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

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

**For reporting on
FFY 2022**

**Massachusetts**



**PART C DUE
February 1, 2024**

**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, located within the Department of Public Health is the state agency in Massachusetts that is referred to as the lead agency for Part C of the Individuals with Disabilities Education Act (IDEA) or MA-C. During federal fiscal year 2022 (FFY22; July 1, 2022-June 30, 2023), MA-C had contracts with agencies to operate 59 general Early Intervention Services (EIS) and 23 specialty services programs, such as Early Intensive Behavioral Intervention (EIBI) and services for vision and hearing differences. Based on active personnel listed within the state database, approximately 4,970 qualified personnel rendered services to 41,393 children (including at-risk children) and their families (a ratio of approximately 8.3 children per provider).

Additionally, MA-C had a contract with a family support network, Massachusetts Family TIES, to facilitate referrals to early intervention and provide training and technical assistance to families enrolled in the Part C system. All referrals are received by one of the 59 general EIS programs, which conduct an intake, collect records, and schedule initial eligibility evaluations. Programs are required to complete all aspects of supporting families from referral through when the family exits the Part C system. MA-C verifies that these 59 general EIS programs achieve and sustain high-levels of compliance with the IDEA and produce meaningful outcomes for families and their children through its Early Intervention Operational Standards, standardized forms, technical assistance, a centralized clinical and billing database, and positive, trusting, working relationships to oversee these contracts. These 59 general EIS programs are responsible for maintaining accurate records within the state database, the Early Intervention Client System (EICS).

In federal fiscal year 2022 (FFY22; July 1, 2022-June 30, 2023), the Part C system received 40,972 referrals and completed 27,164 multidisciplinary evaluations. 41,393 children had an active Individualized Family Service Plan (IFSP) in the program year. MA-C served 10.40% of the population of infants and toddlers under three years old based on the point-in-time count on October 1st, which exceeds the national average of 4.01% (indicator 6). MA-C served 4.24% of the population under one year old, which is higher than the national average of 3.71% (indicator 5). The majority (99.11%) of infants and toddlers with IFSPs primarily received early intervention services in the home or community-based setting (indicator 2). Taken together, these data demonstrate MA-C's robust system that centers infants, toddlers, and their families.

Additional information related to data collection and reporting

The Lead Agency (MA-C) continues to develop its comprehensive state database, the Early Intervention Client System (EICS). This web-based database offers electronic case-management and billing systems to support early intervention services (EIS) programs and to enable MA-C to conduct appropriate monitoring and oversight of the Part C system. The EICS continues to improve MA-C by ensuring an unduplicated count for 618 reporting, assisting in the verification of data entered by EIS providers, allowing MA-C to detect trends for improvement planning, identifying potential areas of noncompliance, and allowing tracking of required corrective actions for verification.

The Early Intervention Client System (EICS) is developed and maintained by a contracted vendor and managed by the EICS Application Lead, an Information Technology staff embedded within the MA-C. The EICS provides real-time data on system-level variables such as new referrals to the Part C system, the number of children enrolled in MA-C (i.e., those with active IFSPs), service utilization, billing and claims data, and exiting reasons. The centralized system of data collection is vital to the data collection and analysis reporting contained in this State Performance Plan/Annual Performance Report (SPP/APR).

Although the state database, the Early Intervention Client System (EICS), has been used by providers since November 2019, development is still ongoing. During FFY22, additional functionality was added to the EICS to enhance monitoring and oversight as well as improve and streamline provider practices. Some examples of the additional functionality include (1) the introduction of new print templates to give families easier access to their child's records including developmental and health information (e.g., evaluation scores, diagnoses, risk factors, health history, current health status) (2) upgrading the billing systems to reflect changes in insurance practices for early intensive behavioral intervention that both streamlines the the EIS provider's data entry and enables MA-C to conduct additional checks under the payor of last resort requirement, (3) allow additional fields on the child's record to be editable by EIS providers in an acknowledgement that not all data are entered into EICS at the time of service delivery, (4) revisions to the manual claims submission form to ensure Sec. 508 compliance and ensure reimbursement to EIS programs in a timely manner, (5) allow early intensive behavioral intervention (EIBI) program directors to submit requests for reimbursement waivers, (6) the addition of an editable contact note field to all progress notes to allow clinicians to document on the child's record details of cancelled visits or rescheduled appointments.

In addition to the Early Intervention Client System (EICS), MA-C uses the Impacts on Family Survey developed by the National Center Special Education Accountability Monitoring (NCSEAM) to report in Indicator 4. This instrument was selected because of its rigorous development process which ensures the state has valid and reliable data. Data are collected, maintained, and analyzed by a contracted vendor and managed by MA-C.

A new initiative in federal fiscal year 2022 (FFY22; July 1, 2022-June 30, 2023) is MA-C's provision of data quality reports each month to its early intervention services (EIS) programs. The purpose of these reports is to ensure EIS programs enter valid and reliable data into the state database (Early Intervention Client System; EICS) in a timely manner. MA-C’s Research and Analysis Unit generates monthly reports to identify data that are missing (e.g., children with active IFSPs without progress notes to indicate services have started) or unreliable (e.g., an evaluation date entered prior to the child’s date of birth). MA-C’s Clinical Quality Assurance Coordinator distributes the reports to each affected EIS program, and the EIS program directors are required to correct these data by entering missing data or correcting clerical errors within 15 business days. The Clinical Quality Assurance Coordinator analyzes the data quality reports on a monthly to identify the number of programs with valid and reliable data and recommends training, technical assistance, and corrective actions to the Clinical Quality Manager. EIS programs are required to participate in targeted technical assistance if their report shows 40 or more errors in a single month or errors in at least 5% of the total number of child records at their program.

**General Supervision System**

The systems that are in place to ensure that the IDEA Part C requirements are met (e.g., integrated monitoring activities; data on processes and results; the SPP/APR; fiscal management; policies, procedures, and practices resulting in effective implementation; and improvement, correction, incentives, and sanctions).

General Supervision for Massachusetts' Part C program (MA-C) includes all of the sections described in this introduction and other components such as policies, procedures, and fiscal management. The general supervision system is used for program improvement and the delivery of high-quality, research-based early intervention services. The monitoring and dispute resolution components are integrated and include multiple mechanisms to identify and correct noncompliance with the Individuals with Disabilities Education Act (IDEA) and state requirements. MA-C's General Supervision system is comprised of both universal and targeted activities. MA-C conducts universal activities such as annual monitoring of each EIS program to ensure the implementation of the IDEA and identify possible areas of noncompliance and low performance (e.g., collection and verification of data for the SPP/APR, public reporting of EIS program performance from APR, and determinations about how EIS programs are meeting the requirements of the IDEA). MA-C also requires EIS programs to complete a Culturally and Linguistically Appropriate Services (CLAS) provider self-assessment to result in improvement plans in six action areas (https://www.mass.gov/lists/making-clas-happen-six-areas-for-action#self-assessment-tool-). Contracted providers are also required to complete the Commonwealth's Uniform Financial Statement and Independent Auditor's Report (UFR) annually that is analyzed by the Department of Public Health's Purchase of Services Office to identify any financial risks or concerns around the use of federal and state funds (https://ufr.osd.state.ma.us/).

MA-C's General Supervision system relies heavily on review of data compiled from its state database, the Early Intervention Client System (EICS) . The purpose of these reviews are threefold: (1) to ensure data in EICS are accurate and reliable, (2) to identify noncompliance and areas for improvement within early intervention services (EIS) program performance, and (3) to verify correction of noncompliance in accordance with federal requirements in OSEP’s QA 23-01, State General Supervision Responsibilities Under Parts B and C of the IDEA.

MA-C's General Supervision system monitors the implementation of each early intervention services (EIS) program to carry out IDEA Part C. The General Supervision system includes technical assistance and professional development, EIS program self-assessment, database reviews, data quality reports, and permits the identification of both systemic and isolated noncompliance with federal regulatory requirements including the SPP/APR indicators, data on processes and results, fiscal management, data from dispute resolution activities, policies and procedures. All noncompliance is identified to the EIS program in writing, including the details to support the finding (e.g., a description of the identified noncompliance and the statutory or regulatory IDEA requirement from which the EIS program or provider has deviated, a description of the data used to identify noncompliance). As part of the notification of findings of noncompliance, programs are informed that MA-C must verify the correction of all noncompliance as soon as possible, but in no case later than one year from the date of the written notification. MA-C has graduated levels of corrective actions that vary based on the area of concern, root cause of noncompliance, and level of noncompliance identified. MA-C may develop a technical assistance plan, quality improvement plan, or a corrective action plan with the contracted provider to ensure correction and sustain compliance. Regardless of the level of noncompliance, MA-C verifies that the EIS program or provider is correctly implementing the specific regulatory requirements (i.e., achieved 100 percent compliance with the relevant IDEA requirements) based on a review of updated data and information and has corrected each individual case of child-specific noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider.

Complaints and Dispute Resolution:
MA-C staff, early intervention services (EIS) program directors, EIS providers, and family support vendors work together to ensure that parents are aware of their right to resolve disputes. Established procedures address disputes between a family and their EIS program or MA-C, as well as complaints filed by organizations or individuals alleging that a public agency or a private provider is violating federal or state statute and regulations. Parties who have been unsuccessful at resolving issues at a local level may choose to resolve a dispute through mediation, due process hearing, or by filing a formal administrative (i.e., state) complaint. Though complainants are encouraged to use informal resolution options, they are not required to do so as a prerequisite to requesting mediation, due process hearing, or filing a formal administrative complaint.

Requests for mediation may be submitted either by parents or a contracted EIS provider to MA-C’s Dispute Resolution Coordinator. Mediation services are provided by the Bureau of Special Education Appeals (BSEA) at the Division of Law Appeals (DALA) through an Interagency Service Agreement. Mediators with training in Part C and mediation techniques are randomly assigned to provide mediation within 14 calendar days unless the parties agree to a different timeline.

Requests for a due process hearing can be submitted by parents to MA-C's Dispute Resolution Coordinator. The request is then referred to the Bureau of Special Education Appeals at the Division of Law Appeals (DALA), who assigns an impartial hearing officer with knowledge of Part C requirements. A notice of hearing is sent which will include parental rights related to the hearing process. A written decision is issued in 30 calendar days unless the hearing officer extends the timeline at the request of either party. The decisions of the hearing officer may be appealed in a court of competent jurisdiction.

Parents may also file formal administrative (i.e., state) complaints against the Part C system by submitting the complaint in writing to MA-C's Dispute Resolution Coordinator. An investigation is completed, and a written narrative of conclusions based on findings is issued within 60 calendar days unless there are exceptional circumstances. The Dispute Resolution Coordinator shares the findings of complaint investigations with MA-C's Part C Coordinator and legal counsel, as well as MA-C’s Manager of Clinical Quality who oversees monitoring activities. Findings of noncompliance requiring a corrective action are developed and implemented as soon as possible and no later than one calendar year. Corrective action plans include identification of the root cause, actions to correct the noncompliance, and activities to ensure sustained compliance.

**Technical Assistance System:**

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

MA-C maintains a webpage (https://www.mass.gov/orgs/early-intervention-division), which include data on its performance, tool kits for service coordinators, the Early Intervention Operational Standards, professional development opportunities and required training for early intervention services (EIS) programs, and resources for families. New guidance, policies, and procedures are announced to contractors in a synchronous webinar and via MA-C's electronic mailing listserv.

MA-C holds one-hour webinars via Zoom several times per month to offer general technical assistance to its early intervention services (EIS) program directors. During federal fiscal year 2022 (FFY22; July 1, 2022-June 30, 2023), MA-C held its Program Director Webinars once monthly for one hour for directors and administrators of its contracted EIS programs. The calls are arranged and moderated by MA-C's Communications Specialist. The purpose of these calls is to keep program directors and administrators apprised of current federal or state guidance, share state-wide data, provide updates on newly developed MA-C resources, training opportunities, receive feedback from the EIS program directors, and to ensure there is an opportunity for issues to be raised and questions to be posed to and responded by MA-C. Following each webinar, MA-C distributes copies of all slides and resources presented. In addition, program directors can use the information received during these calls and disseminate it to staff working within their programs.

Two new general technical assistance offerings were introduced in federal fiscal year 2022 (FFY22; July 1, 2022-June 30, 2023): Ask Away and Technical Assistance Webinars. MA-C holds Ask Away Webinars once weekly for a half-hour for directors and billing/claims managers of its contracted early intervention services (EIS) programs. The calls are arranged and moderated by MA-C's Account Analysts and Finance Manager. The purpose of these calls is to educate EIS program directors and billing/claims managers of current federal or state guidance related to fiscal operations. Each webinar begins with a prepared 15-min presentation about a specific topic (e.g., timely expenditures of Part C funds) during with MA-C staff present regulatory requirements and model how to complete required actions within the MA-C’s fiscal database, the Early Intervention Client System (EICS). Following the presentations, MA-C staff take questions from attendees to assist with questions related to MA-C’s Systems of Payment policy or how to use the billing application within the EICS.

Also new to federal fiscal year 2022 (FFY22; July 1, 2022-June 30, 2023) are General Technical Assistance Webinars offered by MA-C’s Performance, Oversight, and Evaluation Unit. The calls are arranged and moderated by MA-C's Comprehensive System of Personnel Development (CSPD) Coordinator. The purpose of these calls is to educate directors of early intervention service (EIS) program directors and EIS providers about Part C of the IDEA and how MA-C’s system implements the IDEA. In FFY22, MA-C hosted one webinar on each SPP/APR indicator with the goal of educating EIS program directors and providers about what the indicator measured, how MA-C obtains these data from its state database (Early Intervention Client System; EICS), and how OSEP’s Measurement Table requires MA-C to measure and report data for these indicator. In addition, General Technical Assistance Webinars were offered surrounding understanding federal and state fiscal requirements, confidentiality requirements applicable to IDEA early childhood programs, understanding transition indicators through the 2023 Letter to Nix, and prior authorization for children diagnosed with autism spectrum disorder under the age of 3.

MA-C regularly communicated with its early intervention services (EIS) program directors by way of a weekly email. These emails include announcements from related state agencies involved in the early childhood system of care, public health alerts, reminders about upcoming deadlines, and highlights data from its database (Early Intervention Client System; EICS). In federal fiscal year 2022 (FFY22; July 1, 2022-June 30, 2023), MA-C increased its coordinated communications to its state interagency coordinating council (SICC), providing subcommittees advanced notice of upcoming announcements that related to matters on which the SICC had made recommendations.

**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.**

MA-C has established mechanisms for ongoing professional development for both lead agency (MA-C) staff and contracted vendors.

The Part C Coordinator ensures MA-C staff review existing technical assistance resources and solicit ongoing feedback and guidance from the Early Childhood Technical Assistance Center (ECTA), The Center for IDEA and Early Childhood Data Systems (DaSy), and the Center for IDEA Fiscal Reporting (CIFR). MA-C staff regularly participate in individual meetings with ECTA and CIFR representatives, community of practices (e.g., DMS Cohort 3 preparations, BDI Users Group), attend technical assistance webinars and maintain their own professional development which supports their ability to provide ongoing TA to the 59 comprehensive EIS programs and 23 specialty services programs contracted with MA-C.

A new initiative for MA-C staff in federal fiscal year 2022 (FFY22; July 1, 2022-June 30, 2023) is Core Knowledge meetings. The Part C Coordinator hosted these once monthly meetings of all MA-C staff for a half-hour. The calls are arranged and moderated by the Part C Coordinator or another senior leader within MA-C. The purpose of these calls is to educate MA-C staff about critical parts of Part C of the IDEA, guidance from OSEP, and practical information regarding OSEP procedures (e.g., LEA/SEA notification requirements and the state's opt-out policy, how OSEP makes determinations, the RDA matrix, HHS/ED's 2016 white paper on family engagement, Pres. Biden's Executive Order 13985 on Advancing Racial Equity and Support for Underserved Communities) . Following each Core Knowledge meeting, the Part C Coordinator distributes copies of all slides and resources presented to MA-C staff. In addition, MA-C's Clinical Oversight and Support Specialists and Account Analysts can use the information received during these calls and disseminate in their oversight of early intervention services (EIS) programs. Data are collected on attendees knowledge prior to and following each Core Knowledge meeting to demonstrate effective learning and behavior change.

MA-C established personnel standards for all individuals that provide early intervention services (EIS), including specialty service providers. These standards are maintained and monitored for all EIS providers, requiring educational background and licensure (if applicable). To provide services to infants and toddlers enrolled in the MA-C system, providers must be employed by one of the agencies under contract with MA-C to provide these services and have their credentials (e.g., licensure, certifications) and required work experience verified first by their employer (i.e., the EIS program director) who submits the documentation into MA-C's database (Early Intervention Client System; EICS) before being verified by MA-C's Coordinator of Business Administration.

Prior to the outset of their work with infants and toddlers enrolled in the Part C system, new early intervention services (EIS) providers must complete required professional development sessions and onboarding procedures required by their hiring agency. MA-C contracts with a vendor to oversee its pre-service training and develop and deliver ongoing professional development to its EIS providers. Under the direction of MA-C's Comprehensive System of Personnel Development (CSPD) Coordinator, the vendor develops and delivers training across priority areas (e.g., history of EI in Massachusetts, culturally and linguistically appropriate services, procedural safeguards, unconscious bias, evidence-based strategies to improve early childhood outcomes, functional assessment, family engagement, transition). During federal fiscal year 2022 (July 1, 2022-June 30, 2023), the vendor continued to leverage virtual platforms (e.g., Zoom, Microsoft Teams) to deliver synchronous and asynchronous professional development opportunities.

**Stakeholder Engagement:**

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

This Annual Performance Report (APR) was developed with broad stakeholder input. At a meeting for directors of early intervention services (EIS) programs in September 2023, the Part C Coordinator presented results from federal fiscal year 2022 (July 1, 2022-June 30, 2023) for each indicator. At a State Interagency Coordinating Council (ICC) meeting in December 2023, the members reviewed results from FFY22 for each indicator. During these meetings, the Part C Coordinator asked attendees for assistance in (1) interpreting the data by asking attendees to make observations about the data, (2) deriving meaning from the data by asking attendees to consider how their unique perspectives and experiences fit with the data, and (3) identifying actionable next steps by asking attendees to think about possible action steps or behavior change to improve the data for the future. In January 2024, the Part C Coordinator repeated this presentation and discussion with Massachusetts' Parent Information Training Center, the Federation for Children with Special Needs. Feedback received from these meetings has been included throughout this APR. Drafts were also shared with staff from the Early Childhood Technical Assistance Center (ECTA), who reviewed and provided initial feedback and guidance.

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

YES

**Number of Parent Members:**

14

**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.**

During During federal fiscal year 2022 (FFY22; July 1, 2022-June 30, 2023), there were 35 total members (14 parent representatives, seven provider representatives, 12 state agency representatives, and three community members). Parent members comprise 40% of the ICC's total membership. The parent member of the State Interagency Coordinating Council (ICC), representatives from the Commonwealth's Parent Training and Information Center, and parents from local and statewide advocacy and advisory committees were engaged in analyzing data, developing improvement strategies, and evaluating progress in several ways. One way in which parents were involved in system-wide programmatic improvements in FFY22 was by reviewing response rates on the Impacts on Family Survey (used to calculate indicator 4 data) and proposing actionable next steps or behavior change for improvement.

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. The FCSN participates on the State Interagency Coordinating Council (ICC) by having representatives, one of whom served as the co-chair of the ICC's Family Engagement subcommittee during federal fiscal year 2022 (FY22; July 1, 2022-June 30, 2023). In addition to ICC general and subcommittee meetings, FCSN met regularly with MA-C staff to share common themes from the parent support network they offer.

MA-C's Family and Community Engagement Unit is also comprised entirely of individuals with lived experience caring for a child with special needs who was enrolled in the Part C system. These staff work closely with a small group of individual families enrolled in early intervention during federal fiscal year 2022 (FFY22; July 1, 2022-June 30, 2023). To help families feel empowered to participate in the process, MA-C sponsored 14 families to attend a conference hosted by the Commonwealth's Parent Training and Information Center in March 2023 and 12 families to attend a conference offered by a professional association in May 2023 to educate families about their rights and high-quality early intervention services.

**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.**

During federal fiscal year 2022 (FFY22; July 1, 2022-June 30, 2023), MA-C conducted activities designed to increase the capacity of diverse groups of parents to support the development of implementation activities designed to improve outcomes for infants and toddlers with disabilities and their families.

The Family & Community Engagement Unit recruited families from communities of color for its Finding Your Footing training. This training is designed to train a cadre of family leaders to participate in the State Interagency Coordinating Council (ICC), other public bodies, and to participate in governance activities such as reviewing procurements and grant applications. During FFY22, 12 parents completed the Finding Your Footing training.

