



The Commonwealth of Massachusetts
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December 10, 2025

Terri Sash
PDC South Early Intervention Program
Pediatric Development Center
924 South Main Street
Great Barrington, MA 01230
Email: terri.s@pdcberkshire.org

Dear Terri,

The purpose of this letter is to provide an update on the status of the findings and corrective actions identified by the Department of Public Health's (the Department) Early Intervention Division (EI Division) reported in the Cyclical Monitoring report to PDC South Early Intervention Program dated January 8, 2025. Based upon the EI Division's analysis of the revised policies and procedures and/or evidence submitted by PDC South Early Intervention Program, as well as subsequent data pulled from the Early Intervention Client System on August 5, 2025 and November 3, 2025 for all relevant requirements, the EI Division has determined that the PDC South Early Intervention Program has taken the necessary steps to address and resolve the findings of noncompliance and the required corrective actions outlined in the monitoring report.

The chart, included in this letter, summarizes the monitoring component, finding, required actions, EI Division analysis, and status of finding(s) based on the evidence received from PDC South Early Intervention Program.

The EI Division appreciates PDC South Early Intervention Program's continued efforts to improve the implementation of IDEA Part C and the development and implementation of a reasonably designed system which ensures compliance and improving results for infants and toddlers with disabilities. The EI Division notes that having a consistent and transparent system for identifying and correcting noncompliance, particularly noncompliance that impacts the delivery of early intervention services in accordance with individualized family service plans, and dispute resolutions systems that protect the rights of parents, are essential elements to ensuring improved results for infants and toddlers with disabilities. If you have any questions, please reach out to your clinical oversight and support specialist, at faith.bombardier@mass.gov.

Sincerely,
Faith Bombardier
Clinical Oversight and Support Specialist

Molly Gilbride
Clinical Quality Manager, Early Intervention Division

Compliance

Legal Requirement/State Standard	Noncompliant Policy, Procedure or Practice and EI Division analysis	Conclusion/Finding	Next Steps and Required Actions
<p>IFSP Service Delivery (34 CFR § 303.344(d)(1); 34 CFR § 303.344(d)(2))</p> <p>The IFSP must include a statement of the specific early intervention services, based on peer-reviewed research (to the extent practicable), that are necessary to meet the unique needs of the child and the family to achieve the results or outcomes identified in 34 CFR § 303.344(c) of this section, including—</p> <p>The length, duration, frequency, intensity, and method of delivering the early intervention services;</p> <p>As used in 34 CFR § 303.344(d)(1)(i) of this section—</p> <p><i>Service Provision:</i> As a condition of receiving assistance under Part C of the IDEA, each State must ensure that appropriate early intervention services are available to all infants and toddlers with disabilities and their families as required by 34 C.F.R. § 303.112. Under 34 C.F.R. § 303.342(e), each State must ensure that Part C services are provided to all eligible infants and toddlers with disabilities and their families in a</p>	<p>The Early Intervention program’s policies identified how services are provided that reflect the IFSP including frequency, length and service provider. Staff and families interviewed acknowledged providing and receiving services within appropriate timelines. In record review it was found that service types on the IFSP were not delivered with the correct service type and/or frequency as consented by the parent. When changes to a service type are needed an IFSP meeting must be held, and the service must reflect an end date on the IFSP when the family agrees to discontinue services.</p>	<p>1.1 The EI Division finds that the EIS program does not have a procedure to provide services as determined through the IFSP process and consented to by the parent, as required under (34 CFR 303.344(d)(1); 34 CFR 303.344(d)(2)) and the Early Intervention Operational Standards, Early Intervention Services (EIOS) VII. C.3 pg. 32.</p>	<p>CORRECTED and CLOSED</p>

