS has developed a system to gather input from service providers on the effectiveness of four required training activities to determine their ability to implement evidence-based practices and to identify barriers to implementation that can be addressed. The survey will be conducted 3 months post training and will assist in revisions to training strategies, content and follow-up.

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

AEIS engaged stakeholders in a variety of ways to gather input into key improvement efforts. These strategies included ICC and subcommittee involvement, family interviews/surveys, task force meetings, and interviews. As a result of this engagement, AEIS was able to gather input on the financial structure, discuss the implementation of evidence-based practices, design training initiatives, and plan for family support.

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.

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

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

Provide additional information about this indicator (optional).

11 - Prior FFY Required Actions

None

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	2,023.00%

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
12	0	12	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*:

AEIS issued 12 findings in 8 programs for Timely Services (AIDB Birmingham, ARC of Central Alabama, ARC of Walker County, Community Services Program, Marshall Jackson 310, Tri County, UCP Mobile, and United Ability). Within one year, all of these individual cases were verified as corrected and the programs were correctly implementing the regulatory requirements. The determination that compliance had been achieved was based on data reviews from the GIFTS database, a review of records, and the completion of the required action plans by the programs.

AIDB Birmingham's initial 1 finding was made on 1/24/23. Their action plan required them to submit 5 records completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved on 4/6/23.

ARC of Central Alabama's initial 1 finding was made on 5/10/23. Their action plan required them to submit 5 records that were completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved on 8/31/2023.

Arc of Walker County's initial 1 finding was made on 12/7/22. Their action plan required them to submit 3 records completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved on 2/21/23.

Community Services Program's initial 1 finding was made on 9/27/22. Their action plan required them to submit samples of records completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved on 1/10/23.

Marshall Jackson 310's initial 1 finding was made on 9/8/22. Their action plan required them to submit 3 records completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 1/10/23.

Tri County's initial 2 findings were made on 8/2/22. A follow-up review was held on 12/8/22 when 15 records were reviewed. All 15 of these records indicated services were provided within 30 days, and they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved on 12/8/22.

UCP Mobile's (FF/NJ/PSD) initial 1 finding was made on 2/28/23. Their action plan required them to submit samples of records completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved on 8/7/23. UCP Mobile's (Horizon/FT/BB) initial 1 finding was made on 2/10/23. Their action plan required them to submit samples of records completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved on 6/26/23.

United Ability's initial 3 findings were made on 4/18/23. Their action plan required them to participate in an additional on-site review within six months. This additional review took place on 9/12/2023, at which time the monitoring team reviewed 16 additional records for this component to ensure the program has identified, addressed, and resolved any root cause of noncompliance until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance.

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

AEIS issued 12 findings in 8 programs for Timely Services (AIDB Birmingham, ARC of Central Alabama, ARC of Walker County, Community Services Program, Marshall Jackson 310, Tri County, UCP Mobile, and United Ability). These findings were determined to be individual instances of noncompliance and not a systemic issue (i.e., individual service coordinator issue). All 12 individual cases of noncompliance for Indicator 1 were found to be subsequently corrected. All 12 services were delivered, although late. Verification of correction of each instance of noncompliance (12 findings) was conducted through monitoring based on record reviews.

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
5	0	5	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*:

AEIS issued a total of 5 findings in 3 programs for Indicator 7 (Children R Us, Community Services Program, and UCP Mobile (Horizon).) All 5 of these findings were verified as corrected within one year and were correctly implementing the regulatory requirements as verified through follow-up record

reviews and completion of the assigned action plan. The monitoring team reviewed the reasons for the 5 findings of noncompliance and determined that they were service coordinator issues that were not systemic in nature.

Children R Us' initial 2 findings were made on 11/14/22. Their action plan required them to submit 3 records completed after the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 3/17/23.

Community Services Program's initial 2 findings were made on 9/27/22. Their action plan required them to submit 3 records that were completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved on 1/10/23.

UCP Mobile-Horizon's initial 1 finding was issued on 3/10/23. Their action plan required them to submit 3 records that were completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 8/30/23.

