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

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

**For reporting on   
FFY 2023**

**Massachusetts**

U.S. Department of Education seal

**PART C DUE   
February 3, 2025**

**U.S. DEPARTMENT OF EDUCATION**

**WASHINGTON, DC 20202**

# Introduction

**Instructions**

Provide sufficient detail to ensure that the Secretary and the public are informed of and understand the State’s systems designed to drive improved results for infants and toddlers with disabilities and their families and to ensure that the Lead Agency (LA) and early intervention service (EIS) providers and EIS programs 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 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 2023 (FFY23; July 1, 2023-June 30, 2024), 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 6,324 qualified personnel rendered services to 22,266 children (including at-risk children) and their families (a ratio of approximately 4 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 2023 (FFY23; July 1, 2023-June 30, 2024), MA-C received 40,657 referrals and completed 31,414 multidisciplinary evaluations. 22,266 children had an active Individualized Family Service Plan (IFSP) in the program year (i.e., point-in-time child count). MA-C served 10.83% 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 4.2% (indicator 6). MA-C served 4.63% of the population under one year old, which is higher than the national average of 1.35% (indicator 5). The majority (98.8%) 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 effective Part C services for infants, toddlers, and their families.

Additional information related to data collection and reporting

The Lead Agency (MA-C) continues to enhance 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 MA-C. The EICS provides real-time data on system-level variables such as new referrals to Part C, 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 Early Intervention Client System (EICS) has been used by providers since November 2019, development is still ongoing. During federal fiscal year 2023 (FFY23; July 1, 2023-June 30, 2024), 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) revisions to language used in the database to match terms used in 34 CFR 303, (2) updating insurance company names when new Managed Care Organizations and Accountable Care Organizations began operating and others ceased operations in the Commonwealth, and (3) revised billing and claims flow to remove file types that are no longer allowable.  
  
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.  
  
MA-C provides 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 basis 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 for two consecutive months or errors in at least 5% of the total number of child records at their program.   
  
A new initiative for federal fiscal year 2023 (FFY23; July 1, 2023-June 30, 2024) is MA-C’s frequent provision of targeted data to EIS program directors. MA-C’s Research and Analysis Unit generates monthly reports to summarize each EIS program’s performance on a given target. The Clinical Quality Assurance Coordinator analyzes the data and recommends training, technical assistance, and corrective actions to the Clinical Quality Manager. The Clinical Oversight and Support Specialists present the data to each EIS program director, answer questions, and recommend actions to improve or maintain performance. During FFY23, the following targets were presented to EIS program directors: undocumented reasons for delays, Impacts on Family survey response rates (i.e., Indicator 4), EIS workforce data, data completeness (i.e., percentage of children included in Outcome 3 analyses), and mode of service delivery (i.e., telehealth vs. in-person).

**General Supervision System**

The systems that are in place to ensure that the IDEA Part C requirements are met (e.g., integrated monitoring activities; data on processes and results; the SPP/APR; fiscal management; policies, procedures, and practices resulting in effective implementation; and improvement, correction, incentives, and sanctions). Include a description of all the mechanisms the State uses to identify and verify correction of noncompliance and improve results. This should include, but not be limited to, State monitoring, State database/data system, dispute resolution, fiscal management systems as well as other mechanisms through which the State is able to determine compliance and/or issue written findings of noncompliance. The State should include the following elements:

**Describe the process the State uses to select EIS providers and/or EIS programs for monitoring, the schedule, and number of EIS providers/programs monitored per year.**

The Lead Agency (MA-C) monitors its early intervention services (EIS) programs on a monthly, quarterly, annual, and six-year cycle. Information about MA-C's general supervision and monitoring can be found on its website (https://www.mass.gov/info-details/early-intervention-general-supervision).  
  
On a monthly basis, MA-C monitors the performance of its EIS programs by reviewing its data quality reports. The purpose of data quality reports is to ensure valid and reliable data are submitted into MA-C's database the Early Intervention Client System (EICS) for data-based decision-making, programmatic monitoring, reporting, and reimbursement of funds. MA-C conducts these monthly data quality reports for every EIS program. Information about MA-C's data quality reports can be found on its website (https://www.mass.gov/info-details/early-intervention-integrated-monitoring).   
  
On a quarterly basis, MA-C monitors for compliance of SPP/APR indicators 1, 7, and 8. The purpose of the compliance indicator database review is to enable frequent data-based decision-making through timely data verification and timely identification and correction of noncompliance. MA-C conducts these quarterly reviews for one of these compliance indicators every EIS program. Information about MA-C's data protocols for compliance indicators can be found on its website (https://www.mass.gov/lists/data-protocols-and-annual-reporting-schedule).   
  
Annually, MA-C monitors every EIS program in several ways. First, by reviewing the EIS programs' completed self-assessments. The purpose of the self-assessment tool is to support EIS programs to evaluate their compliance with federal and state statute, regulation, and policy in their delivery of high-quality Part C services. Next, MA-C monitors its EIS programs' performance on SPP/APR results indicators and posts these local performance reports on its website for the public (https://www.mass.gov/info-details/part-c-state-performance-planannual-performance-report#local-performance-report-). Finally, MA-C makes determinations about each EIS programs' ability to implement Part C of the IDEA (https://www.mass.gov/lists/public-reporting-for-early-intervention#local-program-determinations-). The criteria on which MA-C bases its local determinations are a combination of the EIS program's performance on the SPP/APR and other related requirements, such as timely submission of valid and reliable data, fiscal compliance, and compliance with state policies and procedures and correction of the previous fiscal year’s noncompliance within the required 1 year timeframe.  
  
On a six-year cycle, MA-C monitors each of its EIS programs through its cyclical monitoring by reviewing the EIS program's policies, procedures, and systems to implement the IDEA, evidence of implementation, and its performance on compliance, results, and other indicators of high-quality Part C services. Approximately 10 EIS programs are selected for cyclical monitoring each year. MA-C uses a documented and replicable process to select early intervention services (EIS) programs for its cyclical monitoring. First, MA-C categorizes its EIS programs by geographic region. Next, it considers the date of the EIS program's last cyclical monitoring. Then, MA-C selects two EIS programs per region.

**Describe how child records are chosen, including the number of child records that are selected, as part of the State’s process for determining an EIS provider’s and EIS program’s compliance with IDEA requirements and verifying the EIS provider/program’s correction of any identified compliance.**

During federal fiscal year 2023 (FFY23; July 1, 2023-June 30, 2024), the Lead Agency (MA-C) selected child records as part of its verification of correction and cyclical monitoring processes.   
  
To verify an EIS program's ongoing compliance with the regulatory requirements of IDEA using subsequent data after detecting noncompliance, MA-C's Clinical Oversight and Support Specialist selected 10 child records at random.  
  
To select records to be included in cyclical monitoring for an EIS program, MA-C's Clinical Quality Assurance Coordinator first queried the database (Early Intervention Client System; EICS) to obtain a list of all children who had been discharged from the EIS program within the reporting year. Next, she excluded children who were discharged less than 90 days prior. Then, she excluded children who had received services for less than six months. Then, she selects 10 records at random. Finally, she reviewed the 10 records selected at random to ensure that it includes at least one family whose primary written language is not English.

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

The Lead Agency (MA-C) uses its comprehensive state database, the Early Intervention Client System (EICS) to collect monitoring and SPP/APR data. This web-based database offers electronic case-management and billing systems to support early intervention services (EIS) programs and enable MA-C to conduct appropriate monitoring and oversight of the Part C system. Data are entered by EIS providers, either directly into the web-based user interface (UI) or through a third-part electronic medical record (EMR) that exchanges information with EICS.

**Describe how the State issues findings: by EIS provider and/or EIS program; and if findings are issued by the number of instances or by EIS provider and/or EIS program.**

The Lead Agency (MA-C) issues findings by early intervention services (EIS) program. Although MA-C verifies and monitors each instance of child-specific noncompliance, the number of findings are issued by EIS program.

**If applicable, describe the adopted procedures that permit its EIS providers/ programs to correct noncompliance prior to the State’s issuance of a finding (i.e., pre-finding correction).**

The Lead Agency (MA-C) has adopted general supervision procedures that allow for EIS programs to correct noncompliance prior to the issuance of a written finding (i.e., a pre-finding correction process). The purpose of the pre-finding correction process is to distinguish between noncompliance that was corrected prior to and after MA-C's detection. MA-C allows for a pre-finding correction only when the instance of noncompliance was corrected within three months of its occurrence, prior to MA-C's detection, and the EIS program is currently demonstrating compliance with the regulatory requirement as verified through a review of subsequent data. In these cases, no formal findings are issued. Instead, MA-C sends a written notification to the EIS program outlining the noncompliance that was detected, confirming it as verified as corrected, reminding them of the regulatory requirement, and offering technical assistance.

Describe the State’s system of graduated and progressive sanctions to ensure the correction of identified noncompliance and to address areas in need **of improvement, used as necessary and consistent with IDEA Part C’s enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State policies.**

The Lead Agency (MA-C) uses a system of graduated and progressive sanctions to ensure the correction of identified noncompliance. The need for sanctions is determined by MA-C through ongoing monitoring. There are four levels of sanctions MA-C uses.   
  
In Level 1, the early intervention services (EIS) program needs support to meet state, federal, or fiscal requirements. This can be identified through general supervision activities or if an EIS program receives a local determination of “Needs Assistance” for two consecutive years. Examples of sanctions in Level 1 include targeted technical assistance and additional training.  
  
In Level 2, EIS programs need intervention to meet state, federal, or fiscal requirements. This can be identified through general supervision activities or if an EIS program receives a local determination of “Needs Intervention” for two consecutive years. Examples of sanctions in Level 2 include the development of a corrective action plan, correction of child-specific noncompliance, and documentation that child-specific noncompliance has been corrected.  
  
In Level 3, EIS programs need intensive intervention to meet state, federal, or fiscal requirements. This can be identified through general supervision activities or if an EIS program receives a local determination of “Needs Intervention” for two consecutive years. Examples of sanctions in Level 3 include withholding funds, restricting referrals, recovering funds due to failure to meet the contractual requirements, notifying the agency of breach of contract and providing an opportunity to cure, scheduling a focused monitoring visit, imposing additional contract conditions, and revising the contract terms.   
  
In Level 4, contract assurances are warranted. This can be identified through general supervision activities. Examples of sanctions in Level 4 include denying or recouping payment for services for which noncompliance is documented, halting new referrals until the EIS program remediates the deficiency, amending the contract to revise the end date, and terminating the contract.

**Describe how the State makes annual determinations of EIS program performance, including the criteria the State uses and the schedule for notifying EIS programs of their determinations. If the determinations are made public, include a web link for the most recent determinations.**

The Lead Agency (MA-C) makes determinations annually of the early intervention services (EIS) program performance and their ability to implement Part C of the IDEA. MA-C considers several variables when making its determinations, including noncompliance identified through data collected for SPP/APR reporting, cyclical monitoring, record reviews, database reviews; performance on data quality reports and fiscal audits, and information obtained through the dispute resolution system. Timely correction of noncompliance identified through these methods is also considered in making EIS program determinations.  
  
MA-C uses data in its database (Early Intervention Client System; EICS) to calculate performance for the six compliance indicators in the State Performance Plan (i.e., Timely Services, Initial IFSP meetings within 45 days, Complete Transition Plan, Timely LEA Notification, Timely Transition Conference, and Timely Correction of Non-Compliance). These data were also used for each EIS program’s local performance report and determination percentages. EIS program percentages for Indicator 4 (family outcomes) were used for the results indicator. The percentage for each of the six compliance indicators (total compliant/total \*100) for each program are available on MA-C's website as part of the SPP/APR reporting (i.e., Local Program Performance Reports; https://www.mass.gov/info-details/part-c-state-performance-planannual-performance-report#local-performance-report-). In addition, MA-C included program performance on data quality reports and the number of months with more than 40 errors as well as fiscal compliance, meeting the fiscal year end claim submission deadline. These performance measurements were used to calculate a point score for each program. Points for each compliance indicator as well as points for valid and reliable data entry, fiscal compliance and correction of noncompliance were given to determine an overall score for each EIS program. EIS programs scoring 15-19 points were given the determination of "Meets Requirements." Those scoring 10-14 points were given the determination "Needs Assistance." Those scoring 5-9 points were given the determination "Needs Intervention." EIS programs scoring below 5 were given a determination of "Needs Substantial Intervention." Information about how MA-C made determinations can be found in its Local Determination Memo on its website (https://www.mass.gov/info-details/early-intervention-integrated-monitoring).  
  
MA-C makes its determinations public by posting them on its website (https://www.mass.gov/lists/public-reporting-for-early-intervention#local-program-determinations-).

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

The Lead Agency (MA-C) maintains a webpage (https://www.mass.gov/info-details/early-intervention-general-supervision) that includes its general supervision policies, procedures, and processes.

**Technical Assistance System:**

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

MA-C maintains a webpage (https://www.mass.gov/orgs/early-intervention-division), which include data on its performance, toolkits 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 EIS program directors 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 2023 (FFY23; July 1, 2023-June 30, 2024), MA-C held its Program Director Webinars once monthly for one hour for directors and administrators of its EIS programs. The calls are arranged and moderated by MA-C's Operations Manager. The purpose of these calls is to keep EIS 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's Operations Manager distributes copies of all slides and resources presented. In addition, EIS program directors are expected to use the information received during these calls and disseminate it to staff working within their EIS programs.  
  
MA-C holds technical assistance webinar focused on the fiscal requirements and processes called "Ask Away" bi-weekly for a half-hour for directors and billing/claims managers of its 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 20-min presentation about a specific topic 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. Some of the topics presented during FFY23 included frequent fiscal and database updates, answering submitted questions, along with specific training on billing and coding requirements for EI Community Child Group services, center-based visits, and assessment hours.  
  
MA-C’s Performance, Oversight, and Evaluation Unit holds General Technical Assistance Webinars. The calls are arranged and moderated by MA-C's Clinical Quality Manager. The purpose of these calls is to educate early intervention services (EIS) program directors and EIS providers about Part C of the IDEA and how MA-C’s system implements the IDEA. In FFY23 (July 1, 2023-June 30, 2024), MA-C hosted a webinar call each month; topics were identified based on feedback and frequent questions from EIS program directors as well as data analysis across EIS programs for common themes for needed technical assistance. Topics included system of payments, accessing insurance for children diagnosed with autism, research on early identifiers of autism spectrum in infants occurring around the Commonwealth, definition of each exiting category, data quality, dispute resolution and mediation requirements, MA-C’s comprehensive monitoring process, and how EIS program directors could request technical assistance on individualized topics. MA-C maintains a list of technical assistance webinars and topics on its website (https://www.mass.gov/info-details/ei-technical-assistance).   
  
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 2023 (FFY23; July 1, 2023-June 30, 2024), MA-C maintained its coordinated communications to its state interagency coordinating council (ICC), providing subcommittees advanced notice of upcoming announcements that related to matters on which the ICC had made recommendations.  
  
A new initiative in federal fiscal year 2023 (FFY23; July 1, 2023-June 30, 2024), was topical roundtable events, during which early intervention services (EIS) program directors met with the Clinical Quality Manager to review a specific topic through a brief structured presentation followed by question-and-answer sessions. During FFY23, five roundtable events were held (four in-person, one virtually), all focusing on transition requirements as outlined in OSEP QA 24-01.  
  
A second new initiative for federal fiscal year 2023 (FFY23; July 1, 2023-June 30, 2024) was tri-annual technical assistance meetings for its 22 early intensive behavioral intervention (EIBI) specialty services programs. These technical assistance webinars occurred three times during FFY23 and were facilitated by MA-C's Clinical Oversight and Support Specialist. During the meetings, the director of the Commonwealth's Autism Insurance Resource Center presented updated information about insurance funding or administrative requirements and took questions from the EIBI program directors. The purpose of these meetings was to proactively provide technical assistance to ensure EIBI services programs were exhausting all other sources of funding for services rendered prior to submitting claims to MA-C as the payor of last resort.

**Professional Development System:**

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

The Lead Agency (MA-C) has established mechanisms for ongoing professional development for both MA-C staff and EIS program directors and providers.  
  
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), the Center for IDEA Fiscal Reporting (CIFR), and the Center for Appropriate Dispute Resolution in Special Education (CADRE). MA-C staff regularly participate in individual meetings with ECTA and CIFR representatives, community of practices (e.g., DMS Cohort 3 preparations), 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.   
  