<p>timely manner and that each eligible infant and toddler with a disability has available early intervention services that are designed to meet his or her unique individual needs as identified by the IFSP team as required by 34 C.F.R. §§ 303.13(c), 303.342, and 303.344(d).</p> <p>Early Intervention Operational Standards Early Intervention Services (EIOS) § VII. C.3 pg. 32 Conducting activities which ensure the timely and consistent delivery of IFSP (Part C) services</p>			
<p>Transition (34 CFR § 303.344(h)(1)); (34 CFR § 303.209(d)(2)) The IFSP must include the steps and services to be taken to support the smooth transition of the child, in accordance with §§ 303.209 and 303.211(b)(6), from part C services (34 CFR 303.209(d)(2)) It establishes a transition plan in the IFSP not fewer than 90 days—and, at the discretion of all parties, not more than 9 months—before the toddler's third birthday; and (3) The transition plan in the IFSP includes, consistent with § 303.344(h), as appropriate—</p>	<p>The Early Intervention program's policies on transition explained the transition process however they did not explain a process for ensuring that in each transition plan there is an identified timeline and person responsible for each activity that will ensure required transition activities occur.</p>	<p>1.2 The EI Division finds that the EIS program does not have policies to ensure that each child receives a transition plan that reflects individualized activities necessary to ensure a smooth transition, as required by (34 CFR 303.344(h)(1)); (34 CFR 303.209(d)(2)) and the Early Intervention Operational Standards Transition and Discharge (EIOS) IX. A pg. 35.</p>	<p>CORRECTED and CLOSED</p>

<p>(i) Steps for the toddler with a disability and his or her family to exit from the part C program; and</p> <p>(ii) Any transition services that the IFSP Team identifies as needed by that toddler and his or her family.</p> <p>Early Intervention Operational Standards Transition and Discharge (EIOS) § IX. A pg. 35 Development of a Transition Plan A transition plan reflects the individualized activities necessary to ensure smooth transitions for children moving to other programs and/or because they are no longer eligible for Early Intervention services. The plan will identify timelines and the person(s) responsible for ensuring that transition activities occur. Each infant or toddler exiting Early Intervention services will have a transition plan developed as part of his/her IFSP. The transition plan section of the IFSP is developed with the concurrence of the family, and must be completed not fewer than 90 days, and at the discretion of the parties, up to 9 months before the infant or toddler's third birthday, or as soon as possible when a parent indicates a desire to transfer services</p>			
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<p>to another program or to withdraw consent for service. However, activities and support related to fulfilling the plan often continue until a child's third birthday or discharge from the program. The IFSP transition plan is complete when the activities (steps) or services that the IFSP team determines necessary to support the smooth transition of the child out of Early Intervention (Part C) services to preschool services under Part B, and/or other appropriate community services, are documented on the appropriate pages of the IFSP. Family interests guide transition plans.</p>			
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Results

Legal Requirement/State Standard	Noncompliant Policy, Procedure or Practice and EI Division analysis	Conclusion/Finding	Next Steps and Required Actions
<p>Services Provided in the Natural Environment (34 CFR § 303.344(d)(1)) The IFSP must include a statement of the specific early intervention services, based on peer-reviewed research (to the extent practicable), that are necessary to meet the unique</p>	<p>The Early Intervention program has policies on the use of natural settings and IFSP development when services cannot be provided in natural settings. EI Staff were knowledgeable in interviews around providing services in natural environments</p>	<p>2.1 The EI Division finds that the EIS program does not have procedures in place to ensure that each child's IFSP includes a statement of natural settings, including justification of the extent to which the services will not be provided in a natural environment, as required by (34 CFR</p>	<p>CORRECTED and CLOSED</p>

<p>needs of the child and the family to achieve the results or outcomes identified in § 303.344 (C) of this section, including—</p> <p>(A) A statement that each early intervention service is provided in the natural environment for that child or service to the maximum extent appropriate, consistent with §§ 303.13(a)(8), 303.26 and 303.126, or, subject to § 303.344(d)(1)(ii)(B) of this section, a justification as to why an early intervention service will not be provided in the natural environment.</p> <p>Early Intervention Operational Standards Individualized Family Service Plan Development § VII. E. 7, pg. 27 A statement of the natural settings in which Early Intervention will be provided, including justification of the extent to which the services will not be provided in a natural environment. Individualized clinical justification on the IFSP for services that do not occur in a natural setting (as determined by the parent and IFSP team) based on the child’s unique needs, family</p>	<p>and the need to have justification on the IFSP if services were not provided in a natural environment.</p> <p>In record review, IFSP’s with services outside of the natural environment did not include individualized clinical justification. This justification should include an explanation of why the outcomes could not be achieved in the natural setting and a timeline for providing services in a natural setting.</p>	<p>303.344(d)(1) and the Early Intervention Operational Standards Individualized Family Service Plan Development VII. E. 7, pg. 27.</p>	
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<p>routines, and identified measurable results or outcomes must include the following: An explanation of why the IFSP team determined that the outcomes could not be achieved in the child's natural settings; an explanation of how the services provided in this setting will support measurable results or outcomes and the child's ability to function in his/her natural environment; and a plan with a timeline for providing Early Intervention services in a natural setting in order to achieve the outcomes identified on the IFSP.</p>			
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Dispute Resolution