Prior to each State Interagency Coordinating Council (ICC) meeting, staff from MA-C's Family and Community Engagement Unit connect with each parent member via telephone, email, and/or text to answer questions related to the upcoming meeting's agenda or other related matters. MA-C staff arrange for additional opportunities to speak with and answer questions from ICC parent representatives through virtual monthly coffees. MA-C's Family and Community Engagement Unit provides a structured ICC orientation to new and returning ICC parent representatives that includes information about the purpose and activities of the ICC, information about the MA-C program and the IDEA Part C, information about the MA-C mission, values, and key principles, meeting logistics, and expectations for parent representatives. These activities increased capacity of parents participating in the ICC by offering them additional training and an opportunity to ask questions privately to a trusted and familiar MA-C staff member.

The State Interagency Coordinating Council continued its Racial Equity and Family Engagement subcommittees during FFY22. These subcommittees, comprised of early intervention services (EIS) program directors, parent representatives, and MA-C staff, were charged with increasing the representativeness of the Impacts of Family Survey (i.e., the tool used to collect data for Indicator 4) and offering recommendations to MA-C for advancing racial equity in professional development.

As a result of these activities, an increased number of diverse and representative families participated in shaping MA-C's programmatic improvement activities.

**Soliciting Public Input:**

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

This State Performance Plan/Annual Performance Report (SPP/APR) was developed with broad input from key representatives. At a State Interagency Coordinating Council (ICC) meeting on December 7, 2023, the members reviewed results from federal fiscal year 2022 (July 1, 2022-June 30, 2023) for each indicator in comparison to the prior four federal fiscal years. As entered into the online submission tool, a draft of the APR was sent to national technical assistance (TA) centers, including DaSy and the ECTA Center, whose staff reviewed the draft and provided helpful guidance.

The federal fiscal year 2022 (FFY22; July 1, 2022-June 30, 2023) timeline for soliciting public input included activities throughout the reporting year. On October 6, 2022, the State Interagency Coordinating Council (ICC) developed its charges in collaboration with MA-C staff. This meeting was facilitated virtually; charges were selected by separating into smaller groups to discuss and identify priorities before debriefing as a whole. The Part C Coordinator for MA-C attended the meeting and agreed to the charges proposed by the ICC. The ICC then met in November 2022, January 2023, March 2023, and June 2023 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. In April 2023, the Part C Application was made available to the public. An announcement was made on MA-C's website, distributed via email to all contracted early intervention services (EIS) programs, and announced via email via to MA-C's electronic mail listserv. An online form was developed to collect questions and feedback from MA-C's key representatives and the general public. Comments were reviewed for patterns of questions or concerns related to the Part C Application and the application was revised prior to submission.

**Making Results Available to the Public:**

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

The Part C Coordinator presented and discussed data analysis results with the State Interagency Coordinating Council (ICC) on December 7, 2023. The results of the data analysis were presented to the public in both graphs and tables for development of the improvement strategies and evaluation. The graphs illustrated the trends of all the historical data for the prior five federal fiscal years. The tables contained the actual numbers of the baseline, historical data, and current levels of performance for each indicator. Copies of these materials will be posted on the ICC website (https://www.mass.gov/interagency-coordinating-council-icc) in accordance with the state's Open Meeting Law following approval of the meeting minutes at the next scheduled ICC meeting.

MA-C maintains a webpage (https://www.mass.gov/lists/public-reporting-for-early-intervention), which include data on its performance, interactive data dashboards, and copies of data submitted to OSEP. Observations about these data and actionable wisdom that can be derived from them are shared in monthly meetings with early intervention services (EIS) program directors, EIS providers, and the State Interagency Coordinating Council (ICC). Additionally, MA-C has developed a robust email database that includes more than 12,000 families, providers, and other stakeholders across the Commonwealth. MA-C sends emails and a professional development newsletter on a monthly basis to anyone who signs up to receive these notifications through its website (https://www.mass.gov/forms/early-intervention-professional-development-newsletter-beyond-bubbles-and-blocks).

**Reporting to the Public:**

**How and where the State reported to the public on the FFY 2021 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 2021 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State’s SPP/APR, including any revisions if the State has revised the targets that it submitted with its FFY 2021 APR in 2023, is available.**

MA-C maintains a public web site for the Early Intervention Division at the following address: https://www.mass.gov/orgs/early-intervention-division

Statewide and local performance data for FFY21 are available on MA-C's public reporting page: https://www.mass.gov/lists/public-reporting-for-early-intervention.

The APR is the mechanism that the Commonwealth uses to report on progress in meeting the measurable and rigorous targets and is posted on the state's website: https://www.mass.gov/lists/public-reporting-for-early-intervention#part-c-state-performance-plan-(spp)-annual-performance-report-(apr)-

MA-C maintains a SSIP section on the public web site (https://www.mass.gov/lists/public-reporting-for-early-intervention#state-systemic-improvement-plan-). The SSIP page includes information on all project phases, the State’s theory of action, SSIP evaluation plan, and measures for improvement.

## Intro - Prior FFY Required Actions

None

## Intro - OSEP Response

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

## Intro - Required Actions

The State's IDEA Part C determination for both 2023 and 2024 is Needs Assistance. In the State's 2024 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 2023 SPP/APR submission, due February 1, 2025, 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.

# Indicator 1: Timely Provision of Services

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

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

**Instructions**

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

Targets must be 100%.

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2022 SPP/APR, the data for FFY 2021), 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** | **2017** | **2018** | **2019** | **2020** | **2021** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 99.33% | 99.00% | 99.21% | 99.82% | 99.58% |

**Targets**

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

**FFY 2022 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 2021 Data** | **FFY 2022 Target** | **FFY 2022 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 8,661 | 11,861 | 99.58% | 100% | 99.23% | 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.***

3,109

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

When data related to IFSP services are not entered into the child's record, MA-C's state database (Early Intervention Client System; EICS) prompts the early intervention services (EIS) provider to enter the reasons for delayed services, which MA-C later reviews.

Delays attributable to exceptional family circumstances include a family problem scheduling appointment, the family missing or cancelling an appointment, weather or other emergency declared, and COVID-19 if the child or family were unavailable for the appointment. As advised by OSEP, delays in service provision caused by the public health response to the COVID-19 pandemic can meet the definition of exceptional family circumstances, as defined under 34 C.F.R. § 303.310(b), when the child and family are effectively unavailable.

Delays not attributable to exceptional family circumstances include difficulty identifying or assigning a service provider, provider scheduling problem, and other local program administrative reasons.

During the third quarter of the reporting period (January 1, 2023-March 31, 2023), there were 85 children with delayed IFSP services that were not attributable to an exceptional family circumstance. In these cases, the delay was due to a program error or staffing issue at the EIS program. In these cases, all 85 children received services, although late.

**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).**

The Massachusetts Early Intervention Program (MA-C) defines timely receipt of early intervention services as a service that is received within 30 days from the parent or guardian providing consent to implement that service on 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).**

Third Quarter of FFY22 Reporting Year: January 1, 2023-March 31, 2023

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

The number of infants and toddlers with new services authorized on an initial or subsequent Individualized Family Service Plan (IFSP) was consistent across early intervention services programs for each quarter of FFY22, therefore one quarter of FFY22 (January-March 2023) was selected at random for the calculation of indicator 1.

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

The definition of timely provision of services in MA-C is within 30 days from the family providing written consent for the services in the IFSP. MA-C's state database (the Early Intervention Client System; EICS) allows early intervention services (EIS) providers to capture the reason(s) for delays in services. To document the reasons for delay, EIS providers complete a pop-up task within the EICS for each infant and toddler with new services authorized on an initial or subsequent IFSP between July 1, 2022 - June 30, 2023 and for whom those services were not initiated within the required timeframe.

In September 2023, MA-C completed a process to verify its data included in indicator 1 reporting for this Annual Performance Report. Early intervention services (EIS) program directors were provided with a list of children's records with undocumented reasons for delay and instructed to review the infants' and toddlers' records and correct any data entry errors or provide delay reasons, using the following categories: delay attributable to exceptional family circumstances (e.g., family problem scheduling appointment, family missed or cancelled an appointment, family delayed response or consent for an appointment, weather or other emergency declared) or delayed for some other reason (e.g., difficulty identifying or assigning a service provider or provider scheduling problem or other local program administrative reasons). EIS programs verified these data by comparing these lists to their records and entering missing data or correcting clerical errors that occurred during data entry before the Part C Data Manager re-analyzed Indicator 1 data in November 2023.

In a meeting on December 7, 2023, the Part C Coordinator presented these data to the State Interagency Coordinating Council (ICC) and asked attendees to share their perspectives about the root causes for delays not attributable to exceptional family circumstances. Early intervention services (EIS) providers identified continued shortages in staffing that affect the provision of direct early intervention services and enabling services (e.g., transportation).

**Correction of Findings of Noncompliance Identified in FFY 2021**

| **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 2021 Findings of Noncompliance Verified as Corrected**

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

During federal fiscal year 2021 (FFY21; July 1, 2021-June 30, 2022), MA-C did not report 100% compliance for Indicator 1, the percentage of infants and toddlers with Individual Family Service Plans (IFSPs) who receive the early intervention services on their IFSPs in a timely manner (i.e., within 30 days of a parent's consent to provide such services). MA-C reviewed it state database (the Early Intervention Client System; EICS), implementing a process to distinguish inaccurate implementation of the regulatory requirement from inaccurate or delayed data entry in federal fiscal year 2021 (FFY21; July 1, 2021-June 30, 2022) and discovered 41 child records across 15 EIS programs that suggested timely services were not delivered.

Of the 41, 13 children had left MA-C's jurisdiction before services could be provided. In the remaining 28 instances, the children received services, although late. In 20 of the 41, MA-C identified instances of pre-finding corrections (i.e., in all 20 instances, the child had received services, although late, prior to MA-C's detection). Because these instances of noncompliance were corrected prior to detection, no formal findings were issued. Instead, MA-C reviewed updated program data and confirmed 100% compliance with each statutory or regulatory requirement with which noncompliance was identified. MA-C then notified the directors of the affected 12 EIS programs of the discovery and subsequent correction of noncompliance and, in accordance with MA-C's General Supervision procedures, no written findings were issued.

To verify the accuracy of data, MA-C completed a process to verify its data included in indicator 1 reporting for the FFY2021 Annual Performance Report. Early intervention services (EIS) program directors were provided with a list of children's records with delayed services and instructed to review the infants' and toddlers' records and correct any data entry errors or provide delay reasons, using the following categories: delay attributable to exceptional family circumstances (e.g., family problem scheduling appointment, family missed or cancelled an appointment, family delayed response or consent for an appointment, weather or other emergency declared) or delayed for some other reason (e.g., difficulty identifying or assigning a service provider or provider scheduling problem or other local program administrative reasons). EIS program directors verified these data by comparing these lists to their records and entering missing data or correcting clerical errors that occurred during data entry within 14 calendar days. EIS program directors 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 FFY21.

Next, one of MA-C's Clinical Oversight and Support Specialist verified ongoing compliance for each of the 15 early intervention services (EIS) programs with compliance rates below 100%. For each EIS program, the Clinical Oversight and Support Specialist sampled 10 child records at random using subsequent service-level data entered by the EIS programs and determined 100% compliance had been demonstrated.

MA-C identified three instances of noncompliance across three early intervention services (EIS) programs (Northern Berkshire EI Program, Eliot Malden EI program, and People Incorporated EI program) for indicator 1. Unlike the other 12 EIS programs, these three had not yet achieved 100% compliance at the time of discovery.

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

MA-C verified that all 41 children determined as having received their services late, received their services although late (i.e., greater than 30 calendar days from the parent's consent to implement that IFSP service), unless the child was no longer in MA-C's jurisdiction.

Upon detecting the noncompliance, the Clinical Oversight and Support Specialist queried the state database (Early Intervention Client System; EICS) to review the children's individual records. Using data entered by early intervention services (EIS) programs into EICS, the Part C Data Manager determined that 13 children left the jurisdiction before the services were initiated. The remaining 28 children had services which were provided late, as demonstrated by service-level data entered by the EIS programs into EICS.

**Correction of Findings of Noncompliance Identified Prior to FFY 2021**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 1 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 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 2022 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 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

**Response to actions required in FFY 2021 SPP/APR**

During federal fiscal year 2021 (FFY21; July 1, 2021-June 30, 2022), the Lead Agency (MA-C) did not report 100% compliance for Indicator 1, the percentage of infants and toddlers with Individual Family Service Plans (IFSPs) who receive the early intervention services on their IFSPs in a timely manner. MA-C reviewed its state database (Early Intervention Client System; EICS) and discovered 35 records across 15 EIS programs that suggested timely services were not delivered.

Upon discovery and before written findings of noncompliance were issued, MA-C initiated a pre-finding correction process consistent with it’s general supervision practices. The Part C Data Manager queried the state database (Early Intervention Client System; EICS) to review the children's individual records. Using data entered by EIS programs into EICS, the Part C Data Manager determined that 13 children left the jurisdiction before the services were initiated; she also determined that 20 of the remaining 22 children had services which were provided late, as demonstrated by service-level data entered by the EIS programs into EICS. Next, MA-C's Clinical Oversight and Support Specialists queried the EICS for the 12 EIS programs with compliance rates below 100%. For each EIS program, she sampled 10 child records at random using subsequent service-level data entered by the EIS programs and determined 100% compliance had been for one of the programs. Consistent with MA-C general supervision practices, no written findings of noncompliance were made because the noncompliance had been corrected. Instead, MA-C emailed the eight EIS programs who had reported untimely services to remind them of the regulatory requirement and offer training and technical assistance to sustain compliance.

Based on these data, MA-C made three findings of noncompliance across three early intervention services (EIS) programs (Northern Berkshire EI Program, Eliot Malden EI program, and People Incorporated EI program) for indicator 1. Unlike the other 12 EIS programs, these three had not yet achieved 100% compliance at the time of discovery. These three programs were placed on corrective action plans, and all three of these findings have been verified as corrected within the required one-year time frame.

## 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, 2022- June 30, 2023). 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 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

# 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** | **2017** | **2018** | **2019** | **2020** | **2021** |
| Target>= | 96.00% | 96.00% | 97.00% | 97.00% | 97.50% |
| Data | 99.85% | 99.94% | 99.88% | 98.86% | 99.12% |

**Targets**

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

**Targets: Description of Stakeholder Input**

This Annual Performance Report (APR) was developed with broad stakeholder input. At a meeting for directors of early intervention services (EIS) programs in September 2023, the Part C Coordinator presented results from federal fiscal year 2022 (July 1, 2022-June 30, 2023) for each indicator. At a State Interagency Coordinating Council (ICC) meeting in December 2023, the members reviewed results from FFY22 for each indicator. During these meetings, the Part C Coordinator asked attendees for assistance in (1) interpreting the data by asking attendees to make observations about the data, (2) deriving meaning from the data by asking attendees to consider how their unique perspectives and experiences fit with the data, and (3) identifying actionable next steps by asking attendees to think about possible action steps or behavior change to improve the data for the future. In January 2024, the Part C Coordinator repeated this presentation and discussion with Massachusetts' Parent Information Training Center, the Federation for Children with Special Needs. Feedback received from these meetings has been included throughout this APR. Drafts were also shared with staff from the Early Childhood Technical Assistance Center (ECTA), who reviewed and provided initial feedback and guidance.

During its December 7, 2023 meeting, the State Interagency Coordinating Council (ICC) reviewed MA-C's performance on Indicator 2 across a five-year period and made recommendations to the Part C Coordinator for maintaining high-levels of services provided in the natural environment. Provider representatives shared that they've seen an increase in the number of new arrivals seeking early intervention services, and parent representatives speculated that families residing in the Commonwealth's Emergency Assistance Shelter system (https://www.mass.gov/how-to/apply-for-ea-emergency-family-shelter) may be unable to receive services in shelter, thus increasing the need for center-based services.

Recommendations included continued careful coordination between the Executive Office of Housing and Livable Communities, which oversees the Emergency Assistance Shelter system, and the Part C Coordinator to ensure shelter providers are educated about the Part C system and can provide onsite locations for the provision of early intervention services, such as a dedicated play space or conference room.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 08/30/2023 | Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings | 21,161 |
| SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 08/30/2023 | Total number of infants and toddlers with IFSPs | 21,351 |

**FFY 2022 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 2021 Data** | **FFY 2022 Target** | **FFY 2022 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 21,161 | 21,351 | 99.12% | 97.50% | 99.11% | Met target | No Slippage |

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

MA-C conducts its annual child count on October 1 of each year. The data reported for this indicator were collected on October 1, 2022.

Historically, children in Massachusetts receive services primarily at home, largely influenced by MA-C's Parents Interacting With Infants (PIWI) model. Some visits were planned in multiple natural environments including within the family's home, childcare, the homes of extended family members and relatives, parks, libraries, and other community locations.

During this reporting period, no children received Part C services exclusively in other environments, such as therapy clinics. When they did receive services outside of the natural environment, it generally supplemented services primarily received in natural environments.

MA-C attribute this success to the EIS providers' ability to build trust and rapport with families, so they are comfortable allowing providers into their homes. Additionally, MA-C has implemented several initiatives including technical assistance, training, and funding supports to enhance EIS providers' ability to provide Culturally and Linguistically Appropriate Services (CLAS) in accordance with National CLAS Standards established by US Dept of Health and Human Services. Because of these initiatives, MA-C's network of EIS providers were able to maintain a focus on natural learning opportunities providing support in familiar contexts and settings. The increase in services provided as alternative delivery methods (e.g., telehealth) allowed families working outside the home more flexibility to participate in visits they had previously requested be with their IFSP team and childcare providers.

## 2 - Prior FFY Required Actions

None

## 2 - OSEP Response

## 2 - Required Actions

# Indicator 3: Early Childhood Outcomes

**Instructions and Measurement**

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

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

A. Positive social-emotional skills (including social relationships);

B. Acquisition and use of knowledge and skills (including early language/ communication); and

C. Use of appropriate behaviors to meet their needs.

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

**Data Source**

State selected data source.

**Measurement**

Outcomes:

 A. Positive social-emotional skills (including social relationships);

 B. Acquisition and use of knowledge and skills (including early language/communication); and

 C. Use of appropriate behaviors to meet their needs.

Progress categories for A, B and C:

a. Percent of infants and toddlers who did not improve functioning = [(# of infants and toddlers who did not improve functioning) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

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

d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = [(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

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

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

**Measurement for Summary Statement 1:**

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

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

**Measurement for Summary Statement 2:**

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

**Instructions**

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

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

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

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

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

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

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

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

## 3 - Indicator Data

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

YES

**Targets: Description of Stakeholder Input**

This Annual Performance Report (APR) was developed with broad stakeholder input. At a meeting for directors of early intervention services (EIS) programs in September 2023, the Part C Coordinator presented results from federal fiscal year 2022 (July 1, 2022-June 30, 2023) for each indicator. At a State Interagency Coordinating Council (ICC) meeting in December 2023, the members reviewed results from FFY22 for each indicator. During these meetings, the Part C Coordinator asked attendees for assistance in (1) interpreting the data by asking attendees to make observations about the data, (2) deriving meaning from the data by asking attendees to consider how their unique perspectives and experiences fit with the data, and (3) identifying actionable next steps by asking attendees to think about possible action steps or behavior change to improve the data for the future. In January 2024, the Part C Coordinator repeated this presentation and discussion with Massachusetts' Parent Information Training Center, the Federation for Children with Special Needs. Feedback received from these meetings has been included throughout this APR. Drafts were also shared with staff from the Early Childhood Technical Assistance Center (ECTA), who reviewed and provided initial feedback and guidance.

During its December 7, 2023 meeting, the State Interagency Coordinating Council (ICC) reviewed MA-C's performance on Indicator 3 across a five-year period and made recommendations to the Part C Coordinator for increasing outcomes for children enrolled in the Part C system . Provider representatives shared that families have consented to more early intervention services as services as returned in-person (i.e., as opposed to telehealth). Parent representatives agreed and shared that telehealth services could be difficult for families, especially of very young children, which would in turn affect their participation in early intervention services. Parent representatives also emphasized the stress parents experienced as a direct result of the COVID-19 pandemic and its lingering effects on the dyadic relationship between a parent and their child.

MA-C also recruited a panel of subject matter experts to offer recommendations for increasing the number of children included in Indicator 3 outcomes who met December 19-20, 2023. This panel of 12 subject matter experts (SME) included early intervention services (EIS) providers from geographically distinct programs across the Commonwealth. These SMEs attributed low levels of children included in Indicator 3 data to misunderstanding about how the data are used; some providers shared that MA-C had released conflicting guidance in 2008 and 2012 that was interpreted differently across the 59 EIS programs. The panel reported confusion among EIS program directors about how OSEP calculates data completeness and attributed the declining data completeness to this misunderstanding.