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

AEIS issued a total of 5 findings in 3 programs (Children R Us, Community Services Program, and UCP Mobile (Horizon).) All 5 of these cases were determined eligible, and their IFSPs were developed, although late, so compliance for the individual cases was re-established at the time of the record reviews. Each individual record of noncompliance was reviewed to ensure that the IFSP for the individual child and family was developed appropriately. These were determined to be individual instances of noncompliance and not a systemic issue. It was determined that each individual case (5 findings) 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
33	0	33	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).

While completing the FY23-24 APR, it was determined that data entered into EMaps for FY22-23 for Indicator 8a was incorrect. The totals for Indicator 7 were mistakenly used for 8a. The total number of findings for Indicator 8a for FFY2022 was 33, not 5.
FY22 APR SHOULD be:

Number of children exiting Part C who have an IFSP with transition steps and services-299 Number of toddlers with disabilities exiting Part C-332 FFY 2021 Data-88.50% FFY 2022 Target-100% FFY 2022 Data-90.01%

Number of documented delays attributable to exceptional family circumstances

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

0

Provide reasons for delay, if applicable.

NA

It should NOT be:

Number of children exiting Part C who have an IFSP with transition steps and services-480 Number of toddlers with disabilities exiting Part C-516 FFY 2021 Data-88.50% FFY 2022 Target-100% FFY 2022 Data-99.03 Status-Did not meet target Slippage-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.

31

Provide reasons for delay, if applicable.

Reasons for delays on the part of the programs included:

Service Coordinator illness

Service Coordinator miscalculation of transition timeline

Personnel shortage

COVID

Reasons for delay related to exceptional family circumstances included:

Family or child illness

Family out of town

Other family obligations (e.g., court, medical appointments)

Family not available until after the deadline (e.g., work schedule)

Personal reasons (e.g., new baby, death in family)

Family emergency

No show by family
Inclement weather
COVID

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*:

AEIS issued a total of 33 findings across 15 programs for timely transition plan (AIDB Birmingham, AIDB Huntsville, AIDB Mobile, AIDB Montgomery, Arc of Central Alabama, Arc of Shelby County, Arc of Walker County, Children R Us, Community Services Program, Marshall Jackson 310, NCA-MRA, UCP East Central, UCP Mobile, United Ability, and Valley Haven). Within one year of the findings, all 33 of the individual cases were verified as corrected as per additional record reviews, data reviews, and achievement of their action plan. It was subsequently determined that the programs were correctly implementing the regulatory requirements.

AIDB Birmingham's initial 4 findings were made on 1/24/23. Their action plan required them to submit 5 transition plans completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 4/6/23.

AIDB Huntsville's initial 1 finding was made on 1/24/23. Their action plan required them to submit 3 transition plans completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 1/12/23.

AIDB Mobile's initial 1 finding was made on 6/29/23. Their action plan required them to submit 5 transition plans completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance, which was achieved on 11/27/23.

AIDB Montgomery's initial 2 findings were made on 3/13/23. Their action plan required them to submit 3 transition plans completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 4/6/23.

Arc of Central AL's initial 1 finding was made on 5/10/23. Their action plan required them to submit 5 transition plans completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 8/8/23.

Arc of Shelby County's initial 1 finding was made on 11/8/22. Their action plan required them to submit 5 transition plans completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 1/5/23.

Arc of Walker County's initial 3 findings were made on 12/7/22. Their action plan required them to submit 3 transition plans completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 2/21/23.

Children R Us' initial 2 findings were made on 11/14/22. Their action plan required them to submit 5 transition plans completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 3/17/23.

Community Services Program's initial 1 finding was made on 9/27/22. Their action plan required them to submit 3 transition plans completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 1/10/23.

Marshall Jackson 310's initial 1 finding was made on 9/8/22. Their action plan required them to submit 3 transition plans completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 1/10/23.

NCA MRA's initial 1 finding was made on 5/16/23. Their action plan required them to submit 4 transition plans completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 7/25/23.

