



Massachusetts Department of Public Health

Indicator 1

Reason for Delay

March 2025

Early Intervention Division

What's Included in SPP/APR?

Compliance Indicators:

- 1 Timely services (30 days)
- 7 45-day IFSP timeline
- 8 Early Childhood Transition
 - 8A IFSP with steps transition steps and services
 - 8B notify SEA and LEA
 - 8C Transition Planning Conference

Results Indicators:

- 2 Natural Environments
- 3 Early Childhood Outcomes
- 4 Family Outcomes
- 5 Child Find, age birth to 1
- 6 Child find age birth to 3
- 9 Dispute resolution Sessions
- 10 Dispute resolution: mediation agreements
- 11- State Systemic Improvement plan (SSIP)

General Supervision and Monitoring

As a condition of receiving IDEA funds, the State agency (which is the SEA under IDEA Part B Section 611 and Section 619 and the LA under IDEA Part C) must have a general supervision system.

This system includes multiple components such as monitoring to —

(1) improve educational results and functional outcomes for infants and toddlers with disabilities and their families and children with disabilities; and

(2) ensure that LEAs and EIS programs and providers meet the requirements under IDEA.

EI Division Monitoring System Overview

Monthly:

- Data Quality Reports

Quarterly:

- Compliance Indicators (timely services, timely IFSP, Transition) data base reports

Annually:

- Self Assessment
- Local Determinations
- Results Indicator reports

6 Year Cycle:

- Cyclical Monitoring (Comprehensive Monitoring process of IDEA part C requirements)

El Division Monitoring System Overview

Quarterly:

- Compliance Indicators (1,7,8) data base report

Data Base Reports Compliance Indicators

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)

Indicator 1


- 303.342 Each early intervention service must be provided as soon as possible after the parent provides consent for that service
- The Early Intervention services for which parental consent is obtained must be provided within 30 days of parental consent (Massachusetts Early Intervention Operational Standards).

How is Indicator 1 Measured

Percent = [(number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner) divided by (total number of infants and toddlers with IFSPs)] times 100. Account for untimely receipt of services, including the reasons for delays.



Denominator: Enrollments where the IFSP meeting date is during the time-period specified AND the enrollment has one or more service start dates during the *time-period specified*.
Measuring all services for all IFSPs during that time frame



Numerator: Enrollments in which the services were delivered within 30 days of the service date. An enrollment without a progress note within 30 days and any non-compliant IFSP reason if late for any service during the assessed time-period will be removed from the numerator

Reason for delay

Programs are required to include a **reason for delay** that account for untimely provision of services.

Reasons for delay fall into two larger buckets:

- State and EIS program circumstances
- Exceptional Family Circumstances

Exceptional Family Circumstances

- If a program documents an exceptional family circumstance in the early intervention client system as the reason for delay, then late services will not count as noncompliance for the program
- These reasons are then reported to OSEP and are a federal requirement

Missing Reasons for delay

If no reason for delay (late services) is entered in the child's record, then the late service is considered noncompliant

Step One: Time period identified for data base monitoring



For each indicator, a time-period (quarter of the fiscal year) is identified that is representative of the population served



This quarter is then used as the “time period” for calculating information related to the indicator being monitored

Noncompliance Determination Phases

Phase 1:

Data Verification:

- Each EIS program is given a list of enrollments identified with noncompliance for that indicator for that specific time-period (i.e., July 1, 2023-September 30, 2023)
- The EIS program is given an opportunity to review the list prior to any noncompliance findings to verify that the data is accurate and submit any data corrections or missing data they identify.

Noncompliance Determination Phases

Phase 2:

Determine noncompliance:

- After data errors and missing data have been entered into the EICS data base the data will be pulled again (for the same indicator and same time-period) with the updated validated information
- The PEO unit will review the list of children/enrollments for each EIS program for identified noncompliance.
- PEO will verify for each child specific noncompliance if it has already been corrected (received services although late).
- If child specific noncompliance is corrected, review updated EIS program data that must demonstrate 100% compliance with the regulatory requirement.
- If these two requirements are not met, a finding of noncompliance must be made.