On January 10, 2024, the Part C Coordinator presented these data to the Commonwealth's Parent Training and Information Center (PTI), the Federation for Children with Special Needs, and sought their perspective about what may have contributed to the changes from federal fiscal year 2021 (FFY21; July 1, 2021-June 30, 2022) to federal fiscal year 2022 (FFY22; July 1, 2022-June 30, 2023). The PTI operates initiatives to educate and coach families enrolled in the Part C system, which places them in a unique position to derive themes from their numerous interactions. PTI employees echoed the ICC members' comments and attributed the increase in outcomes to an increased provision of in-person services.

Recommendations from these various stakeholders for improving indicator 3 outcomes included increased training and focus on social-emotional skills for early intervention services providers, changing the instrument used to collect data for Indicator 3, and educating early intervention services providers and families enrolled in Part C about how data for Indicator 3 are collected and used, including their importance.

**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** | **2017** | **2018** | **2019** | **2020** | **2021** |
| **A1** | 2013 | Target>= | 56.80% | 56.90% | 56.90% | 57.00% | 57.00% |
| **A1** | 56.67% | Data | 55.74% | 52.81% | 44.80% | 49.31% | 50.06% |
| **A1 AR** |  | Target>= |  | 52.81% |  |  |  |
| **A1 AR** |  | Data |  | 93.62% | 93.75% | 100.00% | 95.00% |
| **A2** | 2013 | Target>= | 71.00% | 71.10% | 71.10% | 71.20% | 71.20% |
| **A2** | 70.85% | Data | 69.14% | 66.12% | 61.15% | 64.37% | 61.07% |
| **A2 AR** |  | Target>= |  | 66.12% |  |  |  |
| **A2 AR** |  | Data |  | 96.69% | 96.75% | 100.00% | 97.83% |
| **B1** | 2013 | Target>= | 87.80% | 87.90% | 87.90% | 88.00% | 88.10% |
| **B1** | 87.64% | Data | 85.03% | 83.72% | 43.55% | 77.63% | 75.32% |
| **B1 AR** |  | Target>= |  | 83.72% |  |  |  |
| **B1 AR** |  | Data |  | 100.00% | 92.79% | 100.00% | 100.00% |
| **B2** | 2013 | Target>= | 51.80% | 51.90% | 51.90% | 52.00% | 52.00% |
| **B2** | 51.63% | Data | 46.88% | 43.73% | 35.29% | 19.89% | 31.24% |
| **B2 AR** |  | Target>= |  | 43.73% |  |  |  |
| **B2 AR** |  | Data |  | 93.38% | 91.56% | 86.89% | 93.48% |
| **C1** | 2013 | Target>= | 94.80% | 94.90% | 94.90% | 95.00% | 95.10% |
| **C1** | 94.66% | Data | 93.27% | 92.89% | 50.03% | 84.04% | 86.35% |
| **C1 AR** |  | Target>= |  | 92.89% |  |  |  |
| **C1 AR** |  | Data |  | 100.00% | 97.62% | 100.00% | 100.00% |
| **C2** | 2013 | Target>= | 73.80% | 73.90% | 73.90% | 74.00% | 74.00% |
| **C2** | 73.66% | Data | 66.99% | 63.53% | 55.79% | 41.97% | 49.31% |
| **C2 AR** |  | Target>= |  | 63.53% |  |  |  |
| **C2 AR** |  | Data |  | 98.01% | 97.40% | 95.08% | 93.48% |

**Targets**

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

**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 | 120 | 2.81% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 1,062 | 24.83% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 359 | 8.39% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 694 | 16.23% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 2,042 | 47.74% |

| **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 | 18 | 33.33% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 36 | 66.67% |

| **Not including at-risk infants and toddlers** | **Numerator** | **Denominator** | **FFY 2021 Data** | **FFY 2022 Target** | **FFY 2022 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 | 1,053 | 2,235 | 50.06% | 57.10% | 47.11% | Did not meet target | 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 | 2,736 | 4,277 | 61.07% | 71.25% | 63.97% | Did not meet target | No Slippage |

**Provide reasons for A1 slippage, if applicable**

MA-C observed slippage in Child Outcome A: Summery Statement 1. MA-C analyzed data using the meaningful difference calculator (template available at https://ectacenter.org/eco/pages/childoutcomes-calc.asp) and sought out anecdotal data from families enrolled in the Part C program, early intervention services providers, and community partners (e.g., pediatricians, the Commonwealth's Parent Training and Information Center) to identify the cause of slippage. During these conversations, stakeholders attributed slippage to changes in the EIS workforce (e.g., reduced levels of staff combined with more junior staff). Additionally, providers speculated that increased numbers of new arrivals and unhoused families enrolled in the Part C system may have contributed to slippage as an artifact of MA-C's assessment tool (Batelle Developmental Inventory, 2nd ed) which cannot be administered in the primary spoken language of many new arrivals to Massachusetts during the reporting year (e.g., Dari, Pashto, Haitian Creole). Although MA-C provided on-demand telephonic interpretation services to EIS programs to offset the cost of providing culturally and linguistically appropriate services, some EIS program directors believe that the interpretation and structured assessment may have contributed to the slippage.

| **Just at-risk infants and toddlers/All infants and toddlers** | **Numerator** | **Denominator** | **FFY 2021 Data** | **FFY 2022 Target** | **FFY 2022 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 | 18 | 18 | 95.00% |  | 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 | 54 | 54 | 97.83% |  | 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 | 49 | 1.15% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 697 | 16.30% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 1,734 | 40.54% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 1,347 | 31.49% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 450 | 10.52% |

| **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 | 4 | 7.41% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 34 | 62.96% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 16 | 29.63% |

| **Not including at-risk infants and toddlers** | **Numerator** | **Denominator** | **FFY 2021 Data** | **FFY 2022 Target** | **FFY 2022 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 | 3,081 | 3,827 | 75.32% | 88.15% | 80.51% | 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 | 1,797 | 4,277 | 31.24% | 52.10% | 42.02% | Did not meet target | No Slippage |

| **Just at-risk infants and toddlers/All infants and toddlers** | **Numerator** | **Denominator** | **FFY 2021 Data** | **FFY 2022 Target** | **FFY 2022 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 | 38 | 38 | 100.00% |  | 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 | 50 | 54 | 93.48% |  | 92.59% | 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 | 22 | 0.51% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 287 | 6.71% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 1,414 | 33.06% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 1,234 | 28.85% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 1,320 | 30.86% |

| **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 | 4 | 7.41% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 26 | 48.15% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 24 | 44.44% |

| **Not including at-risk infants and toddlers** | **Numerator** | **Denominator** | **FFY 2021 Data** | **FFY 2022 Target** | **FFY 2022 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 2,648 | 2,957 | 86.35% | 95.10% | 89.55% | 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 | 2,554 | 4,277 | 49.31% | 74.10% | 59.71% | Did not meet target | No Slippage |

| **Just at-risk infants and toddlers/All infants and toddlers** | **Numerator** | **Denominator** | **FFY 2021 Data** | **FFY 2022 Target** | **FFY 2022 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 | 30 | 30 | 100.00% |  | 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 | 50 | 54 | 93.48% |  | 92.59% | N/A | N/A |

**FFY 2022 SPP/APR Data**

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

| **Question** | **Number** |
| --- | --- |
| The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State’s Part C exiting 618 data | 19,599 |
| 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. | 6,175 |
| Number of infants and toddlers with IFSPs assessed | 4,331 |

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

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

NO

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

The criteria for defining “comparable to same-aged peers” is a developmental quotient (DQ) of greater than or equal to 80 and one or more exit raw subdomain scores are greater than the entry raw subdomain score on 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).**

The Lead Agency (MA-C) had 19,599 children exit the Part C system during federal fiscal year 2022 (FFY22; July 1, 2022-June 30, 2023). 6,175 received less than six months of early intervention services prior to exit and were excluded from the Indicator 3 analyses. 5,225 children had only a single evaluation (i.e., either entry or exit) and 3,868 had an incomplete evaluation and could not be included in these analyses. Because the BDI-2 does not permit for administration via telehealth and MA-C's EIS programs provided services predominantly via telehealth during the COVID-19 pandemic when some children first enrolled in the Part C system, this discrepancy is not unexpected.

MA-C used the Meaningful Differences calculated developed by ECTA to better understand its outcome data (template available at https://ectacenter.org/eco/pages/childoutcomes-calc.asp). This calculator compares state data from FFY21 to FFY22 and compares EIS program-level data to the state data for FFY22. The calculator uses a test of proportional difference to determine if the difference between the two percentages is statistically significant based on the confidence levels of each indicator.

When comparing the state data from FFY21 to state data from FFY22, MA-C observed statistically significant improvements across two of the three outcomes for Summary Statement 1 and across all three outcomes for Summary Statement 2.

When comparing FFY22 EIS program-level data to FFY22 state data, MA-C observed the following:
29/59 EIS Programs demonstrated statistically significant improvements in Outcome 3A, Summary Statement 1.
27/59 EIS Programs demonstrated statistically significant improvements in Outcome 3A, Summary Statement 2.
22/59 EIS Programs demonstrated statistically significant improvements in Outcome 3B, Summary Statement 1.
20/59 EIS Programs demonstrated statistically significant improvements in Outcome 3B, Summary Statement 2.
12/59 EIS Programs demonstrated statistically significant improvements in Outcome 3C, Summary Statement 1.
23/59 EIS Programs demonstrated statistically significant improvements in Outcome 3C, Summary Statement 2.

Programs who did not demonstrate statistically significant improvements in any of the Child Outcomes for either Summary Statement have been identified for targeted technical assistance.

## 3 - Prior FFY Required Actions

None

## 3 - OSEP Response

## 3 - Required Actions

# Indicator 4: Family Involvement

**Instructions and Measurement**

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

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

A. Know their rights;

B. Effectively communicate their children's needs; and

C. Help their children develop and learn.

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

**Data Source**

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

**Measurement**

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

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

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

**Instructions**

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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/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** | **2017** | **2018** | **2019** | **2020** | **2021** |
| A | 2006 | Target>= | 80.30% | 80.50% | 85.00% | 90.00% | 90.00% |
| A | 74.90% | Data | 86.80% | 87.39% | 87.08% | 82.75% | 83.52% |
| B | 2006 | Target>= | 78.40% | 78.50% | 80.00% | 85.00% | 85.00% |
| B | 71.60% | Data | 84.08% | 84.93% | 84.53% | 78.48% | 79.99% |
| C | 2006 | Target>= | 89.40% | 89.50% | 90.00% | 93.00% | 93.00% |
| C | 85.90% | Data | 93.07% | 93.92% | 93.91% | 90.81% | 91.41% |

**Targets**

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

**Targets: Description of Stakeholder Input**

This Annual Performance Report (APR) was developed with broad stakeholder input. At a meeting for directors of early intervention services (EIS) programs in September 2023, the Part C Coordinator presented results from federal fiscal year 2022 (July 1, 2022-June 30, 2023) for each indicator. At a State Interagency Coordinating Council (ICC) meeting in December 2023, the members reviewed results from FFY22 for each indicator. During these meetings, the Part C Coordinator asked attendees for assistance in (1) interpreting the data by asking attendees to make observations about the data, (2) deriving meaning from the data by asking attendees to consider how their unique perspectives and experiences fit with the data, and (3) identifying actionable next steps by asking attendees to think about possible action steps or behavior change to improve the data for the future. In January 2024, the Part C Coordinator repeated this presentation and discussion with Massachusetts' Parent Information Training Center, the Federation for Children with Special Needs. Feedback received from these meetings has been included throughout this APR. Drafts were also shared with staff from the Early Childhood Technical Assistance Center (ECTA), who reviewed and provided initial feedback and guidance.

MA-C has engaged its primary stakeholder body, the State Interagency Coordinating Council (ICC), multiple times to advise and assist by suggesting actionable next steps in response to its federal fiscal year 2022 (FFY22; July 1, 2022-June 30, 2023) performance on indicator 4 outcomes.

On October 4, 2023, MA-C sought anecdotal data about the underlying causes for the differences in response rate among groups, and convened a meeting of the State Interagency Coordinating Council's (ICC) Family Engagement subcommittee to review these data. This subcommittee is predominantly comprised of parent representatives, though a few specialty service providers attend as members of the public. The Part C Coordinator presented data on response rates disaggregated by race/ethnicity, language, and geography and asked for the ICC's perspective about what may have contributed to the lower response rates among some groups. Parent representatives suggested that the length of the survey could be a deterrent for families already experiencing overwhelm and wondered if early intervention services (EIS) providers have specific training or resources in how to discuss the survey in culturally and linguistically appropriate ways with historically underrepresented groups. The committee was most concerned about the 202 respondents who withheld their geographic location as these were the lowest levels across each indicator when disaggregated by geography.

During its October 19, 2023 meeting, the State Interagency Coordinating Council (ICC) reviewed MA-C's response rate for Indicator 4 disaggregated by early intervention services (EIS) program, by geography, and by time period (i.e., July 1, 2022-October 31, 2022 v. November 1, 2022-May31, 2023). The Part C Coordinator presented these data, described the improved response rate in the second half of the year, and asked the ICC to what they attributed the improvement. Provider representatives and public members cited the real-time data dashboard and technical assistance offered by MA-C as contributing to the improvement in the second half of the year.

During its December 7, 2023 meeting, the State Interagency Coordinating Council (ICC) reviewed MA-C's performance on Indicator 4 across a five-year period and made recommendations to the Part C Coordinator for increasing outcomes for families enrolled in the Part C system . Provider representatives emphasized that these data should not be interpreted to reflect a decline in the quality of their services and attributed the declining performance to stress and long-term consequences families are still experiencing from the COVID-19 pandemic. For example, the loss of some temporary benefits (e.g., housing assistance, expanded Supplemental Nutrition Assistance Program) may have affected EIS providers' ability to reach families enrolled in the Part C system, which could in turn affect the families' perspective of the Part C system. Provider representatives also suggested that the shifting early intervention services (EIS) workforce has impacted these numbers, citing that junior staff may not yet be educated about the purpose and importance of the Impacts on Family Survey and may be less inclined to encourage families to complete the survey, especially for families managing several different demands. Parent representatives agreed that for some of the Commonwealth's most vulnerable families, there has not yet been a "return to normal" from the onset of the COVID-19 pandemic.

MA-C sought anecdotal data from the State Interagency Coordinating Council (ICC) and contracted early intervention services (EIS) program directors about what may contribute to the differences in response rate among racial/ethnic groups. Parent representatives and EIS program directors alike shared that the existing six categories (i.e., African American or Black, American Indian or Alaska Native, Asian, Hispanic, Native Hawaiian or Pacific Islander, and White) do not accurately represent how many families identify their race/ethnicity, and the data support this assertion. When comparing the response rates from federal fiscal year 2021 (FFY21; July 1, 2021-June 30, 2022) to federal fiscal year 2022 (FFY22; July 1, 2022-June 30, 2023), there is an increase of 52% in families selecting two or more races. One interpretation is that there is a difference between how a family's race is represented on the child's record in the state database, potentially selected years prior, and how a family chooses to identify on their survey in FFY22.

On January 10, 2024, the Part C Coordinator presented these data to the Commonwealth's Parent Training and Information Center (PTI), the Federation for Children with Special Needs, and sought their perspective about what may have contributed to the changes from federal fiscal year 2021 (FFY21; July 1, 2021-June 30, 2022) to federal fiscal year 2022 (FFY22; July 1, 2022-June 30, 2023). The PTI operates initiatives to educate and coach families enrolled in the Part C system, which places them in a unique position to derive themes from their numerous interactions. Parent Training and Information Center employees attributed the decline in Indicator 4 outcomes to reduced services caused by staffing shortages and the provision of telehealth services, which they believed were less preferred than in-person services.

Recommendations from these various stakeholders for improving indicator 4 outcomes included increased education about the Impacts on Family survey for early intervention services providers and families enrolled in Part C about how data for Indicator 4 are collected and used, including their importance. Additional recommendations were to refresh the survey by selecting alternative items and shortening the lengthy survey from it's current 28-question format and to offer additional training for families about the regulatory requirements of IDEA, specifically transition.

**FFY 2022 SPP/APR Data**

|  |  |
| --- | --- |
| The number of families to whom surveys were distributed | 13,872 |
| Number of respondent families participating in Part C  | 3,893 |
| Survey Response Rate | 28.06% |
| A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights | 3,234 |
| A2. Number of responses to the question of whether early intervention services have helped the family know their rights | 3,898 |
| 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 | 3,088 |
| B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs | 3,898 |
| 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 | 3,534 |
| C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn | 3,898 |

| **Measure** | **FFY 2021 Data** | **FFY 2022 Target** | **FFY 2022 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) | 83.52% | 90.00% | 82.97% | Did not meet target | No Slippage |
| B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2) | 79.99% | 85.00% | 79.22% | Did not meet target | No Slippage |
| C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2) | 91.41% | 93.50% | 90.66% | Did not meet target | No Slippage |

| **Sampling Question** | **Yes / No** |
| --- | --- |
| Was sampling used?  | YES |
| If yes, has your previously approved sampling plan changed?  | YES |
| If the plan has changed, please provide the sampling plan.  | MA-C Indicator 4 Sampling Plan 8\_29 |

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

During FFY22, MA-C used a methodology that was slightly modified from prior years based on feedback from OSEP. MA-C used a Simple Random Sampling with Oversampling. The random sampling approach mitigated the risk of selection bias and ensured a fair representation of the target population. The target population included infants and toddlers actively receiving early intervention services for at least six months as of May of the previous reporting year (e.g., May 2022 for FFY22). From the defined population (n=19,373 for FFY22), each child was assigned a unique random number. Randomization was designed to reduce selection bias by providing an unbiased representation of the target population. Thirty-nine percent of children were randomly selected utilizing Microsoft SQL Server to participate in the survey with a goal of response rate of greater than or equal to 37%. To increase the probability of a representative sample, oversampling was conducted in the Black or African American population as responses from this group were not proportionate to the total child count in previous survey administrations. Although the sample may differ in disability category, age, gender, and local early intervention services (EIS) program count, all areas were represented.

The survey was administered by MA-C and includes a one-rating scale developed and validated by the National Center for Special Education Accountability Monitoring (NCSEAM). The 23-item Impact on Family Scale (IFS) measured the extent to which Early Intervention helped families achieve positive outcomes, including the three outcomes specified in Indicator 4: (a) know their rights, (b) effectively communicate their children’s needs, and (c) help their children develop and learn.

The survey was distributed by the 59 early intervention services (EIS) programs via email and text for the online version (available in English, Spanish, Portuguese, Haitian Creole, Vietnamese, Chinese, and Arabic), and by postal mail for the paper version (available in English, Spanish, Portuguese, Haitian Creole, and Vietnamese). Because higher response rates produce more robust and informative data on early intervention services for infants and toddlers, MA-C took action to promote high response rates, such as targeted follow-up by email and phone was conducted by MA-C’s Clinical Oversight & Support Specialists with local EIS program directors. Additionally, EIS program directors and Clinical Oversight & Support Specialists used the real-time data dashboard to retrieve live response rates and monitor survey progress. Respondents were encouraged to complete the survey in its entirety to ensure comprehensive data collection. In accordance with MA-C’s data suppression rules, programs with less than six responses had data suppressed to protect respondent confidentiality and maintain data integrity. In summary, the random sampling approach, along with oversampling in specific population groups, resulted in a sample that closely mirrors the characteristics of the overall target population. The combination of data-based feedback and the real-time data dashboards improved response rates and comprehensive data collection.

A contracted vendor compiled the survey data for MA-C and used tests of statistical significance to confirm the sample yielded valid and reliable estimates: "The sample mean is 705. The standard deviation of measures is 185, indicating that the average distance of measures from the mean measure is 185 units. The standard error of the sample mean, that is, the expected error of the sample mean in estimating the true population mean for Massachusetts, is 3.0. The 95% confidence interval for the true population mean for Massachusetts extends from 699.6 to 711.2, indicating that we are 95% confident that the true population mean for families of children served by the Early Intervention [system] lies somewhere in this range."

| **Question** | **Yes / No** |
| --- | --- |
| Was a collection tool used? | YES |
| If yes, is it a new or revised collection tool?  | YES |
| If your collection tool has changed, upload it here. | FFY22 MA-C Sample Survey |
|  |  |

**Response Rate**

|  |  |  |
| --- | --- | --- |
| **FFY** | **2021** | **2022** |
| Survey Response Rate | 46.16% | 28.06% |

**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).**

MA-C assessed representativeness by using the DaSy Representativeness Calculator (available at https://dasycenter.org/response-rate-and-representativeness-calculator-2/) for race and geographic location. Representativeness was analyzed by comparing the percentage of infants and toddlers in the Child Count by race and ethnicity by the percentage of surveys received by race and ethnicity (within each subgroup) and if there were a significant difference (where p<0.10) between the two groups, then the data were not considered representative. If there is not a significant difference (where p>0.10) between the two groups, then the data were considered representative.

