**State Performance Plan / Annual Performance Report: Part C**

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

**For reporting on
FFY 2020**

**Massachusetts**



**PART C DUE
February 1, 2022**

**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) meets the requirements of Part C of the IDEA. This introduction must include descriptions of the State’s General Supervision System, Technical Assistance System, Professional Development System, Stakeholder Involvement, and Reporting to the Public.

## Intro - Indicator Data

**Executive Summary**

The Early Intervention Division with the Department of Public Health serves as the Lead Agency for the Part C System for the Commonwealth of Massachusetts. The Lead Agency (MA-C) administers and oversees the provision of early intervention services to infants and toddlers ages birth to three who are diagnosed with conditions bearing relatively well-known expectations for developmental delay, are experiencing developmental delays, and those for who social factors place them at risk for developing delays. children at risk for delay. During FFY20, 43,085 infants and toddlers were enrolled in the Commonwealth's Part C system, which is operated by a network of 59 Early Intervention Service (EIS) programs.

Despite its best efforts, MA-C's performance was adversely affected by the COVID-19 pandemic. On March 10, 2020, Governor Baker declared a state of emergency giving the Commonwealth, which remained in place until June 15, 2021. That is, MA-C operated for within a state of emergency for all but the final 15 days of the FFY20 reporting period. The public health measures necessitated by the COVID-19 pandemic challenged the infrastructure of the MA-C system: MA-C staff learned to telework for the first time. Similarly, EIS providers began delivering telehealth services, which had never before been permitted in the Commonwealth. Required social distancing and quarantine rules weakened the EIS workforce; the closure of elementary and secondary schools further strained this overburdened workforce as EIS programs saw fewer staff available for the provision of services and struggled with a novel state database that had been implemented only a few months prior to reporting year. The number of infants and toddlers referred to early intervention services dropped by 43% compared to the prior year; a similar trend is observed in evaluations, with a 41% decline. Many families chose not to participate in Part C services due to fears about COVID-19. Taken together, these facts led many EIS programs to temporarily or permanently reduce their workforce. Families served by MA-C were undeniably affected: some were essential workers, others found their workplace relocated overnight to their home. Still others lost their jobs and livelihoods. No individual involved in the Commonwealth's Part C system was unscathed by the effects of the COVID-19 pandemic.

Additional information related to data collection and reporting

Data collection and reporting, too, were adversely affected by the COVID-19 pandemic. EIS providers, suddenly teleworking from home, had to learn new protocols for documenting services and entering data into the state database. Timeliness of data entry proved challenging for those providers who were now sharing their computers with their own children who were attending public schools remotely. EIS providers across the Commonwealth persisted under arduous conditions to deliver necessary early intervention services to some of the Commonwealth's most vulnerable residents. These data, although difficult to gather at times, does appear to be valid and reliable. EIS providers subsequently were provided the opportunity to compare the state database data to their paper files and revise data entry errors.

**General Supervision System**

**The systems that are in place to ensure that IDEA Part C requirements are met, e.g., monitoring systems, dispute resolution systems.**

The Lead Agency (MA-C) has established a general supervision system to ensure the provision of high-quality early intervention services.

At the heart of its general supervision system is valid and reliable data. MA-C is building a database to collect valid and reliable data. Contracted EIS programs are expected to report timely and accurate data in the state database. The database includes automated data quality/validation checks to promote EIS program compliance with regulation and capture accurate information. For example, reminder appears in dashboard for toddlers approaching timely services deadline. When late, program director must identify a reason for delay. Technical Assistance is provided to EIS programs to ensure accurate data entry; MA-C provides a general Technical Assistance webinar twice monthly and schedules targeted TA individually for EIS programs. Additionally, MA-C has developed and maintained written materials embedded within the database’s help section including a User Manual to help personnel understand data entry and reporting requirements.

The data entered by EIS programs informs other aspects of the general supervision system. First, MA-C uses its data to analyze performance across APR indicators by EIS program and by child’s race/ethnicity. Additionally, trends in EIS program performance are assessed by comparing performance across EIS programs and service areas. The specific needs of each local program by reviewing its indicator data, speaking with the program director, and soliciting overarching feedback from the State Interagency Coordinating Council (ICC). Local determinations are made consistent with requirements by the Coordinator of General Supervision. The Part C Coordinator presents data to ICC quarterly to disseminate data.

MA-C monitors EIS programs' compliance and improved results by relying on data collected from its state database to identify noncompliance. MA-C makes a finding of noncompliance when EIS program is <100% compliant; Corrective Action Plans are required when a program is <95% compliant. When noncompliance is detected, EIS programs are notified in writing.

MA-C has established its Early Intervention Operational Standards to guide contracted providers in the effective delivery of early intervention services. These standards document the policies and procedures to ensure effective implementation of early intervention services across the Commonwealth.

MA-C has established a system of fiscal oversight that includes contracts with providers outlining a clear scope of work, a reimbursement manual to identify the conditions under which MA-C will serve as the payor of last resort, internal controls and separation of activities to process, review, approve, and pay claims from contracted EIS providers.

MA-C offers targeted technical assistance and training that are aligned with SSIP activities as well as those designed to increase below-criterion performance on APR (i.e., transition). Content offered is informed by the system's performance on federal indicators (e.g., declining performance in FFY20 for transition-related indicators necessitated the creation of additional transition-related technical assistance) as well as priority initiatives for MA-C and the Department of Public Health at large, such as the provision of specific training related to eliminating structural and historical racism.

During FFY20, MA-C’s primary strategy to document and change EIS provider performance was via Corrective Action Plans (CAPs). The EIS provider developed the CAP in conjunction with MA-C, and the required actions typically focused on correcting past errors. The status of EIS programs are determined annually and published on the MA-C website.

MA-C ensures effective dispute resolution. Parental inquiries, complaints, and disputes are documented, and dispute resolution data are reported publicly on our website.

MA-C ensures its State Performance Plan is informed by stakeholders. The Part C Coordinator reports annually to its State Interagency Coordinating Council (ICC) on its annual performance report and includes the ICC in the development of targets. MA-C recruits families and provider representatives who are geographically, linguistically, racially, and socio-economically diverse to participate in the ICC.

**Technical Assistance System:**

**The mechanisms that the State has in place to ensure the timely delivery of high quality, evidenced based technical assistance and support to early intervention service (EIS) programs.**

MA-C provides Technical Assistance (TA) to EIS programs. Targeted TA is provided at the request of EIS program or per a Corrective Action Plan. General TA is scheduled as antecedent for all EIS programs and is available on-demand from MA-C’s training website and provided in a synchronous format monthly.

**Professional Development System:**

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

The Early Intervention Training Center is MA-C's professional development unit. Training content is developed following data analysis of EIS provider performance (e.g., deviation from required transition timelines), patterns in complaints or inquiries from parents (e.g., families reporting providers relying on "toy bags" instead of implementation of the Parents Interacting With Infants model), and other initiatives established by the Commonwealth (i.e., racial equity and racial justice).
MA-C has created the Foundations training for all new early intervention staff. A Supervision training is required for all supervisors. a number of optional offerings are available for all providers.

**Broad Stakeholder Input:**

**The mechanisms for soliciting broad stakeholder input on the State’s targets in the SPP/APR and any subsequent revisions that the State has made to those targets, and the development and implementation of Indicator 11, the State’s Systemic Improvement Plan (SSIP).**

The State Interagency Coordinating Council (ICC) serves as the primary stakeholder body for MA-C. ICC provides feedback to develop state targets, identify areas of need, and help recommend additional data analysis to improve MA-C performance. The ICC is comprised of 41 appointed members with variation in level of experience, discipline, role, geographic location across the Commonwealth, and race/ethnicity. Additionally, the ICC meetings are made available to the public and agendas and meeting links are published on MA-C's website and advertised through by the Parent Training and Information Center.

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

YES

**Number of Parent Members:**

13

**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.**

The ICC is the primary stakeholder body, and during FFY20, MA-C worked to increase parent engagement within the ICC.

The thirteen parent members of the ICC were engaged in setting targets, analyzing data, developing improvement strategies, and evaluating progress via the typical ICC meetings. The co-chaired by a parent and a provider representative. During ICC meetings, the Part C Coordinator presented data on MA-C performance and solicited feedback and recommendations (i.e., in synchronous discussion, via asychronous collaboration methods such as virtual white boards).

The Federation for Children with Special Needs (FCSN) is the Commonwealth’s Parent Training and Information Center and is staffed by individuals with lived experience caring for a child with special needs. FCSN participates on the ICC by having representatives, one of whom served as the co-chair of the Family Engagement subcommittee during the reporting year. In addition to ICC meetings, FCSN met regularly with MA-C staff to share common themes from the parent support network they offer. The most common theme from FFY20 related to the provision of high-quality early intervention services via telehealth. These concerns informed MA-C's strategic planning initiatives.

Finally, the Early Intervention Parent Leadership Project (EIPLP) provided family engagement and support for a small group of individual families enrolled in early intervention during FFY20. This staff of three held focus groups with families to identify areas of interest for improvement across the system. To help families feel empowered to participate in the process, MA-C sponsored four families to attend the FCSN conference in March 2021 to increase their knowledge of their rights and high-quality early intervention services. The recommendations and feedback from these individual families also informed MA-C's strategic planning initiatives.

**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.**

MA-C has supported training for parents with a specific goal of increasing their knowledge of their rights. To that end, MA-C has collaborated with the Commonwealth’s Parent Training and Information Center, The Federation for Children with Special Needs (FCSN) to offer a quarterly training to prepare for transition to Part B services, which was attended by 179 parents across the reporting period. A second goal for training parents is to increase effective outcomes for toddlers, and MA-C has developed video overviews of early intervention services in MA, each of which have been viewed 350 times. MA-C has created resources to help families distinguish child-centered from provider-centered services and has offered a training to families enrolled in the Part C system. Additionally, MA-C recruited and trained 20 family members to participate in the review process for new provider contracts to ensure family perspectives are included in the selection process.

**Soliciting Public Input:**

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

MA-C embeds stakeholder input and analysis into its activities related to setting targets, analyzing data, developing improvement strategies, and evaluating progress. In March 2021, MA-C planned the stakeholder analysis process for the remainder of FFY20, and identified target setting for results indicators and evaluation of the system's performance to be the most pressing foci of stakeholder engagement. After reviewing the bylaws and appointed members for the State Interagency Coordinating Council (ICC), MA-C sought to leverage the ICC as its primary stakeholder group in FFY20. To promote broad and representative participation, MA-C publishes ICC meeting dates and topical agendas on its website and distributes notification of upcoming meetings to families via its Parent Training and Information Center's contact list, as well as to contracted EIS programs.

First, MA-C analyzed ICC members and public attendees to ensure broad and representative participation, in terms of stakeholder characteristics (e.g., geographic location, race/ethnicity, seniority and experience within the EIS workforce and for parent members, the age(s) of their children). A stakeholder table was created to identify gaps and drive future recruitment of ICC members (e.g., MA-C acknowledges that the steering committee disproportionally represents providers who are highly experienced within the EIS workforce and are more senior in their places of employment and front-line staff are not well represented).

Having identified its key stakeholders, MA-C established a smaller working group within the ICC Steering Committee, comprised of three parent members (one being the co-chair), a representative from the Parent Training and Information Center, the Part C Coordinator, and six provider members, including the chairpersons of the standing committees, a representative to the EIS providers' professional association. The ICC Steering Committee assisted in the development of a Lead Agency report, or data to be presented by the Part C Coordinator during each ICC meeting to ensure stakeholders were well-informed of the data. In preparation for target setting activities, a virtual questionnaire was developed along with a reference slide for ICC members. After data were presented, the Part C Coordinator addressed questions from the ICC and then polled them to obtain the total number of respondents for each target (mean 19, range 11-25) as well as the respondent's identity to allow for more detailed analyses to inform MA-C's target setting (i.e., is there differentiation in responding between parent and provider members?). Responses from providers were also analyzed in light of their employer's performance (e.g., if a provider member was employed by an EIS program with historically lower performance on Indicator 4, did they recommend lower targets be set?).

The FFY20 timeline for soliciting public input included activities throughout the reporting year. In September 2020, the ICC charges developed in collaboration with MA-C staff. This meeting was facilitated virtually; charges were selected by separating into smaller groups to discuss and identify priorities. The Acting Assistant Director for MA-C attended the ICC Retreat and agreed to the charges proposed by the ICC. The ICC then met in November 2020, January 2021, April 2021, and June 2021 to work toward those charges. During each meeting, the Part C Coordinator presented data on MA-C's performance as well as other metrics requested by the ICC (e.g., data on personnel entering the EIS workforce). In March 2021, the Part C Application was made available to the public. A notification was posted in the newspaper with the largest distribution in the Commonwealth, an announcement was made on MA-C's website, distributed via email to all contracted EIS programs, and announced via email via the Parent Training and Information Center's contact list. The Part C Coordinator then held a listening session to receive feedback from the public. Comments were documented and MA-C reviewed for patterns of questions or concerns related to the Part C Application. A similar series of activities occurred when the American Rescue Plan funds were announced for MA-C: a special item was added to the June 2021 ICC agenda for the Part C Coordinator to present the priority areas (e.g., workforce development, family engagement and support) and recruit ideas and feedback from the ICC members about specific actions MA-C could take to accomplish these outcomes. Stakeholder feedback was collected via small group discussion and an interactive virtual whiteboard and served as the basis for future budget planning for ARP funds. Also in June, ICC stakeholders were asked to review data for Indicator 4 from the prior five reporting periods and nominate targets for the next two reporting periods.

**Making Results Available to the Public:**

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

To make results available to the public, the Part C Coordinator presented the Lead Agency Report during the State Interagency Coordinating Council (ICC) meetings held in March and June 2021, the Part C Coordinator presented data for Indicators 5 and 6, as well as additional metrics such as the number of new personnel entering the EIS workforce, racial disparities in access to early intervention services, mode of service delivery (i.e., in-person v. telehealth services).

**Reporting to the Public:**

**How and where the State reported to the public on the FFY 2019 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 2019 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 revision if the State has revised the targets that it submitted with its FFY 2019 APR in 2021, is available.**

MA-C published its FFY19 APR on its website: https://www.mass.gov/lists/public-reporting-for-early-intervention
MA-C published local EIS program determinations on its website: https://www.mass.gov/lists/public-reporting-for-early-intervention

## Intro - Prior FFY Required Actions

The State's IDEA Part C determination for both 2020 and 2021 is Needs Assistance. In the State's 2021 determination letter, the Department advised the State of available sources of technical assistance, including OSEP-funded technical assistance centers, and required the State to work with appropriate entities. The Department directed the State to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance. The State must report, with its FFY 2020 SPP/APR submission, due February 1, 2022, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance.