The Part C Coordinator hosted Core Knowledge meetings once monthly for 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. 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. During FFY23, Core Knowledge topics included the Results-Driven Accountability Matrix, EIS program contract conditions and procurement process, evidence-based strategies to improve family engagement, Family Outcomes (i.e., Indicator 4) data and response rates disaggregated by geographic region, DMS 2.0 process, the science of quality improvement, state fiscal deadlines, monitoring Payor of Last Resort requirements, Central Directory requirement, DaSy Data System Framework, EIS program self-assessment for cyclical monitoring, and a summary of findings related to data in DMS 2.0 reports.  
  
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 Comprehensive Systems of Personnel Development Coordinator. MA-C maintains a webpage for interested individuals seeking to become an EIS provider (https://www.mass.gov/info-details/how-to-become-an-early-intervention-provider).   
  
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 Clinical Quality Manager, the vendor develops and delivers training across priority areas (e.g., IDEA part C and federal compliance indicators, history of EI in Massachusetts and the EI care cascade, culturally and linguistically appropriate services, procedural safeguards, evidence-based strategies to improve early childhood outcomes, functional assessment, transition) into each of which family engagement is embedded. The Part C Coordinator joined each of the 10 training cohorts to present an overview of the MA-C care cascade, information about the role of the lead agency, and answer questions from trainees. During federal fiscal year 2023 (July 1, 2023-June 30, 2024), the vendor continued to leverage virtual platforms (e.g., Zoom, Microsoft Teams) to deliver synchronous and asynchronous professional development opportunities.  
  
A new initiative for FFY23 was a community of practice designed to engage EIS providers who supervise the delivery of early intervention services. The purpose of these groups was to educate supervisors about the revised orientation curriculum and help them create opportunities for additional practice once new EIS providers finished the orientation. Three groups were established and met during FFY23.

**Stakeholder Engagement:**

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

During federal fiscal year 2023 (i.e., July 1, 2023-June 30, 2024), the Lead Agency (MA-C) consistently engaged a broad group of stakeholders. MA-C continued to rely on the State Interagency Coordinating Council (ICC) as its primary stakeholder body and increased representation from state agencies involved in the early childhood system of care. During each ICC meeting, the Part C Coordinator or her designee defined, described, and provided an example of the problem or data to be reviewed before orienting attendees to the figures, presenting the data, and asking for assistance to contextualize the data and draw meaningful conclusions from it. MA-C also released a Request for Information to the public and held listening sessions to receive feedback about its system in preparation for its procurement process. Additionally, roundtables with early intervention services (EIS) providers were introduced to review and receive feedback on specified topics. MA-C implemented its coordinated cascading communication plans to improve proactive communications to different stakeholders with targeted communications for each stakeholder group and expanded it by coordinating with the Department of Public Health's Legislative Affairs office to engage elected officials and with its Division of Insurance to engage commercial insurance representatives. MA-C further increased its data available to EIS program directors within its database, the Early Intervention Client System (EICS). These reports were developed in part to engage stakeholders by providing easier access to data for decision-making activities.  
  
This Annual Performance Report (APR) was developed with broad stakeholder input. At a meeting for directors of early intervention services (EIS) programs in September 2024, the Part C Coordinator presented results from federal fiscal year 2023 (July 1, 2023-June 30, 2024) for each indicator. At a State Interagency Coordinating Council (ICC) meeting in November 2024, the members reviewed results from FFY23 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. 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 engaged stakeholders on its FFY23 performance beyond the APR indicators. In July 2024, the Part C Coordinator presented to the Parent Training and Information Center about differences observed in MA-C’s FFY23 Exiting data and asked for observations and recommendations. The PTIC staff made the recommended additional data analysis (e.g., identify inequities associated with socioeconomic status, disaggregate data by service coordinator to determine patterns and need for TA, disaggregate exiting reasons by EIS program to determine if there are patterns and provide training and TA, Collect detailed information about why families withdraw from service), the development of additional training and resources for EIS programs to use (e.g., develop culturally competent resources and training for EIS programs to build respect for different cultures, including cultural brokers, retrain EIS providers to ensure data entry are accurate, create a questionnaire to obtain data from families about why they withdraw), and outreach to community-based organizations and referral sources (e.g., conduct outreach to physicians and hospitals to help follow-up, send MA-C staff to low-income housing to speak with families). PITC staff noted that some families may have competing contingencies and cannot have home-based services. Other families may withdraw while still eligible because of the efficacy of the coaching model and believe they can continue their child’s learning and development without specialized supports.   
  
In October 2024, the Part C Coordinator presented about MA-C’s data completeness (i.e., the percentage of children included in Indicator 3 Outcomes) and facilitated a discussion with Massachusetts' Parent Information Training Center. The PITC staff were concerned about the low data completeness percentages across time and recommended MA-C consider updating its procedures to require exit evaluations for children enrolled in Part C.  
  
A new initiative for FFY23 was stakeholder groups designed to engage EIS program directors, providers, and developers who interact with MA-C’s database, the Early Intervention Client System (EICS). The purpose of these groups was to engage stakeholders in enhancing the EICS to increase quality data and use of it to drive meaningful conclusions for programmatic improvement. Three groups were established: (1) the EICS Users group, (2) the Joint Biller and Program Director group, and (3) the EMR Users group. The EICS Users group is a closed group of 20 members who represent the 52 EIS and specialty services programs who access the EICS through the web-based user interface (UI). This group reviewed and discussed topics such as reason for delay, LEA notification and the MA-C opt out policy, and reports available in EICS. The Joint Biller and Program Director group was an open forum that shared information and solicited feedback about submitting claims or accessing fiscal data from EICS. The Electronic Medical Record (EMR) Users group is a closed group of 17 members who represent the 30 EIS and specialty services programs who access the EICS through a third-party electronic medical record. Because 20 EIS programs rely on the same vendor, the developer was invited to participate in this group. The EMR users group reviewed topics such as preventing duplicate submissions, error message review, and the LEA notification and improving implementation of the MA-C opt-out policy in the database.

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

NO

**Number of Parent Members:**

8

**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 federal fiscal year 2023 (FFY23; July 1, 2023-June 30, 2024), there were 29 total members (8 parent representatives, 9 provider representatives, 8 state agency representatives, and 4 community members). Parent members comprise 27.5% of the ICC's total membership. The parent representatives 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 FFY23 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 improving representativeness.  
  
The Commonwealth’s Parent Training and Information Center and is staffed by individuals with lived experience caring for a child with special needs. PTIC staff participate in 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 2023 (FY23; July 1, 2023-June 30, 2024). In addition to ICC general and subcommittee meetings, PTIC staff met regularly with MA-C’s Family and Community Engagement Manager 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. To help families feel empowered to participate in the process, MA-C sponsored four families to attend a conference hosted by the Commonwealth's Parent Training and Information Center in March 2024 and 17 families to attend a conference offered by a professional association in May 2024 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 2023 (FFY23; July 1, 2023-June 30, 2024), the Lead Agency (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 with varied experiences 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 FFY23, 8 parents were appointed by the Governor to the ICC.   
  
The State Interagency Coordinating Council continued its subcommittees during FFY23. 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 professional development.   
  
The Family & Community Engagement Unit recruited and trained 10 families to participate as reviewers for the General EIS programs procurement. Through this process, families were engaged in reviewing and scoring bids from agencies interested in becoming EIS programs. Families participation was crucial for determining contracts awarded.  
  
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. The Part C Coordinator presented results from federal fiscal year 2023 (FFY23; July 1, 2023-June 30, 2024) for each indicator in comparison to the prior four federal fiscal years to the early intervention services (EIS) program directors in a webinar on September 17, 2024 and solicited input about what contributed to the progress and slippage observed. Next, she presented to the State Interagency Coordinating Council (ICC) meeting in November 2024, and solicited additional feedback from the members and public attendees. MA-C undertook additional analyses recommended by the ICC for Indicator 2 and presented it again in its January 9, 2025 ICC meeting. 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 2023 (FFY23; July 1, 2023-June 30, 2024) timeline for soliciting public input included activities throughout the reporting year, as described within each indicator's section.   
  
On October 19, 2023, the State Interagency Coordinating Council (ICC) developed its charges in collaboration with MA-C staff. This meeting was held in-person and facilitated by a consultant specializing in strategic planning; charges were selected by separating into smaller groups that were carefully composed of provider representatives, family representatives, state agency representatives, and public attendees 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 December 2023, February 2024, March 2024, and June 2024 to work toward those charges. During each meeting, the Part C Coordinator or her designee presented data on MA-C's performance as well as other metrics requested by the ICC.   
  
In April 2024, the FFY24 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 June 6, 2024, November 14, 2024, and January 9, 2025. 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.   
  
The Lead Agency (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 made substantial improvements in its webpages, creating pages specifically designed for families (https://www.mass.gov/ei-information-for-families) and EIS providers (https://www.mass.gov/information-for-early-intervention-providers) to improve access to information about the Part C program. 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 2022 performance of each EIS Program located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State’s submission of its FFY 2022 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State’s SPP/APR, including any revisions if the State has revised the targets that it submitted with its FFY 2022 APR in 2024, is available.**

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 FFY22 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

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.

**Response to actions required in FFY 2022 SPP/APR**

MA-C's 2023 determination was Needs Assistance. To improve its performance, MA-C sought regular technical assistance from the Early Childhood Technical Assistance Center (ECTA), the Center for IDEA Fiscal Reporting (CIFR), the Weiss Center, and the Center for IDEA Early Childhood Data Systems (DaSy). MA-C sought training and technical assistance from these sources on topics including its Systems of Payments policy, calculating local determinations, changing the standardized tool used to determine eligibility and to collect data for indicator 3 outcomes, changing its database to improve SEA/LEA notifications, understanding OSEP's 23-01 General Supervision Guidance, receiving recommendations for how to train EIS program directors to use its database, revising procedures for fiscal monitoring of EIS programs, improving accessibility of documents, establishing and documenting effective internal controls, enhancing its database to collect data on IFSP service plans, revising its database for Indicator 8B's late notification, data collection for Indicator 4, collection of electronic signatures, best-practices for interpreter services, best-practices for caring for medically complex children.   
  
In response to the extensive technical assistance its received during FFY23, MA-C took specific actions to improve its program by revising its procurement document for specialty services for children with medical complexities, revising its database to collect and verify a clinician's electronic signature, revising its Indicator 4 data collection tool to capture the demographic of the parent responding, revising its reporting language to better describe reasons for delayed services to communicate more effectively with stakeholders, revising its database to remove irrelevant reasons for delayed LEA/SEA notification, revising its database to capture the date a family withdrew from the Part C program, revising certain static documents to ensure accessibility for screen readers, developing a multi-day training program for EIS program directors to ensure valid and reliable use of the database, and revising its noncompliance identification letter template.

## Intro - OSEP Response

The State Interagency Coordinating Council (SICC) submitted to the Secretary its annual report that is required under IDEA Section 641(e)(1)(D) and 34 C.F.R. § 303.604(c). The SICC noted it has elected to support the State lead agency's submission of its SPP/APR as its annual report in lieu of submitting a separate report. OSEP accepts the SICC form, which will not be posted publicly with the State's SPP/APR documents.  
  
The State's determinations for both 2023 and 2024 were Needs Assistance. Pursuant to Sections 616(e)(1) and 642 of the IDEA and 34 C.F.R. § 303.704(a), OSEP's June 18, 2024 determination letter informed the State that it must report with its FFY 2023 SPP/APR submission, due February 3, 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. The State provided the required information.

## Intro - Required Actions

# Indicator 1: Timely Provision of Services

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

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

**Instructions**

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

Targets must be 100%.

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State’s issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

## 1 - Indicator Data

**Historical Data**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2018** | **2019** | **2020** | **2021** | **2022** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 99.00% | 99.21% | 99.82% | 99.58% | 99.23% |

**Targets**

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

**FFY 2023 SPP/APR Data**

| **Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner** | **Total number of infants and toddlers with IFSPs** | **FFY 2022 Data** | **FFY 2023 Target** | **FFY 2023 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 8,667 | 11,807 | 99.23% | 100% | 99.44% | 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.***

3,074

**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.   
  
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 first quarter of the reporting period (July 1, 2023-September 30, 2023), there were 66 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, 41 of the children left the jurisdiction before services could be provided and the remaining 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 Lead Agency (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).**

First Quarter of FFY23 Reporting Year (i.e., July 1, 2023-September 30, 2023)

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

The Lead Agency (MA-C) determined the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period because 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 FFY23. One quarter of FFY23 (July-September 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, 2023 - June 30, 2024 and for whom those services were not initiated within the required timeframe.   
  
In March 2024, 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 September 2024.   
  
In a meeting on September 17, 2024, the Part C Coordinator presented these data to the early intervention services (EIS) program directors and asked attendees to share their perspectives about the root causes for the improvement in the data. Early intervention services (EIS) providers identified additional training that had been offered as the biggest contributing factor.

**Correction of Findings of Noncompliance Identified in FFY 2022**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 6 | 6 |  | 0 |

**FFY 2022 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 2022 (FFY22; July 1, 2022-June 30, 2023), 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 2022 (FFY22; July 1, 2022-June 30, 2023) and discovered 85 child records across 12 early intervention services (EIS) programs that suggested timely services were not delivered.   
  
Of the 85 children, 25 children had left MA-C's jurisdiction before services could be provided. The remaining 60 children all received services, although late.   
  
In eight child records, MA-C identified instances of pre-finding corrections (i.e., in all eight instances, the child had received services, although late). MA-C reviewed updated program data and confirmed 100% compliance with each statutory or regulatory requirement with which noncompliance was identified. Because these instances of noncompliance were corrected prior to detection and the programs' ongoing compliance was verified using updated data, no formal findings were issued. Instead, MA-C then notified the directors of the affected 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 for the remaining 77 child records, MA-C completed a process to verify its data included in indicator 1 reporting for the FFY2022 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 FFY22.   
  
Next, one of MA-C's Clinical Oversight and Support Specialist verified ongoing compliance for each of the three 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 made six findings of noncompliance across six early intervention services (EIS) programs (Northern Berkshire, Arc of the South Shore, BAMSI, Thom Anne Sullivan, Kennedy-Donovan Center-Cape & Islands, and People Incorporated EI program) for indicator 1.

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

MA-C verified that all 85 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 Clinical Oversight and Support Specialist determined that 25 children left the jurisdiction before the services were initiated. The remaining 60 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 2022**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |

## 1 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction.  
  
If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

**Response to actions required in FFY 2022 SPP/APR**

During federal fiscal year 2022 (FFY22; July 1, 2022-June 30, 2023), 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 2022 (FFY22; July 1, 2022-June 30, 2023) and discovered 85 child records across 12 early intervention services (EIS) programs that suggested timely services were not delivered.   
  
Massachusetts determined that all 85 of the children either received services, although late, or left the jurisdiction before services could be provided. 25 of the 85 children had left MA-C's jurisdiction before services could be provided. The remaining 60 children received services, although late.   
  
Among these 85 instances, MA-C identified eight instances of pre-finding corrections (i.e., in all eight 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 EIS program directors of the affected six 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.   
   
MA-C made six findings of noncompliance across six early intervention services (EIS) programs (Northern Berkshire, Arc of the South Shore, BAMSI, Thom Anne Sullivan, Kennedy-Donovan Center-Cape & Islands, and People Incorporated EI program) for indicator 1.

## 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, 2023- June 30, 2024). 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.  
  
The State did not demonstrate that the EIS program or provider corrected the findings of noncompliance identified in FFY 2022 because it did not report that it verified correction of those findings, consistent with the requirements in OSEP QA 23-01. Specifically, in the FFY 2022 SPP/APR, the State reported there were "85 children with delayed IFSP services", however, in the FFY 2023 SPP/APR, when reporting on FFY 2022 findings of noncompliance verified as corrected, the State reported "MA-C verified all 104 children...received their services late". Additionally, in the narrative describing how the State verified FFY 2022 findings of noncompliance, the State reported "129 child records across 23 early intervention services programs suggested timely services were not delivered". The State also reported that "MA-C notified the directors of the affected 18 EIS programs of the discovery and subsequent correction of noncompliance" and that six findings of noncompliance were issued (18+6 = 24 not 23). Therefore, the State did not report that it verified that each EIS program or provider with noncompliance identified in FFY 2022: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider.