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

MA-C analyzed the representativeness of responses received by race/ethnicity and geography using a calculator developed by DaSy. This Excel workbook uses tests of proportional difference to compare the differences between the target population and the responses received. MA-C's analysis suggests that the responses are not yet representative of the infants and toddlers enrolled in the MA-C system because the responses underrepresented families who identify as African American or Black and Hispanic and overrepresent from families who identify as White and more than one race.

When responses are disaggregated by race/ethnicity, data demonstrate that response rates vary across groups:
Families identifying as two or more races: 46% response rate
Asian families: 23% response rate
White families: 17% response rate
Hispanic families:16% response rate
African American or Black families: 11% response rate
American Indian or Alaska Native families: 7% response rate
Native Hawaiian or Pacific Islander families: 5% response rate

When responses are disaggregated by geographic location, data demonstrate that response rates vary across the six geographic regions of the Commonwealth, with four having response rates above the state average of 28.10% and two below:
Families residing in the Boston region: 31.22% response rate
Families residing in the Central region: 33.40% response rate
Families residing in the Metro region: 32.70% response rate
Families residing in the Northeast region: 23.29% response rate
Families residing in the Southeast region: 27.82% response rate
Families residing in the West region: 32.60% response rate

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

NO

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

In FFY23, MA-C’s efforts to increase response rates and improve representativeness are expected to reduce non-response bias. These efforts will include increasing the follow-up reminders to non-respondents, using the real-time data dashboard, incentivizing programs for higher response rates, and conducting targeted follow-up with programs with low response rates.

MA-C will continue to monitor, compare, and improve response rates over the years by annually analyzing response rate trends to identify any changes or fluctuations specifically in underrepresented groups, by continuously adopting best practices for family outcomes survey design and data collection, by collecting feedback from families about their experience with the survey, and by setting specific and measurable improvement goals for response rates over the years. The State Interagency Coordinating Council's (ICC) Family, Equity, and Engagement committee will be asked to review data and offer recommendations for better reaching every family (e.g., creating new marketing materials and training webinars). The Comprehensive System of Personnel Development (CSPD) Coordinator will offer technical assistance webinars for each indicator and create technical assistance for providers on this indicator and its data collection practices. Additionally, MA-C will continue to leverage advancements in technology to make the family outcomes survey more accessible and user-friendly by offering mobile-friendly and tablet/iPad-friendly versions.

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

MA-C continues to monitor, compare, and improve response rates over the years by annually analyzing response rate trends to identify any changes or fluctuations specifically in underrepresented groups, by continuously adopting best practices for family outcomes survey design and data collection, collecting feedback from families about their experience with the survey, and setting specific and measurable improvement goals for response rates over the years. The ICC Family Engagement committee has reviewed data and made recommendations for better reaching every family (e.g., creating new marketing materials and training webinars). The CSPD Coordinator also offers TA webinars for each indicator and has created TA for providers on this indicator and its data collection practices. Additionally, MA-C will continue to leverage advancements in technology to make the family outcomes survey more accessible and user-friendly by offering mobile-friendly and tablet/iPad-friendly versions.

**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 disaggregated its response rate by the two halves of the federal fiscal year 2022 (FFY22; July 1, 2022-June 30, 2023) to evaluate the effects of its interventions designed to increase response rate.

Between July 1 – October 31, 2022, MA-C’s mean response rate was 26.01% (range 1-50%). After an analysis of these data, MA-C intervened in the following ways to improve the response rate: (1) Built a real-time data dashboard for early intervention services (EIS) program directors to monitor their return rate, (2) Provided training to use data dashboard, (3) Provide training for parent contacts at each EIS program to share and disseminate information about the Impacts on Family Survey, (4) Provided funding to EIS programs contingent on meeting or exceeding mean response rate, (5) Provided weekly feedback from MA-C to EIS program directors about response rate.

Between November 1, 2022-May 31, 2023, MA-C’s mean response rate was 56.17% (range 7-100%). This increase of 115% in the mean response rate suggests that MA-C’s strategies designed to increase the response rate were effective.

MA-C analyzed the response rate by race, ethnicity, and primary spoken language using a calculator developed by the Early Childhood Technical Assistance Center (ECTA). This Excel workbook uses tests of proportional difference to compare the differences between the target population and the number of responses received. MA-C's analysis suggests, with the exception of families identifying as African American or Black, that response rates are comparable across race and ethnicity; reduced response rates were observed among families identifying as African American or Black.

MA-C has also analyzed the response rate by region in which the 59 comprehensive EIS programs operate. The Commonwealth of Massachusetts was divided into six regions and the response rate for each EIS program operating in that region was first summed and then divided by the total number of EIS programs operating in the region to yield an average region response rate. Four regions had average response rates higher than the statewide average of 28.10%: Boston (31.22%, range 7-50%), Central (33.40%, range 9.33-68.18%), Metro (32.7%, range 11.45-60.5%), and West (32.6%, range 18.59-47.32%). The remaining two regions had average response rates that fell below the statewide average: Northeast (23.29%, range 3.69-41.1%) and Southeast (27.82%, range 7.36-41.21%).

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

Beginning in FFY22 a demographic question was added to the survey concerning the family’s geographic location (city or town in which they reside). An updated copy of the survey has been uploaded showing this unscored item.

The vendor's full report can be found on MA-C's public reporting webpage: https://www.mass.gov/lists/public-reporting-for-early-intervention#part-c-state-performance-plan-(spp)-annual-performance-report-(apr)-

## 4 - Prior FFY Required Actions

In the FFY 2022 SPP/APR, the State must report whether its FFY 2022 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.

OSEP’s response to the State’s initial FFY 2021 SPP/APR submission required the State to submit a revised sampling plan for this indicator by June 1, 2023. The State reported that it is moving toward a census approach in FFY2024. The State must submit by September 1, 2023 its revised sampling plan that the State plans to use for its FFY 2022 – FFY2023 data collections and indicate how the revised plan addresses the concerns identified in OSEP’s evaluation.

**Response to actions required in FFY 2021 SPP/APR**

MA-C analyzed the representativeness of responses received by race, ethnicity, and primary spoken language using a calculator developed by DaSy. This Excel workbook uses tests of proportional difference to compare the differences between the target population and the responses received. MA-C's analysis suggests that the responses are not yet representative of the infants and toddlers enrolled in the MA-C system because the responses underrepresented families who identify as African American or Black and Hispanic and overrepresent from families who identify as White and more than one race.

When responses are disaggregated by race/ethnicity, data demonstrate that response rates vary across groups:
Families identifying as two or more races: 46% response rate
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Hispanic families:16% response rate
African American or Black families: 11% response rate
American Indian or Alaska Native families: 7% response rate
Native Hawaiian or Pacific Islander families: 5% response rate

When responses are disaggregated by geographic location, data demonstrate that response rates vary across the six geographic regions of the Commonwealth, with four having response rates above the state average of 28.10% and two below:
Families residing in the Boston region: 31.22% response rate
Families residing in the Central region: 33.40% response rate
Families residing in the Metro region: 32.70% response rate
Families residing in the Northeast region: 23.29% response rate
Families residing in the Southeast region: 27.82% response rate
Families residing in the West region: 32.60% response rate

MA-C’s efforts to increase response rates and improve representativeness is expected to reduce non-response bias. These efforts included increasing the follow-up reminders to non-respondents, using the real-time data dashboard, incentivizing programs for higher response rates, and conducting targeted follow-up with programs with low response rates.

MA-C continues to monitor, compare, and improve response rates over the years by annually analyzing response rate trends to identify any changes or fluctuations specifically in underrepresented groups, by continuously adopting best practices for family outcomes survey design and data collection, by collecting feedback from families about their experience with the survey, and by setting specific and measurable improvement goals for response rates over the years. The State Interagency Coordinating Council's (ICC) Family Engagement committee has reviewed data and made recommendations for better reaching every family (e.g., creating new marketing materials and training webinars). The Comprehensive System of Personnel Development (CSPD) Coordinator also offers technical assistance webinars for each indicator and has created technical assistance for providers on this indicator and its data collection practices. Additionally, MA-C will continue to leverage advancements in technology to make the family outcomes survey more accessible and user-friendly by offering mobile-friendly and tablet/iPad-friendly versions.

## 4 - OSEP Response

## 4 - Required Actions

In the FFY 2023 SPP/APR, the State must report whether its FFY 2023 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.

The State submitted its sampling plan for this indicator with its FFY 2022 SPP/APR. OSEP has responded to the State under separate cover regarding the submission and the State is currently working to revise its sampling plan. The State must submit by September 1, 2024 its revised sampling plan that the State intends to use for its FFY 2024-2025 data collections and indicate how the revised plan addresses the concerns identified in OSEP’s evaluation.

# 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** | **2017** | **2018** | **2019** | **2020** | **2021** |
| Target >= | 2.79% | 2.80% | 3.00% | 3.00% | 3.00% |
| Data | 4.71% | 5.05% | 4.97% | 4.66% | 4.17% |

**Targets**

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

Targets: Description of Stakeholder Input

This Annual Performance Report (APR) was developed with broad stakeholder input. At a meeting for directors of early intervention services (EIS) programs in September 2023, the Part C Coordinator presented results from federal fiscal year 2022 (July 1, 2022-June 30, 2023) for each indicator. At a State Interagency Coordinating Council (ICC) meeting in December 2023, the members reviewed results from FFY22 for each indicator. During these meetings, the Part C Coordinator asked attendees for assistance in (1) interpreting the data by asking attendees to make observations about the data, (2) deriving meaning from the data by asking attendees to consider how their unique perspectives and experiences fit with the data, and (3) identifying actionable next steps by asking attendees to think about possible action steps or behavior change to improve the data for the future. In January 2024, the Part C Coordinator repeated this presentation and discussion with Massachusetts' Parent Information Training Center, the Federation for Children with Special Needs. Feedback received from these meetings has been included throughout this APR. Drafts were also shared with staff from the Early Childhood Technical Assistance Center (ECTA), who reviewed and provided initial feedback and guidance.

During its December 7, 2023 meeting, the State Interagency Coordinating Council (ICC) reviewed MA-C's performance on Indicator 2 across a five-year period and made recommendations to the Part C Coordinator for increasing outreach to families with infants ages birth to 1. Provider representatives shared that they've seen a decline in referrals from pediatricians and hospitals, especially for infants diagnosed with Neonatal Abstinence Syndrome and they speculated that healthcare providers may be less inclined to provide this diagnosis. Parent representatives shared that families of immunocompromised children may still be reluctant to allow early intervention services (EIS) providers into their homes, which may reduce the number of infants under the age of 1 enrolled in the Part C system. The entire ICC noted that workforce shortages continue to affect referral sources (e.g., childcare centers, pediatrician's office staff), which could have a suppressive effect on the number of infants under the age of 1 referred to the Part C system.

Recommendations included increasing outreach to certain referral sources (e.g., neonatal intensive care units, birthing centers, childcare centers), increasing publicly available information about the Part C system (e.g., revising MA-C's website, creating additional resources for eligible families), and completing additional analyses to evaluate the effects of telehealth on enrollment rates.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 08/30/2023 | Number of infants and toddlers birth to 1 with IFSPs | 2,988 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021 | 06/20/2023 | Population of infants and toddlers birth to 1 | 70,623 |

**FFY 2022 SPP/APR Data**

| **Number of infants and toddlers birth to 1 with IFSPs** | **Population of infants and toddlers birth to 1** | **FFY 2021 Data** | **FFY 2022 Target** | **FFY 2022 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 2,988 | 70,623 | 4.17% | 3.00% | 4.23% | Met target | No Slippage |

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

MA-C's annual child count occurred on October 1, 2022. These data reflect an increase from FFY21, suggesting MA-C’s continued Child Find activities are successfully identifying, evaluating, and enrolling eligible infants aged birth-1 in its Part C system.

The number of children referred to Part C is a leading measurement correlating with Child Find activities. When referrals increase, the number of children found eligible also goes up proportionally. When referrals decrease, the number of children found eligible goes down proportionally. MA-C monitors referral, evaluation, and child count data on a monthly basis to guide data-based decision-making in education or outreach of referral sources. MA-C also collaborates with epidemiologists within Division of Maternal and Child Health Research and Analysis to understand how the most recent census data and birth rate impact the total population of children birth to age one in Massachusetts. MA-C posts its referral data on its website (https://www.mass.gov/info-details/early-intervention-data-and-reports) that allows for the public to disaggregate by state fiscal year, referral source, race/ethnicity, and geography.

The Infant and Toddler Coordinators Association collects information on each state’s eligibility criteria and groups states with similar eligibility criteria in the Child Count Data Charts found at https://www.ideainfanttoddler.org/association-reports.php. Category A includes states with the broadest eligibility definitions; Category C includes the strictest definitions, and Category B falls in between the two. Category C includes eligibility criteria ranging from a 33 percent delay in two or more areas to a 40 or 50 percent delay in one or more areas. MA-C's eligibility criteria fit within Category B, and the state continues to lead the nation in serving infants and toddlers under the age of 3.

During FFY22 (July 1, 2022-June 30, 2023), Massachusetts State Legislature sought to invest in the early intervention workforce by directing one-time payment of $17.8M to staffing recovery payments necessary to address the staffing crisis and restore early intervention staffing and service hours through hiring, rehiring, and retention of clinical and support staff across the early intervention system. These funds were directed to support increased salaries, wages and benefits for early intervention clinicians and support staff and cover supervision, training, non-billable time and other on-boarding cost directly associated with the hiring of new early intervention clinicians and support staff. Early intervention services program directors report that these funds contributed to MA-C's increased performance on Indicator 5.

## 5 - Prior FFY Required Actions

None

## 5 - OSEP Response

## 5 - Required Actions

# Indicator 6: Child Find (Birth to Three)

**Instructions and Measurement**

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

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

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

**Data Source**

Data collected under IDEA section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the ED*Facts* Metadata and Process System (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** | **2017** | **2018** | **2019** | **2020** | **2021** |
| Target >= | 5.90% | 5.90% | 6.00% | 6.00% | 6.00% |
| Data | 9.54% | 10.05% | 10.59% | 10.45% | 9.95% |

**Targets**

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

Targets: Description of Stakeholder Input

This Annual Performance Report (APR) was developed with broad stakeholder input. At a meeting for directors of early intervention services (EIS) programs in September 2023, the Part C Coordinator presented results from federal fiscal year 2022 (July 1, 2022-June 30, 2023) for each indicator. At a State Interagency Coordinating Council (ICC) meeting in December 2023, the members reviewed results from FFY22 for each indicator. During these meetings, the Part C Coordinator asked attendees for assistance in (1) interpreting the data by asking attendees to make observations about the data, (2) deriving meaning from the data by asking attendees to consider how their unique perspectives and experiences fit with the data, and (3) identifying actionable next steps by asking attendees to think about possible action steps or behavior change to improve the data for the future. In January 2024, the Part C Coordinator repeated this presentation and discussion with Massachusetts' Parent Information Training Center, the Federation for Children with Special Needs. Feedback received from these meetings has been included throughout this APR. Drafts were also shared with staff from the Early Childhood Technical Assistance Center (ECTA), who reviewed and provided initial feedback and guidance.

During its December 7, 2023 meeting, the State Interagency Coordinating Council (ICC) reviewed MA-C's performance on Indicator 6 across a five-year period and made recommendations to the Part C Coordinator for increasing outreach to families with infants ages birth to 3. Provider representatives shared that they've seen a decline in referrals from pediatricians, and they speculated that staffing shortages or turnover in pediatrician's offices may have contributed to this decline. Parent representatives shared that families of immunocompromised children may still be reluctant to allow early intervention services (EIS) providers into their homes, which may reduce the number of infants under the age of 3 enrolled in the Part C system. State agency representatives acknowledged that workforce shortages continue to affect childcare centers, which could have a suppressive effect on the number of infants under the age of three referred to the Part C system. A pediatrician attending the ICC meeting noted that the website was informative but not user-friendly, which made finding contact information for families time-consuming.

Recommendations included increasing outreach to certain referral sources (e.g., childcare centers, pediatrician's offices, federally qualified healthcare centers), increasing publicly available information about the Part C system (e.g., revising MA-C's website, creating additional resources for eligible families), and completing additional analyses to evaluate the effects of telehealth on enrollment rates. Providers also recommending that screenings (i.e., an initial face-to-face meeting of a child and child's caregiver with a EIS provider to determine whether the child would be appropriately place in the Part C system) be allowed as a reimbursable service.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 08/30/2023 | Number of infants and toddlers birth to 3 with IFSPs | 21,351 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021 | 06/20/2023 | Population of infants and toddlers birth to 3 | 205,267 |

**FFY 2022 SPP/APR Data**

| **Number of infants and toddlers birth to 3 with IFSPs** | **Population of infants and toddlers birth to 3** | **FFY 2021 Data** | **FFY 2022 Target** | **FFY 2022 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 21,351 | 205,267 | 9.95% | 6.00% | 10.40% | Met target | No Slippage |

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

MA-C's annual child count occurred on October 1, 2022. These data reflect an increase from FFY21, suggesting MA-C’s continued Child Find activities are successfully identifying, evaluating, and enrolling eligible infants aged birth to three in its Part C system.

The number of children referred to Part C is a leading measurement correlating with Child Find activities. When referrals increase, the number of children found eligible also goes up proportionally. When referrals decrease, the number of children found eligible goes down proportionally. MA-C monitors referral, evaluation, and child count data on a monthly basis to guide data-based decision-making in education or outreach of referral sources. MA-C also collaborates with epidemiologists within Division of Maternal and Child Health Research and Analysis to understand how the most recent census data and birth rate impact the total population of children birth to age one in Massachusetts. MA-C posts its referral data on its website (https://www.mass.gov/info-details/early-intervention-data-and-reports) that allows for the public to disaggregate by state fiscal year, referral source, race/ethnicity, and geography.

The Infant and Toddler Coordinators Association collects information on each state’s eligibility criteria and groups states with similar eligibility criteria in the Child Count Data Charts found at https://www.ideainfanttoddler.org/association-reports.php. Category A includes states with the broadest eligibility definitions; Category C includes the strictest definitions, and Category B falls in between the two. Category C includes eligibility criteria ranging from a 33 percent delay in two or more areas to a 40 or 50 percent delay in one or more areas. MA-C's eligibility criteria fit within Category B, and the state continues to lead the nation in serving infants and toddlers under the age of three.

During FFY22 (July 1, 2022-June 30, 2023), Massachusetts State Legislature sought to invest in the early intervention workforce by directing one-time payment of $17.8M to staffing recovery payments necessary to address the staffing crisis and restore early intervention staffing and service hours through hiring, rehiring, and retention of clinical and support staff across the early intervention system. These funds were directed to support increased salaries, wages and benefits for early intervention clinicians and support staff and cover supervision, training, non-billable time and other on-boarding cost directly associated with the hiring of new early intervention clinicians and support staff. Early intervention services program directors report that these funds may have contributed to MA-C's increased performance for Indicator 6.

## 6 - Prior FFY Required Actions

None

## 6 - OSEP Response

## 6 - Required Actions

# Indicator 7: 45-Day Timeline

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

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

**Instructions**

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

Targets must be 100%.

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2022 SPP/APR, the data for FFY 2021), 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** | **2017** | **2018** | **2019** | **2020** | **2021** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 99.72% | 99.74% | 99.68% | 99.86% | 98.44% |

**Targets**

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

**FFY 2022 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 2021 Data** | **FFY 2022 Target** | **FFY 2022 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 3,641 | 6,068 | 98.44% | 100% | 99.03% | 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.**

2,368

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

When data related to initial evaluation, assessment, and an initial IFSP meeting are not entered into the child's record, MA-C's state database (Early Intervention Client System; EICS) prompts the early intervention services (EIS) provider to enter the reasons for delayed initial evaluation, assessment, and initial IFSP meetings, which MA-C later reviews.

Delays attributable to exceptional family circumstances include difficulty scheduling with a family, family unavailability due to illness or COVID-19 isolation protocols, and extreme weather. As advised by OSEP, delays in service provision caused by the public health response to the COVID-19 pandemic can meet the definition of exceptional family circumstances, as defined under 34 C.F.R. § 303.310(b), when the child and family are effectively unavailable.