**Response to actions required in FFY 2019 SPP/APR**

The Lead Agency (MA-C) received a determination of Needs Assistance and is required to report on its efforts to improve its system. One way has been through regular access of OSEP-funded Technical Assistance by experts in the areas in which MA-C needs assistance. MA-C has accessed TA during FFY20
o Ensuring full implementation of Part C procedural safeguards during COVID-19 pandemic (CADRE, July 2020-May 2021). As a result of this ongoing TA, MA-C provided training to its contracted mediators and hearing officers on implementing the Early Intervention Operational Standards during the COVID-19 pandemic.
o Ensuring MA-C policies and procedures ensure full implementation of Part C requirements (ECTA, March-June 2021). As a result of this ongoing TA, MA-C released written guidance to its contracted EIS providers (e.g., June 2021 Home Visiting Guidance), as well as started the revision of its Early Intervention Operational Standards.
o Ensuring fiscal integrity of Part C funds (CIFR, April-June 2021). As a function of this ongoing TA, MA-C has revised its reimbursement manual to clarify for contracted EIS providers the definition of "payor of last resort". Additionally, MA-C has adapted its internal training procedures to include the CIFR Fiscal Training Modules and shared this resource with the ICC Fiscal Comittee.
o Support for APR clarification (ECTA, April 2021). As a result of this TA, MA-C addressed OSEP's comments in the FFY19 APR and developed a timeline and internal procedures to ensure more timely and effective planning for the APR for future years.
o Improving Data Governance policy (DaSy, June 2021). As a result of this TA, MA-C began developing a data governance policy.

## 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.

The State's determinations for both 2020 and 2021 were Needs Assistance. Pursuant to sections 616(e)(1) and 642 of the IDEA and 34 C.F.R. § 303.704(a), OSEP's June 22, 2021 determination letter informed the State that it must report with its FFY 2020 SPP/APR submission, due February 1, 2022, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance. The State provided the required information.

## 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 noncompliance as noted in the Office of Special Education Programs’ (OSEP’s) response table 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 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 1 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 74.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 99.67% | 99.50% | 99.33% | 99.00% | 99.21% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% | 100% |

**FFY 2020 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 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 9,531 | 11,354 | 99.21% | 100% | 99.82% | Did not meet target | No Slippage |

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

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

1,802

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

MA-C identifies the reason for services provided outside the required timeline. The majority of delays resulted from exceptional family circumstances, including those who cancelled the service or did not attend it as scheduled. Other delays resulted from EIS providers being unable to contact a family or schedule a service within the time frame and extreme weather.

**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).**

MA-C defines “timely” receipt of early intervention services as the latency between a parent or legal guardian’s consent to when IFSP services are initiated. "Timely" services are those that begin within 30 days of the parent or legal guardian's consent to the IFSP.

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

State database

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

The Lead Agency (MA-C) selected a six-month sample to collect data on this indicator: January 1, 2021 to June 30, 2021.

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

These data accurately reflect data for infants and toddlers with IFSPs for the full reporting period because they include data on from 53 out of 59 contracted Early Intervention Service programs. Additionally, these data include Initial Individualized Family Service Plans (i.e., the first IFSP developed at the outset of the child’s enrollment in the EI system) and for all annual IFSPs (i.e., those IFSPs evaluated after one year). These data are entered into the state database by the contracted EIS programs.

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

**Correction of Findings of Noncompliance Identified in FFY 2019**

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

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 1 - Prior FFY Required Actions

The State did not report that it identified any findings of noncompliance in FFY 2018, although its FFY 2018 data reflect less than 100% compliance. In the FFY 2020 SPP/APR, the State must provide an explanation of why it did not identify any findings of noncompliance in FFY 2018.

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2019: (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 Memo 09-02. In the FFY 2020 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 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

**Response to actions required in FFY 2019 SPP/APR**

The Lead Agency (MA-C) identified FFY18 noncompliance through annual monitoring of its state database, implementing a process to distinguish inaccurate implementation of the regulatory requirement from inaccurate or delayed data entry.

In FFY18, MA-C determined that eight children received services, although late. MA-C notified the local programs of the discovery of noncompliance. MA-C's General Supervision procedures allowed local programs with minimal noncompliance to correct noncompliance prior to the issuance of a written finding. Subsequent to the discovery of noncompliance, MA-C then verified correction of each instance of child-specific noncompliance. MA-C then reviewed updated program data and confirmed 100% compliance with each statutory or regulatory requirement with which noncompliance was identified.

To verify the accuracy of data, MA-C notified local programs of each instance of noncompliance or missing data (i.e., each toddler whose record did not demonstrate timely provision of services) in FFY18. Local programs were required to review their paper records for each instance of noncompliance within 30 days. Local programs reported back to MA-C either (1) to confirm the instance of noncompliance or (2) to identify it as an error in data entry and provide corrected information. After EIS programs had the opportunity to review and verify the accuracy of the data or add missing data, MA-C updated the state database to reflect corrected data and reanalyzed the local program’s compliance for Indicator 1 in FFY18 through annual monitoring of its state database.

MA-C required the correction of every instance of FFY18 noncompliance. As stated above, MA-C determined that eight children received services, although late.

MA-C collected and reviewed updated data to verify timely correction of FFY18 noncompliance. MA-C’s specific procedures differed based on the extent of noncompliance and its root cause. For all local programs with compliance rates below 100%, MA-C sampled 10 child records at random using subsequent data from its state database and documented its verification in its records. MA-C notified each local program in writing that compliance had been reached. MA-C has verified that all local programs with less than 100% compliance in FFY18 has demonstrated ongoing compliance.

Per PSC ticket #22-04814AW, MA-C is unable to edit the table "Correction of Findings of Noncompliance Identified Prior to FFY2019" in the Indicator Data. In FFY2018, there were eight findings of noncompliance. All eight have been verified as corrected as of April 2022.

In FFY19, MA-C originally reported 99.21% compliance and identified 6 children whose records did not reflect the provision of timely services. MA-C subsequently reviewed data included its’ the state database and discovered an error in its earlier analysis: the state database was comparing the date services began against a field designed to document the EIS provider's visit. In these six cases, the field was blank, flagging the child's record as noncompliant. MA-C subsequently reviewed each service for each of the six children on the claims submitted to MA-C by providers and verified that all six children did receive services in a timely manner. MA-C should have reported 100% compliant for FFY19.

## 1 - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2020 - June 30, 2021). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

## 1 - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 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 Memo 09-02. In the FFY 2021 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 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

# 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 (E*MAPS*)).

**Measurement**

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

**Instructions**

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

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

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

## 2 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 98.80% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target>= | 96.00% | 96.00% | 96.00% | 96.00% | 97.00% |
| Data | 99.77% | 99.76% | 99.85% | 99.94% | 99.88% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= | 97.00% | 97.50% | 97.50% | 98.00% | 98.00% | 98.50% |

**Targets: Description of Stakeholder Input**

The State Interagency Coordinating Council (ICC) serves as the primary stakeholder body for MA-C. ICC provides feedback to develop state targets, identify areas of need, and help recommend additional data analysis to improve MA-C performance. The ICC is comprised of 41 appointed members with variation in level of experience, discipline, role, geographic location across the Commonwealth, and race/ethnicity. Additionally, the ICC meetings are made available to the public and agendas and meeting links are published on MA-C's website and advertised through by the Parent Training and Information Center.

Target setting for Indicator 2 took place during an ICC meeting. The Part C Coordinator presented data on MA-C's performance on indicator 2 for the past five FFYs relative to the targets, answered questions about the data, and then solicited recommendations from the attendees.

For Indicator 2, 25 attendees responded (13 providers, five parent members, and four representatives from other state agencies). Four state agency representatives, including two MA-C employees, recommended immediate increases in the targets with increases up to 99% in FFY25. One state agency representative recommended no changes, and the remaining two recommended maintain the target in FFY21 and increasing over time to 99% in FFY25. One parent member recommended no changes to the target; the others recommended slow increases to 99% by FFY25. Six providers recommended no change to the target (i.e., maintained at 97% for the next five FFYs). Three recommended it be immediately increased to 99% and maintained there for the duration of the next five FFYs. Others recommended slow increases resulting in 98% by FFY25.

Results of target setting responses demonstrate the majority of stakeholders support moderately increased targets for the percentage of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings. For this reason, MA-C has established targets that continue to show improvement over baseline. MA-C does acknowledge that its baseline was established nearly 10 years ago and may warrant a reset in an upcoming FFY.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/08/2021 | Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings | 21,534 |
| SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/08/2021 | Total number of infants and toddlers with IFSPs | 21,783 |

**FFY 2020 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 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 21,534 | 21,783 | 99.88% | 97.00% | 98.86% | Met target | No Slippage |

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

## 2 - Prior FFY Required Actions

None

## 2 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

## 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)**

YES

**Targets: Description of Stakeholder Input**

The State Interagency Coordinating Council (ICC) serves as the primary stakeholder body for MA-C. ICC provides feedback to develop state targets, identify areas of need, and help recommend additional data analysis to improve MA-C performance. The ICC is comprised of 41 appointed members with variation in level of experience, discipline, role, geographic location across the Commonwealth, and race/ethnicity. Additionally, the ICC meetings are made available to the public and agendas and meeting links are published on MA-C's website and advertised through by the Parent Training and Information Center.

A special survey was developed in June 2021 to review the targets for Indicators 3 and 4 with stakeholders. This meeting was held in light of the ongoing COVID-19 pandemic and the public health measures necessitated. The purpose of the meeting was to review the FFY20 and FFY21 targets in light of the realities of delivering early intervention services in a pandemic. The stakeholders encouraged MA-C to continue to strive for the provision of high-quality early intervention services and retain the targets as they had previously been set.

Target setting for Indicator 3 for the remaining FFYs took place during an ICC meeting. The Part C Coordinator presented data on MA-C's performance on indicator 3 for the past five FFYs relative to the targets, answered questions about the data, and then solicited recommendations from the attendees.

For Indicator 3A1, 20 attendees responded (12 providers, three parent members, and five representatives from other state agencies). Four state agency representatives, including one MA-C employee, recommended that targets be set higher than previous for all or some of the next five FFYs. One recommended the target be maintained at 57% and slowly increased to 57.2% over the next five FFYs. Others recommended targets be initially lowered to 85% and increased to a higher than previously set target over the next five FFYs. Parent members recommended that targets be increased to at least 57.4% and either maintained or slowly increased over the next three FFYs. One provider recommended no change to the target over the next five FFYs. Five of the provider members recommended the target be increased as high as 57.4% across the five years. Five provider members recommended the targets all be set higher for some or all of the next five FFYs.

For Indicator 3A2, 20 attendees responded (12 providers, three parent members, and five representatives from other state agencies). State agency representatives, including one MA-C employee, recommended that targets be maintained or lowered in FFY22 and slowly increased until FFY25. Two parent members encouraged MA-C to increase the target significantly over the current level. Others recommended starting at 71.4% and increasing to 71.5% over the next five FFYs. Five of the provider members recommended the target be increased to something significantly higher than its current level, either for all five FFYs or the final three. Two providers recommended recommended the target be lowered to 71.1% and be maintained there for the next five FFYs. Others recommended targets be lowered and increase to a max of 71.5% by 2025. One provider member recommended something higher for each of the years.

For Indicator 3B1, 11 attendees responded (three providers, three parent members, and five representatives from other state agencies). Four state agency representatives, including one MA-C employee, recommended that targets be increased over time to at least 88.4%, with two representative encouraging a number significantly higher. One state agency representative recommended no change over time (i.e., 88% thorough FFY25). Two parent representative set higher than previous for all or some of the next five FFYs; the other recommended that the target be maintained at 88% and increase slightly over the next five FFYs. One provider recommended no change to the target over the next five FFYs. The other two recommended maintaining 88% and increasing to 88.10% over the next five FFYs.

For Indicator 3B2, 14 attendees responded (seven providers, three parent members, and four representatives from other state agencies). Three state agency representatives, including one MA-C employee, recommended that targets be set at 95% with slow increases to 95.3% in FFY25. One recommended no change to the target over the next five FFYs; one recommended all targets be established at significantly higher levels. Two parent representative set higher than previous for all or some of the next five FFYs; the other recommended that the target be maintained at 52% and increase slightly over the next five FFYs to 52.4%. Two providers recommended no change to the target over the next five FFYs. All others recommended beginning at 52.5% and increasing over time to 52.2% or a significantly higher number by FFY25.

For Indicator 3C1, 14 attendees responded (six providers, three parent members, and five representatives from other state agencies). Three state agency representatives, including one MA-C employee, recommended that targets be either slowly increased to a max of 95.4% in FFY25. One state agency representative recommended no changes; another recommended the targets be set significantly higher than current levels. All three parent representatives recommended increasing to 95.4% by FFY25. Four providers recommended no change to the target over the next five FFYs (i.e., maintain at 95%). Two providers recommended increasing to 95.4% by FFY25.

For Indicator 3C2, 12 attendees responded (six providers, two parent members, and four representatives from other state agencies). Three state agency representatives recommended reducing the target in FFY21 and increasing over time to 74% in FFY25. One state agency representative, a MA-C employee, recommended that targets be either slowly increased to a max of 74.3% in FFY25. Parent representatives recommended increasing to 74.3% by FFY25. Three providers recommended the targets be reduced to 73.9% and either maintained or increased to a max of 74% by FFY25. Two providers recommended targets be established at significantly higher levels beginning in FFY22.

Results of target setting responses demonstrate stunning variation in the perspectives and recommendations of different groups of stakeholders. As Part C services place the child and family in the center of every conversation, MA-C has weighted recommendations from its ICC Parent members more heavily than others. For this reason, MA-C has established targets that continue to show improvement over baseline and will seek to implement improvement strategies in the next FFY before proposing lowering its targets. MA-C does acknowledge that its baseline was established nearly 10 years ago and may warrant a reset in an upcoming FFY.