UCP East Central's initial 3 findings were made on 1/11/23. Their action plan required them to submit 3 transition plans completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 1/26/23.

UCP Mobile's (FF/NJ/PSD) initial 1 finding was made on 2/28/23 and UCP Mobile's (Horizon/FT/BB) initial 2 findings were made on 2/10/23. Their action plan required them to submit 3 transition plans completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 8/7/23.

United Ability's initial 5 findings were made on 4/18/23. Their action plan required them to submit 16 transition plans completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 10/4/23.

Valley Haven's initial 1 finding was made on 10/25/22. Their action plan required them to submit 3 transition plans completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 2/2/23.

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

AEIS issued a total of 33 findings across 15 programs (AIDB Birmingham, AIDB Huntsville, AIDB Mobile, AIDB Montgomery, Arc of Central Alabama, Arc of Shelby County, Arc of Walker County, Children R Us, Community Services Program, Marshall Jackson 310, NCA-MRA, UCP East Central, UCP Mobile, United Ability, and Valley Haven.) Within one year of the findings, all of the 33 individual cases were verified as corrected as per additional record reviews, data reviews, and achievement of their action plan. These were determined to be individual instances of noncompliance and not a systemic issue. Each program that had findings of noncompliance was either brought back into compliance at the monitoring review (transition plan written, although late) or they were issued an action plan that included assurances that the program would address the issue and subsequently meet

regulatory requirements. Verification of correction of each instance of noncompliance was conducted through monitoring based on a review of updated data and records. Each individual instance of noncompliance was reviewed by the monitoring team and was determined to have been addressed by the programs.

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
6	0	6	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*:

AEIS issued a total of 6 findings in 4 programs (AIDB Mobile, AIDB Montgomery, UCP Mobile, and WISE.)

AIDB Mobile's initial 1 finding was made on 6/29/23. Their action plan required them to submit 5 transition plans completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 11/30/23.

AIDB Montgomery's initial 1 finding was made on 3/13/23. Their action plan required them to submit 3 transition plans completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 4/6/23.

UCP Mobile's (FF/NJ/PSD) initial 1 finding was made on 2/28/23 and UCP Mobile's (Horizon/FT/BB) initial 2 findings were made on 2/10/23. Their action plan required them to submit 3 transition plans completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 8/30/23.

WISE's initial 1 finding was made on 11/29/22. Their action plan required them to submit 3 transition plans completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 2/2/23.

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

AEIS issued a total of 6 findings in 4 programs for notification to the LEA (AIDB Mobile, AIDB Montgomery, UCP Mobile, and WISE.) All 6 of these individual cases of noncompliance were verified as corrected within one year (the notification was sent within the year but was late). These were determined to be individual instances of noncompliance and not a systemic issue. Each program with findings of noncompliance was issued an action plan that included assurances that the program was correctly implementing the regulatory requirements and that the individual cases of noncompliance were corrected. Each individual instance of noncompliance was reviewed by the monitoring team and was subsequently determined to have been addressed by the programs as per their action plan and follow-up monitoring visit.

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
1	0	1	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*:

AEIS issued a total of 1 finding at UCP Mobile (Horizon/FT/BB.) UCP Mobile's (Horizon/FT/BB.) initial 1 finding was made on 2/10/23. Their action plan required them to submit 3 transition plans completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 8/30/23.

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

AEIS issued a total of 1 finding at UCP Mobile (Horizon/FT/BB.) The 1 individual case of noncompliance was verified as corrected within one year (the 33rd-month meeting with the LEA was held within the year but was late). This was determined to be an individual instance of noncompliance and not a systemic issue. The program was issued an action plan that included assurances that the program was correctly implementing the regulatory requirements and that the individual case of noncompliance was corrected. The individual instance of noncompliance was reviewed by the monitoring team and was subsequently determined to have been addressed by the programs as per their action plan and follow-up monitoring visit.