## 1 - Required Actions

# Indicator 2: Services in Natural Environments

**Instructions and Measurement**

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

**Results indicator:** Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings. (20 U.S.C. 1416(a)(3)(A) and 1442)

**Data Source**

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the ED*Facts* Metadata and Process System (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** | **2018** | **2019** | **2020** | **2021** | **2022** |
| Target>= | 96.00% | 97.00% | 97.00% | 97.50% | 97.50% |
| Data | 99.94% | 99.88% | 98.86% | 99.12% | 99.11% |

**Targets**

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

**Targets: Description of Stakeholder Input**

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/31/2024 | Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings | 21,967 |
| SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/31/2024 | Total number of infants and toddlers with IFSPs | 22,233 |

**FFY 2023 SPP/APR Data**

| **Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings** | **Total number of Infants and toddlers with IFSPs** | **FFY 2022 Data** | **FFY 2023 Target** | **FFY 2023 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 21,967 | 22,233 | 99.11% | 98.00% | 98.80% | Met target | No Slippage |

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

In a meeting with stakeholders on September 17, 2024, the Part C Coordinator presented these data and solicited stakeholders’ perspectives about what may have contributed to the decline in Indicator 2 data. Early Intervention Services (EIS) program directors attributed this to an increase in shared housing and housing insecurity across the Commonwealth, especially with the influx of new arrivals and increased number of families residing in shelter. According to MA-C’s data, 4.85% of all children enrolled in early intervention in Massachusetts are unhoused, with unhoused children in each of MA-C’s 39 geographic service areas. EIS providers reported these living situations often result higher rates of families requesting to be seen at EI centers because of restrictions to access private spaces in shelters.   
  
The Part C Coordinator presented these data again in an ICC meeting on November 14, 2024. EIS program directors reported families increasingly are declining home-based early intensive behavioral intervention (EIBI) services and instead enrolling their children diagnosed with autism in center-based programs outside of the Part C system. EIS providers provide coaching and supports to families and these specialized caregivers at the center-based program. Because these centers do not meet MA-C’s definition of the natural environment, the EIS programs are reporting increased numbers of children primarily receiving services outside the natural environment.

## 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**

At a State Interagency Coordinating Council (ICC) meeting on October 19, 2023, members reviewed results from FFY22 (July 1, 2022-June 30, 2023) for indicator 3 with a special focus on the number of children who had been included in Indicator 3 outcomes during FFY20, FFY21, and FFY22. During this meeting, the Part C Coordinator asked attendees for assistance in identifying actionable next steps by asking attendees to think about possible action steps or behavior change to improve the data completeness for the FFY23 (July 1, 2023-June 30, 2024). Provider representatives from across the Commonwealth noted that the policies established by the Lead Agency (MA-C) were unclear and historical documents conflicted with each other. Parent representatives expressed differing opinions about the value of multiple evaluations and recommended clearer policies and expectations be developed and disseminated.   
  
In response to the stakeholder feedback, MA-C facilitated a dedicated group of subject matter experts to advise it on policy and procedure related to the Battelle Developmental Inventory. Beginning in December 2023, this group met monthly to review MA-C's data across time as well as data from other Part C states and, among other topics, discuss the need for a system-wide approach to conducting evaluations.   
  
At a State Interagency Coordinating Council (ICC) Service Quality subcommittee meeting in August 2024, members reviewed results from FFY23 (July 1, 2023-June 30, 2024) for indicator 3. 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. Specifically, the Part C Coordinator asked why MA-C's performance on Indicator 3A, Summary Statement 1 was declining across time. ICC members reported that children entering the Part C program following the COVID-19 pandemic had higher levels of need than those in years prior, to which they attributed the decline. Parent representatives noted the low number of children included in the outcome's calculation (i.e., data completeness metric) and reported that families might withhold consent for a second evaluation if they believed there was a chance it would render their child ineligible for services. Provider representatives reported that the administration and scoring guidelines for the Battelle Developmental Inventory markedly change at the age of 2 (e.g., more structured testing, fewer parent-report items), which can reflect a child's progress differently. A public attendee expressed that EIS providers would benefit from additional training about how standardized assessments can be used to show progress, plan interventions, and develop an individualized IFSP.  
  
To obtain additional feedback and guidance about MA-C's data completeness, the Part C Coordinator presented about MA-C’s data completeness (i.e., the percentage of children included in Indicator 3 Outcomes) and facilitated a discussions with several groups including Massachusetts' Parent Information Training Center in October 2024, the State Interagency Coordinating Council's (ICC) subcommittee in November 2024, the ICC's Service Quality Committee in December 2024, and the Early Hearing Detection and Intervention (EHDI) stakeholders group in January 2025. In each presentation, 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.

**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?**

Just At-Risk

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Baseline** | **FFY** | **2018** | **2019** | **2020** | **2021** | **2022** |
| **A1** | 2013 | Target>= | 56.90% | 56.90% | 57.00% | 57.00% | 57.10% |
| **A1** | 56.67% | Data | 52.81% | 44.80% | 49.31% | 50.06% | 47.11% |
| **A1 AR** |  | Target>= | 52.81% |  |  |  |  |
| **A1 AR** |  | Data | 93.62% | 93.75% | 100.00% | 95.00% | 100.00% |
| **A2** | 2013 | Target>= | 71.10% | 71.10% | 71.20% | 71.20% | 71.25% |
| **A2** | 70.85% | Data | 66.12% | 61.15% | 64.37% | 61.07% | 63.97% |
| **A2 AR** |  | Target>= | 66.12% |  |  |  |  |
| **A2 AR** |  | Data | 96.69% | 96.75% | 100.00% | 97.83% | 100.00% |
| **B1** | 2013 | Target>= | 87.90% | 87.90% | 88.00% | 88.10% | 88.15% |
| **B1** | 87.64% | Data | 83.72% | 43.55% | 77.63% | 75.32% | 80.51% |
| **B1 AR** |  | Target>= | 83.72% |  |  |  |  |
| **B1 AR** |  | Data | 100.00% | 92.79% | 100.00% | 100.00% | 100.00% |
| **B2** | 2013 | Target>= | 51.90% | 51.90% | 52.00% | 52.00% | 52.10% |
| **B2** | 51.63% | Data | 43.73% | 35.29% | 19.89% | 31.24% | 42.02% |
| **B2 AR** |  | Target>= | 43.73% |  |  |  |  |
| **B2 AR** |  | Data | 93.38% | 91.56% | 86.89% | 93.48% | 92.59% |
| **C1** | 2013 | Target>= | 94.90% | 94.90% | 95.00% | 95.10% | 95.10% |
| **C1** | 94.66% | Data | 92.89% | 50.03% | 84.04% | 86.35% | 89.55% |
| **C1 AR** |  | Target>= | 92.89% |  |  |  |  |
| **C1 AR** |  | Data | 100.00% | 97.62% | 100.00% | 100.00% | 100.00% |
| **C2** | 2013 | Target>= | 73.90% | 73.90% | 74.00% | 74.00% | 74.10% |
| **C2** | 73.66% | Data | 63.53% | 55.79% | 41.97% | 49.31% | 59.71% |
| **C2 AR** |  | Target>= | 63.53% |  |  |  |  |
| **C2 AR** |  | Data | 98.01% | 97.40% | 95.08% | 93.48% | 92.59% |

**Targets**

|  |  |  |  |
| --- | --- | --- | --- |
| **FFY** | **2023** | **2024** | **2025** |
| Target A1 >= | 57.10% | 57.20% | 57.20% |
| A1 AR |  |  |  |
| Target A2 >= | 71.30% | 71.35% | 71.40% |
| A2 AR |  |  |  |
| Target B1 >= | 88.20% | 88.25% | 88.30% |
| B1 AR |  |  |  |
| Target B2 >= | 52.15% | 52.20% | 52.25% |
| B2 AR |  |  |  |
| Target C1 >= | 95.20% | 95.30% | 95.40% |
| C1 AR |  |  |  |
| Target C2 >= | 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 | 190 | 2.73% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 1,759 | 25.29% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 583 | 8.38% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 1,071 | 15.40% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 3,352 | 48.20% |

| **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 | 3 | 4.29% |
| 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 | 24 | 34.29% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 43 | 61.43% |

| **Not including at-risk infants and toddlers** | **Numerator** | **Denominator** | **FFY 2022 Data** | **FFY 2023 Target** | **FFY 2023 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 | 1,654 | 3,603 | 47.11% | 57.10% | 45.91% | 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 | 4,423 | 6,955 | 63.97% | 71.30% | 63.59% | Did not meet target | No Slippage |

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

MA-C observed slippage in Child Outcome A: Summary 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. The Part C Coordinator presented these data to the State Interagency Coordinating Council’s Service Quality Subcommittee on August 27, 2024 and solicited their perspective about what contributed to this decline. Committee members asserted that children included in federal fiscal year 2023 (FFY23; July 1, 2023-June 30, 2024) have different levels of acuity than children exiting in prior years. Specifically, they noted that the children evaluated during this year may have had different diagnosed conditions or those that were diagnosed later due to delays in accessing pediatric medical care due to the COVD-19 pandemic. EIS program directors also reported that the children included in the reported were not representative of the whole; they noted that families frequently decline an exit evaluation if they are not seeking the results to prepare for their Individualized Education Plan (IEP) in Part B services. Therefore, if only children with the highest levels of need are included in the Indicator 3 outcomes, it may artificially suppress the data and may not be representative of the progress of all children enrolled in Part C. Another stakeholder cited concerns about the standardized instructions for the Battelle Developmental Inventory (BDI) used to collect these data: EIS providers rely on parent report for younger children’s baseline entry evaluations and must use observation or direct testing as the child approaches age 3. EIS providers believed this change in data collection (i.e., parent report to direct testing) may account for an apparent decline in child-level performance.

| **Just at-risk infants and toddlers/All infants and toddlers** | **Numerator** | **Denominator** | **FFY 2022 Data** | **FFY 2023 Target** | **FFY 2023 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 | 24 | 27 | 100.00% |  | 88.89% | 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 | 67 | 70 | 100.00% |  | 95.71% | 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 | 41 | 0.59% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 1,242 | 17.86% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 2,702 | 38.85% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 2,269 | 32.62% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 701 | 10.08% |

| **Just at-risk infants and toddlers/All infants and toddlers** | **Number of Children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 0 | 0.00% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 0 | 0.00% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 8 | 11.43% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 47 | 67.14% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 15 | 21.43% |

| **Not including at-risk infants and toddlers** | **Numerator** | **Denominator** | **FFY 2022 Data** | **FFY 2023 Target** | **FFY 2023 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 4,971 | 6,254 | 80.51% | 88.20% | 79.49% | Did not meet target | Slippage |
| B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program | 2,970 | 6,955 | 42.02% | 52.15% | 42.70% | Did not meet target | No Slippage |

**Provide reasons for B1 slippage, if applicable**

MA-C observed slippage in Child Outcome B: Summary 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. The Part C Coordinator presented these data to the State Interagency Coordinating Council’s Service Quality Subcommittee on August 27, 2024 and solicited their perspective about what contributed to this decline. Committee members asserted that children included in federal fiscal year 2023 (FFY23; July 1, 2023-June 30, 2024) have different levels of acuity than children exiting in prior years. Specifically, they noted that the children evaluated during this year may have had different diagnosed conditions or those that were diagnosed later due to delays in accessing pediatric medical care due to the COVD-19 pandemic. EIS program directors also reported that the children included in the reported were not representative of the whole; they noted that families frequently decline an exit evaluation if they are not seeking the results to prepare for their Individualized Education Plan (IEP) in Part B services. Therefore, if only children with the highest levels of need are included in the Indicator 3 outcomes, it may artificially suppress the data and may not be representative of the progress of all children enrolled in Part C. Another stakeholder cited concerns about the standardized instructions for the Battelle Developmental Inventory (BDI) used to collect these data: EIS providers rely on parent report for younger children’s baseline entry evaluations and must use observation or direct testing as the child approaches age 3. EIS providers believed this change in data collection (i.e., parent report to direct testing) may account for an apparent decline in child-level performance.

| **Just at-risk infants and toddlers/All infants and toddlers** | **Numerator** | **Denominator** | **FFY 2022 Data** | **FFY 2023 Target** | **FFY 2023 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 55 | 55 | 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 | 62 | 70 | 92.59% |  | 88.57% | 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 | 29 | 0.42% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 503 | 7.23% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 2,435 | 35.01% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 2,025 | 29.12% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 1,963 | 28.22% |

| **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 | 5 | 7.14% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 37 | 52.86% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 28 | 40.00% |

| **Not including at-risk infants and toddlers** | **Numerator** | **Denominator** | **FFY 2022 Data** | **FFY 2023 Target** | **FFY 2023 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 4,460 | 4,992 | 89.55% | 95.20% | 89.34% | 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 | 3,988 | 6,955 | 59.71% | 74.10% | 57.34% | Did not meet target | Slippage |

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

MA-C observed slippage in Child Outcome C: Summary Statement 2. 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. The Part C Coordinator presented these data to the State Interagency Coordinating Council’s Service Quality Subcommittee on August 27, 2024 and solicited their perspective about what contributed to this decline. Committee members asserted that children included in federal fiscal year 2023 (FFY23; July 1, 2023-June 30, 2024) have different levels of acuity than children exiting in prior years. Specifically, they noted that the children evaluated during this year may have had different diagnosed conditions or those that were diagnosed later due to delays in accessing pediatric medical care due to the COVD-19 pandemic. EIS program directors also reported that the children included in the reported were not representative of the whole; they noted that families frequently decline an exit evaluation if they are not seeking the results to prepare for their Individualized Education Plan (IEP) in Part B services. Therefore, if only children with the highest levels of need are included in the Indicator 3 outcomes, it may artificially suppress the data and may not be representative of the progress of all children enrolled in Part C. Another stakeholder cited concerns about the standardized instructions for the Battelle Developmental Inventory (BDI) used to collect these data: EIS providers rely on parent report for younger children’s baseline entry evaluations and must use observation or direct testing as the child approaches age 3. EIS providers believed this change in data collection (i.e., parent report to direct testing) may account for an apparent decline in child-level performance.

| **Just at-risk infants and toddlers/All infants and toddlers** | **Numerator** | **Denominator** | **FFY 2022 Data** | **FFY 2023 Target** | **FFY 2023 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 42 | 42 | 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 | 65 | 70 | 92.59% |  | 92.86% | N/A | N/A |

**FFY 2023 SPP/APR Data**

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

| **Question** | **Number** |
| --- | --- |
| The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State’s Part C exiting 618 data | 19,436 |
| 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. | 5,494 |
| Number of infants and toddlers with IFSPs assessed | 7,025 |

| **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).**

Effective January 6, 2025, MA-C has changed its tool used to calculate Indicator 3 outcomes from the Battelle Developmental Inventory (2nd ed) to the Battelle Developmental Inventory (3rd ed). MA-C will continue to work with DaSy and OSEP to reset its baseline and targets following this change for future SPP/APRs.

## 3 - Prior FFY Required Actions

None

## 3 - OSEP Response

The State reported 6,955 as the denominator in its calculation of the percent of infants and toddlers who were functioning within age expectations in each outcome area by the time, they turned three years of age or exited the program. However, the State reported 7,025 infants and toddlers with IFSPs were assessed. The State must explain this discrepancy.

## 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.

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

States are encouraged to work in collaboration with their OSEP-funded parent centers in collecting data.

## 4 - Indicator Data

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Measure** | **Baseline** | **FFY** | **2018** | **2019** | **2020** | **2021** | **2022** |
| A | 2006 | Target>= | 80.50% | 85.00% | 90.00% | 90.00% | 90.00% |
| A | 74.90% | Data | 87.39% | 87.08% | 82.75% | 83.52% | 82.97% |
| B | 2006 | Target>= | 78.50% | 80.00% | 85.00% | 85.00% | 85.00% |
| B | 71.60% | Data | 84.93% | 84.53% | 78.48% | 79.99% | 79.22% |
| C | 2006 | Target>= | 89.50% | 90.00% | 93.00% | 93.00% | 93.50% |
| C | 85.90% | Data | 93.92% | 93.91% | 90.81% | 91.41% | 90.66% |

**Targets**

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

**Targets: Description of Stakeholder Input**

During a June 2024 meeting, the Part C Coordinator presented the results for FFY23 (July 1, 2023-June 30, 2024) for indicator 4 to the Interagency Coordinating Council's subcommittee. During this meeting, the Part C Coordinator presented information about the sampling methodology, how surveys are distributed, modalities and languages in which respondents can complete the survey, and how the data gathered are analyzed and used for programmatic improvement. Additionally, the Part C Coordinator presented data on Massachusetts' performance on outcomes 4A, 4B, and 4C across time compared to other Part C states.