**Will your separate report be just the at-risk infants and toddlers or aggregated performance data on all of the infants and toddlers it serves under Part C?**

At-risk infants and toddlers

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Baseline**  | **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| **A1** | 2013 | Target>= | 56.70% | 56.70% | 56.80% | 56.90% | 56.90% |
| **A1** | 56.67% | Data | 55.83% | 56.17% | 55.74% | 52.81% | 44.80% |
| **A1 AR** |  | Target>= |  |  |  | 52.81% |  |
| **A1 AR** |  | Data |  |  |  | 93.62% | 93.75% |
| **A2** | 2013 | Target>= | 70.90% | 70.90% | 71.00% | 71.10% | 71.10% |
| **A2** | 70.85% | Data | 68.33% | 69.01% | 69.14% | 66.12% | 61.15% |
| **A2 AR** |  | Target>= |  |  |  | 66.12% |  |
| **A2 AR** |  | Data |  |  |  | 96.69% | 96.75% |
| **B1** | 2013 | Target>= | 87.70% | 87.70% | 87.80% | 87.90% | 87.90% |
| **B1** | 87.64% | Data | 84.96% | 85.78% | 85.03% | 83.72% | 43.55% |
| **B1 AR** |  | Target>= |  |  |  | 83.72% |  |
| **B1 AR** |  | Data |  |  |  | 100.00% | 92.79% |
| **B2** | 2013 | Target>= | 51.70% | 51.70% | 51.80% | 51.90% | 51.90% |
| **B2** | 51.63% | Data | 47.68% | 48.10% | 46.88% | 43.73% | 35.29% |
| **B2 AR** |  | Target>= |  |  |  | 43.73% |  |
| **B2 AR** |  | Data |  |  |  | 93.38% | 91.56% |
| **C1** | 2013 | Target>= | 94.70% | 94.70% | 94.80% | 94.90% | 94.90% |
| **C1** | 94.66% | Data | 94.06% | 93.51% | 93.27% | 92.89% | 50.03% |
| **C1 AR** |  | Target>= |  |  |  | 92.89% |  |
| **C1 AR** |  | Data |  |  |  | 100.00% | 97.62% |
| **C2** | 2013 | Target>= | 73.70% | 73.70% | 73.80% | 73.90% | 73.90% |
| **C2** | 73.66% | Data | 69.04% | 68.61% | 66.99% | 63.53% | 55.79% |
| **C2 AR** |  | Target>= |  |  |  | 63.53% |  |
| **C2 AR** |  | Data |  |  |  | 98.01% | 97.40% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target A1 >= | 57.00% | 57.00% | 57.10% | 57.10% | 57.20% | 57.20% |
| A1 AR |  |  |  |  |  |  |
| Target A2 >= | 71.20% | 71.20% | 71.25% | 71.30% | 71.35% | 71.40% |
| A2 AR |  |  |  |  |  |  |
| Target B1 >= | 88.00% | 88.10% | 88.15% | 88.20% | 88.25% | 88.30% |
| B1 AR |  |  |  |  |  |  |
| Target B2 >= | 52.00% | 52.00% | 52.10% | 52.15% | 52.20% | 52.25% |
| B2 AR |  |  |  |  |  |  |
| Target C1 >= | 95.00% | 95.10% | 95.10% | 95.20% | 95.30% | 95.40% |
| C1 AR |  |  |  |  |  |  |
| Target C2 >= | 74.00% | 74.00% | 74.10% | 74.10% | 74.20% | 74.30% |
| C2 AR |  |  |  |  |  |  |

**FFY 2020 SPP/APR Data**

**Number of infants and toddlers with IFSPs assessed**

4,667

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

| **Not including at-risk infants and toddlers** | **Number of children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 81 | 1.76% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 1,269 | 27.55% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 291 | 6.32% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 1,022 | 22.19% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 1,943 | 42.18% |

| **Just at-risk infants and toddlers/All infants and toddlers** | **Number of children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 0 | 0.00% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 0 | 0.00% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 0 | 0.00% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 15 | 24.59% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 46 | 75.41% |

| **Not including at-risk infants and toddlers** | **Numerator** | **Denominator** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 1,313 | 2,663 | 44.80% | 57.00% | 49.31% | Did not meet target | No Slippage |
| A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program | 2,965 | 4,606 | 61.15% | 71.20% | 64.37% | Did not meet target | No Slippage |

| **Just at-risk infants and toddlers/All infants and toddlers** | **Numerator** | **Denominator** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 15 | 15 | 93.75% |  | 100.00% | N/A | N/A |
| 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 | 61 | 61 | 96.75% |  | 100.00% | N/A | N/A |

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

| **Not including at-risk infants and toddlers** | **Number of Children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 37 | 0.80% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 946 | 20.54% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 2,707 | 58.77% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 704 | 15.28% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 212 | 4.60% |

| **Just at-risk infants and toddlers/All infants and toddlers** | **Number of Children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 0 | 0.00% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 0 | 0.00% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 8 | 13.11% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 39 | 63.93% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 14 | 22.95% |

| **Not including at-risk infants and toddlers** | **Numerator** | **Denominator** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 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 | 3,411 | 4,394 | 43.55% | 88.00% | 77.63% | Did not meet target | No Slippage |
| B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program | 916 | 4,606 | 35.29% | 52.00% | 19.89% | Did not meet target | Slippage |

**Provide reasons for B2 slippage, if applicable**

The COVID-19 pandemic necessitated public health measures such as social distancing and reduced in-person interactions. MA-C did not allow EIS providers to administer the Battelle Developmental Inventory (2nd ed; BDI-2) via telehealth. Fewer toddlers were evaluated upon exiting, and it is suspected that this lower denominator affected the overall performance in this area.

| **Just at-risk infants and toddlers/All infants and toddlers** | **Numerator** | **Denominator** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 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 | 47 | 47 | 92.79% |  | 100.00% | N/A | N/A |
| 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 | 53 | 61 | 91.56% |  | 86.89% | N/A | N/A |

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

| **Not including at-risk infants and toddlers** | **Number of Children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 18 | 0.39% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 587 | 12.74% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 2,068 | 44.90% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 1,118 | 24.27% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 815 | 17.69% |

| **Just at-risk infants and toddlers/All infants and toddlers** | **Number of Children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 0 | 0.00% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 0 | 0.00% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 3 | 4.92% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 33 | 54.10% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 25 | 40.98% |

| **Not including at-risk infants and toddlers** | **Numerator** | **Denominator** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 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 | 3,186 | 3,791 | 50.03% | 95.00% | 84.04% | Did not meet target | No Slippage |
| C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program | 1,933 | 4,606 | 55.79% | 74.00% | 41.97% | Did not meet target | Slippage |

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

The COVID-19 pandemic necessitated public health measures such as social distancing and reduced in-person interactions. MA-C did not allow EIS providers to administer the Battelle Developmental Inventory (2nd ed; BDI-2) via telehealth. Fewer toddlers were evaluated upon exiting, and it is suspected that this lower denominator affected the overall performance in this area.

| **Just at-risk infants and toddlers/All infants and toddlers** | **Numerator** | **Denominator** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 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 | 36 | 36 | 97.62% |  | 100.00% | N/A | N/A |
| 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 | 58 | 61 | 97.40% |  | 95.08% | N/A | N/A |

**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 | 19,995 |
| 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. | 6,586 |

| **Sampling Question** | **Yes / No** |
| --- | --- |
| Was sampling used?  | NO |

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

NO

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

The criteria for defining “comparable to same-aged peers” is a developmental quotient (DQ) of greater or equal to the Battelle Developmental Inventory (2nd ed.)

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

The Lead Agency (MA-C) has selected the Battelle Development Inventory (Newborg, 2005) as its instrument to gather data for this indicator. The assessment is completed during synchronous, in-person interactions with at least two examiners, the child, and their caregiver(s).

The examiners follow the BDI-2 manual to complete the assessment in five developmental domains (i.e., adaptive, personal-social, communication, motor, and cognitive). The child's chronological age in months is calculated.

To begin a subdomain, the examiner finds the basal by beginning at the designated starting point (per BDI-2 manual). A basal is established when the child has scored three consecutive 2s. The examiner may need to assess tasks before the designated starting point to find a basal score. For each assessment task, the examiner identifies how the information was obtained (i.e., S = structured activities for direct assessment; O = observation of activities in the child's natural environment; I = interviews with the child's caregiver). The examiner scores assessment items using the criteria in the BDI-2 manual (i.e., 2 = the child's response meets the specified criteria listed in the manual; 1 = skill may be emerging and is not yet mastered; 0 = child did not attempt or response was insufficient to receive partial credit). The examiner stops administering tasks after establishing a ceiling, or three consecutive 0s.

The examiner then calculates raw scores using the scoring form on the front of the protocol booklet. The raw scores are used to calculate scaled scores, percentiles, and age equivalents for the subdomains.

Newborg, J. (2005). Battelle developmental inventory (2nd ed.). Itasca, IL: Riverside Publishing.

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

19,995 children exited during the reporting period. MA-C excludes children who had less than 6 months of early intervention services prior to exiting (6586 children), those with only one administration of the BDI-2 (8593 children), and those who had incomplete evaluation scores (149 children).

## 3 - Prior FFY Required Actions

None

## 3 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

The State provided an explanation of how COVID-19 impacted its ability to collect FFY 2020 data for this indicator and steps the State has taken to mitigate the impact of COVID-19 on data collection.

## 3 - Required Actions

# Indicator 4: Family Involvement

**Instructions and Measurement**

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

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

A. Know their rights;

B. Effectively communicate their children's needs; and

C. Help their children develop and learn.

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

**Data Source**

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

**Measurement**

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

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

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

**Instructions**

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

Beginning with the FFY 2022 SPP/APR, due February 1, 2024, 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 and 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** | **2015** | **2016** | **2017** | **2018** | **2019** |
| A | 2006 | Target>= | 80.10% | 80.20% | 80.30% | 80.50% | 85.00% |
| A | 74.90% | Data | 86.04% | 86.73% | 86.80% | 87.39% | 87.08% |
| B | 2006 | Target>= | 78.20% | 78.30% | 78.40% | 78.50% | 80.00% |
| B | 71.60% | Data | 83.07% | 84.24% | 84.08% | 84.93% | 84.53% |
| C | 2006 | Target>= | 89.20% | 89.30% | 89.40% | 89.50% | 90.00% |
| C | 85.90% | Data | 92.33% | 93.55% | 93.07% | 93.92% | 93.91% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target A>= | 90.00% | 90.00% | 90.00% | 90.00% | 90.00% | 90.00% |
| Target B>= | 85.00% | 85.00% | 85.00% | 85.50% | 85.50% | 85.50% |
| Target C>= | 93.00% | 93.00% | 93.50% | 93.50% | 94.00% | 94.00% |

**Targets: Description of Stakeholder Input**

The State Interagency Coordinating Council (ICC) serves as the primary stakeholder body for MA-C. ICC provides feedback to develop state targets, identify areas of need, and help recommend additional data analysis to improve MA-C performance. The ICC is comprised of 41 appointed members with variation in level of experience, discipline, role, geographic location across the Commonwealth, and race/ethnicity. Additionally, the ICC meetings are made available to the public and agendas and meeting links are published on MA-C's website and advertised through by the Parent Training and Information Center.

Target setting for Indicator 4 took place during an ICC meeting. The Part C Coordinator presented data on MA-C's performance on indicator 4 for the past five FFYs relative to the targets, answered questions about the data, and then solicited recommendations from the attendees.

For Indicator 4A, 16 attendees responded (eight providers, three parent members, and five representatives from other state agencies). Two state agency representatives, including one MA-C employee, recommended that targets be set higher than prior years. Others recommended targets be initially lowered to 85% and increased to a higher than previously set target over the next five FFYs. Parent members recommended that targets be reduced to 85% and slowly increased over the next three FFYs and encouraged MA-C to end with a higher target than previously set. Six of the provider members recommended the target be lowered to 85% and maintained over the next five FFYs. Two provider members recommended the targets all be set higher for each of the years.

For Indicator 4B, 13 attendees responded (six providers, two parent members, and five representatives from other state agencies). State agency representatives, including one MA-C employee, recommended that targets be set higher than prior years. Family members recommended that targets be slowly increased over the next five FFYs and encouraged MA-C to end with a higher target than previously set. Two of the provider members recommended the target be lowered to 80% and be sustained at 80% for the next five FFYs. Others recommended targets be lowered and increase by 0.5% year over year. One provider member recommended something higher for each of the years.

For Indicator 4C, 16 attendees responded (seven providers, three parent members, and six representatives from other state agencies). Two state agency representatives, including one MA-C employee, recommended that targets be set higher than prior years. Others recommended targets be initially lowered to 90.5% and increased to a higher than previously set target over the next five FFYs. Family members recommended that targets be slowly increased over the next three FFYs and encouraged MA-C to end with a higher target than previously set. Five of the provider members recommended the target be lowered to 90.5% and either maintained or increased to 91.5% over the next five FFYs. Others recommended targets be lowered and increase by 0.5% year over year. Two provider members recommended the targets all be set higher for each of the years.

Results of target setting responses demonstrate significantly varied responses among different stakeholders. As Part C services place the child and family in the center of every conversation, MA-C has weighted recommendations from its ICC Parent members more heavily than others. For this reason, MA-C has established targets that continue to show improvement over baseline and will seek to implement improvement strategies in the next FFY before proposing lowering its targets. MA-C does acknowledge that its baseline was established 16 years ago and may warrant a reset in an upcoming FFY.

**FFY 2020 SPP/APR Data**

|  |  |
| --- | --- |
| The number of families to whom surveys were distributed | 8,283 |
| Number of respondent families participating in Part C  | 2,458 |
| Survey Response Rate | 29.68% |
| A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights | 2,034 |
| A2. Number of responses to the question of whether early intervention services have helped the family know their rights | 2,458 |
| 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 | 1,929 |
| B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs | 2,458 |
| 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 | 2,232 |
| C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn | 2,458 |

| **Measure** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 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) | 87.08% | 90.00% | 82.75% | Did not meet target | 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) | 84.53% | 85.00% | 78.48% | Did not meet target | 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) | 93.91% | 93.00% | 90.81% | Did not meet target | Slippage |

**Provide reasons for part A slippage, if applicable**

During FFY20, Early Intervention Services were provided predominantly via telehealth (mean 84.5%, range 51-93%). Some families reported to MA-C and the Parent Training and Support Center that telehealth services were inferior to in-person services and cited the provision of telehealth services as the primary reason for withdrawal from the early intervention system. An additional variable contributing to slippage relates to workforce shortages. During FFY20, EIS programs struggled to retain their workforce, both because of the public health closures necessitated by the COVID-19 pandemic (e.g., social distancing, required quarantine) as well as the concomitant effects of the pandemic on other systems of care (e.g., EIS providers who were unable to work while caring for their own children during periods of remote instruction for elementary and secondary education). Finally, MA-C distributed the survey to obtain Indicator 4 data only once during the reporting year; though scheduled, it was not distributed in October 2020 as MA-C was not prepared with an electronic format for the survey. The overall reduction in respondents may have had a suppressive effect on the data. Taken together, these three variables--families dissatisfaction with telehealth services, reductions in EIS workforce, and fewer opportunities for families to respond to the survey--contribute to the slippage observed in FFY20.