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

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
57	0	57	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
57	57		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).	57
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)	57
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	0
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	
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	
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	
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	
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	
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>	
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

OSEP cannot determine whether the data are valid and reliable. The State reported 100% of its findings of noncompliance were corrected within one year of identification. However, the State did not demonstrate that the EIS program or provider corrected the findings of noncompliance identified in FFY 2022 related to all compliance indicators because it did not report that it verified correction of those findings, consistent with the requirements in OSEP QA 23-01. Specifically, the State did not report that it verified that each EIS program or provider with noncompliance identified in FFY 2022: (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.

The State did not provide a baseline year and data for this indicator, as required by the Measurement Table.

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

Designated by the Lead Agency Director to Certify

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:

Amy Blakeney

Title:

Early Intervention Director, Part C Coordinator

Email:

amy.blakeney@rehab.alabama.gov

Phone:

3342937021

Submitted on:

04/18/25 6:21:33 PM

Determination Enclosures

Data Rubric

Alabama

FFY 2023 APR (1)

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

APR Indicator	Valid and Reliable	Total
1	1	1
2	1	1
3	1	1
4	1	1
5	1	1
6	1	1
7	1	1
8A	1	1
8B	1	1
8C	1	1
9	1	1
10	1	1
11	1	1
12	0	0

APR Score Calculation

Subtotal	13
Timely Submission Points - If the FFY 2023 APR was submitted on-time, place the number 5 in the cell on the right.	5
Grand Total - (Sum of Subtotal and Timely Submission Points) =	18

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

618 Data (2)

Table	Timely	Complete Data	Passed Edit Check	Total
Child Count/Settings Due Date: 7/31/24	1	1	1	3
Exiting Due Date: 2/19/25	1	1	1	3
Dispute Resolution Due Date: 11/13/24	1	1	1	3

618 Score Calculation

Subtotal	9
Grand Total (Subtotal X 2.11111111) =	19.00

Indicator Calculation

A. APR Grand Total	18
B. 618 Grand Total	19.00
C. APR Grand Total (A) + 618 Grand Total (B) =	37.00
Total N/A Points in APR Data Table Subtracted from Denominator	0
Total N/A Points in 618 Data Table Subtracted from Denominator	0.00
Denominator	38.00
D. Subtotal (C divided by Denominator) (3) =	0.9737
E. Indicator Score (Subtotal D x 100) =	97.37

(2) In the 618 Data table, when calculating the value in the Total column, any N/As in the Timely, Complete Data, or Passed Edit Checks columns are treated as a '0'. An N/A does not negatively affect a State's score; this is because 2.11111111 points are subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the 618 Data table.

(3) Note that any cell marked as N/A in the APR Data Table will decrease the denominator by 1, and any cell marked as N/A in the 618 Data Table will decrease the denominator by 2.11111111.

APR and 618 -Timely and Accurate State Reported Data

DATE: February 2025 Submission

SPP/APR Data

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

Part C 618 Data

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

618 Data Collection	EDFacts Files/ EMAPS Survey	Due Date
Part C Child Count and Setting	Part C Child Count and Settings in EMAPS	7/31/2024
Part C Exiting	FS901	2/19/2025
Part C Dispute Resolution	Part C Dispute Resolution Survey in EMAPS	11/13/2024

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

3) **Passed Edit Check** – A State will receive one point if it submits data that meets all the edit checks related to the specific data collection by the initial due date. The counts included in 618 data submissions are internally consistent within a data collection.

Dispute Resolution

IDEA Part C

Alabama

Year 2023-24

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

Section A: Written, Signed Complaints

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

Section B: Mediation Requests

(2) Total number of mediation requests received through all dispute resolution processes.	0
(2.1) Mediations held.	0
(2.1) (a) Mediations held related to due process complaints.	0
(2.1) (a) (i) Mediation agreements related to due process complaints.	0
(2.1) (b) Mediations held not related to due process complaints.	0
(2.1) (b) (i) Mediation agreements not related to due process complaints.	0
(2.2) Mediations pending.	0
(2.3) Mediations not held.	0

Section C: Due Process Complaints

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

State Comments:

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

These data were extracted on the close date:
11/13/2024