There were 59 children with delayed IFSPs that were not attributable to an exceptional family circumstance. In these cases, the delay was due to a program error or staffing issue at the EIS program. In these cases, all 59 children received an IFSP, although late.

**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).**

FFY22 Third Quarter (i.e., Jan 1, 2023-March 31, 2023)

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

As allowed by the measurement table, MA-C is reporting data for a selection of the full reporting year. The number of infants and toddlers who were evaluated and assessed for whom an initial IFSP meeting was required was consistent for each quarter of the reporting year, so the third quarter (i.e., Jan 1, 2023-March 31, 2023) was selected for the calculation of the indicator. There were 6,068 infants and toddlers who were evaluated and assessed for whom an initial IFSP meeting was required between January 1, 20223 and March 31, 2023.

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

At a State Interagency Coordinating Council (ICC) meeting in December 2023, the members reviewed results from FFY22 for indicator 7. During this meeting, the Part C Coordinator asked attendees for assistance in (1) interpreting the data by asking attendees to make observations about the data, (2) deriving meaning from the data by asking attendees to consider how their unique perspectives and experiences fit with the data, and (3) identifying actionable next steps by asking attendees to think about possible action steps or behavior change to improve the data for the future. Attendees speculated that reduced staffing levels contributed to these delays (i.e., too few highly qualified EIS providers to conduct initial evaluations, assessments, and hold IFSP meetings in a timely manner). They recommended that a root-cause analysis be conducted with early intervention services (EIS) programs demonstrating less than 100% compliance, allowed continued provision of telehealth services, and considered higher rates of reimbursement to improve EIS provider salaries.

**Correction of Findings of Noncompliance Identified in FFY 2021**

| **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 2021 Findings of Noncompliance Verified as Corrected**

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

During federal fiscal year 2021 (FFY21; July 1, 2021-June 30, 2022), MA-C did not report 100% compliance for Indicator 7, the percentage 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. MA-C reviewed its state database and discovered 45 records across six EIS programs that suggested timely evaluation and IFSP were not provided. MA-C identified two instances of noncompliance across two EIS programs (Northeast Arc-North Shore and People Incorporated EI Program) for indicator 7 through annual monitoring of its state database (the Early Intervention Client System; EICS), implementing a process to distinguish inaccurate implementation of the regulatory requirement from inaccurate or delayed data entry in federal fiscal year 2021 (FFY21; July 1, 2021-June 30, 2022). Of the 45, no children had left MA-C's jurisdiction before services could be provided. In all 45 instances, the children received services, although late. In 11 of the 45, MA-C identified instances of pre-finding corrections (i.e., in all 11 instances, the child had received an initial evaluation and IFSP, although late, prior to MA-C's detection). Because these instances of noncompliance were corrected prior to detection, no formal findings were issued. Instead, MA-C reviewed updated program data and confirmed 100% compliance with each statutory or regulatory requirement with which noncompliance was identified. MA-C then notified the directors of the affected four EIS programs of the discovery and subsequent correction of noncompliance and, in accordance with MA-C's General Supervision procedures, no written findings were issued.

To verify the accuracy of data, MA-C completed a process to verify its data included in indicator 7 reporting for the FFY2021 Annual Performance Report. Early intervention services (EIS) program directors were provided with a list of children's records with delayed evaluations and IFSPs and instructed to review the infants' and toddlers' records and correct any data entry errors or provide delay reasons, using the following categories: delay attributable to exceptional family circumstances (e.g., family problem scheduling appointment, family missed or cancelled an appointment, family delayed response or consent for an appointment, weather or other emergency declared) or delayed for some other reason (e.g., difficulty identifying or assigning a service provider or provider scheduling problem or other local program administrative reasons). EIS program directors verified these data by comparing these lists to their records and entering missing data or correcting clerical errors that occurred during data entry within 14 calendar days. EIS program directors 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 FFY21.

Next, one of MA-C's Clinical Oversight and Support Specialist verified ongoing compliance for each of the six early intervention services (EIS) programs with compliance rates below 100%. For each EIS program, the Clinical Oversight and Support Specialist sampled 10 child records at random using subsequent service-level data entered by the EIS programs and determined 100% compliance had been demonstrated.

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

MA-C verified that all 45 children determined as having received their initial evaluation and IFSP, although late (greater than 45 calendar days as required by Part C), unless the child was no longer in MA-C's jurisdiction.

Upon detecting the noncompliance, the Clinical Oversight and Support Specialist queried the state database (Early Intervention Client System; EICS) to review the children's individual records. Using data entered by EIS programs into EICS, the Part C Data Manager determined that no children left the jurisdiction before an initial evaluation and ISFP could be developed. All 45 children had an an initial evaluation and IFSP which were provided late, as demonstrated by IFSP-level data entered by the EIS programs into EICS.

**Correction of Findings of Noncompliance Identified Prior to FFY 2021**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
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## 7 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 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 2022 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 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

**Response to actions required in FFY 2021 SPP/APR**

During federal fiscal year 2021 (FFY21; July 1, 2021-June 30, 2022), the Lead Agency (MA-C) did not report 100% compliance for Indicator 7, the percentage of infants and toddlers with Individual Family Service Plans (IFSPs) for whom an initial evaluation and IFSP was developed within 45 days. MA-C reviewed its state database (Early Intervention Client System; EICS) and discovered 45 records across six EIS programs that suggested timely evaluations and IFSPs were not provided.

Upon discovery and before written findings of noncompliance were issued, MA-C initiated a pre-finding correction process consistent with it’s general supervision practices. The Part C Data Manager queried the state database (Early Intervention Client System; EICS) to review the children's individual records. Using data entered by EIS programs into EICS, the Part C Data Manager determined that no children left the jurisdiction before the services were initiated; she also determined that all 45 children had initial evaluations and IFSPs provided late, as demonstrated by IFSP-level data entered by the EIS programs into EICS. Next, MA-C's Clinical Oversight and Support Specialists queried the EICS for the six EIS programs with compliance rates below 100%. For each EIS program, she sampled 10 child records at random using subsequent service-level data entered by the EIS programs and determined 100% compliance had been achieved for the programs. Consistent with MA-C general supervision practices, no written findings of noncompliance were made because the noncompliance had been corrected. Instead, MA-C emailed the four EIS programs who had reported untimely services to remind them of the regulatory requirement and offer training and technical assistance to sustain compliance. The remaining two programs (People, Inc. and Northeast Arc-Northshore) had not yet demonstrated 100% compliance and MA-C made findings of noncompliance.

Based on these data, MA-C made two findings of noncompliance across two EIS programs (People Inc and Northeast Arc-Northshore), both of which have been verified as corrected within the required one-year time frame.

## 7 - 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, 2022- June 30, 2023). 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.

## 7 - Required Actions

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

If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2022 SPP/APR, the data for FFY 2021), 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** | **2017** | **2018** | **2019** | **2020** | **2021** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 99.99% | 99.59% | 98.41% | 99.18% | 99.07% |

**Targets**

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

**FFY 2022 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 2021 Data** | **FFY 2022 Target** | **FFY 2022 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 3,039 | 4,124 | 99.07% | 100% | 99.71% | 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.**

1,073

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

When data related to the IFSP with transition steps and services are not entered into the child's record, MA-C's state database (Early Intervention Client System; EICS) prompts the early intervention services (EIS) provider to enter the reasons for delay, which MA-C later reviews.

Delays attributable to exceptional family circumstances include a family problem scheduling appointment to hold the IFSP meeting, the family missing or cancelling an appointment, weather or other emergency declared, and COVID-19 if the child or family were unavailable for the appointment. As advised by OSEP, delays in service provision caused by the public health response to the COVID-19 pandemic can meet the definition of exceptional family circumstances, as defined under 34 C.F.R. § 303.310(b), when the child and family are effectively unavailable.

Twelve children's records indicated that services were delayed for reasons not attributable to exceptional family circumstances. Seven children's records had IFSPs with transition steps or services that were delayed for reasons not attributable to exceptional family circumstances including difficulty identifying or assigning a service provider, provider scheduling problem, and other local program administrative reasons. The remaining five children's records did not have documented reasons for delay and are not considered attributable to exceptional family circumstances.

**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).**

FFY22 Quarter 3 (January 1-March 31, 2023)

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

As allowed by the measurement table, MA-C is reporting data for a selection of the full reporting year. The number of infants and toddlers for whom an IFSP with transition steps and services was required was consistent across early intervention services programs for each quarter of the reporting year, so the third quarter (i.e., Jan 1, 2023-March 31, 2023) was selected for the calculation of the indicator.

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

MA-C's performance with respect to indicators 8A, 8B, and 8C has been below the required 100% for several years. In direct response, MA-C has partnered with MA-B to provide general and targeted technical assistance and training to EIS programs with compliance rates less than 100%. During FFY22, the vendor provided 18 general technical assistance webinars (i.e., three in each of six regions across the Commonwealth), three community of practice meetings, three open office-hours, and 10 individual meetings with early intervention services (EIS) programs. In addition, the vendor developed targeted technical assistance plans to several MA-B LEAs and included the corresponding EIS programs in those events. MA-C attributes the increases in its performance on Indicator 8A to this technical assistance.

On January 10, 2024, the Part C Coordinator presented these data to the Commonwealth's Parent Training and Information Center (PTI), the Federation for Children with Special Needs, and sought their perspective about what may have contributed to the changes from federal fiscal year 2021 (FFY21; July 1, 2021-June 30, 2022) to federal fiscal year 2022 (FFY22; July 1, 2022-June 30, 2023). The PTI operates initiatives to educate and coach families enrolled in the Part C system, which places them in a unique position to derive themes from their numerous interactions. Parent Training and Information Center employees attributed the increase in performance to recent revisions to MA-C's database (Early Intervention Client System; EICS) to allow providers to more easily plan and document transition-related activities in a child's record.

**Correction of Findings of Noncompliance Identified in FFY 2021**

| **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 2021**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
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## 8A - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 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 2022 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 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

**Response to actions required in FFY 2021 SPP/APR**

During federal fiscal year 2021 (FFY21; July 1, 2021-June 30, 2022), the Lead Agency (MA-C) did not report 100% compliance for Indicator 8A, the percentage of infants and toddlers for whom an IFSP with transition steps and services is developed at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday. MA-C reviewed its state database (Early Intervention Client System; EICS) and discovered 92 records across 38 early intervention services (EIS) programs that suggested that IFSPs with transition steps and services were not developed in a timely manner.

Upon discovery and before written findings of noncompliance were issued, MA-C initiated a pre-finding correction process consistent with its general supervision practices. The Part C Data Manager queried the state database (Early Intervention Client System; EICS) to review the children's individual records. Using data entered by EIS programs into EICS, the Part C Data Manager determined that two children left the jurisdiction before an IFSP with transition steps and services was created; she also determined that the remaining 90 children had an IFSP with transition steps and services developed, although late, as demonstrated by IFSP-level data entered by the EIS programs into EICS. Next, MA-C's Clinical Oversight and Support Specialists queried the EICS for the 38 EIS programs with compliance rates below 100%. For each of the 38 EIS programs, they sampled 10 child records at random for timely transition planning, using subsequent IFSPs with transition steps and services as entered by the EIS programs and determined 100% compliance had been achieved for all of the programs (i.e., all 10 sampled records from each of the 38 EIS program showed a timely IFSP with transition steps and services). Consistent with MA-C general supervision practices, no written findings of noncompliance were made because the noncompliance had been corrected. Instead, MA-C emailed the 38 EIS programs who had reported an IFSP with transition steps and services outside of the required timeframe to remind them of the regulatory requirement and offer training and technical assistance to sustain compliance.

## 8A - 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, 2022- June 30, 2023). 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.

## 8A - Required Actions

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

If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2022 SPP/APR, the data for FFY 2021), 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** | **2017** | **2018** | **2019** | **2020** | **2021** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 86.88% | 88.48% | 80.55% | 99.02% | 78.24% |

**Targets**

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

**FFY 2022 SPP/APR Data**

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

YES

| **Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services** | **Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B** | **FFY 2021 Data** | **FFY 2022 Target** | **FFY 2022 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 1,043 | 1,501 | 78.24% | 100% | 80.29% | 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.**

202

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

The Lead Agency (MA-C) is responsible for sending notifications to the state education agency (SEA) for toddlers potentially eligible for Part B preschool services; early intervention services (EIS) programs are responsible for sending notification to the local education agency (LEA) notification. MA-C's procedures to send SEA notification are reliant on its state database (Early Intervention Client System; EICS) to identify potentially eligible children and generate lists of potentially eligible toddlers of whom the SEA should be notified. During the COVID-19 pandemic, a number of previously unknown errors in the process came to light that adversely impacted the state's performance on indicator 8B as reported in FFY21. First, EICS is designed to generate a notification to the SEA when an EIS provider marks the child's record as "potentially eligible." More than a third of MA-C's 59 EIS programs rely on third-party electronic health records to upload data into EICS, often resulting in delays between when an EIS provider determines a child is potentially eligible and when such data is entered into EICS. The COVID-19 pandemic and its resulting workforce shortages continued to impact EIS programs' ability to enter data into EICS in a timely manner throughout FFY22, creating further delays between LEAs being notified and data on such notification being entered into EICS.

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

These data are collected from MA-C's state database, the Early Intervention Client System (EICS). Local programs are responsible for the LEA notification and MA-C is responsible for SEA notification; after an LEA notification is made, the EIS program updates the child's record in EICS to document the date on which the LEA notification was sent. EICS then generates a list of toddlers who are potentially eligible for Part B preschool services for whom MA-C should send SEA notification. The Reporting Analyst downloads the file and transmits it via a secure file transfer protocol to the state education agency (MA-B) each business day. In cases where data are missing (e.g., undocumented reason for delayed notification to the LEA), MA-C provides the EIS program a data report for exiting children to verify the data as accurate or make necessary corrections or additions.

**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).**

FFY22 Quarter 3 (January 1-March 31, 2023)

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

As allowed by the measurement table, MA-C is reporting data for a selection of the full reporting year. The number of infants and toddlers for whom SEA/LEA notification was required was consistent across early intervention services programs for each quarter of the reporting year, so the third quarter (i.e., Jan 1, 2023-March 31, 2023) was selected for the calculation of the indicator.

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

MA-C's performance with respect to indicators 8A, 8B, and 8C has been below the required 100% for several years. In direct response, MA-C has partnered with MA-B to provide general and targeted technical assistance and training to EIS programs with compliance rates less than 100%. During FFY22, the vendor provided 18 general technical assistance webinars (i.e., three in each of six regions across the Commonwealth), three community of practice meetings, three open office-hours, and 10 individual meetings with early intervention services (EIS) programs. In addition, the vendor developed targeted technical assistance plans to several MA-B LEAs and included the corresponding EIS programs in those events. MA-C attributes the increases in its performance on Indicator 8B to this technical assistance.

At a State Interagency Coordinating Council (ICC) meeting in December 2023, the members reviewed results for Indicator 8. During the meeting, the Part C Coordinator asked attendees for assistance in (1) interpreting the data by asking attendees to make observations about the data, (2) deriving meaning from the data by asking attendees to consider how their unique perspectives and experiences fit with the data, and (3) identifying actionable next steps by asking attendees to think about possible action steps or behavior change to improve the data for the future. Attendees recommended determining the root causes for early intervention services programs with compliance under 100% and speculated that reduced staffing would affect this indicator. They also suggested that continued training and technical assistance would be beneficial, citing improved understanding from the vendor's activities during FFY22.

On January 10, 2024, the Part C Coordinator presented these data to the Commonwealth's Parent Training and Information Center (PTI), the Federation for Children with Special Needs, and sought their perspective about what may have contributed to the changes from federal fiscal year 2021 (FFY21; July 1, 2021-June 30, 2022) to federal fiscal year 2022 (FFY22; July 1, 2022-June 30, 2023). The PTI operates initiatives to educate and coach families enrolled in the Part C system, which places them in a unique position to derive themes from their numerous interactions. Parent Training and Information Center employees attributed the increase in performance to recent revisions to MA-C's database (Early Intervention Client System; EICS) to allow providers to more easily plan and document transition-related activities in a child's record.

**Correction of Findings of Noncompliance Identified in FFY 2021**

| **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 2021**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
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## 8B - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 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 2022 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 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

**Response to actions required in FFY 2021 SPP/APR**

During federal fiscal year 2021 (FFY21; July 1, 2021-June 30, 2022), the Lead Agency (MA-C) did not report 100% compliance for Indicator 8B, the percentage of infants and toddlers potentially eligible for Part B services for whom notification is sent to the state education agency and local education agency at least 90 days prior to the toddler’s third birthday. MA-C reviewed its state database (Early Intervention Client System; EICS) and discovered 86 records across 38 early intervention services (EIS) programs that suggested that SEA/LEA notification was not sent in a timely manner.

Upon discovery and before written findings of noncompliance were issued, MA-C initiated a pre-finding correction process consistent with it’s general supervision practices. The Part C Data Manager queried the state database (Early Intervention Client System; EICS) to review the children's individual records. Using data entered by EIS programs into EICS, MA'C Clinical Oversight and Support Specialists determined that no children left the jurisdiction before notification could be sent; she also determined that all 86 children had notification sent, although late, as demonstrated by transition data entered by the EIS programs into EICS. Next, MA-C's Clinical Oversight and Support Specialists queried the EICS for the 38 EIS programs with compliance rates below 100%. For each of the 38 EIS programs, they sampled 10 child records at random using subsequent transition planning data entered by the EIS programs and determined 100% compliance for all the programs (i.e., notification for potentially eligible children was sent within the required timeframe). Consistent with MA-C general supervision practices, no written findings of noncompliance were made because the child-level noncompliance had been corrected. Instead, MA-C emailed the 38 EIS programs who had reported untimely notification to the LEA to remind them of the regulatory requirement and offer training and technical assistance to sustain compliance.

## 8B - 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, 2022- June 30, 2023). 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.

## 8B - Required Actions

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

If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2022 SPP/APR, the data for FFY 2021), 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** | **2017** | **2018** | **2019** | **2020** | **2021** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 99.89% | 98.64% | 99.80% | 98.48% | 98.72% |

**Targets**

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

**FFY 2022 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 2021 Data** | **FFY 2022 Target** | **FFY 2022 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 2,205 | 3,039 | 98.72% | 100% | 99.76% | Did not meet target | No Slippage |

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

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

125

**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.**

702

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

When data related to the transition conference is not entered into the child's record, MA-C's state database (Early Intervention Client System; EICS) prompts the early intervention services (EIS) provider to enter the reasons for delayed transition conferences, which MA-C reviews.

Delays attributable to exceptional family circumstances include a family problem scheduling appointment to hold the transition conference, the family missing or cancelling an appointment, weather or other emergency declared, and COVID-19 if the child or family were unavailable for the appointment. As advised by OSEP, delays in service provision caused by the public health response to the COVID-19 pandemic can meet the definition of exceptional family circumstances, as defined under 34 C.F.R. § 303.310(b), when the child and family are effectively unavailable.

Seven children's records indicated that a transition conference was delayed for reasons not attributable to exceptional family circumstances. Five children's records indicated that transition conferences were delayed for reasons not attributable to exceptional family circumstances including a provider scheduling problem or other local program administrative reasons. The remaining two children's records did not have documented reasons for delay and are considered noncompliant.

**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).**

FFY22 Quarter 3 (January 1-March 31, 2023)

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

As allowed by the measurement table, MA-C is reporting data for a selection of the full reporting year. The number of infants and toddlers for whom a transition conference was required was consistent for each quarter of the reporting year, so the third quarter (i.e., Jan 1, 2023-March 31, 2023) was selected for the calculation of the indicator.

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

MA-C's performance with respect to indicators 8A, 8B, and 8C has been below the required 100% for several years. In direct response, MA-C has partnered with MA-B to provide general and targeted technical assistance and training to EIS programs with compliance rates less than 100%. During FFY22, the vendor provided 18 general technical assistance webinars (i.e., three in each of six regions across the Commonwealth), three community of practice meetings, three open office-hours, and 10 individual meetings with early intervention services (EIS) programs. In addition, the vendor developed targeted technical assistance plans to several MA-B LEAs and included the corresponding EIS programs in those events. MA-C attributes the increases in its performance on Indicator 8C to this technical assistance.

At a State Interagency Coordinating Council (ICC) meeting in December 2023, the members reviewed results for Indicator 8. During the meeting, the Part C Coordinator asked attendees for assistance in (1) interpreting the data by asking attendees to make observations about the data, (2) deriving meaning from the data by asking attendees to consider how their unique perspectives and experiences fit with the data, and (3) identifying actionable next steps by asking attendees to think about possible action steps or behavior change to improve the data for the future. Attendees recommended determining the root causes for early intervention services programs with compliance under 100% and speculated that reduced staffing would affect this indicator. They also suggested that continued training and technical assistance would be beneficial, citing improved understanding from the vendor's activities during FFY22.