**Provide reasons for part B slippage, if applicable**

During FFY20, Early Intervention Services were provided predominantly via telehealth (mean 84.5%, range 51-93%). Some families reported to MA-C and the Parent Training and Support Center that telehealth services were inferior to in-person services and cited the provision of telehealth services as the primary reason for withdrawal from the early intervention system. An additional variable contributing to slippage relates to workforce shortages. During FFY20, EIS programs struggled to retain their workforce, both because of the public health closures necessitated by the COVID-19 pandemic (e.g., social distancing, required quarantine) as well as the concomitant effects of the pandemic on other systems of care (e.g., EIS providers who were unable to work while caring for their own children during periods of remote instruction for elementary and secondary education). Finally, MA-C distributed the survey to obtain Indicator 4 data only once during the reporting year; though scheduled, it was not distributed in October 2020 as MA-C was not prepared with an electronic format for the survey. The overall reduction in respondents may have had a suppressive effect on the data. Taken together, these three variables--families dissatisfaction with telehealth services, reductions in EIS workforce, and fewer opportunities for families to respond to the survey--contribute to the slippage observed in FFY20.

**Provide reasons for part C slippage, if applicable**

During FFY20, Early Intervention Services were provided predominantly via telehealth (mean 84.5%, range 51-93%). Some families reported to MA-C and the Parent Training and Support Center that telehealth services were inferior to in-person services and cited the provision of telehealth services as the primary reason for withdrawal from the early intervention system. An additional variable contributing to slippage relates to workforce shortages. During FFY20, EIS programs struggled to retain their workforce, both because of the public health closures necessitated by the COVID-19 pandemic (e.g., social distancing, required quarantine) as well as the concomitant effects of the pandemic on other systems of care (e.g., EIS providers who were unable to work while caring for their own children during periods of remote instruction for elementary and secondary education). Finally, MA-C distributed the survey to obtain Indicator 4 data only once during the reporting year; though scheduled, it was not distributed in October 2020 as MA-C was not prepared with an electronic format for the survey. The overall reduction in respondents may have had a suppressive effect on the data. Taken together, these three variables--families dissatisfaction with telehealth services, reductions in EIS workforce, and fewer opportunities for families to respond to the survey--contribute to the slippage observed in FFY20.

| **Sampling Question** | **Yes / No** |
| --- | --- |
| Was sampling used?  | YES |
| If yes, has your previously approved sampling plan changed?  | NO |

**Describe the sampling methodology outlining how the design will yield valid and reliable estimates.**

During FFY20, The Lead Agency (MA-C) used the same sampling methodology from prior FFYs. The Part C Data Manager queried the state database to identify all children who were enrolled in early intervention for at least six months prior to the survey distribution date and initially included in the sample. Next, MA-C implemented its exclusion criteria: any child who's family had completed a survey in the prior reporting year were removed from the sample. MA-C identified 12,149 families eligible for the survey. EIS programs distributed the survey to only 8,283 families in the FFY20. Reported reasons for exclusion were losing contact with the family (e.g., family had exited program), difficulty contacting the family, and difficulty understanding how to distribute the electronic survey codes.

A third-party compiled the survey data for MA-C and used tests of statistical significance to confirm the sample yielded valid and reliable estimates: "Sample mean is 696. Standard deviation of measures in 175. Standard error of the sample mean is 3.5. These data suggest we are 95% confident that the true population mean for families of children enrolled in MA-C lie within the range of 689-702.8."

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

**If not, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.**

According to FFY20's exiting data the composition of families enrolled in the Massachusetts Part C system is as follows: 10,521 identified as white, 5,462 identified as Hispanic/LatinX, 1,940 identified as African American or Black, 1,207 identified as Asian, 54 identified as American Indian or Alaskan Native, 26 identified as Native Hawaiian or Pacific Islander, and 785 identified as two or more races. However, the FFY20 sample does underrepresents some groups (i.e., African American or Black, Native Hawaiian or Pacific Islander) and overrepresents others (i.e., White).

MA-C also analyzed response rates by EIS program and compared programs within and across the seven different regions of the Commonwealth. When compared across programs, response rates vary significantly (range 7.89%-66.18%), with 30 EIS programs having response rates lower than the state average of 29.68%. When compared by region, patterns become increasingly clear. Results demonstrate that response rates in four regions have average response rates lower than the state average: Boston (mean 28.30%, range 8.52%-66.18%), West/Southwest (mean 25.82%, range 7.89-43.75%, West/Northwest (mean 25.52%, range 17.71%-33%) and Northeast (mean 28.24%, range 9.66%-50%). These areas correspond with the 20 communities in the Commonwealth with the highest rates of COVID-19 and the lowest vaccination rates. By contrast, the remaining regions of the state had response rates higher than the state average: Metro North (mean 30.83%, range 13.58%-48.94%), Central (mean 31.66%, range17.65%-52.65%), and Southeast (mean 29.75%, range 16.07-36.27%), West/North (mean 39.49%, range 22.73%-55.25%), West/South (mean 35%, range 17.24%-46%).

Beginning in FFY21, The Lead Agency (MA-C) will implement the following strategies to increase the likelihood of representative response rates:

Coordination with the Commonwealth's Vaccine Equity Initiative. The differences in the response rates between the 20 hardest-hit COVID communities and others are stunning. MA-C recognizes that the COVID-19 pandemic is still wreaking havoc for many families receiving Part C services and will be working holistically with other state agencies to mitigate inequities that produced these disparities. In FFY21, the Part C Coordinator will work closely with the Commonwealth's Vaccine Equity Initiative (VEI) to promote equitable access to COVID-19 vaccines. For example, MA-C will disseminate information from the VEI to the Parent Training and Information Center, as well as to its contracted EIS programs to help ensure families in these 20 priority communities have access to accurate information from reliable sources. Additionally, MA-C will work with VEI to leverage existing community connections through its contracted EIS programs to host town halls about the vaccine, host pediatric mobile vaccine clinics, and recruit stakeholders for a roll-out of the vaccine for the under 4 population when available.

Increased Family Education and Outreach. MA-C will recruit, train, and deploy families of color with lived experiences to serve as ambassadors within each local EIS program to share information about the importance of the survey and its role in program improvement. MA-C will also coordinate with local EIS programs to sponsor events for families of color to meet with Family Ambassadors.

Instrument Evaluation. MA-C will review its recent outcomes and current questions included on its survey with the state Interagency Coordinating Council (ICC) to solicit feedback about the need to refresh questions from validated item bank.

Improve Communications. MA-C will revise information about survey distributed to families and EIS programs, including rationale, and translate into families’ primary written language. Additionally, MA-C will translate the survey into Arabic and Chinese to increase access to families. We expect this to impact 238 families.

Modify Sampling Procedures. MA-C will reconsider sampling and distribute surveys to all families enrolled. If sampling remains, MA-C Data Manager will work with stakeholders to design a sampling strategy to ensure representativeness across racial, ethnic, and SES groups.

Modify Distribution Procedures. MA-C will review the feasibility of contacting families directly instead of relying on EIS programs as liaison.

**Survey Response Rate**

|  |  |  |
| --- | --- | --- |
| **FFY** | **2019** | **2020** |
| Survey Response Rate | 36.41% | 29.68% |

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

As outlined above, the Lead Agency (MA-C) will implement the following strategies in beginning in FFY21 to increase the likelihood of representative response rates:

Coordination with the Commonwealth's Vaccine Equity Initiative. The differences in the response rates between the 20 hardest-hit COVID communities and others are stunning. MA-C recognizes that the COVID-19 pandemic is still wreaking havoc for many families receiving Part C services and will be working holistically with other state agencies to mitigate inequities that produced these disparities. In FFY21, the Part C Coordinator will work closely with the Commonwealth's Vaccine Equity Initiative (VEI) to promote equitable access to COVID-19 vaccines. For example, MA-C will disseminate information from the VEI to the Parent Training and Information Center, as well as to its contracted EIS programs to help ensure families in these 20 priority communities have access to accurate information from reliable sources. Additionally, MA-C will work with VEI to leverage existing community connections through its contracted EIS programs to host town halls about the vaccine, host pediatric mobile vaccine clinics, and recruit stakeholders for a roll-out of the vaccine for the under 4 population when available.

Increased Family Education and Outreach. MA-C will recruit, train, and deploy families of color with lived experiences to serve as ambassadors within each local EIS program to share information about the importance of the survey and its role in program improvement. MA-C will also coordinate with local EIS programs to sponsor events for families of color to meet with Family Ambassadors.

Instrument Evaluation. MA-C will review its recent outcomes and current questions included on its survey with the state Interagency Coordinating Council (ICC) to solicit feedback about the need to refresh questions from validated item bank.

Improve Communications. MA-C will revise information about survey distributed to families and EIS programs, including rationale, and translate into families’ primary written language. Additionally, MA-C will translate the survey into Arabic and Chinese to increase access to families. We expect this to impact 238 families.

Modify Sampling Procedures. MA-C will reconsider sampling and distribute surveys to all families enrolled. If sampling remains, MA-C Data Manager will work with stakeholders to design a sampling strategy to ensure representativeness across racial, ethnic, and SES groups.

Modify Distribution Procedures. MA-C will contact families directly instead of relying on EIS programs as liaison.

**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.**

MA-C conducted analyses of the response rate using tests of statistical significance. Results demonstrated that response rates differ between racial groups and there may be a nonresponse bias among African American or Black families. For example, 22% of white families selected for the survey responded; however, only 14% of black families responded.

MA-C acknowledges that the sample selected in FFY20 was designed exclusively based on its inclusion criteria and did not consider race as a selection factor, making the post-hoc reduction of nonresponse bias challenging. Beginning in FFY21, MA-C will revise the procedures it uses to select a sample and implement strategies to improve response rates among underrepresented groups.

**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.**

MA-C has analyzed the extent to which the demographics of its infants and toddlers for whom families responded are representative of the demographics of those enrolled in its Part C program using tests of statistical significance. MA-C acknowledges that the sample selected in FFY20 was designed exclusively based on its inclusion criteria and did not consider race as a selection factor.

In a post-hoc analysis, MA-C compared the number of children exiting in FFY20 to those for whom families responded. Results demonstrate that the responses underestimate representation for African American or Black families by 5% and overestimate representation for white families by 11%. It was also discovered that the survey did not use the race/ethnicity categories that match those provided to OSEP. For example, in the family survey distributed in March 2021, families who identify as Asian, Native Hawaiian, and Pacific Islander are all included in a single category. It was also discovered that the race for 24 respondents was not recorded.

A second post-hoc analysis was conducted to compare response rates across EIS programs by region. The regions of Massachusetts vary widely with respect to socioeconomic status of its residents. When compared across programs, response rates vary significantly (range 7.89%-66.18%), with 30 EIS programs having response rates lower than the state average of 29.68%. When compared by region, patterns become increasingly clear. Results demonstrate that response rates in four regions have average response rates lower than the state average: Boston (mean 28.30%, range 8.52%-66.18%), West/Southwest (mean 25.82%, range 7.89-43.75%, West/Northwest (mean 25.52%, range 17.71%-33%) and Northeast (mean 28.24%, range 9.66%-50%). These areas correspond with the 20 communities in the Commonwealth with the highest rates of COVID-19 and the lowest vaccination rates. By contrast, the remaining regions of the state had response rates higher than the state average: Metro North (mean 30.83%, range 13.58%-48.94%), Central (mean 31.66%, range17.65%-52.65%), and Southeast (mean 29.75%, range 16.07-36.27%), West/North (mean 39.49%, range 22.73%-55.25%), West/South (mean 35%, range 17.24%-46%).

**Describe the metric used to determine representativeness (e.g., +/- 3% discrepancy, age of the infant or toddler, and geographic location in the proportion of responders compared to target group).**

To determine representativeness by race, MA-C used a test of proportional difference to determine if the differences between the target and actual representativeness are statistically significant (significance level=.10). To determine representativeness by geographic location, MA-C averaged the response rates for each EIS program within a region and then compared the arithmetic mean to the state average.

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

Bivariate crosstabulation analysis between a family's perception of the early intervention services and race/ethnicity of the respondent did not indicate a statistically significant correlation. That is, a family's perception of services does not appear to be associated with race/ethnicity in our data. Although this initial result is affirming, MA-C interprets it with caution as its sample was small, the response rate was lower than prior FFYs, and the sample was not designed to be representative of the racial composition of the families served, MA-C will repeat this analysis in future years as a first step toward identifying and eliminating racial inequities that exist within its system.

## 4 - Prior FFY Required Actions

OSEP notes that one or more of the attachments included in the State’s FFY 2019 SPP/APR submission are not in compliance with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508), and will not be posted on the U.S. Department of Education’s IDEA website. Therefore, the State must make the attachment(s) available to the public as soon as practicable, but no later than 120 days after the date of the determination letter.

**Response to actions required in FFY 2019 SPP/APR**

MA-C acknowledges that a table included in its FFY19 SPP/APR was not in compliance with Section 508 of the Rehabilitation Act of 1973. This table was corrected, converted to text, and included in MA-C's response in FFY19 during the April 2021 clarification period.

## 4 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

The State provided an explanation of how COVID-19 impacted its ability to collect FFY 2020 data for this indicator and steps the State has taken to mitigate the impact of COVID-19 on data collection.

The State submitted its sampling plan for this indicator with its FFY 2020 SPP/APR. OSEP will follow up with the State under separate cover regarding the submission.

## 4 - Required Actions

In the FFY 2021 SPP/APR, the State must report whether its FFY 2021 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program , and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

# 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 E*DFacts* Metadata and Process System (E*MAPS*)) 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.

## 5 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2009 | 2.45% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target >= | 2.77% | 2.78% | 2.79% | 2.80% | 3.00% |
| Data | 4.57% | 4.82% | 4.71% | 5.05% | 4.97% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 3.00% | 3.00% | 3.00% | 3.00% | 3.00% | 3.00% |

Targets: Description of Stakeholder Input

The State Interagency Coordinating Council (ICC) serves as the primary stakeholder body for MA-C. ICC provides feedback to develop state targets, identify areas of need, and help recommend additional data analysis to improve MA-C performance. The ICC is comprised of 41 appointed members with variation in level of experience, discipline, role, geographic location across the Commonwealth, and race/ethnicity. Additionally, the ICC meetings are made available to the public and agendas and meeting links are published on MA-C's website and advertised through by the Parent Training and Information Center.