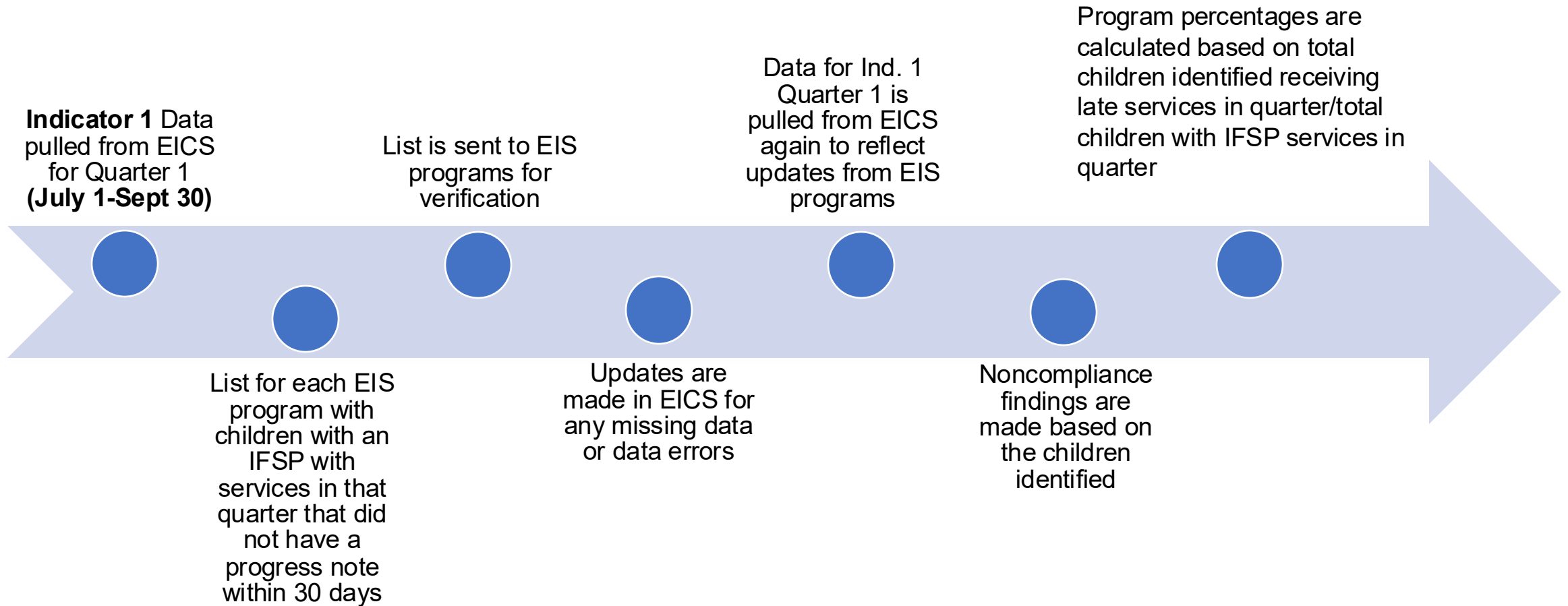
Noncompliance Determination Phases

Phase 3:

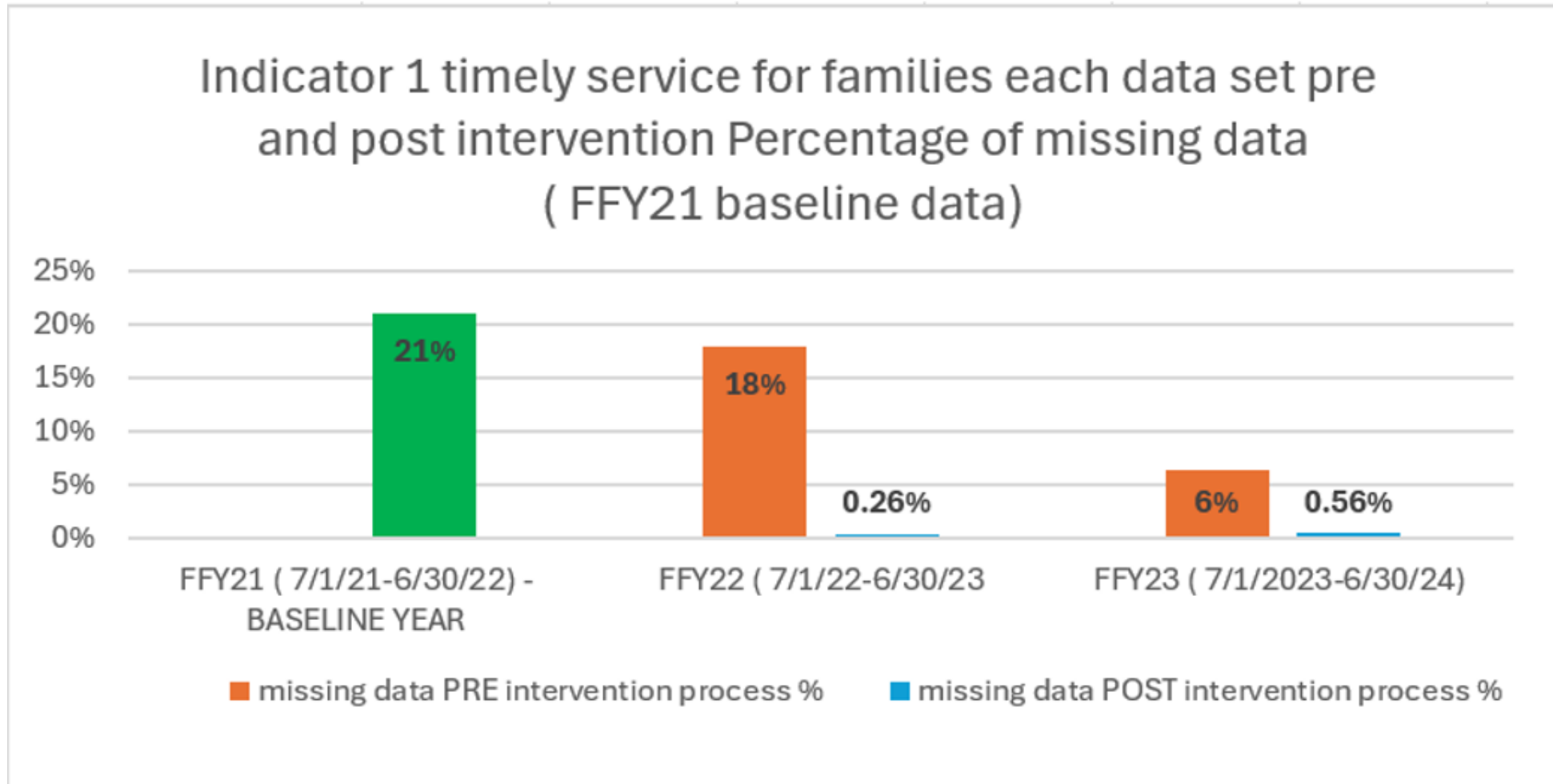
Correction:

- EIS program and/or provider is correctly implementing the specific regulatory requirements (i.e., achieved 100 percent compliance with the relevant IDEA requirements) based on a review of updated data, subsequently collected through the State's data base.
- 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.

Example of process for Indicator 1



Missing Reasons for delay by FFY



Data

Indicator 1 timeliness of services					
SPP/ APR year	missing reason for delay PRE intervention		missing reason for delay POST intervention		
	process #	missing data PRE intervention process %	process #	missing data POST intervention process %	
FFY21 (7/1/21-6/30/22) - BASELINE YEAR					21%
FFY22 (7/1/22-6/30/23)	2118	18%	49		0.26%
FFY23 (7/1/2023-6/30/24)	1180	6%	109		0.56%
FFY24(7/1/2024-6/30/2025)	1346	7.2%			

Questions

- What Ideas do you have for continuing to decrease this missing data prior to our noncompliance process?

Questions



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