On January 10, 2024, the Part C Coordinator presented these data to the Commonwealth's Parent Training and Information Center (PTI), the Federation for Children with Special Needs, and sought their perspective about what may have contributed to the changes from federal fiscal year 2021 (FFY21; July 1, 2021-June 30, 2022) to federal fiscal year 2022 (FFY22; July 1, 2022-June 30, 2023). The PTI operates initiatives to educate and coach families enrolled in the Part C system, which places them in a unique position to derive themes from their numerous interactions. Parent Training and Information Center employees attributed the increase in performance to recent revisions to MA-C's database (Early Intervention Client System; EICS) to allow providers to more easily plan and document transition-related activities in a child's record.

**Correction of Findings of Noncompliance Identified in FFY 2021**

| **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 2021**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 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 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 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 2022 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 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

**Response to actions required in FFY 2021 SPP/APR**

During federal fiscal year 2021 (FFY21; July 1, 2021-June 30, 2022), the Lead Agency (MA-C) did not report 100% compliance for Indicator 8C, the percentage of infants and toddlers for whom a transition conference is held at least 90 days prior to the toddler’s third birthday. MA-C reviewed its state database (Early Intervention Client System; EICS) and discovered 129 records across 40 early intervention services (EIS) programs that suggested that transition conferences were not provided in a timely manner.

Upon discovery and before written findings of noncompliance were issued, MA-C initiated a pre-finding correction process consistent with its general supervision practices. The Part C Data Manager queried the state database (Early Intervention Client System; EICS) to review the children's individual records. Using data entered by EIS programs into EICS, MA-C Clinical Oversight and Support Specialists determined that no children left the jurisdiction before the transition conference could be held; they also determined that all 129 children had a transition conference, although late, as demonstrated by transition data entered by the EIS programs into EICS. Next, MA-C's Clinical Oversight and Support Specialists queried the EICS for the 40 EIS programs with compliance rates below 100%. For each of the 40 EIS programs, they sampled 10 child records at random using subsequent transition data entered by the EIS programs and determined 100% compliance for all programs (i.e., a transition conference was held within the required timeframe). Consistent with MA-C general supervision practices, no written findings of noncompliance were made because the noncompliance had been corrected. Instead, MA-C emailed the 40 EIS programs who had reported untimely transition conference to remind them of the regulatory requirement and offer training and technical assistance to sustain compliance.

## 8C - 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, 2022- June 30, 2023). 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.

## 8C - Required Actions

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

If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

# 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 sessions.

## 9 - Prior FFY Required Actions

OSEP notes that this indicator is not applicable.

**Response to actions required in FFY 2021 SPP/APR**

## 9 - OSEP Response

## 9 - Required Actions

OSEP notes that this indicator is not applicable.

# 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 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 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/15/2023 | 2.1 Mediations held | 1 |
| SY 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/15/2023 | 2.1.a.i Mediations agreements related to due process complaints | 0 |
| SY 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/15/2023 | 2.1.b.i Mediations agreements not related to due process complaints | 0 |

Targets: Description of Stakeholder Input

This Annual Performance Report (APR) was developed with broad stakeholder input. At a meeting for directors of early intervention services (EIS) programs in September 2023, the Part C Coordinator presented results from federal fiscal year 2022 (July 1, 2022-June 30, 2023) for each indicator. At a State Interagency Coordinating Council (ICC) meeting in December 2023, the members reviewed results from FFY22 for each indicator. During these meetings, the Part C Coordinator asked attendees for assistance in (1) interpreting the data by asking attendees to make observations about the data, (2) deriving meaning from the data by asking attendees to consider how their unique perspectives and experiences fit with the data, and (3) identifying actionable next steps by asking attendees to think about possible action steps or behavior change to improve the data for the future. In January 2024, the Part C Coordinator repeated this presentation and discussion with Massachusetts' Parent Information Training Center, the Federation for Children with Special Needs. Feedback received from these meetings has been included throughout this APR. Drafts were also shared with staff from the Early Childhood Technical Assistance Center (ECTA), who reviewed and provided initial feedback and guidance.

**Historical Data**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2017** | **2018** | **2019** | **2020** | **2021** |
| Target>= |  |  |  |  |  |
| Data |  |  |  |  |  |

**Targets**

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

**FFY 2022 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 2021 Data** | **FFY 2022 Target** | **FFY 2022 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 0 | 1 |  |  | 0.00% | N/A | N/A |

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

During the reporting period, The Lead Agency (MA-C) held one mediation and is not required to establish baseline or targets because the number of mediations is less than 10.

MA-C works closely with another state agency, the Division of Law Appeals (DALA) staff to ensure that had requests for mediation been received, they would have been processed and mediations completed in a timely manner by an impartial mediator with knowledge of Part C requirements.

During FFY22, MA-C sought increased Technical Assistance from the Center for Appropriate Dispute Resolution in Special Education (CADRE) and completed their self-assessment checklist on Culturally and Linguistically Competent Dispute Resolution Systems to ensure demonstrably high-quality early intervention mediation services.

## 10 - Prior FFY Required Actions

None

## 10 - OSEP Response

The State reported fewer than ten mediations held in FFY 2022. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

## 10 - Required Actions

# Indicator 11: State Systemic Improvement Plan

**Instructions and Measurement**

**Monitoring Priority:** General Supervision

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

**Measurement**

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

**Instructions**

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

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

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

Overview of the Three Phases of the SSIP

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

*Phase I: Analysis*:

- Data Analysis;

- Analysis of State Infrastructure to Support Improvement and Build Capacity;

- State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families;

- Selection of Coherent Improvement Strategies; and

- Theory of Action.

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

- Infrastructure Development;

- Support for EIS Program and/or EIS Provider Implementation of Evidence-Based Practices; and

- Evaluation.

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

**Specific Content of Each Phase of the SSIP**

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

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

***Phase III: Implementation and Evaluation***

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

A. Data Analysis

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

B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, (e.g., a logic model) of the principal activities, measures and outcomes that were implemented since the State’s last SSIP submission (i.e., February 1, 2023). 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 2022 APR, report on anticipated outcomes to be obtained during FFY 2023, i.e., July 1, 2023-June 30, 2024).

The State must summarize the specific evidence-based practices that were implemented and the strategies or activities that supported their selection and ensured their use with fidelity. Describe how the evidence-based practices, and activities or strategies that support their use, are intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (*e.g.,* behaviors), parent/caregiver outcomes, and/or child outcomes. Describe any additional data (*e.g.,* progress monitoring data) that was collected to support the on-going use of the evidence-based practices and inform decision-making for the next year of SSIP implementation.

C. Stakeholder Engagement

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

Additional Implementation Activities

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2022 APR, report on activities it intends to implement in FFY 2023, i.e., July 1, 2023-June 30, 2024) 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** | **Current Relationship** | **2022** | **2023** | **2024** | **2025** |
| Target | Data must be greater than or equal to the target | 57.10% | 57.10% | 57.20% | 57.20% |

**FFY 2022 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 2021 Data** | **FFY 2022 Target** | **FFY 2022 Data** | **Status** | **Slippage** |
| 1,053 | 2,235 | 50.06% | 57.10% | 47.11% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable**

MA-C observed slippage in Child Outcome 3A: Summery Statement 1. MA-C analyzed data using the meaningful difference calculator (template available at https://ectacenter.org/eco/pages/childoutcomes-calc.asp) and sought out anecdotal data from families enrolled in the Part C program, early intervention services providers, and community partners (e.g., pediatricians, the Commonwealth's Parent Training and Information Center) to identify the cause of slippage. During these conversations, stakeholders attributed slippage to changes in the EIS workforce (e.g., reduced levels of staff combined with more junior staff). Additionally, providers speculated that increased numbers of new arrivals and unhoused families enrolled in the Part C system may have contributed to slippage as an artifact of MA-C's assessment tool (Batelle Developmental Inventory, 2nd ed.) which cannot be administered in the primary spoken language of many new arrivals to Massachusetts during the reporting year (e.g., Dari, Pashto, Haitian Creole). Although MA-C provided on-demand telephonic interpretation services to EIS programs to offset the cost of providing culturally and linguistically appropriate services, some EIS program directors believe that the interpretation and structured assessment may have contributed to the slippage.

**Provide the data source for the FFY 2022 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, early intervention services (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)**

**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)**

NO

**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.**

The COVID-19 pandemic has significantly reduce the early intervention workforce. Early intervention services (EIS) program directors have reported fewer staff are available to administer the Battelle Developmental Inventory for the purposes of calculating child outcomes. That is, EIS programs are prioritizing evaluations to establish eligibility and delivery of IFSP services over these exit evaluations. Additionally, families remain concerned about in-person services for medically complex children and have not consented to these evaluations. These variables have contributed to low levels of data completeness.

Since analyzing the FFY22 data, MA-C took steps during the reporting period to educate early intervention services (EIS) program directors and EIS providers about the importance of these data by holding a general technical assistance webinar in July 2023 to educate providers about the Results Accountability Matrix, specifically looking at the data completeness across time. An additional technical assistance webinar was offered for EIS providers about Indicator 3 and a companion document was developed and released for developmental specialists. In October 2023, the Part C Coordinator presented these data to the State Interagency Coordinating Council (ICC) and asked for assistance to increase the data completeness. In December 2023, MA-C established a panel of stakeholders to provide specific feedback about the underlying reasons for these reduced numbers and offer recommendations for increasing the data completeness.

Section B: Implementation, Analysis and Evaluation

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

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

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

NO

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

The Lead Agency (MA-C) continued to prioritize its infrastructure improvements and is pleased to report progress on the following strategies during FFY22:

Governance (output 1) : MA-C improved its governance in FFY22 by increasing its strategic and administrative supports to ensure equitable representation of families and providers on the State Interagency Coordinating Council (ICC), making improvements to its website to ensure information about the system's performance is easily available to the public, strengthened relationships and opportunities to collaborate with other state agencies, such as Head Start and the 619 Coordinator. These governance activities will help to improve the SiMR by establishing effective structures and partnerships.

Data (Outputs 8, 19, 20, 26, 27, 28, & 29): MA-C improved its data infrastructure by seeking technical assistance from the Early Childhood Technical Assistance Center (ECTA), its OSEP liaison, and other Part C states about alternative instruments and selected the Battelle Developmental Inventory, 3rd edition, as its next instrument to monitor child outcomes. MA-C continued to make improvements to its database's functionality to enhance the collection of high-quality data to analyze for programmatic improvement, revised its purpose and vision for the database, and established a data governance structure that articulates appropriate decision-making authority and accountability. These data activities will help to improve the SiMR by developing and enhancing high-quality data on which to make data-based decisions.

Personnel (Outputs 2 & 3): MA-C improved its personnel infrastructure by creating five new full-time positions to improve the composition of its strategic leadership team and broader state workforce: (1) an epidemiologist with extensive experience in Maternal and Child Health, advanced analysis, and database structures to serve as its Part C Data Manager, (2) the Clinical Quality Manager to oversee all aspects of its General Supervision System, including regular review and analysis of program- and child-level data reports to improve EIS program performance, (3) a Comprehensive System of Personnel Development (CSPD) Coordinator, to oversee the professional development of its contracted early intervention services (EIS) providers, (4) the Finance Manager to oversee the fiscal monitoring, claims processing, and technical assistance for MA-C, and (5) an Account Analyst to process claims and develop and deliver technical assistance related to fiscal requirements of IDEA. These personnel activities will help to improve the SiMR by ensuring that the MA-C workforce is sufficient to oversee the personnel development for early intervention services providers.

Finance (Output 4): During FFY22, MA-C's Finance Unit improved its financial infrastructure by developing systems for routine analyses related to claims to ensure compliance with fiscal requirements of the IDEA and to project the estimated resources to sustain and support the MA-C system, conducting trend analyses of expenses, participating in the Commonwealth's budget activities by contributing data and comment to educate and support decision-makers in the budget development, and providing training and technical assistance to early intervention services program directors on how to access fiscal data from MA-C's database (Early Intervention Client System; EICS). These finance activities will help to improve the SiMR by ensuring sufficient financial resources exist to sustain the MA-C system as it implements the IDEA.

Training & Technical Assistance (Outputs 5,6,7, 9,21, 22, 23, 24, 25): During FFY22, MA-C continued its training and technical assistance infrastructure by offering four crucial trainings: (1) Parents Interacting With Infants (PIWI) Institute, designed to increase attendees’ knowledge, skills, and abilities with respect to the PIWI model and philosophy, (2) the Child Development Institute (CDI), 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, (3) the Reflective Supervision Institute, designed to increase supervisors' knowledge, skills, and abilities of evidence-based supervision strategies, (4) general technical assistance webinars for early intervention services program directors on Indicator 3's purpose and data collection practices. These training and technical assistance activities will help to improve the SiMR by educating personnel about the provision of high-quality research-based early intervention services.

**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.**

The Lead Agency (MA-C) observed short-term or intermediate outcomes achieved for each infrastructure improvement strategy in FFY22:

Governance (output 1): MA-C's ICC Coordinator assisted in the planning, development, and administrative supports for the State Interagency Coordinating Council (ICC), developed an ICC Implementation Guide for MA-C staff, and provided technical assistance to the ICC, including the development of a membership handbook and succession-planning procedures. These actions are necessary for the sustainability of MA-C's improvement efforts because they promote equitable access to input and information from a diverse and representative ICC. MA-C developed and implemented a number of internal systems designed to improve operations, document clear decision-making authority, and advance appropriate autonomy within its infrastructure, including a system for MA-C staff to record technical assistance received from OSEP-funded TA centers and decision briefs to consider multiple solutions and document decisions made. These actions are necessary for the sustainability of MA-C's improvement efforts because they promote administrative structures that effectively oversee the implementation of the IDEA.

Data (Outputs 8, 19, 20, 26, 27, 28, 29, & 30): MA-C sought technical assistance from the Early Childhood Technical Assistance Center (ECTA), its OSEP liaison, and other Part C states about alternative instruments and selected the Battelle Developmental Inventory, 3rd edition, as its next instrument to monitor child outcomes. MA-C has continued to enhance its state database (the Early Intervention Client System; EICS) by adding increased clinical and reporting functionality. The EICS provides real-time data on system-level variables such as new referrals to the Part C system, the number of children enrolled in MA-C (i.e., those with active IFSPs), service utilization, billing and claims data, and exiting reasons. Because family outcomes are inextricably related to child outcomes, MA-C built a real-time data dashboard for early intervention services (EIS) program directors to monitor their return rate for Indicator 4, provided training to use data dashboard, and provided weekly feedback from EIS programs about response rate. Taken together, these improvements are necessary for achieving the SiMR because of the instrument used to collect data for monitoring progress toward the SiMR and other variables that contribute.

Personnel (Outputs 2 & 3): MA-C's Part C Data manager has developed interactive data dashboards to provide real-time public reporting and analysis of the Part C system. The Clinical Quality Manager established a schedule of regular meetings between MA-C's Clinical Oversight and Support Specialists and the EIS programs they oversee, during which data on the EIS program's performance in shared and the technical assistance is provided to make data-based decisions for programmatic improvement. The Comprehensive System of Personnel Development (CSPD) Coordinator offered technical assistance webinar on each of the SPP/APR indicators to educate EIS providers about how the data are collected and used. These improvements are necessary to the sustainability of systems improvement efforts because they create replicable procedures to ensure compliance with IDEA regulations and OSEP guidance for monitoring programs.

Finance (Output 4): During FFY22, MA-C's Finance Unit established a new technical assistance offering, Ask Away, in which MA-C staff provided training and technical assistance to EIS programs to ensure compliance with fiscal requirements of the IDEA. This is necessary for the sustainability of the systems improvement efforts to ensure compliance with IDEA and EDGAR regulations.

Training & Technical Assistance (Outputs 5,6,7, 9,21, 22, 23, 24, 25): Outputs 5, 6, and 7 relate to Parents Interacting With Infants (PIWI). During FFY22, MA-C continued the provision of PIWI training to contracted EIS programs, 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 training was rated highly (4.4/5) by 41 EIS experienced providers for improving their use of research-based strategies to support parent-child interactions and progress toward IFSP outcomes. 174 new EIS providers also rated it highly for increasing their understanding of the PIWI philosophy, identifying dyadic characteristics, and improving their use of triadic strategies to support caregiver-child interactions. The mean score on the post-training test to evaluate knowledge of PIWI philosophy and strategies was 92%. These capacity-building activities are necessary for achieving the SiMR because they increase EIS providers' knowledge, skills, and abilities with respect to the PIWI model.

Outputs 9, 21, 22, 23, and 24 relate to increasing EIS provider knowledge, skills, and abilities with respect to typical development. MA-C hosted the Child Development Institute (CDI), 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. Ten EIS providers employed by eight different programs attended the CDI, with varied levels of experience (3 mos – 5+ years). Attendee reported improvements in their competence and confidence in all areas of child development addressed, including connecting child development to the IFSP process. The mean score on the post-training test to evaluate their knowledge of child development was 89% correct. These capacity-building activities are necessary for achieving the SiMR because they increase EIS providers' knowledge, skills, and abilities with respect to child development.

Output 25 relates to increasing family engagement to include parents as partners in early intervention service delivery, which has been embedded across the different FFY22 trainings. 174 new EIS providers reported that they gained knowledge about how infants and toddlers learn and the role of parents in the process from the trainings, agreed that the best way to impact child development is through the parent, agreed that children learn best when they are participating in naturally occurring learning opportunities that are a part of everyday routines and activities within the real life context of their families and other children they know, and reported that the training increased their strategies to support family engagement. 99% of participants maintained their skills as demonstrated by correct responding on a multiple-choice assessment six-weeks following the training. Similar responding was observed in the 27 supervisors who attended to Reflective Supervision Institute. Family engagement is a crucial part of the transition from Part C, and MA-C has partnered with MA-B to provide general and targeted technical assistance and training to EIS programs with compliance rates less than 100% for any transition indicator. During FFY22, the vendor provided 18 general technical assistance webinars (i.e., three in each of six regions across the Commonwealth), three community of practice meetings, three open office-hours, and 10 individual meetings with early intervention services (EIS) programs. In addition, the vendor developed targeted technical assistance plans to several MA-B LEAs and included the corresponding EIS programs in those events. These capacity-building activities are necessary for achieving the SiMR because they increase EIS providers' knowledge, skills, and abilities with respect to evidence-based supervision, family engagement, and Part C regulatory requirements, each critical components in the delivery of effective early intervention services.

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

NO

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

The Lead Agency (MA-C) expects to complete additional action for each infrastructure improvement strategy in FFY23:

Governance (output 1) and Data (outputs 8, 19, 20, 26, 27, 28, 29, & 30): MA-C will establish its Data Governance Committee, designed to manage the availability, usability, quality, completeness, and security of its data. MA-C expects several outputs (e.g., the development of an implementation guide that includes documented, replicable decision-making processes, expanding the data included on its publicly available interactive data dashboard) that will produce the outcomes of increased data completeness, higher-quality data, and increased data-based decision-making for the purposes of programmatic monitoring and improvement.

Personnel (Outputs 2 & 3): MA-C will develop additional two additional positions to oversee the state database and to oversee the state's family and community engagement initiatives. MA-C expects outputs (e.g., hiring two new FTE to manage these units, establishing function-based units to collaborate across MA-C, establishing mission statements for these units) that will produce the outcomes of strengthening employee engagement that will in turn provide supportive guidance to MA-C's network of contracted EIS programs. MA-C will also conduct a needs assessment for its Comprehensive System for Personnel Development (CSPD) to ensure its standards reflect the current realities of the knowledge, skills, and abilities required to deliver early intervention services to infants and toddlers in the Commonwealth. MA-C expects outputs (e.g., written needs assessment report, increased engagement with higher education programs) that will produce the outcomes of updated personnel standards, preservice training, and retention of a highly qualified early intervention services workforce.

Finance (Output 4): MA-C will revise its fiscal monitoring procedures. Expected outputs include revised risk assessments and auditing procedures; MA-C expects the outcomes of these activities to be improvement in demonstrably meeting IDEA requirements under 20 USC 1435(a)(10) and 34 CFR 303.120.

Training & Technical Assistance (Outputs 5,6,7, 9,21, 22, 23, 24, 25): MA-C will develop increased training and technical assistance related to data completeness and prepare to transition to a new instrument for Indicator 3 Outcomes. MA-C expects several outputs (e.g., revised procedures regarding assessments, toolkits for providers, family-focused materials designed to describe the importance of the evaluations) with anticipated outcomes of increased number of children included in Indicator 3 outcomes.

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

Organizational Behavior Management, Quality improvement activities, Parents Interacting With Infants, and Evidence-Based Supervision.