MA-C acknowledges that it did not engage stakeholders for Indicator 5 as robustly as for other indicators. MA-C also recognizes that its baseline was established 13 years ago and it has consistently performed over its target. For these reasons, MA-C has determined to maintain its current target of 3% for FFY20-FFY25 and will evaluate the utility of resetting its baseline in a future year.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/08/2021 | Number of infants and toddlers birth to 1 with IFSPs | 3,208 |
| 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, 2010 to July 1, 2020 | 07/08/2021 | Population of infants and toddlers birth to 1 | 68,824 |

**FFY 2020 SPP/APR Data**

| **Number of infants and toddlers birth to 1 with IFSPs** | **Population of infants and toddlers birth to 1** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 3,208 | 68,824 | 4.97% | 3.00% | 4.66% | Met target | No Slippage |

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

## 5 - Prior FFY Required Actions

None

## 5 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

## 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 (E*MAPS*)) 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.

## 6 - Indicator Data

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 5.90% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target >= | 5.88% | 5.89% | 5.90% | 5.90% | 6.00% |
| Data | 9.05% | 9.44% | 9.54% | 10.05% | 10.59% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 6.00% | 6.00% | 6.00% | 6.00% | 6.00% | 6.00% |

Targets: Description of Stakeholder Input

The State Interagency Coordinating Council (ICC) serves as the primary stakeholder body for MA-C. ICC provides feedback to develop state targets, identify areas of need, and help recommend additional data analysis to improve MA-C performance. The ICC is comprised of 41 appointed members with variation in level of experience, discipline, role, geographic location across the Commonwealth, and race/ethnicity. Additionally, the ICC meetings are made available to the public and agendas and meeting links are published on MA-C's website and advertised through by the Parent Training and Information Center.

MA-C acknowledges that it did not engage stakeholders for Indicator 6 as robustly as for other indicators. MA-C also recognizes that its baseline was established 17 years ago and it has consistently performed over its target. For these reasons, MA-C has determined to maintain its current target of 6% for FFY20-FFY25 and will evaluate the utility of resetting its baseline in a future year.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/08/2021 | Number of infants and toddlers birth to 3 with IFSPs | 21,783 |
| 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, 2010 to July 1, 2020 | 07/08/2021 | Population of infants and toddlers birth to 3 | 208,415 |

**FFY 2020 SPP/APR Data**

| **Number of infants and toddlers birth to 3 with IFSPs** | **Population of infants and toddlers birth to 3** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 21,783 | 208,415 | 10.59% | 6.00% | 10.45% | Met target | No Slippage |

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

## 6 - Prior FFY Required Actions

None

## 6 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

## 6 - Required Actions

# Indicator 7: 45-Day Timeline

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

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

**Instructions**

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

Targets must be 100%.

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

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

Provide detailed information about the timely correction of noncompliance as noted in OSEP’s response table 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 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 7 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 93.30% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 99.69% | 99.68% | 99.72% | 99.74% | 99.68% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% | 100% |

**FFY 2020 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 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 16,466 | 19,872 | 99.68% | 100% | 99.86% | Did not meet target | No Slippage |

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

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

3,378

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

The primary reasons for delay were exceptional family circumstances, including a family or child being unable to attend the evaluation as scheduled and families being unable to schedule an evaluation within the required timeframe. Other reasons include EIS providers experiencing barriers when contacting the family and inclement weather conditions.

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

State database

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

The Lead Agency (MA-C) collects data during the full reporting period: July 1, 2020-June 30, 2021.

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

These data accurately reflect data for infants and toddlers with IFSPs for the full reporting period because MA-C includes all infants and toddlers with IFSPs during the full reporting period.

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

**Correction of Findings of Noncompliance Identified in FFY 2019**

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

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| FFY 2018 | 25 | 25 | 0 |
|  |  |  |  |
|  |  |  |  |

**FFY 2018**

**Findings of Noncompliance Verified as Corrected**

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

The Lead Agency (MA-C) identified FFY18 noncompliance through annual monitoring of its state database, implementing a process to distinguish inaccurate implementation of the regulatory requirement from inaccurate or delayed data entry. A total of 49 children with noncompliant records were identified.

MA-C notified the local programs of the discovery of noncompliance. MA-C's General Supervision procedures allowed local programs with minimal noncompliance to correct noncompliance prior to the issuance of a written finding. Subsequent to the discovery of noncompliance, MA-C then verified correction of each instance of child-specific noncompliance. MA-C then reviewed updated program data and confirmed 100% compliance with each statutory or regulatory requirement with which noncompliance was identified.

To verify the accuracy of data, MA-C notified local programs of each instance of noncompliance or missing data (i.e., each toddler whose record did not demonstrate timely provision of services) in FFY18. Local programs were required to review their paper records for each instance of noncompliance within 30 days. Local programs reported back to MA-C either (1) to confirm the instance of noncompliance or (2) to identify it as an error in data entry and provide corrected information. After EIS programs had the opportunity to review and verify the accuracy of the data or add missing data, MA-C updated the state database to reflect corrected data and reanalyzed the local program’s compliance for Indicator 7 in FFY18 through annual monitoring of its state database.

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

Per PSC ticket #22-04814AW, MA-C is unable to edit the table "Correction of Findings of Noncompliance Identified Prior to FFY2019" in the Indicator Data. In FFY2018, there were 33 findings of noncompliance.

MA-C required the correction of every instance of FFY18 noncompliance. As stated above, MA-C determined that 15 children did receive an initial evaluation and assessment within the required timeline; the error was in data-entry. Of the remaining children with noncompliant records, 33 children did receive an initial evaluation and assessment, although late, and one child had left MA-C’s jurisdiction before an initial evaluation and assessment could be provided.

To verify that each of the 33 individual cases of noncompliance were corrected, the state reviewed the records for the 33 children in its state database and observed that the EIS program subsequently added information about an initial evaluation and assessment (and associated date) for each of the 33 records.

MA-C collected and reviewed updated data to verify timely correction of FFY18 noncompliance. MA-C’s specific procedures differed based on the extent of noncompliance and its root cause. For all local programs with compliance rates below 100%, MA-C sampled 10 child records at random using subsequent data from its state database and documented its verification in its records. MA-C notified each local program in writing that compliance had been reached. MA-C has verified that all local programs with less than 100% compliance in FFY18 has demonstrated ongoing compliance.

## 7 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. In addition, the State must demonstrate, in the FFY 2020 SPP/APR, that the remaining 25 uncorrected findings of noncompliance identified in FFY 2018 were corrected.
When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2019 and each EIS program or provider with remaining noncompliance identified in FFY 2018: (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 Memo 09-02. In the FFY 2020 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 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

**Response to actions required in FFY 2019 SPP/APR**

The Lead Agency (MA-C) identified FFY18 noncompliance through annual monitoring of its state database, implementing a process to distinguish inaccurate implementation of the regulatory requirement from inaccurate or delayed data entry.

In FFY18, MA-C determined that of the 49 children with noncompliant records, 15 received an initial evaluation and assessment within Part C’s 45-day timeline, and the apparent delay resulted from a data-entry error. Of the remaining children, 33 received an initial evaluation and assessment, although late, and one did not receive an initial evaluation and assessment before leaving MA-C's jurisdiction.

MA-C notified the local programs of the discovery of noncompliance. MA-C's General Supervision procedures allowed local programs with minimal noncompliance to correct noncompliance prior to the issuance of a written finding. Subsequent to the discovery of noncompliance, MA-C then verified correction of each instance of child-specific noncompliance. MA-C then reviewed updated program data and confirmed 100% compliance with each statutory or regulatory requirement with which noncompliance was identified.

To verify the accuracy of data, MA-C notified local programs of each instance of noncompliance or missing data (i.e., each toddler whose record did not demonstrate timely provision of services) in FFY18. Local programs were required to review their paper records for each instance of noncompliance within 30 days. Local programs reported back to MA-C either (1) to confirm the instance of noncompliance or (2) to identify it as an error in data entry and provide corrected information. After EIS programs had the opportunity to review and verify the accuracy of the data or add missing data, MA-C updated the state database to reflect corrected data and reanalyzed the local program’s compliance for Indicator 7 in FFY18 through annual monitoring of its state database.

MA-C required the correction of every instance of FFY18 noncompliance. As stated above, MA-C determined that 33 children did receive an initial evaluation and assessment, although late, and one child had left MA-C’s jurisdiction before an initial evaluation and assessment could be provided.

MA-C collected and reviewed updated data to verify timely correction of FFY18 noncompliance. MA-C’s specific procedures differed based on the extent of noncompliance and its root cause. For all local programs with compliance rates below 100%, MA-C sampled 10 child records at random using subsequent data from its state database and documented its verification in its records. MA-C notified each local program in writing that compliance had been reached. MA-C has verified that all local programs with less than 100% compliance in FFY18 has demonstrated ongoing compliance.

Per PSC ticket #22-04814AW, MA-C is unable to edit the table "Correction of Findings of Noncompliance Identified Prior to FFY2019" in the Indicator Data. In FFY2018, there were 33 findings of noncompliance. As of April 2022, 32 have been verified as corrected; one could not be corrected as the child left MA-C's jurisdiction prior to correction.

In FFY19, MA-C originally reported 99.6% of eligible infants and toddlers were evaluated and initial IFSP meeting was conducted within Part C's 45-day timeline. After additional review of the data, MA-C determined this number was reported in error and should have been 99.90%. MA-C identified 21 instances of noncompliance across five programs. As in FFY18, MA-C followed its differentiated procedures when noncompliance is identified (described above). Because of the public health measures necessitated by the COVID-19 pandemic, an on-site visit was not conducted. Instead, a sample of 10 child records were reviewed at random in the state database to ensure the EIS program's ongoing compliance. MA-C later reviewed the records for the 21 children with noncompliant records and determined that 19 children received services although late and two families withdrew consent for services while waiting.

## 7 - OSEP Response

## 7 - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 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 Memo 09-02. In the FFY 2021 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 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

# Indicator 8A: Early Childhood Transition

**Instructions and Measurement**

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

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

A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday;

B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and

C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

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

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

A. Percent = [(# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C)] times 100.

B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

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

**Instructions**

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

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

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

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

Indicator 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 and, as such, only children between 2 years 3 months and age 3 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 noncompliance as noted in OSEP’s response table 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 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8A - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 98.30% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 99.77% | 99.91% | 99.99% | 99.59% | 98.41% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% | 100% |

**FFY 2020 SPP/APR Data**

**Data include only those toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has 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. (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 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 10,352 | 15,914 | 98.41% | 100% | 99.18% | Did not meet target | No Slippage |

**Number of documented delays attributable to exceptional family circumstances**
**This number will be added to the “Number of children exiting Part C who have an IFSP with transition steps and services” field to calculate the numerator for this indicator.**

5,432

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

These data demonstrate that the Lead Agency (MA-C) is not yet fully compliant with the timely transition planning for toddlers exiting the Part C system. The primary reasons for delay are due to exceptional family circumstances, such as a family being unable to participate in the planning process or late referrals to early intervention (i.e., those occurring after the child is 33 months of age). Common noncompliant reasons include EIS programs being unable to contact the family and inclement weather.

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

State database

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

MA-C uses the full reporting period to collect these data: July 1, 2020-June 30, 2021.

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

These data accurately reflect MA-C because they include all children aged 27 months or older for the reporting period.

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

MA-C could not confirm that an IFSP with transition steps and services was developed for occurred for 38 children. These 38 records were migrated in November 2019 to the current state database when an error occurred. Based on the current database's structure and related information in the children's records, MA-C suspects transition conferences did occur for these 37 children. However, as it cannot be confirmed, MA-C has opted to err on the conservative side and report these as instances of noncompliance.

**Correction of Findings of Noncompliance Identified in FFY 2019**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 18 | 18 |  | 0 |

**FFY 2019 Findings of Noncompliance Verified as Corrected**

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

The Lead Agency (MA-C) identified FFY19 noncompliance through annual monitoring of its state database, implementing a process to distinguish inaccurate implementation of the regulatory requirement from inaccurate or delayed data entry.

In FFY19, MA-C determined that of the 156 children with noncompliant records, 137 had an IFSP with transition steps and services developed at least 90 days prior to the toddler’s third birthday; the apparent delay resulted from a data-entry error. Of the remaining 18 children, 14 had an IFSP with transition steps and services developed, although late, and 4 were outside of the MA-C jurisdiction (i.e., the toddler had exited Part C services) before the noncompliance could be corrected by developing an IFSP with transition steps and services.

MA-C notified the local programs of the discovery of noncompliance. MA-C's General Supervision procedures allowed local programs with minimal noncompliance to correct noncompliance prior to the issuance of a written finding. Subsequent to the discovery of noncompliance, MA-C then verified correction of each instance of child-specific noncompliance. MA-C then reviewed updated program data and confirmed 100% compliance with each statutory or regulatory requirement with which noncompliance was identified.

To verify the accuracy of data, MA-C notified local programs of each instance of noncompliance or missing data (i.e., each toddler whose record did not demonstrate timely provision of services) in FFY19. Local programs were required to review their paper records for each instance of noncompliance within 30 days. Local programs reported back to MA-C either (1) to confirm the instance of noncompliance or (2) to identify it as an error in data entry and provide corrected information. After EIS programs had the opportunity to review and verify the accuracy of the data or add missing data, MA-C updated the state database to reflect corrected data and reanalyzed the local program’s compliance for Indicator 7 in FFY19 through annual monitoring of its state database.

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

MA-C required the correction of every instance of FFY19 noncompliance. As stated above, MA-C determined that 14 children did receive an IFSP with transition steps and services, although late, and 4 had left MA-C’s jurisdiction before an IFSP with transition steps and services could be developed.

MA-C collected and reviewed updated data from its state database to verify timely correction of FFY19 noncompliance. MA-C’s specific procedures differed based on the extent of noncompliance and its root cause. For all local programs with compliance rates below 100%, MA-C sampled 10 child records at random using subsequent data from its state database and documented its verification in its records. MA-C notified each local program in writing that compliance had been reached. MA-C has verified that all local programs with less than 100% compliance in FFY19 has demonstrated ongoing compliance.

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
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|  |  |  |  |

## 8A - Prior FFY Required Actions

If the State did not identify any findings of noncompliance in FFY 2018, although its FFY 2018 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2018. In addition, if the State did not identify any findings of noncompliance in FFY 2018, the Findings of Noncompliance identified in FFY 2018 data field should reflect that zero findings were identified.

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2019 and each EIS program or provider with remaining noncompliance identified in FFY 2018: (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 Memo 09-02. In the FFY 2020 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 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

**Response to actions required in FFY 2019 SPP/APR**

The Lead Agency (MA-C) identified FFY18 noncompliance through annual monitoring of its state database, implementing a process to distinguish inaccurate implementation of the regulatory requirement from inaccurate or delayed data entry.

In FFY18, MA-C determined that of the 71 children with noncompliant records, 32 had an IFSP with transition steps and services developed at least 90 days prior to the toddler’s third birthday; the apparent delay resulted from a data-entry error. Of the remaining children, 15 received had an IFSP with transition steps and services developed, although late, and 24 were outside of the MA-C jurisdiction (i.e., the toddler had exited Part C services) before the noncompliance could be corrected by developing an IFSP with transition steps and services.