Legal Requirement/State Standard	Noncompliant Policy, Procedure or Practice and EI Division analysis	Conclusion/Finding	Next Steps and Required Actions
<p>Prior Written Notice and Procedural Safeguards (34 CFR § 303.421(A); 34 CFR § 303.421 (B)) a) General. Prior written notice must be provided to parents a reasonable time before the lead agency or an EIS provider proposes, or refuses, to initiate or change the identification, evaluation, or placement of their infant or toddler, or the provision of early intervention services to the infant or toddler with a disability and that infant's or toddler's family.</p>	<p>The Early Intervention program policies clearly identified using Prior Written Notice (PWN) for required activities and using PWN forms in the native language of the parents. The program policies did not identify the use of the EI Division forms and notices or use of the Massachusetts Family Rights Notice. Program staff were able to identify the activities that PWN is required to be used for.</p>	<p>3.1 The EI Division finds that the EIS program does not have policies in place to ensure the use of the forms and notices provided by DPH when requesting consent or providing notice for evaluation/ assessment to determine eligibility, convening an IFSP meeting, and providing IFSP services, as required by (34 CFR 303.421(A); 34 CFR 303.421 (B)) and the Early Intervention Operational Standards Procedural Safeguards and Due Process Procedures XIII. A pg. 63- 65.</p>	<p>CORRECTED and CLOSED</p>

<p>b) Content of notice. The notice must be in sufficient detail to inform parents about—(1) The action that is being proposed or refused; (2) The reasons for taking the action; and (3) All procedural safeguards that are available under this subpart, including a description of mediation in § 303.431, how to file a State complaint in §§ 303.432 through 303.434 and a due process complaint in the provisions adopted under § 303.430(d), and any timelines under those procedures.</p> <p>Early Intervention Operational Standards Procedural Safeguards and Due Process Procedures § XIII. A pg. 63- 65 Families are provided written notice a reasonable time before an Early Intervention provider proposes to initiate or refuse an activity that relates to the identification, evaluation, or change in IFSP service; the provision of appropriate Early Intervention services; disclosure of personally identifiable information requiring consent; or accessing public or private reimbursement for service. Early Intervention programs are required to use the forms and notices provided by DPH when requesting consent or providing notice for the</p>			
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<p>following activities unless approval has been granted by DPH for the program to use a different form:</p> <ul style="list-style-type: none"> • evaluation/assessment to determine eligibility, • convening an IFSP meeting for the purpose of developing an initial, subsequent or review of an IFSP, and • providing IFSP services (Universal IFSP form). 			
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Data

Legal Requirement/State Standard	Noncompliant Policy, Procedure or Practice and EI Division analysis	Conclusion/Finding	Next Steps and Required Actions
<p>Timely Data submitted in EICS (34 CFR § 303.124)</p> <p>(a) Each statewide system must include a system for compiling and reporting timely and accurate data that meets the requirements in § 303.124(b) of this section and §§ 303.700 through 303.702 and 303.720 through 303.724.</p> <p>(b) The data system required in § 303.124(a) of this section must include a description of the process that the State uses, or will use, to compile data on infants or toddlers</p>	<p>The Early Intervention program policies reflected meeting timelines by submitting information into the EICS in 14 days or less and the activities where data needs to be submitted. Staff identified the appropriate timelines for submitting data into the EICS. In record review it was found that there were instances where progress notes were not entered into EICS within 14 days of providing the service.</p>	<p>4.1 The EI Division finds that the EIS program does not have procedures in place to submit data into the EICS that is timely and accurate, as required by (34 CFR 303.510(a)) and the Reimbursement Policy Manual for EI Services, Pg. 8, Requirements for Billing EI General and Autism Services and Pg. 12, Insurance Verification Requirements.</p>	<p>CORRECTED and CLOSED</p>