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

Organizational Behavior Management (OBM; Brethower, 1972; Daniels, 2000; Rodriguez, Sundberg, & Biagi, 2017; McGee & Crowley-Koch, 2019) is a science that focuses on evaluating and modifying the work environment to improve employee performance and and an organization's culture. Organizational Behavior Management is a specialty within the science of Applied Behavior Analysis and can be applied to performance management, evaluation and development of systems, training and development, and leadership and culture.

Quality Improvement (QI; Reed, Davey, & Woodcock, 2016) is a science that emphasizes rapid-cycle testing, and extension to generate learning about what changes produce improvement and in which contexts. Research indicates that QI methods can be effectively employed across educational and healthcare settings to improve staff practices and outcomes.

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).

Supervision is a critically important skill for the provision of early intervention services for which an ample and growing body of evidence exists (e.g., Reid, Parsons, & Green, 2012; Sellers, Valentino, & LeBlanc, 2016; Beaulieu & Jimenez-Gomez, 2022; Gatzunis, Edwards, Rodriguez Diaz, Conners, & Weiss, 2022). The characteristics of evidence-based supervision practices, including cultural responsiveness, have been embedded with MA-C's Reflective Supervision Institute.

**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) used implemented several strategies and activities to ensure evidence-based practices designed to increase the SiMR were implemented with fidelity.

First, MA-C relied on the science of organizational behavior management (OBM) to drive its large-scale organizational change efforts in federal fiscal year 2022 (FFY22; July 1, 2022-June 30, 2023). Examples include conducting behavioral systems analyses (e.g., Diener, McGee, & Miguel, 2009) to identify and implement required infrastructure changes before implementing new change initiatives, completing an analysis of the variables that are contributing to poor performance (Carr, Wilder, Majdalany, Mathison, & Strain, 2013), developing targeted interventions to remediate those variables, and using data to determine the efficacy of the interventions on the performance. For example, MA-C measures evaluates pre- and post-test knowledge of internal trainings, and planned and implemented a series of interventions to improve its response rates in Indicator 4. A structured and systematic approach to large-scale organizational change is necessary to improve the SiMR because it produces an adaptive, proactive, and data-driven organization that can sustain improvements and changes across time.

Second, MA-C relies on the science of quality improvement that, if implemented with integrity, will impact the SiMR. Specifically, QI is a science that includes engagement and ongoing feedback from key representatives and collect data to quickly monitor and learn if the intervention is producing the desired outcome. MA-C's internal procedures and infrastructure (e.g., communication with EIS programs, database structure, training and technical assistance) necessarily impact the SiMR. Improving these internal practices will continue to improve outcomes for infants, toddlers, and their families across the Commonwealth's Part C System.

Next, MA-C has previously endorsed 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.

Finally, MA-C relied on evidence-based supervision practices during FFY22 at all levels (i.e., in supervising MA-C staff, in overseeing early intervention services [EIS] programs, and in expecting early intervention services programs providing supervision to their staff). MA-C staff completed a 12-week course during FFY22 designed to increase their knowledge, skills, and ability with respect to effective workplace and supervisory relationships. MA-C has established effective supervisor-supervisee relationships (internally with its staff and externally with EIS program directors) by setting clear expectations, receiving and accepting feedback, and creating a committed and positive relationship (e.g., Sellers, Valentino, & LeBlanc, 2016). MA-C has also integrated cultural responsiveness into its evidence-based supervision practices by offering trainings in cultural competency and intersectionality and designing practice activities to promote cultural humility and cultural awareness (e.g. Gatzunis, Edwards, Rodriguez Diaz, Conners, & Weiss, 2022). This actions are necessary to improve the SiMR because effective supervision is critical to the quality of ongoing service delivery.

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

The Lead Agency (MA-C) has focused on training to competency to PIWI method in FFY22. MA-C has employed several rapid PDSA cycles to evaluate its own internal policies and procedures.

**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.**

NA

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

NA

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

YES

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

MA-C's SSIP has been largely unchanged since its development and FFY23 will be used as a planning year to evaluate the needs for future revisions with stakeholders.

**Section C: Stakeholder Engagement**

Description of Stakeholder Input

This Annual Performance Report (APR) was developed with broad stakeholder input. At a meeting for directors of early intervention services (EIS) programs in September 2023, the Part C Coordinator presented results from federal fiscal year 2022 (July 1, 2022-June 30, 2023) for each indicator. At a State Interagency Coordinating Council (ICC) meeting in December 2023, the members reviewed results from FFY22 for each indicator. During these meetings, the Part C Coordinator asked attendees for assistance in (1) interpreting the data by asking attendees to make observations about the data, (2) deriving meaning from the data by asking attendees to consider how their unique perspectives and experiences fit with the data, and (3) identifying actionable next steps by asking attendees to think about possible action steps or behavior change to improve the data for the future. In January 2024, the Part C Coordinator repeated this presentation and discussion with Massachusetts' Parent Information Training Center, the Federation for Children with Special Needs. Feedback received from these meetings has been included throughout this APR. Drafts were also shared with staff from the Early Childhood Technical Assistance Center (ECTA), who reviewed and provided initial feedback and guidance.

During its December 7, 2023 meeting, the State Interagency Coordinating Council (ICC) reviewed MA-C's performance on Indicator 3 across a five-year period and made recommendations to the Part C Coordinator for increasing outcomes for children enrolled in the Part C system . Provider representatives shared that families have consented to more early intervention services as services as returned in-person (i.e., as opposed to telehealth). Parent representatives agreed and shared that telehealth services could be difficult for families, especially of very young children, which would in turn affect their participation in early intervention services. Parent representatives also emphasized the stress parents experienced as a direct result of the COVID-19 pandemic and its lingering effects on the dyadic relationship between a parent and their child.

MA-C also recruited a panel of subject matter experts to offer recommendations for increasing the number of children included in Indicator 3 outcomes who met December 19-20, 2023. This panel of 12 subject matter experts (SME) included early intervention services (EIS) providers from geographically distinct programs across the Commonwealth. These SMEs attributed low levels of children included in Indicator 3 data to misunderstanding about how the data are used; some providers shared that MA-C had released conflicting guidance in 2008 and 2012 that was interpreted differently across the 59 EIS programs. They also shared that there is widespread confusion about how indicator 3 data are calculated and some disclosed that their own misunderstanding had resulted in conducting fewer assessments as the child exited the Part C system.

On January 10, 2024, the Part C Coordinator presented these data to the Commonwealth's Parent Training and Information Center (PTI), the Federation for Children with Special Needs, and sought their perspective about what may have contributed to the changes from federal fiscal year 2021 (FFY21; July 1, 2021-June 30, 2022) to federal fiscal year 2022 (FFY22; July 1, 2022-June 30, 2023). The PTI operates initiatives to educate and coach families enrolled in the Part C system, which places them in a unique position to derive themes from their numerous interactions.

Recommendations for improving indicator 3 outcomes included increased training and focus on social-emotional skills for early intervention services providers, changing the instrument used to collect data for Indicator 3, and educating early intervention services providers and families enrolled in Part C about how data for Indicator 3 are collected and used, including their importance.

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

During FFY22, MA-C worked internally to complete a mapping process to identify its stakeholders related to Indicator 3 Outcomes. This mapping activity helped to identify gaps and opportunities to strengthen relationships and engage previously overlooked stakeholders to develop pragmatic, achievable plans to improve outcomes for infants and toddlers. Following the mapping activity, MA-C developed a templated communication plan to coordinate and improve proactive communications to different stakeholders with targeted communications for each stakeholder group.

In addition, MA-C increased its data available on its public reporting page to include an interactive data dashboard available to the public (https://www.mass.gov/info-details/early-intervention-data-and-reports). This dashboard depicts several state fiscal years' worth of referral data that can be disaggregated by race/ethnicity and geography. This public data-dashboard was developed in part to engage stakeholders by providing equitable access to information and input.

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

YES

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

Early intervention services (EIS) providers expressed hesitation in meeting the state's data completeness goals (i.e., the percentage of children included in Indicator 3 Outcome calculations) in light of workforce shortages. In response, MA-C planned, developed, and will deliver in FFY23 training about IDEA Section 618 data and the Results Accountability Matrix. MA-C will also seek feedback from similarly situated Part C states who meet or exceed OSEP's data completeness expectations and review and revise its policies.

**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.**

NA

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

NA

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

NA

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

During FFY23, MA-C will continue planning its transition from the Battelle Developmental Inventory (2nd ed.) to the Battelle Developmental Inventory (3rd ed.) This is directly related to the SiMR because MA-C uses the BDI to collect data on the SiMR.

## 11 - Prior FFY Required Actions

None

## 11 - OSEP Response

## 11 - Required Actions

# Certification

**Instructions**

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

**Certify**

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

**Select the certifier’s role**

Designated 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 & Part C Coordinator

**Email:**

Emily.A.White@mass.gov

**Phone:**

(781) 400-6648

**Submitted on:**

04/18/24 4:36:05 PM

# Determination Enclosures

## RDA Matrix

**Massachusetts**

2024 Part C Results-Driven Accountability Matrix

**Results-Driven Accountability Percentage and Determination** (1)

| **Percentage (%)** | **Determination** |
| --- | --- |
| 78.13% | Needs Assistance |

**Results and Compliance Overall Scoring**

| **Section** | **Total Points Available** | **Points Earned** | **Score (%)** |
| --- | --- | --- | --- |
| **Results** | 8 | 5 | 62.50% |
| **Compliance** | 16 | 15 | 93.75% |

**2024 Part C Results Matrix**

**I. Data Quality**

**(a) Data Completeness: The percent of children included in your State’s 2021 Outcomes Data (Indicator C3)**

|  |  |
| --- | --- |
| Number of Children Reported in Indicator C3 (i.e., outcome data) | 4,331 |
| Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data) | 19,599 |
| Percentage of Children Exiting who are Included in Outcome Data (%) | 22.1 |
| **Data Completeness Score** (please see Appendix A for a detailed description of this calculation) | 0 |

**(b) Data Anomalies: Anomalies in your State’s FFY 2021 Outcomes Data**

|  |  |
| --- | --- |
| **Data Anomalies Score** (please see Appendix B for a detailed description of this calculation) | 2 |

**II. Child Performance**

**(a) Data Comparison: Comparing your State’s 2022 Outcomes Data to other States’ 2022 Outcomes Data**

|  |  |
| --- | --- |
| **Data Comparison Score** (please see Appendix C for a detailed description of this calculation) | 1 |

**(b) Performance Change Over Time: Comparing your State’s FFY 2022 data to your State’s FFY 2021 data**

|  |  |
| --- | --- |
| **Performance Change Score** (please see Appendix D for a detailed description of this calculation) | 2 |

| **Summary Statement Performance** | **Outcome A: Positive Social Relationships SS1 (%)** | **Outcome A: Positive Social Relationships SS2 (%)** | **Outcome B: Knowledge and Skills SS1 (%)** | **Outcome B: Knowledge and Skills SS2 (%)** | **Outcome C: Actions to Meet Needs SS1 (%)** | **Outcome C: Actions to Meet Needs SS2 (%)** |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY 2022**  | 47.11% | 63.97% | 80.51% | 42.02% | 89.55% | 59.71% |
| **FFY 2021**  | 50.06% | 61.07% | 75.32% | 31.24% | 86.35% | 49.31% |

**(1) For a detailed explanation of how the Compliance Score, Results Score, and the Results-Driven Accountability Percentage and Determination were calculated, review "How the Department Made Determinations under Section 616(d) of the *Individuals with Disabilities Education Act* in 2024: Part C."**

**2024 Part C Compliance Matrix**

| **Part C Compliance Indicator** (2) | **Performance (%)**  | **Full Correction of Findings of Noncompliance Identified in FFY 2021** (3) | **Score** |
| --- | --- | --- | --- |
| **Indicator 1: Timely service provision** | 99.23% | YES | 2 |
| **Indicator 7: 45-day timeline** | 99.03% | YES | 2 |
| **Indicator 8A: Timely transition plan** | 99.71% | N/A | 2 |
| **Indicator 8B: Transition notification** | 80.29% | N/A | 1 |
| **Indicator 8C: Timely transition conference** | 99.76% | N/A | 2 |
| **Timely and Accurate State-Reported Data** | 100.00% |  | 2 |
| **Timely State Complaint Decisions** | 100.00% |  | 2 |
| **Timely Due Process Hearing Decisions** | N/A |  | N/A |
| **Longstanding Noncompliance** |  |  | 2 |
| **Programmatic Specific Conditions** | None |  |  |
| **Uncorrected identified noncompliance** | None |  |  |

**(2) The complete language for each indicator is located in the Part C SPP/APR Indicator Measurement Table at:** [**https://sites.ed.gov/idea/files/2024\_Part-C\_SPP-APR\_Measurement\_Table.pdf**](https://sites.ed.gov/idea/files/2024_Part-C_SPP-APR_Measurement_Table.pdf)

**(3) This column reflects full correction, which is factored into the scoring only when the compliance data are >=90% and <95% for an indicator.**

**Appendix A**

**I. (a) Data Completeness:**

**The Percent of Children Included in your State's 2022 Outcomes Data (Indicator C3)**

Data completeness was calculated using the total number of Part C children who were included in your State’s FFY 2022 Outcomes Data (C3) and the total number of children your State reported in its FFY 2022 IDEA Section 618 data. A percentage for your State was computed by dividing the number of children reported in your State’s Indicator C3 data by the number of children your State reported exited during FFY 2022 in the State’s FFY 2022 IDEA Section 618 Exit Data.

|  |  |
| --- | --- |
| **Data Completeness Score** | **Percent of Part C Children included in Outcomes Data (C3) and 618 Data** |
| **0** | **Lower than 34%** |
| **1** | **34% through 64%** |
| **2** | **65% and above** |

**Appendix B**

**I. (b) Data Quality:**

**Anomalies in Your State's FFY 2022 Outcomes Data**

This score represents a summary of the data anomalies in the FFY 2022 Indicator 3 Outcomes Data reported by your State. Publicly available data for the preceding four years reported by and across all States for each of 15 progress categories under Indicator 3 (in the FFY 2018 – FFY 2021 APRs) were used to determine an expected range of responses for each progress category under Outcomes A, B, and C. For each of the 15 progress categories, a mean was calculated using the publicly available data and a lower and upper scoring percentage was set 1 standard deviation above and below the mean for category a, and 2 standard deviations above and below the mean for categories b through e (numbers are shown as rounded for display purposes, and values are based on data for States with summary statement denominator greater than 199 exiters). In any case where the low scoring percentage set from 1 or 2 standard deviations below the mean resulted in a negative number, the low scoring percentage is equal to 0.

If your State's FFY 2022 data reported in a progress category fell below the calculated "low percentage" or above the "high percentage" for that progress category for all States, the data in that particular category are statistically improbable outliers and considered an anomaly for that progress category. If your State’s data in a particular progress category was identified as an anomaly, the State received a 0 for that category. A percentage that is equal to or between the low percentage and high percentage for each progress category received 1 point. A State could receive a total number of points between 0 and 15. Thus, a point total of 0 indicates that all 15 progress categories contained data anomalies and a point total of 15 indicates that there were no data anomalies in all 15 progress categories in the State's data. An overall data anomaly score of 0, 1, or 2 is based on the total points awarded.

|  |  |
| --- | --- |
| **Outcome A** | **Positive Social Relationships** |
| **Outcome B** | **Knowledge and Skills** |
| **Outcome C** | **Actions to Meet Needs** |

|  |  |
| --- | --- |
| **Category a** | **Percent of infants and toddlers who did not improve functioning** |
| **Category b** | **Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers** |
| **Category c** | **Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it** |
| **Category d** | **Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers** |
| **Category e** | **Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers** |

**Expected Range of Responses for Each Outcome and Category, FFY 2022**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outcome\Category** | **Mean** | **StDev** | **-1SD** | **+1SD** |
| **Outcome A\Category a** | 1.57 | 3.26 | -1.69 | 4.83 |
| **Outcome B\Category a** | 1.39 | 3 | -1.6 | 4.39 |
| **Outcome C\Category a** | 1.26 | 2.6 | -1.33 | 3.86 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outcome\Category** | **Mean** | **StDev** | **-2SD** | **+2SD** |
| **Outcome A\ Category b** | 24.07 | 9.01 | 6.05 | 42.08 |
| **Outcome A\ Category c** | 20.96 | 13.11 | -5.27 | 47.19 |
| **Outcome A\ Category d** | 26.97 | 9.61 | 7.74 | 46.2 |
| **Outcome A\ Category e** | 26.43 | 15.4 | -4.37 | 57.23 |
| **Outcome B\ Category b** | 25.63 | 9.71 | 6.21 | 45.04 |
| **Outcome B\ Category c** | 29.44 | 12.56 | 4.32 | 54.57 |
| **Outcome B\ Category d** | 31.02 | 8.11 | 14.8 | 47.25 |
| **Outcome B\ Category e** | 12.51 | 8.23 | -3.96 | 28.98 |
| **Outcome C\ Category b** | 20.98 | 8.89 | 3.19 | 38.76 |
| **Outcome C\ Category c** | 23.49 | 13.59 | -3.68 | 50.66 |
| **Outcome C\ Category d** | 33.36 | 8.28 | 16.8 | 49.93 |
| **Outcome C\ Category e** | 20.91 | 15.22 | -9.53 | 51.35 |

|  |  |
| --- | --- |
| **Data Anomalies Score** | **Total Points Received in All Progress Areas** |
| 0 | 0 through 9 points |
| 1 | 10 through 12 points |
| 2 | 13 through 15 points |

**Anomalies in Your State’s Outcomes Data FFY 2022**

|  |  |
| --- | --- |
| **Number of Infants and Toddlers with IFSP’s Assessed in your State** | **4,331** |

| **Outcome A — Positive Social Relationships** | **Category a** | **Category b** | **Category c** | **Category d** | **Category e** |
| --- | --- | --- | --- | --- | --- |
| **State Performance** | 120 | 1,062 | 359 | 694 | 2,042 |
| **Performance (%)** | 2.81% | 24.83% | 8.39% | 16.23% | 47.74% |
| **Scores** | 1 | 1 | 1 | 1 | 1 |

| **Outcome B — Knowledge and Skills** | **Category a** | **Category b** | **Category c** | **Category d** | **Category e** |
| --- | --- | --- | --- | --- | --- |
| **State Performance** | 49 | 697 | 1,734 | 1,347 | 450 |
| **Performance (%)** | 1.15% | 16.30% | 40.54% | 31.49% | 10.52% |
| **Scores** | 1 | 1 | 1 | 1 | 1 |

| **Outcome C — Actions to Meet Needs** | **Category a** | **Category b** | **Category c** | **Category d** | **Category e** |
| --- | --- | --- | --- | --- | --- |
| **State Performance** | 22 | 287 | 1,414 | 1,234 | 1,320 |
| **Performance (%)** | 0.51% | 6.71% | 33.06% | 28.85% | 30.86% |
| **Scores** | 1 | 1 | 1 | 1 | 1 |

|  | **Total Score** |
| --- | --- |
| **Outcome A** | 5 |
| **Outcome B** | 5 |
| **Outcome C** | 5 |
| **Outcomes A-C** | 15 |

|  |  |
| --- | --- |
| **Data Anomalies Score** | 2 |

**Appendix C**

**II. (a) Data Comparison:**

**Comparing Your State’s 2022 Outcomes Data to Other States’ 2022 Outcome Data**

This score represents how your State's FFY 2022 Outcomes data compares to other States' FFY 2022 Outcomes Data. Your State received a score for the distribution of the 6 Summary Statements for your State compared to the distribution of the 6 Summary Statements in all other States. The 10th and 90th percentile for each of the 6 Summary Statements was identified and used to assign points to performance outcome data for each Summary Statement (values are based on data for States with a summary statement denominator greater than 199 exiters). Each Summary Statement outcome was assigned 0, 1, or 2 points. If your State's Summary Statement value fell at or below the 10th percentile, that Summary Statement was assigned 0 points. If your State's Summary Statement value fell between the 10th and 90th percentile, the Summary Statement was assigned 1 point, and if your State's Summary Statement value fell at or above the 90th percentile the Summary Statement was assigned 2 points. The points were added up across the 6 Summary Statements. A State can receive a total number of points between 0 and 12, with 0 points indicating all 6 Summary Statement values were at or below the 10th percentile and 12 points indicating all 6 Summary Statements were at or above the 90th percentile. An overall comparison Summary Statement score of 0, 1, or 2 was based on the total points awarded.

