



Massachusetts Department of Public Health

Local Determinations

May 2025

Early Intervention Division

Learning Objectives

- Participants will know
 - why we have Local Determinations
 - what data is used when making determinations
 - how is this data collected
 - what are the four categories of determinations
 - where can I find this information publicly

What are state local determinations?

Each state Lead Agency (the Early Intervention Division in Massachusetts) must have in place a State Performance Plan that both evaluates the state's efforts to implement the requirements of Part C of the Individuals with Disabilities Education Act (IDEA) and describe improvement activities as well as make a local determination for each local program.

Factors in Making Determinations

The Office of Special Education Programs (OSEP) of the U.S. Department of Education requires that the Early Intervention Division must consider the following factors in making a determination (20 U.S.C. 1442):+

1. Performance on compliance indicators (Timely Services, Initial IFSP meeting within 45 days, Complete Transition Plan, LEA Notification within the timeframe, Transition Conference within the timeframe)
2. Results and Educational Outcomes
3. Valid and reliable data
4. Correction of identified noncompliance
5. Other data available to the State about the EIS program's compliance with the IDEA including relevant findings

Categories of Determination

The Office of Special Education Programs (OSEP) identifies four categories of determination:

- Meets requirements
- Needs assistance
- Needs intervention
- Needs substantial intervention

Categories of Determination Break Down

Table 1. Determinations and Actions	
Determination Category	Potential Required Actions for this Category
MR = Meets Requirements	EIS programs recognized as meeting requirements and purposes of the IDEA in Early Intervention Division's public-facing documents
NA = Needs Assistance	EIS programs advised of available sources of technical assistance and encouraged to participate in technical assistance activities. May require specific technical assistance activities or quality improvement plan after two years in this category. Determination noted in the Early Intervention Division's public-facing documents
NI = Needs Intervention	EIS programs may be required to develop and implement a Corrective Action Plan to address noncompliance. Determination noted in the Early Intervention Division's public-facing documents
NSI = Needs Substantial Intervention	EIS programs required to develop and implement a Corrective Action Plan to address noncompliance Determination noted in the Early Intervention Division's public-facing documents Referrals to EIS program may be limited, the Early Intervention Division may withhold, in whole or in part, payment to the EIS program

Data is included in Making Determinations

- Compliance Indicators:
 - Indicator 1
 - Indicator 7
 - Indicator 8A
 - Indicator 8B
 - Indicator 8C
- Results Indicators
 - Indicator 4A
 - Indicator 4B
 - Indicator 4C
- Valid, Reliable, Timley Data
- Fiscal
- Correction of Noncompliance

Program Name:	Date Completed:		
Compliance Indicators <i>(Required under, 34 CFR 303.700; 20 U.S.C. 1442)</i> What was the program's performance on the compliance indicators?	Indicator	Percent of Children	Points
	Indicator 1: Timely Services (30 days)		
	Indicator 7: Post Referral Timeline (45 Days)		
	Indicator 8A: Transition plan		
	Indicator 8B: Notification to LEA		
	Indicator 8C: (Transition conference)		
Results Indicators What was the program's performance on the results indicator chosen?	Indicator 4A: (State Target: 85%)		
	Indicator 4B: (State Target: 80%)		
	Indicator 4C: (State Target: 90%)		
Valid, Reliable, Timely Data <i>(Required under, 34 CFR 303.700; 20 U.S.C. 1442)</i>	Data Quality Reports (Months with 40 or more errors):		
A. Fiscal <i>(Required under, 34 CFR 303.700; 20 U.S.C. 1442)</i>			
B. Correction of Noncompliance: Full Correction of Findings of Noncompliance <i>(Required under, 34 CFR 303.700; 20 U.S.C. 1442)</i>			
Total Program Points			
Program Determination			

How do we collect the data?



Compliance Indicators

Step 1:

- A time-period is identified that is representative of the population served
- This quarter is then used as the "time period" for calculating the information related to the indicator being monitored

Step 2:

- This data is then pulled directly from EICS for that specific identified time-period
- A list is generated from EICS including all enrollments identified within the criteria for "x" indicator
- From that list, enrollments in which the compliance requirement was not met are identified

Step 3

- Noncompliance Determination Phases:
 - Data Verification
 - Determine Noncompliance
 - Data correction