**FFY 2023 SPP/APR Data**

|  |  |
| --- | --- |
| The number of families to whom surveys were distributed | 15,031 |
| Number of respondent families participating in Part C | 4,331 |
| Survey Response Rate | 28.81% |
| A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights | 3,657 |
| A2. Number of responses to the question of whether early intervention services have helped the family know their rights | 4,331 |
| 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 | 3,502 |
| B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs | 4,331 |
| 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 | 4,000 |
| C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn | 4,331 |

| **Measure** | **FFY 2022 Data** | **FFY 2023 Target** | **FFY 2023 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- |
| A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2) | 82.97% | 90.00% | 84.44% | 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) | 79.22% | 85.50% | 80.86% | 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) | 90.66% | 93.50% | 92.36% | Did not meet target | No Slippage |

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

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

The Lead Agency (MA-C) used 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 2023 for FFY23). From the defined population (n=21,380 for FFY23), 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 723. The standard deviation of measures is 186, indicating that the average distance of measures from the mean measure is 186 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 2.8. The 95% confidence interval for the true population mean for Massachusetts extends from 717.6 to 728.7, 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? | NO |

**Response Rate**

|  |  |  |
| --- | --- | --- |
| **FFY** | **2022** | **2023** |
| Survey Response Rate | 28.06% | 28.81% |

**Describe the metric used to determine representativeness (e.g., +/- 3% discrepancy 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.**

The Lead Agency (MA-C)'s vendor analyzed the representativeness of responses received by race/ethnicity and geography using tests of proportional difference to compare the differences between the target population and the responses received. This analysis suggests that the responses are not representative of the infants and toddlers enrolled in the MA-C system.  
  
The response rate among families who identify as American Indian or Alaskan Native (0.04% difference), Asian and Native Hawaiian or Other Pacific Islander (0.01% difference) is representative of the number of families enrolled in Part C who identify as those races. The response rate among families who identify as White (6.56% difference), or as two or more races (8.97% difference), overrepresent the number of families enrolled in Part C who identify as those races. The number of families who identify as Black or African American (-3.04%) and Hispanic (-12.48%) underrepresent the number of families enrolled in Part C.   
  
MA-C also disaggregated by geographic location. The response rate among families who reside in the central (-0.26% difference), metro (0.37% difference), northeast (-1.62% difference), and western (0.84% difference) regions is representative of the number of families enrolled in Part C who reside in those regions. The response rate among families who reside in the southeast region (4.11% difference) overrepresent the number of families enrolled in Part C who reside in that region. The number of families who reside in the Boston region (-3.44%) underrepresents the number of families enrolled in Part C.

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.**

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) will be asked to review data and offer recommendations for better reaching every family (e.g., creating new marketing materials and training webinars). MA-C's Family & Community Engagement Unit will develop and offer targeted technical assistance for providers to build their capacity for family engagement. 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.**

During FFY24 (July 1, 2024-June 30, 2025), the Lead Agency (MA-C) will implement two activities designed to increase the response rate, particularly for groups that are underrepresented.   
  
First, MA-C will plan a pilot study to evaluate the effects of a census approach (i.e., every family enrolled in Part C for 6 mos or longer receives a survey). The purpose of this pilot approach is to evaluate different distribution strategies and their effects on response rate.   
  
Second, MA-C will implement Family Engagement Community of Practice groups to build the capacity of its early intervention services (EIS) programs to engage families. The purpose of these groups are to offer research-based strategies and tactics to engage families. Participants will complete the Family Engagement in Systems Assessment Tool (FESAT) to assess how their EIS program engages families in systems-level initiatives designed to plan, develop, and evaluate early intervention services. Results from the FESAT will be used to design individualized intervention plans for EIS programs.

**Describe the analysis of the response rate including any nonresponse bias that was identified, and the steps taken to reduce any identified bias and promote response from a broad cross section of families that received Part C services.**

The Lead Agency (MA-C) used the ECTA Response Rate and Representativeness Calculator  
(available at https://ectacenter.org/eco/pages/familyoutcomes-calc.asp) to determine any nonresponse bias. This tool was used to analyze the response rate by comparing the number of surveys returned to the number of families included in the sample. MA-C's response rate during FFY23 was 28.8%, an improvement from FFY22's response rate of 28.05%.   
  
As described above, MA-C's analyses suggest nonresponse bias for some groups. However, when compared to FFY22 (July 1, 2022-June 30, 2023) analyses, the data demonstrate marked improvement in response rates when disaggregated by race/ethnicity. By way of example, the response rate among families who identify as Black or African American increased from 11% in FFY22 to 18.38% in FFY23. Similar increases were observed among other groups: American Indian or Alaskan Native families (7% in FFY22 to 38.10% in FFY23), Asian families (23% in FFY22 to 25.59% in FFY23). Although the response rate among families who identify as Hispanic remained substantial similar from FFY22 (16%) to FFY23 (15.29%), the increased number of families responding suggests improvement. Taken together, these data suggest MA-C's strategies to reduce nonresponse bias implemented in FFY23 are effective and will be continued in FFY24.

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

## 4 - Prior FFY 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.

**Response to actions required in FFY 2022 SPP/APR**

The Lead Agency (MA-C) submitted its sampling plan to OSEP via email on August 30, 2023.

## 4 - OSEP Response

## 4 - Required Actions

# Indicator 5: Child Find (Birth to One)

**Instructions and Measurement**

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

**Results indicator:** Percent of infants and toddlers birth to 1 with IFSPs.

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

**Data Source**

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the 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.

The State should conduct a root cause analysis of child find identification rates, including reviewing data (if available) on the number of children referred, evaluated, and identified. This analysis may include examining not only demographic data but also other child-find related data available to the State (e.g., geographic location, family income, primary language, etc.). The State should report the results of this analysis under the “Additional Information” section of this indicator. If the State is required to report on the reasons for slippage, the State must include the results of its analyses under the “Additional Information” section of this indicator.

## 5 - Indicator Data

**Historical Data**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2018** | **2019** | **2020** | **2021** | **2022** |
| Target >= | 2.80% | 3.00% | 3.00% | 3.00% | 3.00% |
| Data | 5.05% | 4.97% | 4.66% | 4.17% | 4.23% |

**Targets**

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

Targets: Description of Stakeholder Input

At a State Interagency Coordinating Council (ICC) meeting in November 2024, members reviewed results from FFY23 (July 1, 2023-June 30, 2024) for indicator 5. 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. Specifically, the Part C Coordinator asked what had accounted for the increase in the number of infants under the age of one served. Provider representatives from across the Commonwealth reported that a return to in-person medical and early intervention services following the COVID-19 pandemic had helped to identify and evaluate more infants under the age of one.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/31/2024 | Number of infants and toddlers birth to 1 with IFSPs | 3,201 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2023 | 06/25/2024 | Population of infants and toddlers birth to 1 | 69,103 |

**FFY 2023 SPP/APR Data**

| **Number of infants and toddlers birth to 1 with IFSPs** | **Population of infants and toddlers birth to 1** | **FFY 2022 Data** | **FFY 2023 Target** | **FFY 2023 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 3,201 | 69,103 | 4.23% | 3.00% | 4.63% | Met target | No Slippage |

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

MA-C relies on the Performance Diagnostic Checklist-Human Services (PDC-HS; Carr, Wilder, Majdalany, Mathisen, & Strain, 2013) as one tool to understand the contributing factors to its high-levels of child find identification rates. In completing the PDC-HS with respect to its federal fiscal year 2023 (FFY23; July 1, 2023-June 30, 2024) Indicator 5 data, MA-C considered (1) antecedents and information it offers to its 59 contracted agencies, such as its policies, procedures, and technical assistance documents related expectations for child find activities, (2) a review of the processes and electronic equipment used by early intervention services providers to respond to and manage referrals, such as ensuring that MA-C's database is reliable, efficiently designed, and in good working order, (3) the knowledge and skills of early intervention services providers and of the Parent Training and Information Center staff, such as ensuring they understand the Part C care cascade, parent's rights, and required timelines, and (4) the motivation contractors have to complete child find activities as required. One notable consequence during FFY23 (July 1, 2023-June 30, 2024) was the Massachusetts State Legislature's investment in the early intervention workforce by directing one-time payment of $12M 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.  
  
In addition to completed the Performance Diagnostic Checklist-Human Services (Carr et al., 2013), the Part C Coordinator sought anecdotal data from stakeholders. At a meeting of contracted early intervention services program directors in September 2023, participants reviewed results from FFY23 for indicators 5 and 6. 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. EIS program directors reported that the waning effects of the COVID-19 pandemic had improved referrals rates of infants under the age of 1, both because families' willingness to return to in-person pediatrician visits and early intervention services and because of EIS programs' abilities to rekindle relationships with local pediatricians' offices and other community referral sources.

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

MA-C's annual child count occurred on October 1, 2023. These data reflect an increase from FFY22, 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, 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.

## 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.

The State should conduct a root cause analysis of child find identification rates, including reviewing data (if available) on the number of children referred, evaluated, and identified. This analysis may include examining not only demographic data but also other child-find related data available to the State (e.g. geographic location, family income, primary language, etc.). The State should report the results of this analysis under the “Additional Information” section of this indicator. If the State is required to report on the reasons for slippage, the State must include the results of its analysis under the “Additional Information” section of this indicator.

## 6 - Indicator Data

Historical Data

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2018** | **2019** | **2020** | **2021** | **2022** |
| Target >= | 5.90% | 6.00% | 6.00% | 6.00% | 6.00% |
| Data | 10.05% | 10.59% | 10.45% | 9.95% | 10.40% |

**Targets**

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

Targets: Description of Stakeholder Input

At a State Interagency Coordinating Council (ICC) meeting in November 2024, members reviewed results from FFY23 for indicator 6. 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. Specifically, the Part C Coordinator noted that MA-C had consistently exceeded its target for indicator 6 and asked if the current size of the system was appropriate. Provider representatives from across the Commonwealth believed that the size of the system was appropriate given the number of children under the age of three residing in the Commonwealth. They attributed the high child find rates to long-standing community connections (e.g., pediatricians, community health centers) and general knowledge of the Part C system. Provider representatives reported that children referred by the Commonwealth's child welfare agency, the Department of Children and Families (DCF), were harder to reach and often exited the system prior to an evaluation being conducted either because a parent withdrew their child or due to unsuccessful attempts to contact the family. The ICC recommended MA-C review these data and collaborate with DCF to improve the experiences of children referred to Part C by DCF.  
  
In response to to the ICC's recommendations, MA-C reviewed its data and analyzed the care cascade for infants and toddlers referred by DCF to Part C. These data suggest that families of children referred by DCF are significantly less likely to provide consent for an eligibility evaluation than families of children referred by other sources. As a result of this analysis, the Part C Coordinator began engaging regularly with the DCF representative on the ICC and collaborated with her to develop additional tools and resources for DCF employees to better understand and explain the Part C system to families when making a referral.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/31/2024 | Number of infants and toddlers birth to 3 with IFSPs | 22,233 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2023 | 06/25/2024 | Population of infants and toddlers birth to 3 | 205,544 |

**FFY 2023 SPP/APR Data**

| **Number of infants and toddlers birth to 3 with IFSPs** | **Population of infants and toddlers birth to 3** | **FFY 2022 Data** | **FFY 2023 Target** | **FFY 2023 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 22,233 | 205,544 | 10.40% | 6.00% | 10.82% | Met target | No Slippage |

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

MA-C relies on the Performance Diagnostic Checklist-Human Services (PDC-HS; Carr, Wilder, Majdalany, Mathisen, & Strain, 2013) as one tool to understand the contributing factors to its high-levels of child find identification rates. In completing the PDC-HS with respect to its federal fiscal year 2023 (FFY23; July 1, 2023-June 30, 2024) Indicator 6 data, MA-C considered (1) antecedents and information it offers to its 59 contracted agencies, such as its policies, procedures, and technical assistance documents related expectations for child find activities, (2) a review of the processes and electronic equipment used by early intervention services providers to respond to and manage referrals, such as ensuring that MA-C's database is reliable, efficiently designed, and in good working order, (3) the knowledge and skills of early intervention services providers and of the Parent Training and Information Center staff, such as ensuring they understand the Part C care cascade, parent's rights, and required timelines, and (4) the motivation contractors have to complete child find activities as required. One notable consequence during FFY23 (July 1, 2023-June 30, 2024) was the Massachusetts State Legislature's investment in the early intervention workforce by directing one-time payment of $12M 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 6.

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

MA-C's annual child count occurred on October 1, 2023. These data reflect an increase from FFY22, 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 three 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.

## 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 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State’s issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

## 7 - Indicator Data

**Historical Data**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2018** | **2019** | **2020** | **2021** | **2022** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 99.74% | 99.68% | 99.86% | 98.44% | 99.03% |

**Targets**

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

**FFY 2023 SPP/APR Data**

| **Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C’s 45-day timeline** | **Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted** | **FFY 2022 Data** | **FFY 2023 Target** | **FFY 2023 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 3,496 | 5,781 | 99.03% | 100% | 98.98% | 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.**

2,226

**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.   
  
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).**

FFY23 First Quarter (i.e., July 1-September 30, 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 first quarter (i.e., July 1-September 30, 2023) was selected for the calculation of the indicator. There were 5,781 infants and toddlers who were evaluated and assessed for whom an initial IFSP meeting was required between July 1, 2023 and September 30, 2023.

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

At a State Interagency Coordinating Council (ICC) meeting in June 2024, members reviewed results from FFY23 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. Specifically, the Part C Coordinator asked why MA-C had high rates of exceptional family circumstances. Parent representatives reported ongoing fear about infectious diseases and described their own experiences choosing to delay evaluations to avoid in-person interactions while rates of infectious diseases were high. Provider representatives from across the Commonwealth agreed and added that the increased number of new arrivals and unhoused families residing in MA may increase the number of exceptional family circumstances. Parent representatives expressed that the requirement to verify a family's residence in MA was intrusive and could account for some delays.   
  
The Part C Coordinator presented these data to EIS program directors in September 2024 and asked for their perspective. EIS program directors 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 2022**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 3 | 2 |  | 1 |

**FFY 2022 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 2022 (FFY22; July 1, 2022-June 30, 2023), 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 59 records across six EIS programs that suggested timely evaluation and IFSP were not provided.   
  
MA-C began implementing a process to distinguish inaccurate implementation of the regulatory requirement from inaccurate or delayed data entry in federal fiscal year 2022 (FFY22; July 1, 2022-June 30, 2023). Of the 59, no children had left MA-C's jurisdiction before services could be provided. In all 59 instances, the children received services, although late. In five of the 59 instances, MA-C identified instances of pre-finding corrections. MA-C reviewed updated program data and confirmed 100% compliance with each statutory or regulatory requirement with which noncompliance was identified. Because these five instances of noncompliance were corrected prior to detection and the programs' ongoing compliance was verified using updated data, no formal findings were issued. Instead, MA-C then notified the directors of the affected three 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 FFY22 (i.e. July 1,2022-June 30, 2023) 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 FFY22.   
  
Next, one of MA-C's Clinical Oversight and Support Specialist verified ongoing compliance for each of the three 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 EIS programs (i.e., Kennedy-Donovan Center-Cape & Islands, Dimock, and People Incorporated EI Program) for indicator 7 through annual monitoring of its state database (the Early Intervention Client System; EICS).

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

MA-C verified that all 59 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 Clinical Oversight and Support Specialist determined that no children left the jurisdiction before an initial evaluation and IFSP could be developed. All 59 children had an initial evaluation and IFSP which were provided late, as demonstrated by IFSP-level data entered by the EIS programs into EICS.

**FFY 2022 Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

MA-C is not yet able to verify federal fiscal year 2022 (FFY22; July 1, 2022-June 30, 2023) findings of noncompliance as corrected for one early intervention services (EIS) program, Kennedy-Donovan Center-Cape & Islands (KDC-Cape). Although MA-C's Clinical Oversight and Support Specialist has verified correction for the individual children, KDC-Cape is not demonstrating ongoing compliance with the regulatory requirement of conducting an IFSP within the 45-day timeline.   
  