*Summary Statement 1: Of those infants and toddlers who entered or exited 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.*

*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.*

**Scoring Percentages for the 10th and 90th Percentile for Each Outcome and Summary Statement, FFY 2022**

| **Percentiles** | **Outcome A SS1** | **Outcome A SS2** | **Outcome B SS1** | **Outcome B SS2** | **Outcome C SS1** | **Outcome C SS2** |
| --- | --- | --- | --- | --- | --- | --- |
| **10** | 45.63% | 35.29% | 54.05% | 27.07% | 51.93% | 33.56% |
| **90** | 82.58% | 69.37% | 81.10% | 56.55% | 85.30% | 71.29% |

|  |  |
| --- | --- |
| **Data Comparison Score** | **Total Points Received Across SS1 and SS2** |
| **0** | 0 through 4 points |
| **1** | 5 through 8 points |
| **2** | 9 through 12 points |

**Your State’s Summary Statement Performance FFY 2022**

| **Summary Statement (SS)** | **Outcome A: Positive Social Relationships SS1** | **Outcome A: Positive Social Relationships SS2** | **Outcome B: Knowledge and Skills SS1** | **Outcome B: Knowledge and Skills SS2** | **Outcome C: Actions to meet needs SS1** | **Outcome C: Actions to meet needs SS2** |
| --- | --- | --- | --- | --- | --- | --- |
| **Performance (%)** | 47.11% | 63.97% | 80.51% | 42.02% | 89.55% | 59.71% |
| **Points** | 1 | 1 | 1 | 1 | 2 | 1 |

|  |  |
| --- | --- |
| **Total Points Across SS1 and SS2(\*)** | 7 |

|  |  |
| --- | --- |
| **Your State’s Data Comparison Score** | 1 |

**Appendix D**

**II. (b) Performance Change Over Time:**

**Comparing your State’s FFY 2022 data to your State’s FFY 2021 data**

The Summary Statement percentages in each Outcomes Area from the previous year’s reporting (FFY 2021) is compared to the current year (FFY 2022) using the test of proportional difference to determine whether there is a statistically significant (or meaningful) growth or decline in child achievement based upon a significance level of p<=.05. The data in each Outcome Area is assigned a value of 0 if there was a statistically significant decrease from one year to the next, a value of 1 if there was no significant change, and a value of 2 if there was a statistically significant increase across the years. The scores from all 6 Outcome Areas are totaled, resulting in a score from 0 – 12. The Overall Performance Change Score for this results element of ‘0’, ‘1’, or ‘2’ for each State is based on the total points awarded. Where OSEP has approved a State’s reestablishment of its Indicator C3 Outcome Area baseline data the State received a score of ‘N/A’ for this element.

**Test of Proportional Difference Calculation Overview**

The summary statement percentages from the previous year’s reporting were compared to the current year using an accepted formula (test of proportional difference) to determine whether the difference between the two percentages is statistically significant (or meaningful), based upon a significance level of p<=.05. The statistical test has several steps. All values are shown as rounded for display purposes.

Step 1: Compute the difference between the FFY 2022 and FFY 2021 summary statements.

e.g., C3A FFY2022% - C3A FFY2021% = Difference in proportions

Step 2: Compute the standard error of the difference in proportions using the following formula which takes into account the value of the summary statement from both years and the number of children that the summary statement is based on

Sqrt[([FFY2021% \* (1-FFY2021%)] / FFY2021N) + ([FFY2022% \* (1-FFY2022%)] / FFY2022N)] = Standard Error of Difference in Proportions

Step 3: The difference in proportions is then divided by the standard error of the difference to compute a z score.

Difference in proportions /standard error of the difference in proportions = z score

Step 4: The statistical significance of the z score is located within a table and the *p* value is determined.

Step 5: The difference in proportions is coded as statistically significant if the *p* value is it is less than or equal to .05.

Step 6: Information about the statistical significance of the change and the direction of the change are combined to arrive at a score for the summary statement using the following criteria

0 = statistically significant decrease from FFY 2021 to FFY 2022

1 = No statistically significant change

2= statistically significant increase from FFY 2021 to FFY 2022

Step 7: The score for each summary statement and outcome is summed to create a total score with a minimum of 0 and a maximum of 12. The score for the test of proportional difference is assigned a score for the Indicator 3 Overall Performance Change Score based on the following cut points:

|  |  |
| --- | --- |
| **Indicator 3 Overall Performance Change Score** | **Cut Points for Change Over Time in Summary Statements Total Score** |
| **0** | Lowest score through 3 |
| **1** | 4 through 7 |
| **2** | 8 through highest |

| **Summary Statement/ Child Outcome** | **FFY 2021 N** | **FFY 2021 Summary Statement (%)** | **FFY 2022 N** | **FFY 2022 Summary Statement (%)** | **Difference between Percentages (%)** | **Std Error** | **z value** | **p-value** | **p<=.05** | **Score: 0 = significant decrease; 1 = no significant change; 2 = significant increase** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SS1/Outcome A: Positive Social Relationships** | 1,714 | 50.06% | 2,235 | 47.11% | -2.94 | 0.0160 | -1.8354 | 0.0665 | NO | 1 |
| **SS1/Outcome B: Knowledge and Skills** | 2,536 | 75.32% | 3,827 | 80.51% | 5.19 | 0.0107 | 4.8555 | <.0001 | YES | 2 |
| **SS1/Outcome C: Actions to meet needs** | 2,264 | 86.35% | 2,957 | 89.55% | 3.20 | 0.0091 | 3.4962 | 0.0005 | YES | 2 |
| **SS2/Outcome A: Positive Social Relationships** | 2,756 | 61.07% | 4,277 | 63.97% | 2.90 | 0.0118 | 2.4524 | 0.0142 | YES | 2 |
| **SS2/Outcome B: Knowledge and Skills** | 2,756 | 31.24% | 4,277 | 42.02% | 10.77 | 0.0116 | 9.2765 | <.0001 | YES | 2 |
| **SS2/Outcome C: Actions to meet needs** | 2,756 | 49.31% | 4,277 | 59.71% | 10.40 | 0.0121 | 8.5830 | <.0001 | YES | 2 |

|  |  |
| --- | --- |
| **Total Points Across SS1 and SS2** | **11** |

|  |  |
| --- | --- |
| **Your State’s Performance Change Score** | **2** |

## Data Rubric

**Massachusetts**

**FFY 2022 APR** (1)

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

|  |  |  |
| --- | --- | --- |
| **APR Indicator** | **Valid and Reliable** | **Total** |
| **1** | 1 | 1 |
| **2** | 1 | 1 |
| **3** | 1 | 1 |
| **4** | 1 | 1 |
| **5** | 1 | 1 |
| **6** | 1 | 1 |
| **7** | 1 | 1 |
| **8A** | 1 | 1 |
| **8B** | 1 | 1 |
| **8C** | 1 | 1 |
| **9** | N/A | 0 |
| **10** | 1 | 1 |
| **11** | 1 | 1 |

**APR Score Calculation**

|  |  |
| --- | --- |
| **Subtotal** | 12 |
| **Timely Submission Points** - If the FFY 2022 APR was submitted on-time, place the number 5 in the cell on the right. | 5 |
| **Grand Total** - (Sum of Subtotal and Timely Submission Points) = | 17 |

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

**618 Data** (2)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Table** | **Timely** | **Complete Data** | **Passed Edit Check** | **Total** |
|  **Child Count/Settings Due Date: 8/30/23** | 1 | 1 | 1 | 3 |
| **Exiting Due Date: 2/21/24** | 1 | 1 | 1 | 3 |
| **Dispute Resolution Due Date: 11/15/23** | 1 | 1 | 1 | 3 |

**618 Score Calculation**

|  |  |
| --- | --- |
| **Subtotal** | 9 |
| **Grand Total** (Subtotal X 2) = | 18.00 |

**Indicator Calculation**

|  |  |
| --- | --- |
| A. APR Grand Total | 17 |
| B. 618 Grand Total | 18.00 |
| C. APR Grand Total (A) + 618 Grand Total (B) = | 35.00 |
| Total N/A Points in APR Data Table Subtracted from Denominator | 1 |
| Total N/A Points in 618 Data Table Subtracted from Denominator | 0.00 |
| **Denominator** | 35.00 |
| D. Subtotal (C divided by Denominator) (3) = | 1.0000 |
| E. Indicator Score (Subtotal D x 100) = | 100.00 |

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

**(3) Note that any cell marked as N/A in the APR Data Table will decrease the denominator by 1, and any cell marked as N/A in the 618 Data Table will decrease the denominator by 2.**

**APR and 618 -Timely and Accurate State Reported Data**

**DATE: February 2024 Submission**

**SPP/APR Data**

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

**Part C 618 Data**

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

|  |  |  |
| --- | --- | --- |
| **618 Data Collection** | **EMAPS Survey** | **Due Date** |
| Part C Child Count and Setting | Part C Child Count and Settings in EMAPS | 8/30/2023 |
| Part C Exiting | Part C Exiting Collection in EMAPS | 2/21/2024 |
| Part C Dispute Resolution  | Part C Dispute Resolution Survey in EMAPS | 11/15/2023 |

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

**3) Passed Edit Check –** A State will receive one point if it submits data that meets all the edit checks related to the specific data collection by the initial due date. The counts included in 618 data submissions are internally consistent within a data collection. See the EMAPS User Guide for each of the Part C 618 Data Collections for a list of edit checks (available at: <https://www2.ed.gov/about/inits/ed/edfacts/index.html>).

## Dispute Resolution

**IDEA Part C**

**Massachusetts**

**Year 2022-23**

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

**Section A: Written, Signed Complaints**

|  |  |
| --- | --- |
| **(1) Total number of written signed complaints filed.** | 4 |
| (1.1) Complaints with reports issued. | 3 |
| (1.1) (a) Reports with findings of noncompliance. | 1 |
| (1.1) (b) Reports within timelines. | 3 |
| (1.1) (c) Reports within extended timelines. | 0 |
| (1.2) Complaints pending.  | 0 |
| (1.2) (a) Complaints pending a due process hearing.  | 0 |
| (1.3) Complaints withdrawn or dismissed.  | 1 |

**Section B: Mediation Requests**

|  |  |
| --- | --- |
| **(2) Total number of mediation requests received through all dispute resolution processes.**  | 2 |
| (2.1) Mediations held.  | 1 |
| (2.1) (a) Mediations held related to due process complaints.  | 1 |
| (2.1) (a) (i) Mediation agreements related to due process complaints.  | 0 |
| (2.1) (b) Mediations held no related to due process complaints.  | 0 |
| (2.1) (b) (i) Mediation agreements not related to due process complaints.  | 0 |
| (2.2) Mediations pending.  | 0 |
| (2.3) Mediations not held.  | 1 |

**Section C: Due Process Complaints**

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

**State Comments:**

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

Massachusetts

**These data were extracted on the close date:**

11/15/2023

## How the Department Made Determinations

Below is the location of How the Department Made Determinations (HTDMD) on OSEP’s IDEA Website.  How the Department Made Determinations in 2024 will be posted in June 2024. Copy and paste the link below into a browser to view.

[https://sites.ed.gov/idea/how-the-department-made-determinations/](https://nam10.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsites.ed.gov%2Fidea%2Fhow-the-department-made-determinations%2F&data=05%7C01%7Cdan.royal%40aemcorp.com%7C56561a053eed4e4dffea08db4cd0ea7f%7C7a41925ef6974f7cbec30470887ac752%7C0%7C0%7C638188232405320922%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=REJfNg%2BRs0Gk73rS2KzO2SIVRCUhHLglGd6vbm9wEwc%3D&reserved=0)

## Final Determination Letter

June 18, 2024

Honorable Robert H. Goldstein, MD

Commissioner

Massachusetts Department of Public Health

250 Washington Street

Boston, MA 02108

Dear Dr. Goldstein:

I am writing to advise you of the U.S. Department of Education’s (Department) 2024 determination under Sections 616 and 642 of the Individuals with Disabilities Education Act (IDEA). The Department has determined that Massachusetts needs assistance in meeting the requirements of Part C of the IDEA. This determination is based on the totality of Massachusetts' data and information, including the Federal fiscal year (FFY) 2022 State Performance Plan/Annual Performance Report (SPP/APR), other State-reported data, and other publicly available information.

Massachusetts' 2024 determination is based on the data reflected in Massachusetts' “2024 Part C Results-Driven Accountability Matrix” (RDA Matrix). The RDA Matrix is individualized for Massachusetts and consists of:

1. a Compliance Matrix that includes scoring on Compliance Indicators and other compliance factors;
2. a Results Matrix (including Components and Appendices) that include scoring on Results Elements;
3. a Compliance Score and a Results Score;
4. an RDA Percentage based on both the Compliance Score and the Results Score; and
5. Massachusetts' Determination.

The RDA Matrix is further explained in a document, entitled “[How the Department Made Determinations under Sections 616(d) and 642 of the Individuals with Disabilities Education Act in 2024: Part C](https://sites.ed.gov/idea/how-the-department-made-determinations/)” (HTDMD-C).

The Office of Special Education Programs (OSEP) is continuing to use both results data and compliance data in making the Department’s determinations in 2024, as it did for Part C determinations in 2015-2023. (The specifics of the determination procedures and criteria are set forth in the HTDMD-C document and reflected in the RDA Matrix for Massachusetts.) For 2024, the Department’s IDEA Part C determinations continue to include consideration of each State’s Child Outcomes data, which measure how children who receive Part C services are improving functioning in three outcome areas that are critical to school readiness:

* positive social-emotional skills;
* acquisition and use of knowledge and skills (including early language/communication); and
* use of appropriate behaviors to meet their needs.

Specifically, the Department considered the data quality and the child performance levels in each State’s Child Outcomes FFY 2022 data.

You may access the results of OSEP’s review of Massachusetts' SPP/APR and other relevant data by accessing the EMAPS SPP/APR reporting tool using your State-specific log-on information at <https://emaps.ed.gov/suite/>. When you access Massachusetts' SPP/APR on the site, you will find, in Indicators 1 through 11, the OSEP Response to the indicator and any actions that Massachusetts is required to take. The actions that Massachusetts is required to take are in the “Required Actions” section of the indicator.

It is important for your State to review the Introduction to the SPP/APR, which may also include language in the “OSEP Response” and/or “Required Actions” sections.

Your State will also find the following important documents in the Determinations Enclosures section:

1. Massachusetts' RDA Matrix;
2. the HTDMD [link](https://sites.ed.gov/idea/how-the-department-made-determinations/);
3. “2024 Data Rubric Part C,” which shows how OSEP calculated the State’s “Timely and Accurate State-Reported Data” score in the Compliance Matrix; and
4. “Dispute Resolution 2022-2023,” which includes the IDEA Section 618 data that OSEP used to calculate the State’s “Timely State Complaint Decisions” and “Timely Due Process Hearing Decisions” scores in the Compliance Matrix.

As noted above, Massachusetts' 2024 determination is Needs Assistance. A State’s 2024 RDA Determination is Needs Assistance if the RDA Percentage is at least 60% but less than 80%. A State would also be Needs Assistance if its RDA Determination percentage is 80% or above, but the Department has imposed Specific Conditions on the State’s last three IDEA Part C grant awards (for FFYs 2021, 2022, and 2023), and those Specific Conditions are in effect at the time of the 2024 determination.

Massachusetts' determination for 2023 was also Needs Assistance. In accordance with Section 616(e)(1) of the IDEA and 34 C.F.R. §303.704(a), if a State is determined to need assistance for two consecutive years, the Secretary must take one or more of the following actions:

1. advise the State of available sources of technical assistance that may help the State address the areas in which the State needs assistance and require the State to work with appropriate entities; and/or
2. identify the State as a high-risk grantee and impose Specific Conditions on the State’s IDEA Part C grant award.

Pursuant to these requirements, the Secretary is advising Massachusetts of available sources of technical assistance, including OSEP-funded technical assistance centers and resources at the following websites: [Monitoring and State Improvement Planning (MSIP) | OSEP Ideas That Work](https://osepideasthatwork.org/resources-grantees/program-areas/monitoring-and-state-improvement-planning-msip?tab=pa-resources), [Individuals with Disabilities Education Act (IDEA) Topic Areas](https://sites.ed.gov/idea/topic-areas/), and requiring Massachusetts to work with appropriate entities. In addition, Massachusetts should consider accessing technical assistance from other Department-funded centers such as the Comprehensive Centers with resources at the following link: <https://compcenternetwork.org/states>. The Secretary directs Massachusetts 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. We strongly encourage Massachusetts to access technical assistance related to those results elements and compliance indicators for which Massachusetts received a score of zero. Massachusetts must report with its FFY 2023 SPP/APR submission, due February 1, 2025, on:

1. the technical assistance sources from which Massachusetts received assistance; and
2. the actions Massachusetts took as a result of that technical assistance.

As required by IDEASections 616(e)(7) and 642 and 34 C.F.R. §303.706, Massachusetts must notify the public that the Secretary of Education has taken the above enforcement action, including, at a minimum, by posting a public notice on its website and distributing the notice to the media and to early intervention service (EIS) programs.

IDEA determinations provide an opportunity for all stakeholders to examine State data as that data relate to improving outcomes for infants, toddlers, children, and youth with disabilities. The Department encourages stakeholders to review State SPP/APR data and other available data as part of the focus on improving equitable outcomes for infants, toddlers, children, and youth with disabilities. Key areas the Department encourages State and local personnel to review are access to high-quality intervention and instruction; effective implementation of individualized family service plans (IFSPs) and individualized education programs (IEPs), using data to drive decision-making, supporting strong relationship building with families, and actively addressing educator and other personnel shortages.

For 2025 and beyond, the Department is considering two additional criteria related to IDEA Part C determinations. First, the Department is considering as a factor OSEP-identified longstanding noncompliance (i.e., unresolved findings issued by OSEP at least three years ago). This factor would be reflected in the determination for each State through the “longstanding noncompliance” section of the Compliance Matrix beginning with the 2025 determinations. In implementing this factor, the Department is also considering beginning in 2025 whether a State that would otherwise receive a score of meets requirements would not be able to receive a determination of meets requirements if the State had OSEP-identified longstanding noncompliance (i.e., unresolved findings issued by OSEP at least three or more years ago). Second, the Department is reviewing whether and how to consider IDEA Part C results data reported under three indicators in order to improve results for all infants, toddlers, and children with disabilities. This review would include considering alternative scoring options for child outcome Indicator C-3 and considering as potential additional factors the information and data that States report under child find Indicators C-5 and C-6.

For the FFY 2023 SPP/APR submission due on February 1, 2025, OSEP is providing the following information about the IDEA Section 618 data. The 2023-24 IDEA Section 618 Part C data submitted as of the due date will be used for the FFY 2023 SPP/APR and the 2025 IDEA Part C Results Matrix and States will not be able to resubmit their IDEA Section 618 data after the due date. The 2023-24 IDEA Section 618 Part C data that States submit will automatically be prepopulated in the SPP/APR reporting platform for Part C SPP/APR Indicators 2, 5, 6, 9, and 10 (as they have in the past). Under EDFacts Modernization, States are expected to submit high-quality IDEA Section 618 Part C data that can be published and used by the Department as of the due date. States are expected to conduct data quality reviews prior to the applicable due date. OSEP expects States to take one of the following actions for all business rules that are triggered in the appropriate EDFacts system prior to the applicable due date: 1) revise the uploaded data to address the edit; or 2) provide a data note addressing why the data submission triggered the business rule. There will not be a resubmission period for the IDEA Section 618 Part C data.

As a reminder, Massachusetts must report annually to the public, by posting on the State lead agency’s website, on the performance of each early intervention service (EIS) program located in Massachusetts on the targets in the SPP/APR as soon as practicable, but no later than 120 days after Massachusetts' submission of its FFY 2022 SPP/APR. In addition, Massachusetts must:

1. review EIS program performance against targets in Massachusetts' SPP/APR;
2. determine if each EIS program “meets the requirements” of Part C, or “needs assistance,” “needs intervention,” or “needs substantial intervention” in implementing Part C of the IDEA;
3. take appropriate enforcement action; and
4. inform each EIS program of its determination.

Further, Massachusetts must make its SPP/APR available to the public by posting it on the State lead agency’s website. Within the upcoming weeks, OSEP will be finalizing a State Profile that:

1. includes Massachusetts' determination letter and SPP/APR, OSEP attachments, and all State attachments that are accessible in accordance with Section 508 of the Rehabilitation Act of 1973; and
2. will be accessible to the public via the ed.gov website.

OSEP appreciates Massachusetts' efforts to improve results for infants and toddlers with disabilities and their families and looks forward to working with Massachusetts over the next year as we continue our important work of improving the lives of children with disabilities and their families. Please contact your OSEP State Lead if you have any questions, would like to discuss this further, or want to request technical assistance.

Sincerely,



Valerie C. Williams

Director

Office of Special Education Programs

cc: State Part C Coordinator