MA-C notified the local programs of the discovery of noncompliance. MA-C's General Supervision procedures allowed local programs with minimal noncompliance to correct noncompliance prior to the issuance of a written finding. Subsequent to the discovery of noncompliance, MA-C then verified correction of each instance of child-specific noncompliance. MA-C then reviewed updated program data and confirmed 100% compliance with each statutory or regulatory requirement with which noncompliance was identified.

To verify the accuracy of data, MA-C notified local programs of each instance of noncompliance or missing data (i.e., each toddler whose record did not demonstrate timely provision of services) in FFY18. Local programs were required to review their paper records for each instance of noncompliance within 30 days. Local programs reported back to MA-C either (1) to confirm the instance of noncompliance or (2) to identify it as an error in data entry and provide corrected information. After EIS programs had the opportunity to review and verify the accuracy of the data or add missing data, MA-C updated the state database to reflect corrected data and reanalyzed the local program’s compliance for Indicator 8A in FFY18 through annual monitoring of its state database.

MA-C required the correction of every instance of FFY18 noncompliance. As stated above, MA-C determined that 15 children did receive an IFSP with transition steps and services, although late, and 24 had left MA-C’s jurisdiction before an IFSP with transition steps and services could be developed.

MA-C collected and reviewed updated data to verify timely correction of FFY18 noncompliance. MA-C’s specific procedures differed based on the extent of noncompliance and its root cause. For all local programs with compliance rates below 100%, MA-C sampled 10 child records at random using subsequent data from its state database and documented its verification in its records. MA-C notified each local program in writing that compliance had been reached. MA-C has verified that all local programs with less than 100% compliance in FFY18 has demonstrated ongoing compliance.

Per PSC ticket #22-04814AW, MA-C is unable to edit the field "Noncompliance identified prior to FFY2019." In FFY18, there were 39 findings of noncompliance. As of April 2022, all have been verified as corrected (15 children received services, although late; 24 left MA-C's jurisdiction prior to correction).

In FFY19, MA-C originally reported 98.41% compliance and identified 156 children whose records did not reflect an IFSP with transition steps and services in a timely manner. MA-C subsequently reviewed data included its’ the state database and discovered an error in its earlier analysis: these data had not previously been assessed for data-entry errors. That is, it was determined that 137 children did have an IFSP with transition steps and services in a timely manner, and the EIS provider entering data into the state database made an error. Once these errors were resolved, MA-C identified only 18 children whose records did not reflect an IFSP with transition steps and services in a timely manner. MA-C should have reported 99.82% compliant for FFY19. MA-C followed its differentiated procedures (described above) and verified each instance of noncompliance as either corrected (i.e., an IFSP with transition steps and services was developed, although late) or the child was no longer in the jurisdiction (i.e., the child exited Part C services prior to transition steps being developed).

## 8A - OSEP Response

## 8A - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 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 Memo 09-02. In the FFY 2021 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 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

# Indicator 8B: Early Childhood Transition

**Instructions and Measurement**

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

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

A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday;

B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and

C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

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

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

A. Percent = [(# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C)] times 100.

B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

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

**Instructions**

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

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

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

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

Indicator 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 and, as such, only children between 2 years 3 months and age 3 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 noncompliance as noted in OSEP’s response table 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 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8B - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 80.40% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 88.73% | 88.90% | 86.88% | 88.48% | 80.55% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% | 100% |

**FFY 2020 SPP/APR Data**

**Data include notification to both the SEA and LEA**

NO

**If no, please explain.**

Data are reported for toddlers with disabilities exiting Part C where notification to the LEA occured with at least 90 days prior to their third birthday. Local programs notify LEAs directly. The Lead Agency (MA-C) uses a different process for notifying the SEA, which was adversely impacted by the public health measures necessitated by the COVID-19 pandemic. The pandemic highlighted vulnerabilities in the SEA notification, which MA-C is now working to revise to ensure a more seamless notification process in the future.

| **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 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 8,288 | 8,970 | 80.55% | 100% | 99.02% | 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.**

600

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

The public health measures necessitated by the COVID-19 pandemic had an undeniable effect on these data. Many LEAs were closed from March 2020 until the September 2020, when they began operating in a remote capacity.

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

These data are collected from MA-C's state database. Local programs are responsible for the LEA notification; after a notification is made, the EIS provider updates the child's record in the state database to document the date on which the LEA notification was sent.

**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 database

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

MA-C uses the full reporting period to collect these data: July 1, 2020-June 30, 2021.

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

These data accurately reflect data for infants and toddlers with IFSPs for the full reporting period because the include all toddlers with disabilities exiting Part C who were potentially eligible for Part B whose families did not opt-out of such notification.

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

**Correction of Findings of Noncompliance Identified in FFY 2019**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 2 | 2 |  | 0 |

**FFY 2019 Findings of Noncompliance Verified as Corrected**

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

The Lead Agency (MA-C) identified FFY2019 noncompliance through annual monitoring of its state database, implementing a process to distinguish inaccurate implementation of the regulatory requirement from inaccurate or delayed data entry.

First, MA-C notified Local programs of each instance of noncompliance or missing data (i.e., each toddler whose record did not demonstrate notification to the LEA and SEA occurred on time). Local programs were required to review their paper records for each instance of noncompliance within 30 days. Local programs reported back to MA-C either (1) to confirm the instance of noncompliance or (2) to identify it as an error in data entry and provide corrected information. In this case, MA-C updated the state database to reflect corrected data and reanalyzed the local program’s compliance for Indicator 8B.

Next, MA-C confirmed 2 cases of noncompliance in FFY2019 through annual monitoring of its state database. As described above, MA-C verified that the source of noncompliance was incorrect implementation of the regulatory requirement. MA-C evaluated noncompliance for each local program. First, MA-C evaluated the extent of noncompliance by considering a local program’s history of noncompliance and amount of noncompliance in FFY2019. Next, a root cause analysis was conducted for the local program’s noncompliance. For local programs with noncompliance equal to or less than 75%, MA-C led the analysis and determined if the noncompliance was isolated or systemic. For local programs with noncompliance equal to or greater than 85%, the local program led the analysis and determined if the noncompliance was isolated or systemic. All local programs demonstrating less than 95% compliance were placed on Corrective Action Plans (CAPs). Terms of CAPs differed based on the root-cause analysis, the amount of noncompliance, and a local program’s history of noncompliance. MA-C documented the CAPs in Microsoft Excel database that lists all CAPs for the reporting year. After the local program met all the conditions of its CAP, MA-C notified them in writing that the CAP was completed and closed.

Third, MA-C verified ongoing compliance from the local program within 90 calendar days of the CAP being closed. The procedures used differed based on the type of noncompliance (i.e., isolated or systemic). For local programs with isolated non-compliance, MA-C sampled 10 child records at random using the data from the first quarter of state fiscal year 2021 (i.e., July-October 2020). For local programs with systemic non-compliance, MA-C sampled data from one month (additional months as needed) to be able to sample 10 children for the indicator where systemic non-compliance was determined. MA-C documented its verification in its Microsoft Excel database that lists all CAPs for the reporting year. MA-C notified each local program in writing that compliance had been reached. To date, all FFY2019 findings of noncompliance have been corrected and verified by MA-C.

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

After MA-C verified ongoing compliance at the program level, MA-C reviewed data within the state database to determine the outcome each individual instance of noncompliance at the child level. For each child, it MA-C determined if notification was sent to the LEA and SEA, although late, or if the notification could not be sent as the child was no longer within MA-C's jurisdiction (i.e., the child had exited Part C services). This analysis demonstrated that for both children, notification was provided to the LEA and SEA, although late.

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 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 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 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 Memo 09-02. In the FFY 2020 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 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

The State did not report that it identified any findings of noncompliance in FFY 2018, although its FFY 2018 data reflect less than 100% compliance. In the FFY 2020 SPP/APR, the State must provide an explanation of why it did not identify any findings of noncompliance in FFY 2018.

**Response to actions required in FFY 2019 SPP/APR**

The Lead Agency (MA-C) identified FFY18 noncompliance through annual monitoring of its state database, implementing a process to distinguish inaccurate implementation of the regulatory requirement from inaccurate or delayed data entry.

In FFY18, MA-C determined that of the 14 children with noncompliant records, notification had been provided to the SEA and LEA in a timely manner for four children. The apparent delay resulted from a data-entry error. Notification to the SEA and LEA was provided to all 10 of the remaining children, although late.

MA-C notified the local programs of the discovery of noncompliance. MA-C's General Supervision procedures allowed local programs with minimal noncompliance to correct noncompliance prior to the issuance of a written finding. Subsequent to the discovery of noncompliance, MA-C then verified correction of each instance of child-specific noncompliance. MA-C then reviewed updated program data and confirmed 100% compliance with each statutory or regulatory requirement with which noncompliance was identified.

To verify the accuracy of data, MA-C notified local programs of each instance of noncompliance or missing data (i.e., each toddler whose record did not demonstrate timely provision of services) in FFY18. Local programs were required to review their paper records for each instance of noncompliance within 30 days. Local programs reported back to MA-C either (1) to confirm the instance of noncompliance or (2) to identify it as an error in data entry and provide corrected information. After EIS programs had the opportunity to review and verify the accuracy of the data or add missing data, MA-C updated the state database to reflect corrected data and reanalyzed the local program’s compliance for Indicator 8B in FFY18 through annual monitoring of its state database.

MA-C required the correction of every instance of FFY18 noncompliance. As stated above, MA-C determined that SEA and LEA notification was provided for 10 children, although late.

MA-C collected and reviewed updated data to verify timely correction of FFY18 noncompliance. MA-C’s specific procedures differed based on the extent of noncompliance and its root cause. For all local programs with compliance rates below 100%, MA-C sampled 10 child records at random using subsequent data from its state database and documented its verification in its records. MA-C notified each local program in writing that compliance had been reached. MA-C has verified that all local programs with less than 100% compliance in FFY18 has demonstrated ongoing compliance.

Per PSC ticket # 22-04814AW, MA-C is unable to edit the data field in the 8B Indicator Data. For FFY18, there were 10 findings of noncompliance and as of April 2022, all 10 have been verified as corrected.

In FFY19, MA-C originally reported 99.90% compliance and identified 9 children whose records did not reflect notification had been provided to LEA and SEA in a timely manner. MA-C subsequently reviewed data included its’ the state database and discovered an error in its earlier analysis: these data had not previously been assessed for data-entry errors. That is, it was determined that notification was sent for 7 children in a timely manner, and the EIS provider entering data into the state database made an error. Once these errors were resolved, MA-C identified only 2 children whose records did not reflect notification was in a timely manner. MA-C should have reported 99.98% compliant for FFY19. MA-C followed its differentiated procedures (described above) and verified each instance of noncompliance as corrected (i.e., notification was provided, although late).

## 8B - OSEP Response

The State provided an explanation of how COVID-19 impacted its ability to collect FFY 2020 data for this indicator and steps the State has taken to mitigate the impact of COVID-19 on data collection.

The State did not demonstrate that the EIS program or provider corrected the findings of noncompliance identified in FFY 2019 because it did not report that it verified correction of those findings, consistent with the requirements in OSEP Memo 09-02. Specifically, the State did not report that that it verified that each EIS program or provider with noncompliance identified in FFY 2019 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. When describing how it verified correction of findings of noncompliance identified in FFY 2019, the State reported " [a]ll local programs demonstrating less than 95% compliance were placed on Corrective Action Plans (CAPs)." OSEP cannot determine whether findings of noncompliance are issued to local programs regardless of the level of noncompliance identified.

## 8B - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. In addition, the State must demonstrate, in the FFY 2021 SPP/APR, that the two findings of noncompliance identified in FFY 2019 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2020 and each EIS program or provider with remaining noncompliance identified in FFY 2019: (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 Memo 09-02. In the FFY 2021 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 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

# Indicator 8C: Early Childhood Transition

**Instructions and Measurement**

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

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

A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday;

B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and

C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

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

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

A. Percent = [(# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C)] times 100.

B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

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

**Instructions**

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

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

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

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

Indicator 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 and, as such, only children between 2 years 3 months and age 3 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 noncompliance as noted in OSEP’s response table 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 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8C - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 97.70% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 99.75% | 99.77% | 99.89% | 98.64% | 99.80% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% | 100% |

**FFY 2020 SPP/APR Data**

**Data reflect only those toddlers for whom the Lead Agency has 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. (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 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 5,923 | 8,981 | 99.80% | 100% | 98.48% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable**

The COVID-19 pandemic adversely affected the Lead Agency (MA-C)'s performance on Indicator 8C. Many LEAs were closed or had limited operations during the first several months of the reporting year; as families frequently request that LEA representatives participate in the transition conference, many were postponed outside the required timeframe in hopes of having full attendance. Slippage is also attributed to an issue with data quality. MA-C could not confirm that a transition conference occurred for 37 children. These 37 records were migrated in November 2019 to the current state database when an error occurred. Based on the current database's structure and related information in the children's records, MA-C suspects transition conferences did occur for these 37 children. However, as it cannot be confirmed, MA-C has opted to err on the conservative side and report these as instances of noncompliance.

**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.**

600

**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.**

2,331

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

The majority of delays were due to exceptional family circumstances, such as a family who was unable to participate in a transition conference at least 90 days prior to the child's third birthday or did not attend as scheduled. Other reasons for delay included children who were referred to Part C after 33 months of age, or families did not provide consent for a transition conference. In other cases, extreme weather prevented the transition conference from occurring as scheduled.

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

State database

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

The Lead Agency (MA-C) reports data collected during the full reporting period: July 1, 2020-June 30, 2021.

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

These data accurately reflect data for infants and toddlers with IFSPs because it includes all toddlers with disabilities exiting Part C who are potentially eligible for Part B (excluding those for whom the family has not provided consent for a transition planning conference.

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

**Correction of Findings of Noncompliance Identified in FFY 2019**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 3 | 3 |  | 0 |

**FFY 2019 Findings of Noncompliance Verified as Corrected**

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

The Lead Agency (MA-C) identified FFY2019 noncompliance through annual monitoring of its state database, implementing a process to distinguish inaccurate implementation of the regulatory requirement from inaccurate or delayed data entry.

First, MA-C notified Local programs of each instance of noncompliance or missing data (i.e., each toddler whose record did not demonstrate a transition conference was completed on time). Local programs were required to review their paper records for each instance of noncompliance within 30 days. Local programs reported back to MA-C either (1) to confirm the instance of noncompliance or (2) to identify it as an error in data entry and provide corrected information. In this case, MA-C updated the state database to reflect corrected data and reanalyzed the local program’s compliance for Indicator 8C.