MA-C has taken several actions in response to the noncompliance. First, MA-C completed a root-cause analysis with KDC-Cape's program director, which identified two barriers to compliance: insufficient staffing and excessive travel time across the geographic area. Specifically, KDC-Cape's program director reports that travelling by boat to the islands in their catchment area can be time-consuming and logistically challenging when fewer ferries are available during the winter months or fewer seats are available during summer months when EIS providers must compete with vacationers for ferry tickets. Because KDC-Cape's organizational structure is limited to three teams for more than 339 square miles, unexpected absences or tardiness exacerbate the problem.  
  
Next, MA-C has developed a corrective action plan with KDC-Cape that includes specific actions designed to remove these barriers. The KDC-Cape EIS program director has retained the services of a recruiter and meets weekly with them to review open positions. She also is establishing relationships with related service agencies (e.g., Women, Infants, & Children, local hospitals, public schools) to recruit part-time staff with relevant experience. MA-C has suggested incentives to provide to staff willing to travel to the Cape and Islands, and introduced KDC-Cape's EIS program director to another EIS program director with high hiring and low turnover rates for peer-to-peer learning.   
  
Finally, MA-C has provided additional training for KDC-Cape's EIS program director on its Early Intervention Operational Standards and the Part C regulatory requirements. Following this training, KDC-Cape's EIS program director revised and resubmitted their policies and procedures related to evaluation and assessment and sought feedback and approval from MA-C. MA-C has modeled for KDC-Cape how to obtain referral data from its database (Early Intervention Client System; EICS) and how to predict schedules for initial evaluations using these data across time.

**Correction of Findings of Noncompliance Identified Prior to FFY 2022**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 7 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction.  
  
If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

**Response to actions required in FFY 2022 SPP/APR**

During federal fiscal year 2022 (FFY22; July 1, 2022-June 30, 2023), MA-C did not report 100% compliance for Indicator 7, the percentage of infants and toddlers for whom an initial evaluation, initial assessment, and initial IFSP meeting were conducted within 45 days. 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 2022 (FFY22; July 1, 2022-June 30, 2023) and discovered 59 child records across six early intervention services (EIS) programs that suggested timely services were not delivered.  
   
Massachusetts determined that all 59 of the children either received services, although late, or left the jurisdiction before services could be provided. None of the 59 children had left MA-C's jurisdiction before an initial evaluation, assessment, and IFSP meeting could be provided. All 59 children received an initial evaluation, assessment, and IFSP meeting, although late.  
   
Among these 59 instances, MA-C identified five instances of pre-finding corrections (i.e., in all eight 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 EIS program directors of the affected three 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.   
  
MA-C identified three instances of noncompliance across three EIS programs (i.e., Kennedy-Donovan Center-Cape & Islands, Dimock, and People Incorporated EI Program) for indicator 7 through annual monitoring of its state database (the Early Intervention Client System; EICS).

## 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, 2023- June 30, 2024). 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.  
  
The State did not demonstrate that the EIS program or provider corrected the findings of noncompliance identified in FFY 2022 because it did not report that it verified correction of those findings, consistent with the requirements in OSEP QA 23-01. Specifically, in the narrative describing how the State verified that noncompliance identified FFY 2022 was corrected, the State reported "Of the 59, no children had left MA-jurisdiction before services could be provided. In all 54 instances, the children received services, although late." Therefore, the State did not report that that it verified that each EIS program or provider with noncompliance identified in FFY 2022 has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider.

## 7 - Required Actions

# Indicator 8A: Early Childhood Transition

**Instructions and Measurement**

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

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

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

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

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

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

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

A. Percent = [(# of toddlers with disabilities exiting Part C at age 3 who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C at age 3)] 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 8A: The measurement is intended to capture those children exiting at age 3 for whom an IFSP must be developed with transition steps and services within the required timeline consistent with 34 CFR §303.209(d) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to “opt-out” of the referral. Under the State’s opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State’s Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline consistent with 34 CFR §303.209(e) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

Indicator 8C: Do not include in the calculation but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP’s response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State’s issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

## 8A - Indicator Data

**Historical Data**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2018** | **2019** | **2020** | **2021** | **2022** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 99.59% | 98.41% | 99.18% | 99.07% | 99.71% |

**Targets**

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

**FFY 2023 SPP/APR Data**

Data include only those toddlers with disabilities exiting Part C at age 3 for whom the Lead Agency was required to develop an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday. (yes/no)

YES

| **Number of children exiting Part C who have an IFSP with transition steps and services** | **Number of toddlers with disabilities exiting Part C** | **FFY 2022 Data** | **FFY 2023 Target** | **FFY 2023 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 2,822 | 3,733 | 99.71% | 100% | 99.97% | 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.

910

**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.   
  
One child's records indicated that services were delayed for reasons not attributable to exceptional family circumstances and this child received an IFSP with transition steps and services, 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).**

FFY23 Fourth Quarter (i.e., April 1, 2024-June 30, 2024)

**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. MA-C determined these data accurately reflect data for infants and toddlers with IFSPs for the full reporting period because 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. The fourth quarter (i.e., April 1, 2024-June 30, 2024) was selected at random 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 federal fiscal year 2023 (FFY23; July 1, 2023-June 30, 2024), the vendor provided three general technical assistance webinars in each region (across six regions), three community of practice meetings, three office hour meetings 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.  
  
At a State Interagency Coordinating Council (ICC) Service Quality subcommittee meeting in September 2024, members reviewed results from FFY23 for indicator 8. During this meeting, MA-C's Clinical Quality Manager 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. Specifically, the Clinical Quality Manager asked how MA-C's data quality reports could be improved or modified to better assist early intervention services (EIS) programs in detecting and remediating noncompliance in a timely manner. Attendees recommended MA-C consider procedure changes to improve timely SEA notification (e.g., require LEA notification and reporting to MA-C prior to 90 days to ensure timely SEA reporting). Additionally, attendees suggested that establishing relationships with the LEA in the EIS program(s) had been an effective strategy and contributed to the improvement in Indicator 8C.

**Correction of Findings of Noncompliance Identified in FFY 2022**

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

**Correction of Findings of Noncompliance Identified Prior to FFY 2022**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
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## 8A - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction.   
  
If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

**Response to actions required in FFY 2022 SPP/APR**

During federal fiscal year 2022 (FFY22; July 1, 2022-June 30, 2023), 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 12 records across 10 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. MA-C's 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 Clinical Oversight and Support Specialist determined that five children left the jurisdiction before an IFSP with transition steps and services was created; she also determined that the remaining seven 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 10 EIS programs with compliance rates below 100%. For each of the 10 EIS programs, she sampled 10 child records at random for timely transition planning, using subsequent data (i.e., 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 10 EIS program showed a timely IFSP with transition steps and services). Because these instances of noncompliance were corrected prior to detection and the programs' ongoing compliance was verified using updated data, no formal findings were issued. Instead, MA-C emailed the 10 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, 2023- June 30, 2024). 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.  
  
 The State did not demonstrate that the EIS program or provider corrected the findings of noncompliance identified in FFY 2022 because it did not report that it verified correction of those findings, consistent with the requirements in OSEP QA 23-01. Specifically, the State reported in its FFY 2022 SPP/APR that "Twelve children's records indicated that services were delayed for reasons not attributable to exceptional family circumstances." However, in its FFY 2023 SPP/APR the State reported "MA-C reviewed its state database (Early Intervention Client System; EICS) and discovered 13 records across 10 early intervention services (EIS) programs that suggested that IFSPs with transition steps and services were not developed in a timely manner." Therefore, the State did not report that that it verified that each EIS program or provider with noncompliance identified in FFY 2022 has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider.

## 8A - Required Actions

# Indicator 8B: Early Childhood Transition

**Instructions and Measurement**

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

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

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

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

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

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

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

A. Percent = [(# of toddlers with disabilities exiting Part C at age 3 who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C at age 3)] 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 8A: The measurement is intended to capture those children exiting at age 3 for whom an IFSP must be developed with transition steps and services within the required timeline consistent with 34 CFR §303.209(d) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to “opt-out” of the referral. Under the State’s opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State’s Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline consistent with 34 CFR §303.209(e) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

Indicator 8C: Do not include in the calculation but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP’s response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State’s issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

## 8B - Indicator Data

**Historical Data**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2018** | **2019** | **2020** | **2021** | **2022** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 88.48% | 80.55% | 99.02% | 78.24% | 80.29% |

**Targets**

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

**FFY 2023 SPP/APR Data**

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

YES

| **Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services** | **Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B** | **FFY 2022 Data** | **FFY 2023 Target** | **FFY 2023 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 1,611 | 1,864 | 80.29% | 100% | 90.56% | 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.**

85

**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.   
  
LEA/SEA notification was sent, although late, for 168 children.

**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 early intervention services (EIS) 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. MA-C's 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).**

FFY23 Quarter 4 (April 1-June 30, 2024)

**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. MA-C determined that these data accurately reflect data for infants and toddlers with IFSPs for the full reporting period because 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. The fourth quarter (i.e., April 1-June 30, 2024) was selected at random 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 federal fiscal year 2023 (FFY23; July 1, 2023-June 30, 2024), the vendor provided three general technical assistance webinars in each region (across six regions), three community of practice meetings, three office hour meetings 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) Service Quality subcommittee meeting in September 2024, members reviewed results from FFY23 for indicator 8. During this meeting, MA-C's Clinical Quality Manager 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. Specifically, the Clinical Quality Manager asked how MA-C's data quality reports could be improved or modified to better assist early intervention services (EIS) programs in detecting and remediating noncompliance in a timely manner. Attendees recommended MA-C consider procedure changes to improve timely SEA notification (e.g., require LEA notification and reporting to MA-C prior to 90 days to ensure timely SEA reporting). Additionally, attendees suggested that establishing relationships with the LEA in the EIS program(s) had been an effective strategy and contributed to the improvement in Indicator 8C.

**Correction of Findings of Noncompliance Identified in FFY 2022**

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

**Correction of Findings of Noncompliance Identified Prior to FFY 2022**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
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## 8B - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction.   
  
If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

**Response to actions required in FFY 2022 SPP/APR**

During federal fiscal year 2022 (FFY22; July 1, 2022-June 30, 2023), 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's Data Manager reviewed its state database (Early Intervention Client System; EICS) and discovered 256 records 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.   
  
In 252 of the 256 instances, she determined that LEA notification had been sent timely by the EIS program but SEA notification was delayed due to late data entry on the part of the EIS programs. In these 252 instances, she confirmed that SEA notification had been sent, although late. MA-C's Clinical Quality Manager notified the affected EIS programs of the requirement to enter data into EICS within 14 calendar days and invited them to attend targeted technical assistance roundtables on transition activities.   
  
In the remaining four of 256 instances, MA-C's Clinical Oversight and Support Specialists used data entered by the EIS program into EICS to determine that the child did not leave the jurisdiction before LEA notification could be sent; she also determined that the child had notification sent to the LEA and SEA, 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 one EIS program with compliance rates below 100%. For this EIS program, she 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). Because these instances of noncompliance were corrected prior to detection and the programs' ongoing compliance was verified using updated data, no formal findings were issued. Instead, the Clinical Oversight and Support Specialist emailed the one EIS program 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, 2023- June 30, 2024). 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.  
  
The State did not demonstrate that the EIS program or provider corrected the findings of noncompliance identified in FFY 2022 because it did not report that it verified correction of those findings, consistent with the requirements in OSEP QA 23-01. Specifically, in the FFY 2022 SPP/APR, the State reported 256 instances of individual noncompliance (1501-1245 =256), however, in the FFY 2023 SPP/APR, when reporting on how the State verified correction of noncompliance identified in FFY 2022, the State reported that it verified correction of noncompliance for 253 instances of individual noncompliance (252 + 1= 253). Therefore, the State did not report that it verified that each EIS program or provider with noncompliance identified in FFY 2022 has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider. Additionally, in the State's FFY 2023 SPP/APR, when reporting on how it verified correction of noncompliance identified in FFY 2022, the State did not describe how it verified that "upon discovery but before written findings of noncompliance were issued" all EIS programs were 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.

## 8B - Required Actions

# Indicator 8C: Early Childhood Transition

**Instructions and Measurement**

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

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

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

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

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

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

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

A. Percent = [(# of toddlers with disabilities exiting Part C at age 3 who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C at age 3)] 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 8A: The measurement is intended to capture those children exiting at age 3 for whom an IFSP must be developed with transition steps and services within the required timeline consistent with 34 CFR §303.209(d) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to “opt-out” of the referral. Under the State’s opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State’s Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline consistent with 34 CFR §303.209(e) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

Indicator 8C: Do not include in the calculation but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP’s response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State’s issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

## 8C - Indicator Data

**Historical Data**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2018** | **2019** | **2020** | **2021** | **2022** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 98.64% | 99.80% | 98.48% | 98.72% | 99.76% |

**Targets**

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

**FFY 2023 SPP/APR Data**

**Data reflect only those toddlers for whom the Lead Agency was required to conduct the transition conference, held with the approval of the family, at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services. (yes/no)**

YES

| **Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler’s third birthday for toddlers potentially eligible for Part B** | **Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B** | **FFY 2022 Data** | **FFY 2023 Target** | **FFY 2023 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 1,833 | 2,470 | 99.76% | 100% | 99.71% | 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.**

30

**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.**

600

**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.   
  
Seven children's records indicated that a transition conference was delayed for reasons not attributable to exceptional family circumstances. Of the seven, six children's records indicated that transition conferences were delayed for reasons including a provider scheduling problem or other local program administrative reasons. The remaining one child's records did not have documented reasons for delay and is considered noncompliant. A transition conference was held for each of the seven children, 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).**

FFY23 Quarter 4 (i.e., April 1- June 30, 2024)

**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. MA-C determined that these data accurately reflect data for infants and toddlers with IFSPs for the full reporting period because the number of infants and toddlers for whom a transition conference was required was consistent for each quarter of the reporting year. The fourth quarter (i.e., April 1, 2024 - June 30, 2024) was selected at random 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 federal fiscal year 2023 (FFY23; July 1, 2023-June 30, 2024), the vendor provided three general technical assistance webinars in each region (across six regions), three community of practice meetings, three office hour meetings 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.  
  
At a State Interagency Coordinating Council (ICC) Service Quality subcommittee meeting in September 2024, members reviewed results from FFY23 for indicator 8. During this meeting, MA-C's Clinical Quality Manager 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. Specifically, the Clinical Quality Manager asked how MA-C's data quality reports could be improved or modified to better assist early intervention services (EIS) programs in detecting and remediating noncompliance in a timely manner. Attendees recommended MA-C consider procedure changes to improve timely SEA notification (e.g., require LEA notification and reporting to MA-C prior to 90 days to ensure timely SEA reporting). Additionally, attendees suggested that establishing relationships with the LEA in the EIS program(s) had been an effective strategy and contributed to the improvement in Indicator 8C.

**Correction of Findings of Noncompliance Identified in FFY 2022**

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

**Correction of Findings of Noncompliance Identified Prior to FFY 2022**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 8C - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction.   
  
If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

**Response to actions required in FFY 2022 SPP/APR**

During federal fiscal year 2022 (FFY22; July 1, 2022-June 30, 2023), 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 seven records across six 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 Clinical Oversight and Support Specialists queried the state database (Early Intervention Client System; EICS) to review the children's individual records. Using data entered by EIS programs into EICS, Clinical Oversight and Support Specialists determined that no children left the jurisdiction before the transition conference could be held; they also determined that all seven 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 EIS programs with compliance rates below 100%. For each of the six 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). Because these instances of noncompliance were corrected prior to detection and the programs' ongoing compliance was verified using updated data, no formal findings were issued. Instead, MA-C emailed the six 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, 2023- June 30, 2024). 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.  
  
The State did not demonstrate that the EIS program or provider corrected the findings of noncompliance identified in FFY 2022 because it did not report that it verified correction of those findings, consistent with the requirements in OSEP QA 23-01. Specifically, in the State's FFY 2022 SPP/APR, the State reported "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. (5+2=7), however, in the State's FFY 2023 SPP/APR, when reporting on how it verified correction of noncompliance identified in FFY 2022, the State reported "MA-C reviewed its state database (Early Intervention Client System; EICS) and discovered eight records...that suggested that transition conferences were not provided in a timely manner." Therefore, the State did not report that it verified that each EIS program or provider with noncompliance identified in FFY 2022 has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider.