Compliance Indicator Scoring Matrix

Indicator	Points
Indicator 1	
99.44%-100%	2
94.47% -99.43%	1
Less than 94.47%	0
Indicator 7	
98.98%-100%	2
94.03% -98.97%	1
Less than 94.03%	0
Indicator 8A	
99.97%-100%	2
94.97% -99.96%	1
Less than 94.97%	0
Indicator 8B	
99.95%-100%	2
94.95% -99.95%	1
Less than 94.95%	0
Indicator 8C	
99.71%-100%	2
94.72% -99.70%	1
Less than 94.72%	0
Compliance Indicator Total	
If 100% on all five compliance indicators	1

Results Indicators

- This data comes from the NCSEAM surveys that the families completed, and the family's responses related to the three outcome areas.
- 4A
 - Percent of families participating in Part C who report that early intervention services have helped the family know their rights
 - state target is 85%
- 4B
 - Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs
 - state target is 80%
- 4C
 - Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn
 - state target is 90%

Results Indicators Measurement

- 4A
 - Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family know their rights) divided by the (# of respondent families participating in Part C)] times 100.
- 4B
 - Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs) divided by the (# of respondent families participating in Part C)] times 100.
- 4C
 - Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn) divided by the (# of respondent families participating in Part C)] times 100

Results Indicator Scoring Matrix

Indicator 4 (A, B, C)	
Met State Target for all 3 outcomes	2
Met State Target for at least 1 outcome	1
Did not meet state target for all 3 outcomes	0

Valid, Reliable, Timely Data

- The Data team will produce monthly data quality reports, in the form of two reports, A and B, each month to identify missing or illogical data in the Early Intervention Client System.
- The PEO team reviews state data monthly for the number and percentage of illogical or missing data found at the individual program level to identify technical assistance, training needs and corrective actions. Statewide trends will be analyzed Quarterly to identify technical assistance and training needs.
- We monitor this to ensure valid and reliable data is submitted into the Early Intervention Client System (EICS) by all Early Intervention Service providers in a timely manner, ensuring accurate and reliable data for state and federal reporting and the payment of claims.

Valid, Reliable, Timley Data Scoring Matrix

Data Quality	
<p>Data Quality monthly report errors equal to or greater than 40 errors or 5%</p> <ul style="list-style-type: none">• No consecutive months or up to 2 consecutive• 0-3 out of 12 months nonconsecutive	2
<p>Data Quality monthly report errors equal to or greater than 40 errors or 5%</p> <ul style="list-style-type: none">• Between two and five consecutive months• 4-6 out of 12 months non-consecutive	1
<p>Data Quality monthly report errors equal to or greater than 40 errors or 5%</p> <ul style="list-style-type: none">• 6 or more consecutive months OR• 7-12 months nonconsecutive	0

Fiscal Compliance

- EI agencies/programs must submit all electronic submissions of original claims from the prior year fiscal by March 10th unless prior written approval is received.
 - A 30-day (April 11th) extension is the most that can be granted.

Fiscal Year 2023 Deadline Extension Request Form **30 Days Maximum**

Per the DPH Reimbursement Policy Manual for Early Intervention and Autism Services (p.26 “Fiscal Year Deadlines”), all electronic submissions of original claims from the prior year fiscal must be submitted by March 10th unless prior written approval is received. As March 10th lands on a Sunday, the deadline has been moved to Monday, **March 11, 2024 at 5pm**. All requests must be received by Early Intervention Staff by February 29, 2024 in order to be processed.

Early Intervention Program/Vendor Name	
Requestor Name & Title	
Date of Request	
Extension Date/Reason for Request	
*Early Intervention Determination (To be completed by EI staff)	

Fiscal Compliance Scoring Matrix

Fiscal	
No Fiscal Year Claim submission waiver requested	2
Fiscal Year Claim Submission wavier requested, no post fiscal year deadline adjustment requested	1
Post Fiscal Year deadline adjustment requested	0

Correction of Noncompliance

- 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.
- EIS program 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.

Correction of Noncompliance Scoring Matrix

Full Correction of Previous Fiscal Year Noncompliance (FFY21)	
No findings of noncompliance from FFY22 OR Full Correction of all noncompliance from FFY22 (within 12 months of date or written notification)	2
Outstanding FFY22 noncompliance (not corrected within 12 months from finding)	1
Outstanding noncompliance for FFY22 (not corrected within 12 months of finding) and fiscal year FFY21 outstanding noncompliance (not corrected within 12 months)	0

More information

- [Public reporting for Early Intervention | Mass.gov](#)
- [eCFR :: 34 CFR 303.700 -- State monitoring and enforcement.](#)
- [Early Intervention General Supervision | Mass.gov](#)

Questions for Discussion

- Is the process for collecting the data and then using it in both the SPP/APR reporting and local determinations clear?
- How can we make it clearer?
- How can the EI Division help better prepare programs to meet these requirements

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