Next, MA-C confirmed 3 cases of noncompliance in FFY2019 through annual monitoring of its state database. As described above, MA-C verified that the source of noncompliance was incorrect implementation of the regulatory requirement. MA-C evaluated noncompliance for each local program. First, MA-C evaluated the extent of noncompliance by considering a local program’s history of noncompliance and amount of noncompliance in FFY2019. Next, a root cause analysis was conducted for the local program’s noncompliance. For local programs with noncompliance equal to or less than 75%, MA-C led the analysis and determined if the noncompliance was isolated or systemic. For local programs with noncompliance equal to or greater than 85%, the local program led the analysis and determined if the noncompliance was isolated or systemic. All local programs demonstrating less than 95% compliance were placed on Corrective Action Plans (CAPs). Terms of CAPs differed based on the root-cause analysis, the amount of noncompliance, and a local program’s history of noncompliance. MA-C documented the CAPs in Microsoft Excel database that lists all CAPs for the reporting year. After the local program met all the conditions of its CAP, MA-C notified them in writing that the CAP was completed and closed.

Third, MA-C verified ongoing compliance from the local program within 90 calendar days of the CAP being closed. The procedures used differed based on the type of noncompliance (i.e., isolated or systemic). For local programs with isolated non-compliance, MA-C sampled 10 child records at random using the data from the first quarter of state fiscal year 2021 (i.e., July-October 2020). For local programs with systemic non-compliance, MA-C sampled data from one month (additional months as needed) to be able to sample 10 children for the indicator where systemic non-compliance was determined. MA-C documented its verification in its Microsoft Excel database that lists all CAPs for the reporting year. MA-C notified each local program in writing that compliance had been reached. To date, all FFY2019 findings of noncompliance have been corrected and verified by MA-C.

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

After MA-C verified ongoing compliance at the program level, MA-C reviewed data within the state database to determine the outcome each individual instance of noncompliance at the child level. For each child, it MA-C determined if the transition conference had been held with the family, although late, or if the conference could not be held as the child was no longer within MA-C's jurisdiction (i.e., the child had exited Part C services). This analysis demonstrated that all three children exited the Part C system before a transition conference could be held.

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 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 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 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 Memo 09-02. In the FFY 2020 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 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

**Response to actions required in FFY 2019 SPP/APR**

The Lead Agency (MA-C) identified FFY18 noncompliance through annual monitoring of its state database, implementing a process to distinguish inaccurate implementation of the regulatory requirement from inaccurate or delayed data entry.

In FFY18, MA-C determined that of the 115 children with noncompliant records, 21 had received a transition conference in a timely manner and the apparent delay resulted from a data-entry error. Of the remaining records, 31 received a transition conference, although late, and 63 toddlers were out of MA-C’s jurisdiction prior to correction.

MA-C notified the local programs of the discovery of noncompliance. MA-C's General Supervision procedures allowed local programs with minimal noncompliance to correct noncompliance prior to the issuance of a written finding. Subsequent to the discovery of noncompliance, MA-C then verified correction of each instance of child-specific noncompliance. MA-C then reviewed updated program data and confirmed 100% compliance with each statutory or regulatory requirement with which noncompliance was identified.

To verify the accuracy of data, MA-C notified local programs of each instance of noncompliance or missing data (i.e., each toddler whose record did not demonstrate timely provision of services) in FFY18. Local programs were required to review their paper records for each instance of noncompliance within 30 days. Local programs reported back to MA-C either (1) to confirm the instance of noncompliance or (2) to identify it as an error in data entry and provide corrected information. After EIS programs had the opportunity to review and verify the accuracy of the data or add missing data, MA-C updated the state database to reflect corrected data and reanalyzed the local program’s compliance for Indicator 8C in FFY18 through annual monitoring of its state database.

MA-C required the correction of every instance of FFY18 noncompliance. As stated above, MA-C determined that 31 children received a transition conference, although late, and 63 exited the Part C system before a transition conference could be held. MA-C observed that more than half of these 63 toddlers were served by the same EIS program and placed the EIS program on a Corrective Action Plan citing systemic noncompliance.

MA-C collected and reviewed updated data to verify timely correction of FFY18 noncompliance. MA-C’s specific procedures differed based on the extent of noncompliance and its root cause. For all local programs with compliance rates below 100%, MA-C sampled 10 child records at random using subsequent data from its state database and documented its verification in its records. MA-C notified each local program in writing that compliance had been reached. MA-C has verified that all local programs with less than 100% compliance in FFY18 has demonstrated ongoing compliance.

Per PSC ticket #22-04814AW, MA-C is unable to edit the table "noncompliance identified prior to FFY2019" in the 8C Indicator Data. For FFY18, there were 94 findings of noncompliance. As of April 2022, all 94 findings have been verified as corrected.

In FFY19, MA-C originally reported 99.80% compliance and identified 16 children whose records did not reflect the that a transition conference was held with the family in a timely manner. MA-C subsequently reviewed data included its’ the state database and discovered an error in its earlier analysis: these data had not previously been assessed for data-entry errors. That is, it was determined that transition conferences with the family were held for 13 children in a timely manner, and the EIS provider entering data into the state database made an error. Once these errors were resolved, MA-C identified only 3 children whose records did not reflect a transition conference was held in a timely manner. MA-C should have reported 99.96% compliant for FFY19. MA-C followed its differentiated procedures (described above) and verified each instance of noncompliance could not be corrected as the child was no longer in MA-C's jurisdiction (i.e., the child exited the Part C system prior to a transition conference being held.

## 8C - OSEP Response

The State did not demonstrate that the EIS program or provider corrected the findings of noncompliance identified in FFY 2019 because it did not report that it verified correction of those findings, consistent with the requirements in OSEP Memo 09-02. Specifically, the State did not report that that it verified that each EIS program or provider with noncompliance identified in FFY 2019 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. When describing how it verified correction of findings of noncompliance identified in FFY 2019, the State reported " [a]ll local programs demonstrating less than 95% compliance were placed on Corrective Action Plans (CAPs)." OSEP cannot determine whether findings of noncompliance are issued to local programs regardless of the level of noncompliance identified.

## 8C - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. In addition, the State must demonstrate, in the FFY 2021 SPP/APR, that the three findings of noncompliance identified in FFY 2019 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2020 and each EIS program or provider with remaining noncompliance identified in FFY 2019: (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 Memo 09-02. In the FFY 2021 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 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

# 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 (E*MAPS*)).

**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 baseline 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 baseline and targets and report them in the corresponding SPP/APR.

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

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

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

## 9 - Indicator Data

**Not Applicable**

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

YES

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

This indicator is not applicable because the Lead Agency (MA-C) uses the Part C hearing procedures under Section 639, 34 CFR 303.430, CFR 303.435-438 and does not provide resolution session.

## 9 - Prior FFY Required Actions

None

## 9 - OSEP Response

OSEP notes that this indicator is not applicable.

## 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 (E*MAPS*)).

**Measurement**

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

**Instructions**

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

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

States are not required to establish baseline 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 targets and report them in the corresponding SPP/APR.

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

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

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

## 10 - Indicator Data

**Select yes to use target ranges**

Target Range not used

**Select yes if the data reported in this indicator are not the same as the State’s data reported under section 618 of the IDEA.**

NO

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/03/2021 | 2.1 Mediations held | 0 |
| SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/03/2021 | 2.1.a.i Mediations agreements related to due process complaints | 0 |
| SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/03/2021 | 2.1.b.i Mediations agreements not related to due process complaints | 0 |

Targets: Description of Stakeholder Input

The State Interagency Coordinating Council (ICC) serves as the primary stakeholder body for MA-C. ICC provides feedback to develop state targets, identify areas of need, and help recommend additional data analysis to improve MA-C performance. The ICC is comprised of 41 appointed members with variation in level of experience, discipline, role, geographic location across the Commonwealth, and race/ethnicity. Additionally, the ICC meetings are made available to the public and agendas and meeting links are published on MA-C's website and advertised through by the Parent Training and Information Center.

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target>= |  |  |  |  |  |
| Data |  | 100.00% |  |  |  |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= |  |  |  |  |  |  |

**FFY 2020 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 2019 Data** | **FFY 2020 Target** | **FFY 2020 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 2020. 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 that must be 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., April 1, 2021). 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 2020 APR, report on anticipated outcomes to be obtained during FFY 2021, i.e., July 1, 2021-June 30, 2022).

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 (i.e., behaviors), parent/caregiver outcomes, and/or child outcomes. Describe any additional data (i.e., 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 2020 APR, report on activities it intends to implement in FFY 2021, i.e., July 1, 2021-June 30, 2022) 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)?**

During the State Systemic Improvement Plan Phase I in 2015, Massachusetts Part C/Early Intervention identified improving positive social-emotional skills (including social relationships), as measured by Summary Statement 1, as its State-Identified Measurable Result (SIMR).

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

NO

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

NO

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

NO

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

https://www.mass.gov/lists/public-reporting-for-early-intervention#state-systemic-improvement-plan-

Progress toward the SiMR

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

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

NO

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2013 | 56.57% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= | 57.00% | 57.00% | 57.10% | 57.10% | 57.20% | 57.20% |

**FFY 2020 SPP/APR Data**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Not including at-risk toddlers, Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | Not including at-risk toddlers, children who entered or exited the program below age expectations in Outcome A | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| 1,313 | 2,663 | 56.90% | 57.00% | 49.31% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable**

The COVID-19 pandemic necessitated public health measures such as social distancing and reduced in-person interactions. MA-C did not allow EIS providers to administer the Battelle Developmental Inventory (2nd ed; BDI-2) via telehealth. Fewer toddlers were evaluated upon exiting, and it is suspected that this lower denominator affected the overall performance in this area.

**Provide the data source for the FFY 2020 data.**

MA-C collects data on Child Outcome 3A, Summary Statement 1 from its state database. EIS providers enter evaluation data at the outset of an infant or toddler’s enrollment in Part C services and upon exiting. EIS providers use the Battelle Developmental Inventory (2nd edition) to evaluate progress.

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

First, EIS providers administer and score the Battelle Developmental Inventory (2nd edition; BDI-2) following the publisher's manual. Next, EIS providers enter the developmental quotient (DQ) into the state database. Third, MA-C's Data Manager analyzes the duration of early intervention services provided to the child prior to the administration of the BDI-2; children who received less than six months of services are excluded from future analyses. Similarly, children who have only one administration (e.g., completed upon exit but not entry) or have incomplete scoring information are also excluded. Having identified the children to be included in this calculation, MA-C determines which of five BDI-2 categories the child's performance falls: (a) child did not improve functioning, (b) child's functioning improved but is not comparable to same-aged peers, (c) child's functioning improved to near-age expectations but did not reach it, (d) child's functioning improved and is comparable to same-aged peers, or (e) child entered with functioning comparable to same-aged peers and the level was maintained. MA-C then prepares a report of the number of children included in each category and compares the raw number and percentage of children in each category across prior reporting years. To calculate the summary statement (used for the SiMR), MA-C adds the number of children included in the two middle categories (i.e., categories C and D, described above) and then divides the sum by the sum of the number of children in categories A, B, C, and D (described above). Children in category E (i.e., those who enter and exit with functioning comparable to same-aged peers) are excluded from this analysis.

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

YES

**Describe any additional data collected by the State to assess progress toward the SiMR.**

In addition to data collect on the SiMR, MA-C collects data on the number of attendees to participate in professional development offerings designed to improve the SiMR. A larger number of attendees might portend progress on the SiMR because of newly acquired knowledge, skills, or abilities. By contrast, EIS programs who have no attendees to these training may be a relevant variable with respect to the fidelity with which those programs implement the activities designed to improve the SiMR.

The Parents Interacting With Infants (PIWI) institute was designed to increase attendees knowledge, skills, and abilities with respect to the PIWI model and philosophy, which is one activity MA-C has designed to improve its SiMR. The FFY20 training was evaluated after its completion in December 2020. Of its 28 participants, most had been involved in the EIS community for five or more years. Despite the lengthy experience, 90% of participants reported that the training improved their application of the evidence-based strategies to support parent-child interactions and progress toward IFSP outcomes.

The Reflective Supervision training was designed to increase attendees knowledge, skills, and abilities in the provision of high-quality supervision for early intervention specialists. The FFY20 training, which occurred between November 2020- and June 2021, was evaluated by 47 attendees, all of whom had been involved in the EIS community at least two years, with most reporting more than five years. 68% of participants reported that the training improved their ability to use reflective supervision to support the PIWI philosophy in practice.

The Child Development Institute was designed to increase attendees knowledge, skills, and abilities with respect to child development, including its history, differing theories, and the role culture plays in a child's development. The FFY20 institute was evaluated after its completion in December 2020. It was attended by seven EIS providers employed by four different programs. Attendees' levels of experience was more varied than others groups, ranging from seven months to over five years, with a mode of two to five years experience in the early intervention community. Attendees reported less robust perceived improvements from this training: only 43% of attendees reported the training helped them connect child development to the IFSP process. However, all participants reported that the institute increased their ability to identify child development from the whole child perspective. As a result of these data, MA-C will review and revise its curriculum and pedagogy in future reporting years.

Taken together, these data suggest that EIS providers working within the Commonwealth are increasing their knowledge, skills, and abilities of the improvement strategies designed to effect the SiMR.

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

YES

**Describe any data quality issues, unrelated to COVID-19**, **specific to the SiMR data and include actions taken to address data quality concerns.**

MA-C has learned that 36 of its 59 EIS programs rely on the same third-party electronic medical record application to upload information into the state database. MA-C has identified errors and omissions in the third-party program. To address these data quality concerns, MA-C has facilitated a number of meetings between the developers of its state databased and the developers for the third-party electronic medical record application to distinguish errors at the application level from errors at the user-level. When errors were discovered in the third-party's application, MA-C worked closely with the developers to identify necessary changes and test new file formats to ensure data quality and completeness. For errors attributed to the user (i.e., the EIS provider entering data into the third-party's application incorrectly), MA-C worked with the third-party to provide joint technical assistance to users to correct the errors and ensure accurate data entry moving forward.

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

YES

**If data for this reporting period were impacted specifically by COVID-19, the State must include in the narrative for the indicator: (1) the impact on data completeness, validity and reliability for the indicator; (2) an explanation of how COVID-19 specifically impacted the State’s ability to collect the data for the indicator; and (3) any steps the State took to mitigate the impact of COVID-19 on the data collection.**

MA-C uses the Battelle Developmental Inventory (2nd ed; BDI-2) to assess children’s positive social-emotional skills. The completeness of the data were adversely affected as a direct result of the COVID-19 pandemic because the majority of early intervention services were provided via telehealth, which is not a validated mode to administer the BDI-2. MA-C took steps to mitigate the impact of COVID-19 on data collection by offering technical assistance to EIS providers to support in-person assessment while limiting possible exposure risks (e.g., one evaluator in person while others participate via telehealth). Additionally, MA-C provided personal protective equipment to EIS providers free of charge to enable in-person services to safely resume beginning in May 2020. Taken together, the inability to administer the BDI-2 remotely impacted the completeness of child outcomes, which in turn has impacted the SiMR.