## 8C - Required Actions

# Indicator 9: Resolution Sessions

**Instructions and Measurement**

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

**Results indicator:** Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures under section 615 of the IDEA are adopted). (20 U.S.C. 1416(a)(3)(B) and 1442)

**Data Source**

Data collected under section 618 of the IDEA (IDEA Part C Dispute Resolution Survey in the ED*Facts* Metadata and Process System (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 baselines or targets if the number of resolution sessions is less than 10. In a reporting period when the number of resolution sessions reaches 10 or greater, the State must develop baselines and targets and report them in the corresponding SPP/APR.

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

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

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

## 9 - Indicator Data

**Not Applicable**

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

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 2022 SPP/APR**

## 9 - OSEP Response

## 9 - Required Actions

# Indicator 10: Mediation

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

States are not required to establish baselines or targets if the number of mediations is less than 10. In a reporting period when the number of mediations reaches 10 or greater, the State must develop baseline and report them in the corresponding SPP/APR.

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

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

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

## 10 - Indicator Data

**Select yes to use target ranges**

Target Range not used

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

NO

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2023-24 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/13/2024 | 2.1 Mediations held | 0 |
| SY 2023-24 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/13/2024 | 2.1.a.i Mediations agreements related to due process complaints | 0 |
| SY 2023-24 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/13/2024 | 2.1.b.i Mediations agreements not related to due process complaints | 0 |

Targets: Description of Stakeholder Input

At a State Interagency Coordinating Council (SICC) meeting in June 2024, the Part C Coordinator presented a year-to-date summary MA-C's dispute resolution data from federal fiscal year 2023 (FFY23; July 1, 2023-June 30, 2024 to seek anecdotal data from stakeholders. 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. Overall, members felt that low levels of disputes were representative of families' general satisfaction with the early intervention services and system. Stakeholders did recommend MA-C continue sharing the themes from calls it receives from families enrolled and release general technical assistance and best-practice guidelines to help all early intervention services programs learn from resolved disputes.

**Historical Data**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2018** | **2019** | **2020** | **2021** | **2022** |
| Target>= |  |  |  |  |  |
| Data |  |  |  |  | 0.00% |

**Targets**

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

**FFY 2023 SPP/APR Data**

| **2.1.a.i Mediation agreements related to due process complaints** | **2.1.b.i Mediation agreements not related to due process complaints** | **2.1 Number of mediations held** | **FFY 2022 Data** | **FFY 2023 Target** | **FFY 2023 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 0 | 0 | 0.00% |  |  | N/A | N/A |

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

During federal fiscal year 2023 (FFY23; July 1, 2023-June 30, 2024), the Lead Agency (MA-C) held no mediations 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.

## 10 - Prior FFY Required Actions

None

## 10 - OSEP Response

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

## 10 - Required Actions

# Indicator 11: State Systemic Improvement Plan

**Instructions and Measurement**

**Monitoring Priority:** General Supervision

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

**Measurement**

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

**Instructions**

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

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

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

Overview of the Three Phases of the SSIP

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

*Phase I: Analysis*:

- Data Analysis;

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

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

- Selection of Coherent Improvement Strategies; and

- Theory of Action.

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

- Infrastructure Development;

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

- Evaluation.

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

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

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

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

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

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

A. Data Analysis

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

B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, (e.g., a logic model) of the principal activities, measures and outcomes that were implemented since the State’s last SSIP submission (i.e., February 1, 2024). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2023 APR, report on anticipated outcomes to be obtained during FFY 2024, i.e., July 1, 2024-June 30, 2025).

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

C. Stakeholder Engagement

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

Additional Implementation Activities

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2023 APR, report on activities it intends to implement in FFY 2024, i.e., July 1, 2024-June 30, 2025) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

## 11 - Indicator Data

**Section A: Data Analysis**

**What is the State-identified Measurable Result (SiMR)?**

During the State Systemic Improvement Plan Phase I in 2015, the Lead Agency (MA-C) 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** | **2023** | **2024** | **2025** |
| Target | Data must be greater than or equal to the target | 57.10% | 57.20% | 57.20% |

**FFY 2023 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 2022 Data** | **FFY 2023 Target** | **FFY 2023 Data** | **Status** | **Slippage** |
| 1,654 | 3,603 | 47.11% | 57.10% | 45.91% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable**

MA-C observed slippage in Child Outcome A: Summary 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. The Part C Coordinator presented these data to the State Interagency Coordinating Council’s Service Quality Subcommittee on August 27, 2024 and solicited their perspective about what contributed to this decline. Committee members asserted that children included in federal fiscal year 2023 (FFY23; July 1, 2023-June 30, 2024) have different levels of acuity than children exiting in prior years. Specifically, they noted that the children evaluated during this year may have had different diagnosed conditions or those that were diagnosed later due to delays in accessing pediatric medical care due to the COVD-19 pandemic. Early intervention services (EIS) program directors also reported that the children included in the reported were not representative of the whole; they noted that families frequently decline an exit evaluation if they are not seeking the results to prepare for their Individualized Education Plan (IEP) in Part B services. Therefore, if only children with the highest levels of need are included in the the outcomes, it may artificially suppress the data and may not be representative of the progress of all children enrolled in Part C. Another stakeholder cited concerns about the standardized instructions for the Battelle Developmental Inventory (BDI) used to collect these data: EIS providers rely on parent report for younger children’s baseline entry evaluations and must use observation or direct testing as the child approaches age 3. EIS providers believed this change in data collection (i.e., parent report to direct testing) may account for an apparent decline in child-level performance.

**Provide the data source for the FFY 2023 data.**

MA-C collects data on Child Outcome 3A, Summary Statement 1 from its state database. Early intervention services (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)**

NO

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

NO

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

NO

Section B: Implementation, Analysis and Evaluation

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

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 federal fiscal year 2023 (FFY23; July 1, 2023-June 30, 2024):  
  
Governance (output 1) and Data (Outputs 8, 19, 20, 26, 27, 28, & 29): MA-C improved its governance in FFY23 by establishing its Data Governance Committee, designed to manage the availability, usability, quality, completeness, and security of its data. The Data Governance committee developed an implementation guide to document its activities and decision-making processes and expanded the stakeholders included in its database enhancement decisions. 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 ed.) 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 activities will help improve the SiMR by increasing data completeness, higher-quality data, and increasing data-based decision-making for the purposes of programmatic monitoring and improvement.   
  
Personnel (Outputs 2 & 3): MA-C improved its personnel infrastructure by creating two new full-time positions to improve the composition of its strategic leadership team and broader state workforce: (1) a Family and Community Engagement Manager to oversee MA-C's child find activities and build family engagement capacity within its early intervention services programs and (2) an Operations Manager to oversee the design, development, enhancement, and maintenance of MA-C's database, the Early Intervention Client System. MA-C also completed a needs assessment to improve its Comprehensive System for Personnel Development (CSPD). These personnel activities will help to improve the SiMR by ensuring that the MA-C workforce is sufficient to oversee the workforce of early intervention services providers, including preservice training and retention.  
  
Finance (Output 4): MA-C's Finance Unit coordinated its work across the Department of Public Health to integrate risk assessments into its financial infrastructure. The Finance Unit continued to refine its fiscal monitoring through 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): MA-C continued its training and technical assistance infrastructure by focusing general technical assistance webinars for EIS program directors and other stakeholders about data completeness and its relation to Indicator 3 outcomes and data-based decision-making. These training and technical assistance activities will help to improve the SiMR by educating personnel about the importance of assessment for developing IFSPs and programmatic improvement. Additionally, MA-C developed and disseminated training and technical assistance for EIS providers to use the Battelle Developmental Inventory (3rd ed.) as its next instrument to monitor child outcomes. These improvements will help improve the SiMR because of the instrument used to collect data for monitoring progress toward the SiMR and other variables that contribute.

**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 and intermediate outcomes for each infrastructure improvement strategy and is pleased to report progress on the following strategies during federal fiscal year 2023 (FFY23; July 1, 2023-June 30, 2024):  
  
Governance (output 1) and Data (Outputs 8, 19, 20, 26, 27, 28, & 29): MA-C's Operations Manager planned and developed its Data Governance Committee, established and engaged five stakeholder groups to inform database enhancements, developed an Data Governance Implementation Guide for MA-C staff, and provided technical assistance to EIS providers using the database. These actions are necessary for the achieving the SiMR because they promote the collection of accurate, reliable, and valid data on which to make decisions for programmatic improvement. These actions are necessary for the sustainability of MA-C's improvement efforts because they promote data-based decision-making that can be used for monitoring and oversight of the implementation of the IDEA.  
  
Personnel (Outputs 2 & 3): MA-C's Family and Community Engagement Manager has provided general technical assistance to EIS providers on research-based strategies to improve family engagement and on the Policy Statement on Family Engagement from the Early Years to the Early Grades (ED & HHS, 2016). These actions are necessary for the achieving the SiMR because they build capacity within EIS providers to systematically include families in the planning, development, and evaluation of early intervention services. These actions are necessary for the sustainability of MA-C's improvement efforts because they promote family engagement as a necessary component of the early childhood system of care. These actions will be scaled-up in future years by creating Communities of Practice and offering targeted technical assistance on areas identified in monitoring activities.  
  
Finance (Output 4): MA-C's Finance Unit coordinated its work across the Department of Public Health to integrate additional risk assessments into its financial infrastructure. These actions are necessary for the achieving the SiMR because they build capacity within EIS providers to systematically include families in the planning, development, and evaluation of early intervention services. 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): MA-C's Performance, Oversight, and Evaluation Unit continued its training and technical assistance infrastructure by focusing general technical assistance webinars for EIS program directors and other stakeholders about data completeness and its relation to Indicator 3 outcomes and data-based decision-making. These actions are necessary for the achieving the SiMR because they educate EIS providers about the Part C requirements. These actions are necessary for the sustainability of MA-C's improvement efforts because they promote the importance of standardized evaluations as a tool for progress monitoring and IFSP development.

**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 federal fiscal year 2024 (i.e., FFY24, July 1, 2024-June 30, 2025):  
  
Governance (output 1) and Data (outputs 8, 19, 20, 26, 27, 28, 29, & 30): MA-C anticipates improving the quality of data entered into its database through additional enhancements and validations. MA-C expects several outputs (e.g., enhancements released into the Early Intervention Client System, increased reporting capabilities for EIS program directors) that will produce the outcomes of higher-quality data and increased data-based decision-making for the purposes of programmatic monitoring and improvement.   
  
Personnel (Outputs 2 & 3): MA-C anticipates transitioning to a new evaluation tool, the Battelle Developmental Inventory (3rd ed) and using an automated platform to guide early intervention services (EIS) providers during administration with a goal of increased fidelity, as well as on-demand training to learn how to administer the new tool with a goal of easily accessible training for EIS providers. MA-C expects outputs (e.g., increased data completeness, reduction of missing or illogical scores) that will produce the outcomes of highly-qualified early intervention services providers with respect to administering the BDI-3.   
  
Finance (Output 4): MA-C anticipates revising 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 anticipates developing increased training and technical assistance related to data completeness and prepare to transition to a new instrument for Indicator 3 Outcomes. MA-C will create toolkits for families describing each step of the early intervention care cascade and translate these toolkits into multiple languages to ensure access. 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 and families being empowered to engage in each step of the care cascade.

**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 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 2023 (FFY23; July 1, 2023-June 30, 2024). 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 relied on the science of quality improvement (QI) 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 FFY23 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 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). 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 federal fiscal year 2023 (FFY23; July 1, 2023-June 30, 2024). 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 practice and the anticipated outcomes to be attained during the next reporting period.**

The Lead Agency (MA-C) will continue to implement these evidence-based practices during federal fiscal year 2024 (FFY24; July 1, 2024-June 30, 2025).  
  
First, MA-C will continue to rely on the science of organizational behavior management (OBM) to drive its large-scale organizational change efforts. As MA-C plans, develops, and implements a transition to a new evaluation tool, the Battelle Developmental Inventory (3rd ed.) behavioral systems analyses (e.g., Diener, McGee, & Miguel, 2009) will be conducted to identify and implement required infrastructure changes before implementation. Additionally, analyzing the variables that are contributing to poor performance (Carr, Wilder, Majdalany, Mathison, & Strain, 2013) will be used to develop targeted interventions to remediate those variables, and using data to determine the efficacy of the interventions on the performance.   
  
Second, MA-C will continue to rely on the science of quality improvement (QI) to engage and receive ongoing feedback from stakeholders and collect data to quickly monitor and learn if the intervention is producing the desired outcome. As MA-C plans, develops, and implements a transition to a new evaluation tool, the Battelle Developmental Inventory (3rd ed.), rapid PDSA cycles will be used to refine MA-C's implementation, communication, and outreach.  
  
Next, MA-C has endorsed PIWI as 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. MA-C will continue to educate EIS providers about PIWI in its pre-service training.  
  
Finally, MA-C will continue to rely on evidence-based supervision practices 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 will establish and maintain 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).

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

NO

**If no, describe any changes to the activities, strategies or timelines described in the previous submission and include a rationale or justification for the changes.**

MA-C's current SSIP includes activities specific to the Battelle Development Inventory (2nd ed), which is no longer used as of January 6, 2025. For this reason, expected outputs and activities will be revised during FFY24 to reflect MA-C's current instrument, the Battelle Developmental Inventory (3rd ed).

**Section C: Stakeholder Engagement**

Description of Stakeholder Input

At a State Interagency Coordinating Council (ICC) meeting in January 2025, members reviewed results from FFY23 (July 1, 2023-June 30, 2024) for indicator 11. 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. Specifically, the Part C Coordinator asked if the state-identified measurable result (SiMR; Outcome 3A, Summary Statement 1) established in 2015 remained the best target. Members' responses varied. Some early intervention services (EIS) provider representatives believed that the current SiMR was appropriate but opposed the data collection method of the Battelle Developmental Inventory (BDI). Instead, they proposed using an alternative method to collect these data that was not standardized, such as the Child Outcomes Survey. Other EIS provider representatives suggested the SiMR may need revision and proposed Outcome 4C (i.e., the percentage of families participating in Part C who report that early intervention services have helped them help their child develop and learn) as an alternative. Parent representatives agreed that if Outcome 4C were used as the SiMR, it might better represent the MA-C system's overall goal of building the capacity of families to meet the unique needs of their children. In the same meeting, the Part C Coordinator reviewed MA-C's State Systemic Improvement Plan (SSIP) evaluation plan, noting that of its 19 unique outputs, some were no longer relevant (e.g., training established for an assessment tool no longer used by MA-C), some were in-process, and others had been completed and were being maintained. She asked the ICC for advice on how to reduce the evaluation plan to the only the most critical components that would improve the SiMR. The Part C Coordinator also asked what other sources of data could be included in the Indicator 11 reporting and specifically proposed that data completeness be considered because of its inextricable link to the SiMR.

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

During federal fiscal year 2023 (i.e., July 1, 2023-June 30, 2024), the Lead Agency (MA-C) consistently implemented stakeholders in its improvement efforts. MA-C continued to rely on the State Interagency Coordinating Council (ICC) as its primary stakeholder body and increased representation from state agencies involved in the early childhood system of care. During each ICC meeting, the Part C Coordinator or her designee defined, described, and provided an example of the problem or data to be reviewed before orienting attendees to the figures, presenting the data, and asking for assistance to contextualize the data and draw meaningful conclusions from it. MA-C also released a Request for Information to the public and held listening sessions to receive feedback about its system in preparation for its procurement process. Additionally, roundtables with early intervention services (EIS) providers were introduced to review and receive feedback on specified topics. MA-C implemented its coordinated cascading communication plans to improve proactive communications to different stakeholders with targeted communications for each stakeholder group and expanded it by coordinating with the Department of Public Health's Legislative Affairs office to engage elected officials and with its Division of Insurance to engage commercial insurance representatives. MA-C further increased its data available to EIS program directors within its database, the Early Intervention Client System (EICS). These reports were developed in part to engage stakeholders by providing easier access to data for decision-making activities.