Section B: Implementation, Analysis and Evaluation

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

YES

**If yes, please provide the following information: a description of the changes and updates to the evaluation plan; a rationale or justification for the changes; and, a link to the State’s current evaluation plan****.**

Four new outputs have been included. The rationale for making the changes is to reflect and evaluate new infrastructure improvement strategies. New outputs include: 1. ICC Coordinator will recruit and engage diverse stakeholders, 2. Lead Agency Staff use dashboard for data-based decision making, 3. Personnel certification process that supports highly qualified and diverse EIS providers, 4. Audit process is documented and implemented with fidelity.

The evaluation plan is uploaded as an attachment and can be accessed at https://www.mass.gov/lists/public-reporting-for-early-intervention#state-systemic-improvement-plan-

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

MA-C acknowledges that it did not implement its current infrastructure activities identified in its SSIP. The COVID-19 pandemic and the public health measures it necessitated impacted MA-C's ability to do so.

**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.**

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

YES

**Describe each new (newly identified) infrastructure improvement strategy and the short-term or intermediate outcomes achieved*.***

MA-C has continuously sought to be a national leader in service to the infants and toddlers enrolled in Part C system. On a per capita basis, Massachusetts is one of the largest in the county. Through continuous leadership on the national and local level, MA-C has been able to partner across government and the healthcare sector, especially payors, to create accessible and affordable services for its at-risk and developmentally delayed infants and toddlers. Building on a successful strategy of growth and increasing access over the past 35 years, MA-C is ready to move in a new strategic direction that builds on the past and shifts towards a renewed focus on high-quality services and equitable access. To that end, MA-C undertook several new infrastructure activities during FFY20 to incorporate lessons from the COVID-19 pandemic response that strained families, EIS providers, and MA-C staff. New areas identified that will improve our SSIP and better achieve the SiMR include:

Governance. In FFY20, MA-C began its first-ever strategic planning process. It established the strategic vision of being a high-quality Part C program. The plan includes priority areas to (a) establish a high-functioning lead agency, (b) implement data-based decision-making, (c) eliminate inequities, (d) establish policy and procedure, (e) standardize practice, evaluation, and oversight of EIS providers. This activity is necessary to achieve the SiMR because MA-C’s prior improvement strategies were not sufficiently integrated; that is, the strategies worked in parallel with one another and did not establish a system of support. This activity supports sustainability of systems improvement efforts because MA-C is approaching the strategic plan through the science of quality improvement. Each strategic priority has been broken down to include specific action areas, each of which has a quarterly plan to identify required actions, contingencies, required resources, timelines, responsible parties, deadlines, and key performance indicators.

Data. In FFY20, MA-C continued its development of its state database. As part of its strategic planning process, it articulate the purpose of the state database to be a tool to improve the accuracy, reliability, and validity in data collected and to enable data-based decision-making within the Lead Agency and at EIS programs. This activity is necessary to achieve the SiMR because MA-C relies on data from its state database to evaluate progress toward the SiMR. This activity supports a system of improvement because enables MA-C to implement monitoring procedures and use data to inform decisions about EIS provider performance, efficacy of technical assistance provided, and stakeholder interests in using the database.

Personnel. In FFY20, MA-C piloted a new certificate process to identify highly qualified personnel to deliver early intervention services. MA-C partnered with a local university to identify a process to evaluate its existing personnel standards. This activity was necessary to achieve the SiMR because it enables MA-C to ensure that the personnel providing early intervention services are highly qualified and appropriately credentialed to improve children’s positive social-emotional outcomes. The results of this pilot will be available in FFY21 and will inform MA-C’s data-based decision as to if and how to scale-up the certificate from 36 pilot participants from five EIS programs to include all of those across the Commonwealth.

Finance. In FFY20, MA-C procured a new contract to provide Applied Behavior Analysis (ABA) services to children diagnosed with autism. MA-C coordinated with Medicaid and commercial insurance partners to ensure appropriate funding is available for children enrolled in these services and to remove barriers to timely access to services. For example, MA-C partnered with a local university to fund the Autism Insurance Resource Center designed to inform families of their rights to these services and the financial obligations of their healthcare payor related to these services under Massachusetts state law. These activities were necessary to achieve the SiMR because they enable children diagnosed with autism to access medically necessary specialty services designed to remediate the symptoms of autism and improve their social-emotional skills. Applied Behavior Analysis has been widely acknowledged as the most effective treatment for autism and its use is supported by decades of peer-reviewed research. This activity supports a system of improvement because it enables MA-C to make better use of its resources and funds as the payor of last resort. That is, prior to the procurement, ABA providers were subcontractors of the EIS programs, which resulted in inconsistent access, quality, and funding streams. With the contracts established, MA-C will be able to use its resources more effectively and ensure equitable access to highly qualified and appropriately credentialed ABA providers.

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

MA-C will continue its activities related to each infrastructure improvement strategy in the next reporting year. A summary of anticipated outcomes and outputs within each area is provided below.

Governance. In FFY21, MA-C will share its strategic plan with its State Interagency Coordinating Council (ICC) to recruit feedback and ideas for how to implement its action plans, timing of plan elements, and components that were overlooked or omitted. Additionally, MA-C will create a new position to support the ICC and actively recruit and engage diverse stakeholders. Anticipated outcomes include completion of quarter 1 and 2 activities, which focus largely on the strategic priority of establishing a high-functioning lead agency (e.g., developing an effective organizational structure, documenting internal policies and procedures to ensure transparent, replicable activities). An ICC Coordinator will be on-staff and will develop an ICC implementation guide to support the work, document the ICC’s activities, and ensure ongoing compliance with subpart G of IDEA Part C.

Data. In FFY21, MA-C will undertake development to allow EIS programs to review their performance on the federal indicators on a monthly basis. At present, these data are only available 3-5 months after the reporting year ends. Additionally, MA-C will recruit and hire a research analyst skilled in epidemiology to serve as its Part C Data Manager and assist MA-C in implementing data-based decision making. Anticipated outputs include having a data-reporting dashboard developed for Lead Agency staff by the end of the reporting year, a similar dashboard for EIS programs at least in a pilot form, and a research analyst on staff by the end of FFY21. Anticipated outcomes include increased monitoring of programs for compliance and results indicators that allows for faster identification and correction of noncompliance.

Personnel. In FFY20, MA-C piloted a new certificate process to identify highly qualified personnel to deliver early intervention services. MA-C partnered with a local university to identify a process to evaluate its existing personnel standards. This activity was necessary to achieve the SiMR because it enables MA-C to ensure that the personnel providing early intervention services are highly qualified and appropriately credentialed to improve children’s positive social-emotional outcomes.
The results of this pilot will be available in FFY21 and will inform MA-C’s data-based decision as to if and how to scale-up the certificate from pilot participants to include all of those across the Commonwealth. In FFY21, MA-C will evaluate the pilot results and make a data-based decision about its efficacy. Anticipated outputs include presenting the results to the ICC and soliciting feedback about how to proceed (i.e., how to scale up if effective or how to revise if ineffective). Anticipated outcomes include a personnel certification process that supports highly qualified personnel to be employed in the delivery of early intervention services across the Commonwealth.

Finance. In FFY21, MA-C will refine its audit procedures to ensure accuracy of claims submitted to MA-C as the payor of last resort. Anticipated outputs include documented audit procedures completed by the end of FFY21. Anticipated outcomes include claims that are audited for accuracy related to the implementation of the payor of last resort requirements.

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

EIS programs contracted with MA-C provide services using the Parents Interacting With Infants (PIWI) model.

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

Parents Interacting With Infants (PIWI; Yates and McCollum, 2017) is an evidenced-based set of practices based on beliefs (i.e., a “philosophy”) about families, children, and helping relationships. The objectives of PIWI are to increase confidence, competence, and positive relationships for parents and children ages 0-2. It does so by focusing on the parent-child relationship and using coaching to promote responsive, respectful parent-child interactions. Research indicates that early interactions with parents influence a child's future outcomes (e.g., Center for the Developing Child, 2016). The PIWI model encourages the use of evidence-based strategies including family-centered practices, family-capacity building, and family-professional collaboration (DEC, 2014).

**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.**

The Lead Agency (MA-C) has previously endorse PIWI as a strategy that, if implemented with integrity, will impact the SiMR. Specifically, PIWI is a philosophy that can inform EIS programs' internal policies and procedures, including training of their practitioners following its implementation guidelines. The PIWI philosophy offers a decision-making model to assist EIS programs in all aspects of service planning and delivery. The PIWI model empowers families by increasing their knowledge of their children's development and strengthens the parent-child dyad by helping parents interpret and respond to their children's behavior in positive, supportive ways. When EIS providers implement evidence-based strategies such as family-centered practices, family-capacity building, and family-professional collaboration, children are more likely to substantially increase their positive social-emotional outcomes.

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

MA-C did not monitor fidelity of implementation and assess practice change for PIWI in FFY20. The COVID-19 pandemic adversely effected MA-C's ability to collect reliable data on the fidelity of implementation; public health measures necessitated by the COVID-19 pandemic prohibited site visits and increased burdens on early intervention services providers, already struggling to effectively implement telehealth while operating under conditions with fewer staff available and fewer families seeking services.

**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.**

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

During FFY21, MA-C will evaluate the effects of the PIWI training by soliciting feedback about their practices from attendees (i.e., new EIS providers) and by surveying families receiving early intervention services to learn more about the effects of its PIWI Institute.

**Describe any changes to the activities, strategies, or timelines described in the previous submission 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.**

Any changes made in the absence of data would be purely speculative. Because MA-C has not collected implementation data on the effects of its SSIP activities, it will begin implementing its SSIP activities in FFY21 and FFY22 as originally planned for FFY19.

**Section C: Stakeholder Engagement**

Description of Stakeholder Input

The State Interagency Coordinating Council (ICC) serves as the primary stakeholder body for MA-C. ICC provides feedback to develop state targets, identify areas of need, and help recommend additional data analysis to improve MA-C performance. The ICC is comprised of 41 appointed members with variation in level of experience, discipline, role, geographic location across the Commonwealth, and race/ethnicity. Additionally, the ICC meetings are made available to the public and agendas and meeting links are published on MA-C's website and advertised through by the Parent Training and Information Center.

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

Beginning in March 2021, MA-C re-centered its coordination and communication with the State Interagency Coordinating Council (ICC) to follow the Leading by Convening framework. The Part C Coordinator prepared data on MA-C’s performance prior to each ICC meeting. Data included (but are not limited to) information about personnel retention and certification, the number of infants and toddlers referred to the MA-C system (including data analyzed by race), the percentage of children referred who are evaluated and determined eligible, and fiscal information about the types of services provided. The Part C Coordinator attended each ICC meeting to present the data and answer questions from ICC members and the public. MA-C staff provided training to family representatives to develop comfort and confidence participating in ICC meetings through individualized meetings. The Part C Coordinator collaborated with provider representatives to provide technical assistance to interpret data accurately and make data-based decisions.

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

YES

**Describe how the State addressed the concerns expressed by stakeholders.**

In FFY20, the State Interagency Coordinating Council (ICC) identified a number of concerns related to the MA-C’s activities to achieve the SiMR. First, the ICC expressed concern that the instrument used to evaluate a improvement for a child’s social-emotional skills was difficult to use with families who’s primary spoken language is not English. In response, MA-C retained access to manuals for administering the BDI-2 to families who’s primary spoken language is not English. Additionally, MA-C provided access to on-demand interpreter services for all EIS programs free of charge. Next, the ICC expressed concern that the BDI-2 could not be administered via telehealth. In response, MA-C explored the Child Outcomes Survey (COS) by speaking with its OSEP Liaison, Technical Assistance Reps from ECTA and DaSy, and other Part C Coordinators using the COS to evaluate child outcomes. Finally, the ICC expressed concern that data (compliance, results, and fiscal) had not been routinely provided in FFY19. In response, MA-C began presenting data at each ICC meeting.

**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.**

In FFY21, MA-C will recruit and retain a research analyst/epidemiologist to evaluate racial, language, and geographic differences in the SiMR and a health equity program manager to lead MA-C’s response to eliminate any inequities.

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

Racial disparities are well documented across health and educational services. By the end of FFY21, MA-C will have its SiMR analyzed by race. Additionally, the geography of the Commonwealth promotes inequities in service delivery (i.e., urban Boston vs. rural Berkshire-area); by the end of FFY21, MA-C will have its SiMR data analyzed to evaluate geographic disparities. These data will be collected from the state database. Expected outcomes include uncovering disparities and developing targeted technical assistance, workforce initiatives, and family engagement initiatives to reduce and ultimately eliminate these disparities.

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

Technical Barriers. State Interagency Coordinating Council (ICC) members still require additional knowledge, skills, and practice to interpret data accurately and make data-based decisions. In FFY21, MA-C will develop orientation for ICC members to include TA on these skills. Relationship Barriers. The affects of the COVID-19 pandemic, combined with MA-C leadership changes in FFY17, FFY18, and FFY20 have strained the relationship between the ICC and MA-C. Beginning in FFY20 (March 2021), MA-C appointed a new Part C Coordinator who adopted a Leading by Convening model to working with the ICC. MA-C will continue to address the relationship barrier by making data increasingly available to the ICC and the wider public.

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

The updated evaluation plan can be found at https://www.mass.gov/lists/public-reporting-for-early-intervention#state-systemic-improvement-plan-

## 11 - Prior FFY Required Actions

None

## 11 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

The State provided an explanation of how COVID-19 impacted its ability to collect FFY 2020 data for this indicator and steps the State has taken to mitigate the impact of COVID-19 on data collection.

## 11 - Required Actions

OSEP notes that one or more of the Indicator 11 attachment(s) included in the State’s FFY 2020 SPP/APR submission are not in compliance with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508), and will not be posted on the U.S. Department of Education’s IDEA website. Therefore, the State must make the attachment(s) available to the public as soon as practicable, but no later than 120 days after the date of the determination letter.

# Certification

**Instructions**

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

**Certify**

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

**Select the certifier’s role**

Lead Agency Director

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

**Name:**

Emily White

**Title:**

Director, Early Intervention Division and Part C Coordinator

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**Submitted on:**

04/26/22 1:56:01 PM