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

YES

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

Stakeholders expressed concern about what the SiMR is and how it is measured. Specifically, early intervention services (EIS) program directors expressed concern about using a standardized assessment to measure the SiMR (Indicator 3, Outcome A, Summary Statement 1) because they felt that a standardized tool was insensitive to the unique needs of individual children. MA-C responded to this concern by creating a committee of subject matter experts comprised of EIS providers and seeking their advice and assistance about the feasibility of using two different tools (i.e., the BDI-3 for eligibility and a second tool to evaluate child outcomes). Overwhelmingly, the committee advised against this approach, citing strains in workforce and fears that an additional tool and requirement would exacerbate these difficulties.   
  
At another time, stakeholders expressed concern that Indicator 3, Outcome A, Summary Statement 1 is not the best SiMR for MA-C because it does not reflect the experiences of families. In response to this concern, the Part C Coordinator presented to the ICC in January 2025 to solicit initial feedback and ideas to consider changing the SiMR in the future. The ICC recommended that MA-C learn about SiMRs for other states, with special consideration to any that use Indicator 4 Outcome C as the SiMR.

**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.**

The Lead Agency (MA-C) will continue to engage its stakeholders in discussions related to data completeness and changing or reaffirming the SiMR during federal fiscal year 2024 (i.e., FFY24; July 1, 2024-June 30, 2025).

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

By June 30, 2025, the Lead Agency (MA-C) will either propose a new SiMR or reaffirm Indicator 3, Outcome A, Summary Statement 1 as its SiMR.

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

NA

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

Beginning on January 6, 2025, the Lead Agency (MA-C) will 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

# Indicator 12: General Supervision

**Instructions and Measurement**

**Monitoring Priority:** General Supervision

**Compliance indicator:** This SPP/APR indicator focuses on the State lead agency’s exercise of its general supervision responsibility to monitor its Early Intervention Service (EIS) Providers and EIS Programs for requirements under Part C of the Individuals with Disabilities Act (IDEA) through the State’s reporting on timely correction of noncompliance (20 U.S.C. 1416(a) and 1435(a)(10); 34 C.F.R. §§ 303.120 and 303.700). In reporting on findings under this indicator, the State must include findings from data collected through all components of the State’s general supervision system that are used to identify noncompliance. This includes, but is not limited to, information collected through State monitoring, State database/data system dispute resolution, and fiscal management systems as well as other mechanisms through which noncompliance is identified by the State.

**Data Source**

The State must include findings from data collected through all components of the State’s general supervision system that are used to identify noncompliance. This includes, but is not limited to, information collected through State monitoring, State database/data system, dispute resolution, and fiscal management systems as well as other mechanisms through which noncompliance is identified by the State. Provide the actual numbers used in the calculation. Include all findings of noncompliance regardless of the specific type and extent of noncompliance.

**Measurement**

This SPP/APR indicator requires the reporting on the percent of findings of noncompliance corrected within one year of identification:

1. # of findings of noncompliance issued the prior Federal fiscal year (FFY) (e.g., for the FFY 2023 submission, use FFY 2022, July 1, 2022 – June 30, 2023)
2. # of findings of noncompliance the State verified were corrected no later than one year after the State’s written notification of findings of noncompliance

Percent = [(b) divided by (a)] times 100

*States are required to complete the General Supervision Data Table within the online reporting tool.*

**Instructions**

Baseline Data: The State must provide baseline data expressed as a percentage. OSEP assumes that the State’s FFY 2023 data for this indicator is the State’s baseline data unless the State provides an explanation for using other baseline data.

Targets must be 100%.

Report in Column A the total number of findings of noncompliance made in FFY 2022 (July 1, 2022 – June 30, 2023) and report in Column B the number of those findings which were timely corrected, as soon as possible and in no case later than one year after the State’s written notification of noncompliance.

Starting with the FFY 2023 SPP/APR, States are required to report on the correction of noncompliance related to compliance indicators 1, 7, 8a, 8b, and 8c based on findings issued in FFY 2022. Under each compliance indicator, States report on the correction of noncompliance for that specific indicator. However, in this general supervision Indicator 12, States report on both those findings as well as any additional findings that the State issued related to that compliance indicator.

In the last row of this General Supervision Data Table, States may also provide additional information related to other findings of noncompliance that are not specific to the compliance indicators. This row would include reporting on all other findings of noncompliance that were not reported by the State under the compliance indicators (e.g., Results indicators (including related requirements), Fiscal, Dispute Resolution, etc.). In future years (e.g., with the FFY 2026 SPP/APR), States may be required to further disaggregate findings by results indicators (2, 3, 4, 5, 6, 9, 10, and 11), fiscal and other areas.

If the State did not ensure timely correction of previous findings of noncompliance, provide information on the nature of any continuing noncompliance and the actions that have been taken, or will be taken, to ensure the subsequent correction of the outstanding noncompliance, to address areas in need of improvement, and any sanctions or enforcement actions used, as necessary and consistent with IDEA’s enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

## 12 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2023 | 90.19% |

**Targets**

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

**Indicator 1. Percent of infants and toddlers with Individual Family Service Plans (IFSPs) who receive the early intervention services on their IFSPs in a timely manner. (20 U.S.C. 1416(a)(3)(A) and 1442)**

**Findings of Noncompliance Identified in FFY 2022**

| **Column A:** **# of written findings of noncompliance identified in FFY 2022 (7/1/22** – **6/30/23)** | **Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable** | **Column C1:** **# of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)** | **Column C2:** **# of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)** | **Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected** |
| --- | --- | --- | --- | --- |
| 6 | 0 | 6 | 0 | 0 |

**Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 1 due to various factors (e.g., additional findings related to other IDEA requirements).**

Because the Lead Agency (MA-C) did not report additional findings, there are no differences in the number of findings reported in this data table and the number of findings reported in Indicator 1.

**Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirementsbased on *updated data*:**

The Lead Agency (MA-C) did not report additional findings for Indicator 1. As described in Indicator 1, it verified that early intervention services (EIS) programs were correctly implementing the regulatory requirements (i.e., providing services within 30 days of a parent's consent to provide such services) based on updated data. After verifying the accuracy of data entered by EIS providers into its state database (Early Intervention Client System; EICS) and verifying each specific instance of noncompliance was corrected at the child-level, MA-C randomly selects 10 records from each EIS program and checks for compliance with the regulatory requirement by comparing the date the parent provided consent to the date that services were provided. When the latency is less than or equal to 30 days, the record is considered compliant. When the latency exceeds 30 days, the record is considered noncompliant.  
  
Additionally, MA-C reviews EIS program performance for Indicator 1 on a quarterly basis. The purpose of these quarterly reviews is to identify potential data entry errors, noncompliance, and evaluate the EIS programs' implementation of the regulatory requirement consistent with Part C of IDEA.  
  
During federal fiscal year 2022 (FFY22; July 1, 2022-June 30, 2023), MA-C made six findings of noncompliance across six early intervention services (EIS) programs (Northern Berkshire, Arc of the South Shore, BAMSI, Thom Anne Sullivan, Kennedy-Donovan Center-Cape & Islands, and People Incorporated EI program), as reported for indicator 1. During federal fiscal year 2023 (FFY23; July 1, 2023-June 30, 2024), MA-C notified each of the six EIS programs in writing of the noncompliance. Five of the six programs were determined to have isolated noncompliance and were offered training and technical assistance. The remaining one of the six EIS programs were determined to have systemic noncompliance and were placed on a corrective action plan. The corrective action plans require the EIS program director to complete a root-cause analysis with MA-C's Clinical Oversight and Support Specialist before identifying actionable next steps to implementing Part C of the IDEA consistent with the regulatory requirements. While the corrective action plan is being implemented, the EIS program director met weekly with the Clinical Oversight and Support Specialist to review their progress, provide technical assistance on revisions of the EIS program's policies and procedures, and answer questions about the regulatory requirements. After an EIS program director believes their program is demonstrating 100% compliance, the Clinical Oversight and Support Specialist selected 10 child records at random to verify ongoing compliance using subsequent data, as described in Indicator 1.

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

The Lead Agency (MA-C) did not report additional findings for Indicator 1. As described in Indicator 1 and consistent with OSEP 23-01, MA-C verified that all children determined as having received early intervention services, although late (greater than 30 calendar days after a parent provided consent to implement the IFSP), unless the child was no longer in MA-C's jurisdiction.   
  
Upon detecting the noncompliance, MA-C's 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 Clinical Oversight and Support Specialist first reviewed the children's records for an active Individualized Family Service Plan (IFSP). If a record did not have an active IFSP, she checked for discharge and exiting data entered by the EIS program to determined that the children left the jurisdiction before services could be provided. If record did have an active IFSP, she checked for the date of the service delivery using progress notes entered by EIS providers and compared it to the date consent was provided to implement the IFSP, confirming that the child received early intervention services, although late.

**Indicator 7. Percent of eligible infants and toddlers with IFSPs for whom initial evaluation, initial assessment, and the initial IFSP meeting were conducted within Part C’s 45-day timeline. (20 U.S.C. 1416(a)(3)(B) and 1442)**

**Findings of Noncompliance Identified in FFY 2022**

| **Column A:** **# of written findings of noncompliance identified in FFY 2022 (7/1/22** – **6/30/23)** | **Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable** | **Column C1:** **# of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)** | **Column C2:** **# of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)** | **Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected** |
| --- | --- | --- | --- | --- |
| 3 | 0 | 2 | 0 | 1 |

**Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 7 due to various factors (e.g., additional findings related to other IDEA requirements).**

Because the Lead Agency (MA-C) did not report additional findings, there are no differences in the number of findings reported in this data table and the number of findings reported in Indicator 7.

**Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirementsbased on *updated data*:**

The Lead Agency (MA-C) did not report additional findings for Indicator 7. As described in Indicator 7, it verified that early intervention services (EIS) programs were correctly implementing the regulatory requirements (i.e., providing an initial evaluation and IFSP within 45 days of the child's referral) based on updated data. After verifying the accuracy of data entered by EIS providers into its state database (Early Intervention Client System; EICS) and verifying each specific instance of noncompliance was corrected at the child-level, MA-C randomly selects records from each EIS program and checks for compliance with the regulatory requirement by comparing the date of the IFSP meeting to the date the child was referred to the EIS program. When the latency is less than or equal to 45 days, the record is considered compliant. When the latency exceeds 45 days, the record is considered noncompliant.  
  
Additionally, MA-C reviews EIS program performance for Indicator 7 on a quarterly basis. The purpose of these quarterly reviews is to identify potential data entry errors, noncompliance, and evaluate the EIS programs' implementation of the regulatory requirement consistent with Part C of IDEA.  
  
During federal fiscal year 2022 (FFY22; July 1, 2022-June 30, 2023), MA-C made three findings of noncompliance across three early intervention services (EIS) programs (Kennedy-Donovan Center-Cape & Islands, Dimock, and People Incorporated EI program), as reported for indicator 7. During federal fiscal year 2023 (FFY23; July 1, 2023-June 30, 2024), MA-C notified each of the three EIS programs in writing of the noncompliance. One of the three programs were determined to have isolated noncompliance and were offered training and technical assistance. The remaining two of the three EIS programs were determined to have systemic noncompliance and were placed on corrective action plans. The corrective action plans require the EIS program director to complete a root-cause analysis with MA-C's Clinical Oversight and Support Specialist before identifying actionable next steps to implementing Part C of the IDEA consistent with the regulatory requirements. While the corrective action plan is being implemented, the EIS program director meets weekly with the Clinical Oversight and Support Specialist to review their progress, provide technical assistance on revisions of the EIS program's policies and procedures, and answer questions about the regulatory requirements. After an EIS program director believes their program is demonstrating 100% compliance, the Clinical Oversight and Support Specialist selects 10 child records at random to verify ongoing compliance, as described in Indicator 7.  
  
Of the three findings of noncompliance from FFY22, two EIS programs have demonstrated ongoing compliance with the regulatory requirement. One EIS program, Kennedy-Donovan Center-Cape & Islands, has not yet corrected the systemic noncompliance, as described in Indicator 7.

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

The Lead Agency (MA-C) did not report additional findings for Indicator 7. As described in Indicator 7 and consistent with OSEP 23-01, MA-C verified that all 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, MA-C's 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 Clinical Oversight and Support Specialist first reviewed the children's records for an active Individualized Family Service Plan (IFSP). If a record did not have an active IFSP, she checked for discharge and exiting data entered by the EIS program to determined that the children left the jurisdiction before an initial evaluation and ISFP could be developed. If record did have an active IFSP, she checked for the date of the IFSP meeting and compared it to the date of the child's referral to the Part C system, confirming that the child received their initial evaluation and IFSP, although late.

**Indicator 8A. The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:**

**A. Developed an IFSP with transition steps and services at least 90 days (and, at the discretion of all parties, not more than nine months) prior to the toddler’s third birthday. (20 U.S.C. 1416(a)(3)(B) and 1442).**

**Findings of Noncompliance Identified in FFY 2022**

| **Column A:** **# of written findings of noncompliance identified in FFY 2022 (7/1/22** – **6/30/23)** | **Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable** | **Column C1:** **# of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)** | **Column C2:** **# of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)** | **Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected** |
| --- | --- | --- | --- | --- |
| 0 | 0 |  | 0 | 0 |

**Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 8A due to various factors (e.g., additional findings related to other IDEA requirements).**

Because the Lead Agency (MA-C) did not report additional findings, there are no differences in the number of findings reported in this data table and the number of findings reported in Indicator 8A.

**Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirementsbased on *updated data*:**

The Lead Agency (MA-C) did not report any findings related to Indicator 8A. As described in Indicator 8A, it verified that early intervention services (EIS) programs were correctly implementing the regulatory requirements (i.e., developing 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) based on updated data. After verifying the accuracy of data entered by EIS providers into its state database (Early Intervention Client System; EICS) and verifying each specific instance of noncompliance was corrected at the child-level, MA-C randomly selects records from each EIS program and checks for compliance with the regulatory requirement by comparing the transition data entered by the EIS provider to the child's third birthdate. When the latency is less than or equal to 90 days, the record is considered compliant. When the latency exceeds 90 days, the record is considered noncompliant.  
  
Additionally, MA-C reviews EIS program performance for Indicator 8A on a quarterly basis. The purpose of these quarterly reviews is to identify potential data entry errors, noncompliance, and evaluate the EIS programs' implementation of the regulatory requirement consistent with Part C of IDEA.  
  
During federal fiscal year 2022 (FFY22; July 1, 2022-June 30, 2023), MA-C made no findings of noncompliance consistent with its pre-finding correction process, as reported for indicator 8A. During federal fiscal year 2023 (FFY23; July 1, 2023-June 30, 2024), MA-C notified each of the 10 EIS programs in writing of the noncompliance. After an EIS program director believes their program is demonstrating 100% compliance, the Clinical Oversight and Support Specialist selects 10 child records at random to verify ongoing compliance, as described in Indicator 8A. Because these instances of noncompliance were corrected prior to detection and the programs' ongoing compliance was verified using updated data, no formal findings were issued. Instead, MA-C emailed the 10 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.

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

The Lead Agency (MA-C) did not report any findings related to Indicator 8A. As reported in Indicator 8A and consistent with OSEP 23-01, upon discovery and before written findings of noncompliance were issued, MA-C initiated a pre-finding correction process consistent with its general supervision practices. MA-C's 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 Clinical Oversight and Support Specialist determined that five children left the jurisdiction before an IFSP with transition steps and services was created; she also determined that the remaining eight 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 10 EIS programs with compliance rates below 100%. For each of the 10 EIS programs, she 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 10 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 10 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.

**Indicator 8B. The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:**

**B. Notified (consistent with any opt-out policy) the SEA and LEA where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services. (20 U.S.C. 1416(a)(3)(B) and 1442)**

**Findings of Noncompliance Identified in FFY 2022**

| **Column A:** **# of written findings of noncompliance identified in FFY 2022 (7/1/22** – **6/30/23)** | **Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable** | **Column C1:** **# of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)** | **Column C2:** **# of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)** | **Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected** |
| --- | --- | --- | --- | --- |
| 0 | 0 | 0 | 0 | 0 |

**Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 8B due to various factors (e.g., additional findings related to other IDEA requirements).**

Because the Lead Agency (MA-C) did not report additional findings, there are no differences in the number of findings reported in this data table and the number of findings reported in Indicator 8B.

**Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirementsbased on *updated data*:**

The Lead Agency (MA-C) did not report any findings related to Indicator 8B. As described in Indicator 8B, it verified that early intervention services (EIS) programs were correctly implementing the regulatory requirements (i.e., sending notification to the LEA and SEA at least 90 days prior to the toddler’s third birthday) based on updated data. After verifying the accuracy of data entered by EIS providers into its state database (Early Intervention Client System; EICS) and verifying each specific instance of noncompliance was corrected at the child-level, MA-C randomly selects records from each EIS program and checks for compliance with the regulatory requirement by comparing the transition data entered by the EIS provider to the child's third birthdate. When the latency is less than or equal to 90 days, the record is considered compliant. When the latency exceeds 90 days, the record is considered noncompliant.  
  
Additionally, MA-C reviews EIS program performance for Indicator 8B on a quarterly basis. The purpose of these quarterly reviews is to identify potential data entry errors, noncompliance, and evaluate the EIS programs' implementation of the regulatory requirement consistent with Part C of IDEA.  
  
During federal fiscal year 2022 (FFY22; July 1, 2022-June 30, 2023), MA-C made no findings of noncompliance consistent with its pre-finding correction process, as reported for indicator 8B. During federal fiscal year 2023 (FFY23; July 1, 2023-June 30, 2024), MA-C notified the EIS programs in writing of the noncompliance. After an EIS program director believes their program is demonstrating 100% compliance, the Clinical Oversight and Support Specialist selects 10 child records at random to verify ongoing compliance, as described in Indicator 8B. Because these instances of noncompliance were corrected prior to detection and the programs' ongoing compliance was verified using updated data, no formal findings were issued. Instead, the Clinical Oversight and Support Specialist emailed the one EIS program who had reported untimely notification to the LEA to remind them of the regulatory requirement and offer training and technical assistance to sustain compliance.

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

The Lead Agency (MA-C) did not report any findings related to Indicator 8B. As reported in Indicator 8B and consistent with OSEP 23-01, 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 256 children's individual records.   
  
In 252 of the 256 instances, she determined that LEA notification had been sent timely by the EIS program but SEA notification was delayed due to late data entry on the part of the EIS programs. In these 252 instances, she confirmed that SEA notification had been sent, although late. MA-C's Clinical Quality Manager notified the affected EIS programs of the requirement to enter data into EICS within 14 calendar days and invited them to attend targeted technical assistance roundtables on transition activities. No formal findings were issued.  
  
In the remaining four of 256 instances, MA-C's Clinical Oversight and Support Specialists used data entered by the EIS program into EICS to determine that the children did not leave the jurisdiction before LEA notification could be sent; she also determined that the children had notification sent to the LEA and SEA, 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 one EIS program with compliance rates below 100%. For this EIS program, she 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 prior to discovery and within 90 days of the noncompliance occurring. Instead, the Clinical Oversight and Support Specialist emailed the one EIS program who had reported untimely notification to the LEA to remind them of the regulatory requirement and offer training and technical assistance to sustain compliance.

**Indicator 8C. The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:**

**C. Conducted the transition conference held with the approval of the family at least 90 days (and, at the discretion of all parties, not more than nine months) prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services. (20 U.S.C. 1416(a)(3)(B) and 1442)**

**Findings of Noncompliance Identified in FFY 2022**

| **Column A:** **# of written findings of noncompliance identified in FFY 2022 (7/1/22** – **6/30/23)** | **Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable** | **Column C1:** **# of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)** | **Column C2:** **# of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)** | **Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected** |
| --- | --- | --- | --- | --- |
| 0 | 0 |  | 0 | 0 |

**Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 8C due to various factors (e.g., additional findings related to other IDEA requirements).**

Because the Lead Agency (MA-C) did not report additional findings, there are no differences in the number of findings reported in this data table and the number of findings reported in Indicator 8C.

**Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirementsbased on *updated data*:**

The Lead Agency (MA-C) did not report any findings related to Indicator 8C. As described in Indicator 8C, it verified that early intervention services (EIS) programs were correctly implementing the regulatory requirements (i.e., holding a transition conference at least 90 days prior to the toddler’s third birthday) based on updated data. After verifying the accuracy of data entered by EIS providers into its state database (Early Intervention Client System; EICS) and verifying each specific instance of noncompliance was corrected at the child-level, MA-C randomly selects records from each EIS program and checks for compliance with the regulatory requirement by comparing the transition data entered by the EIS provider to the child's third birthdate. When the latency is less than or equal to 90 days, the record is considered compliant. When the latency exceeds 90 days, the record is considered noncompliant.  
  
Additionally, MA-C reviews EIS program performance for Indicator 8C on a quarterly basis. The purpose of these quarterly reviews is to identify potential data entry errors, noncompliance, and evaluate the EIS programs' implementation of the regulatory requirement consistent with Part C of IDEA.  
  
During federal fiscal year 2022 (FFY22; July 1, 2022-June 30, 2023), MA-C made no findings of noncompliance consistent with its pre-finding correction process, as reported for indicator 8C. During federal fiscal year 2023 (FFY23; July 1, 2023-June 30, 2024), MA-C notified each of the six EIS programs in writing of the noncompliance. After an EIS program director believes their program is demonstrating 100% compliance, the Clinical Oversight and Support Specialist selects 10 child records at random to verify ongoing compliance, as described in Indicator 8C. Because these instances of noncompliance were corrected prior to detection and the programs' ongoing compliance was verified using updated data, no formal findings were issued. Instead, MA-C emailed the six EIS programs who had reported untimely transition conference to remind them of the regulatory requirement and offer training and technical assistance to sustain compliance.

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

The Lead Agency (MA-C) did not report any findings related to Indicator 8C. As reported in Indicator 8C and consistent with OSEP 23-01, 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 Clinical Oversight and Support Specialists queried the state database (Early Intervention Client System; EICS) to review the children's individual records. Using data entered by EIS programs into EICS, Clinical Oversight and Support Specialists determined that no children left the jurisdiction before the transition conference could be held; they also determined that all seven 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 EIS programs with compliance rates below 100%. For each of the six 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 six EIS programs who had reported untimely transition conference to remind them of the regulatory requirement and offer training and technical assistance to sustain compliance.

***Optional for FFY 2023, 2024, and 2025:***

***Other Areas - All other findings: States may report here on all other findings of noncompliance that were not reported under the compliance indicators listed above (e.g., Results indicators (including related requirements), Fiscal, Dispute Resolution, etc.).***

| **Column B:** **# of written findings of noncompliance identified in FFY 2022 (7/1/22** – **6/30/23)** | **Column C2:** **# of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)** | **Column D:** **# of written findings of noncompliance from Column B for which correction was not completed or timely corrected** |
| --- | --- | --- |
| 2 | 2 | 0 |

**Explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any findings reported in this section:**

The Lead Agency (MA-C) made two written findings of noncompliance that were not reported under the compliance indicator during federal fiscal year 2022 (FFY22; July 1, 2022-June 30, 2023). One early intervention services (EIS) program, the May Institute, received a written finding for noncompliance related to data security. A second EIS program, Behavioral Health Network, received a written finding related to procedural safeguards that was identified through the dispute resolution system.

**Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirementsbased on *updated data*:**

Although Part C of IDEA does not have regulatory requirements for data security, MA-C's contract with the May Institute does require timely notification of certain data security incidents. As part of their corrective action plan, the May Institute was required to revise their related policies and procedures and submit to MA-C for review. MA-C verified that that the May Institute completed these actions as required and consider this noncompliance corrected.   
  
The corrective action plan created for Behavioral Health Network required them to revise their related policies and procedures and submit to MA-C for review. MA-C verified that Behavioral Health Network completed these actions as required and consider the noncompliance corrected.

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

Although Part C of IDEA does not have regulatory requirements for data security, the Family Education Rights and Privacy Act (FERPA) requires notification be placed on a child's record under certain conditions. As part of their corrective action plan, the May Institute was required to make such notations on affected records. MA-C verified that notations were made as required.  
  
The child who did not receive procedural safeguards as required by Part C of the IDEA left the jurisdiction before the individual case could be corrected.

**Total for All Noncompliance Identified (Indicators 1, 7, 8A, 8B, 8C, and Optional Areas):**

| **Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)** | **Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable** | **Column C1:** **# of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)** | **Column C2:** **# of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)** | **Column D:** **# of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected** |
| --- | --- | --- | --- | --- |
| 9 | 2 | 8 | 2 | 1 |

**FFY 2023 SPP/APR Data**

| **Number of findings of Noncompliance that were timely corrected** | **Number of findings of Noncompliance that were identified in FFY 2022** | **FFY 2022 Data** | **FFY 2023 Target** | **FFY 2023 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 10 | 11 |  | 100% | 90.91% | N/A | N/A |

|  |  |
| --- | --- |
| Percent of findings of noncompliance not corrected or not verified as corrected within one year of identification | 9.09% |

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

At a State Interagency Coordinating Council (ICC) Service Quality subcommittee meeting in November 2024, members reviewed results from FFY23 for indicator 12. During this meeting, MA-C's Clinical Quality Manager presented recent DMS reports, findings in other Part C states and territories, and regulatory requirements for monitoring IFSP services are provided as written in the IFSP and meet the unique needs of the child and family. Specifically, she asked attendees for assistance in identifying actionable next steps the MA-C could take to better implement these monitoring requirements. Attendees recommended that MA-C reconsider how many records it reviews when verifying an EIS program's ongoing compliance with the regulatory requirement; they noted that using 10 records at random may be too few to assess a large EIS program serving more than 1000 children and recommended MA-C revise its procedure to take into account the total number of children served.   
  
As a direct result of these recommendations and beginning in FFY24, the Lead Agency (MA-C) will revise the number of records it selects to verify an EIS program's ongoing compliance with the regulatory requirement to vary based on the size of the EIS program. Specifically, MA-C plans to calculate a z-score (i.e., the number of standard deviations from the mean) for each program based on their 618 child count and make the number of records selected proportional to the number of children enrolled in the EIS program.

**Summary of Findings of Noncompliance identified in FFY 2022 Corrected in FFY 2023 (corrected within one year from identification of the noncompliance):**

|  |  |
| --- | --- |
| 1. Number of findings of noncompliance the State identified during FFY 2022 (the period from July 1, 2022 through June 30, 2023). | 11 |
| 2. Number of findings the State verified as timely corrected (corrected within one year from the date of written notification to the EIS program/provider of the finding) | 10 |
| 3. Number of findings not verified as corrected within one year | 1 |

**Subsequent Correction: Summary of All Outstanding Findings of Noncompliance identified in FFY 2022 Not Timely Corrected in FFY 2023 (corrected more than one year from identification of the noncompliance):**

|  |  |
| --- | --- |
| 4. Number of findings of noncompliance not timely corrected | 1 |
| 5. Number of written findings of noncompliance (Col. A) the State has verified as corrected beyond the one-year timeline ("subsequent correction") - as reported in Indicator 1, 7, 8A, 8B, 8C |  |
| 6a. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline (“subsequent correction”) - Indicator 1 | 0 |
| 6b. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline (“subsequent correction”) - Indicator 7 | 0 |
| 6c. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline (“subsequent correction”) - Indicator 8A | 0 |
| 6d. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline (“subsequent correction”) - Indicator 8B | 0 |
| 6e. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline (“subsequent correction”) - Indicator 8C | 0 |
| 6f. (optional) Number of written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline (“subsequent correction”) - Other Areas - All other findings | 0 |
| 7. Number of findings not yet verified as corrected | 1 |

**Subsequent correction:** If the State did not ensure timely correction of previous findings of noncompliance, provide information on the nature of any continuing noncompliance and the actions that have been taken, or will be taken, to ensure the subsequent correction of the outstanding noncompliance, to address areas in need of improvement, and any sanctions or enforcement actions used, as necessary and consistent with IDEA’s enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

The Lead Agency (MA-C) has ensured timely correction of previous findings for all instances of noncompliance except one (i.e., Kennedy-Donovan Center-Cape & Islands for Indicator 7). As described in Indicator 7, MA-C has taken several steps in response to the continuing noncompliance. First, MA-C completed a root-cause analysis with KDC-Cape & Island's program director, which identified two barriers to compliance: insufficient staffing and excessive travel time across the geographic area. Specifically, KDC-Cape & Island's program director reports that travelling by boat to the islands in their catchment area can be time-consuming and logistically challenging when fewer ferries are available during the winter months or fewer seats are available during summer months when EIS providers must compete with vacationers for ferry tickets. Because KDC-Cape's organizational structure is limited to three teams for more than 339 square miles, unexpected absences or tardiness exacerbate the problem.  
  
Next, MA-C has developed a corrective action plan with KDC-Cape & Island's that includes specific actions designed to remove these barriers. The KDC-Cape & Island's EIS program director has retained the services of a recruiter and meets weekly with them to review open positions. She also is establishing relationships with related service agencies (e.g., Women, Infants, & Children, local hospitals, public schools) to recruit part-time staff with relevant experience. MA-C has suggested incentives to provide to staff willing to travel to the Cape and Islands, and introduced KDC-Cape & Island's EIS program director to another EIS program director with high hiring and low turnover rates for peer-to-peer learning.   
  
Finally, MA-C has provided additional training for KDC-Cape & Island's EIS program director on its Early Intervention Operational Standards and the Part C regulatory requirements. Following this training, KDC-Cape & Island's EIS program director revised and resubmitted their policies and procedures related to evaluation and assessment and sought feedback and approval from MA-C. MA-C has modeled for KDC-Cape & Island's how to obtain referral data from its database (Early Intervention Client System; EICS) and how to predict schedules for initial evaluations using these data across time.

## 12 - OSEP Response

The State has established the baseline year for this indicator, using FFY 2022, but OSEP cannot accept that baseline because FFY 2023 is the first reporting year for this indicator and OSEP expects that the State’s FFY 2023 data for this indicator is the State’s baseline data, as indicated in the Measurement Table.

## 12 - Required Actions

# Certification

**Instructions**

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

**Certify**

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

**Select the certifier’s role**

Designated by the Lead Agency Director to Certify

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

**Name:**

Emily White

**Title:**

Director, Early Intervention Division & Part C Coordinator

**Email:**

emily.a.white@mass.gov

**Phone:**

(781) 400-6648

**Submitted on:**

04/17/25 1:50:37 PM

# Determination Enclosures

## Data Rubric

**Massachusetts**

**FFY 2023 APR** (1)

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

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

**APR Score Calculation**

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

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

**618 Data** (2)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Table** | **Timely** | **Complete Data** | **Passed Edit Check** | **Total** |
| **Child Count/Settings Due Date: 7/31/24** | 1 | 1 | 0 | 2 |
| **Exiting Due Date: 2/19/25** | 1 | 1 | 1 | 3 |
| **Dispute Resolution Due Date: 11/13/24** | 1 | 1 | 1 | 3 |

**618 Score Calculation**

|  |  |
| --- | --- |
| **Subtotal** | 8 |
| **Grand Total** (Subtotal X 2.11111111) = | 16.89 |

**Indicator Calculation**

|  |  |
| --- | --- |
| A. APR Grand Total | 18 |
| B. 618 Grand Total | 16.89 |
| C. APR Grand Total (A) + 618 Grand Total (B) = | 34.89 |
| 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** | 37.00 |
| D. Subtotal (C divided by Denominator) (3) = | 0.9429 |
| E. Indicator Score (Subtotal D x 100) = | 94.29 |

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

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

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

**DATE: February 2025 Submission**

**SPP/APR Data**

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

**Part C 618 Data**

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

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

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

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

## Dispute Resolution

**IDEA Part C**

**Massachusetts**

**Year 2023-24**

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

**Section A: Written, Signed Complaints**

|  |  |
| --- | --- |
| **(1) Total number of written signed complaints filed.** | 2 |
| (1.1) Complaints with reports issued. | 2 |
| (1.1) (a) Reports with findings of noncompliance. | 1 |
| (1.1) (b) Reports within timelines. | 2 |
| (1.1) (c) Reports within extended timelines. | 0 |
| (1.2) Complaints pending. | 0 |
| (1.2) (a) Complaints pending a due process hearing. | 0 |
| (1.3) Complaints withdrawn or dismissed. | 0 |

**Section B: Mediation Requests**

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

**Section C: Due Process Complaints**

|  |  |
| --- | --- |
| **(3) Total number of due process complaints filed.** | 0 |
| Has your state adopted Part C due process hearing procedures under 34 CFR 303.430(d)(1) or Part B due process hearing procedures under 34 CFR 303.430(d)(2)? | 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). | 0 |

**State Comments:**

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

Massachusetts

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

11/13/2024