<p>with disabilities receiving early intervention services under this part</p> <p>EIOS Program Administration § XII E pg. 60 Early Intervention programs are expected to submit the data requested by the Department of Public Health within the timelines established. The timelines for Early Intervention EIS forms are as follows:</p> <ol style="list-style-type: none"> 1. referral form <ul style="list-style-type: none"> ○ Within 14 days of the first face-to-face meeting with the family. <ul style="list-style-type: none"> ▪ For families who are referred to the program but never seen, the Referral Form is submitted within 30 days of the date of referral. 2. eligibility evaluation form <ul style="list-style-type: none"> • Within 14 days of a completed eligibility evaluation if the child is deemed ineligible. • Within 14 days of the IFSP signature date if the child has an IFSP. 3. IFSP Form 			
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<ul style="list-style-type: none"> • Within 14 days of IFSP signature date. <p>4. autism specialty form</p> <ul style="list-style-type: none"> • Within 14 days of referral to the Specialty Provider. <p>5. discharge form</p> <p>a. Child/family was referred to program but never seen: discharge form due within 14 days of the date child was deemed inactive.</p> <p>b. Child/family receives a first face-to-face visit only; family declines eligibility evaluation or program loses contact with family following the intake visit: discharge form within 14 days of the first face-to-face visit or date child was deemed inactive.</p> <p>c. Child/family receives a completed eligibility evaluation and is deemed ineligible: discharge Form within</p>			
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<p>14 days of the date of eligibility evaluation.</p> <p>d. Child/family has received a completed eligibility evaluation but family declines services or program loses contact with family: discharge form within 14 days of the date of eligibility evaluation or date child deemed inactive.</p> <p>e. Child/family has received ongoing IFSP services: discharge form within 14 days of the last date of active service or date child deemed inactive. (Eligible children may receive services up to but not on their third birthday).</p>			
<p>Accurate Data (34 CFR § 303.124) (a) Each statewide system must include a system for compiling and</p>	<p>The Early Intervention program policies reflected processes and systems for accurate data entry into the EICS within appropriate</p>	<p>4.2 The EI Division finds that the EIS program does not have policies in place to document all services to meet clinical, billing and reporting</p>	<p>CORRECTED and CLOSED</p>

<p>reporting timely and accurate data that meets the requirements in 303.124(b) of this section and §§ 303.700 through 303.702 and 303.720 through 303.724.</p> <p>(b) The data system required in § 303.124(a) of this section must include a description of the process that the State uses, or will use, to compile data on infants or toddlers with disabilities receiving early intervention services under this part</p> <p>Reimbursement Policy Manual for EI Services Pg. 8 Requirements for Billing EI General and Autism Services Document all services to meet clinical, billing and reporting needs. Individual client records must be available to DPH staff for routine monitoring.</p>	<p>timeframes, however they did not specify what and how to document ongoing services, cancellations and other communications.</p>	<p>needs, as required by (34 CFR § 303.124) and the Reimbursement Policy Manual for EI Services, Pg. 8, Requirements for Billing EI General and Autism Services.</p>	
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Fiscal

Legal Requirement/State Standard	Noncompliant Policy, Procedure or Practice and EI Division analysis	Conclusion/Finding	Next Steps and Required Actions
<p>Encounter and Charge Claims submitted accurately (34 CFR § 303.510(a))</p> <p>Except as provided in § 303.510(b) of this section, funds under this part may not be used to satisfy a financial commitment for services that would otherwise have been paid for from another public or private source, including any medical program administered by the Department of Defense, but for the enactment of part C of the Act. Therefore, funds under this part may be used only for early intervention services that an infant or toddler with a disability needs but is not currently entitled to receive or have payment made from any other Federal, State, local, or private source (subject to §§ 303.520 and 303.521).</p> <p>Reimbursement Policy Manual for EI Services Pg. 8 REQUIREMENTS FOR BILLING EI GENERAL AND AUTISM SERVICES</p> <p>Maintain complete, current, and accurate insurance information in the child’s EI Client System record based on insurance verification activities, This includes: (1) determination of the EI benefits and/or Autism benefits for each insurance, on a</p>	<p>The Early Intervention program policies on billing practices contained information on accurate and timely claim submission when sending claims to DPH. Program policies were missing processes in billing public and private insurance including follow up with insurers prior to submission of claims to DPH. Policies also did not include the insurance verification process to meet requirements.</p>	<p>5.1 The EI Division finds that the EIS program does not have policies and procedures to maintain complete, current and accurate insurance information in the child’s EI Client System record based on insurance verification activities. This includes: 1) determination of EI benefits for each insurance on a regular basis, 2) selection of the correct insurance coverage type, 3) identification of children who are uninsured as required by (34 CFR 303.510(a)) and Reimbursement Policy Manual for EI Services, Pg. 8, Requirements for Billing EI General and Autism Services and Pg. 12, Insurance Verification Requirements</p>	<p>CORRECTED and CLOSED</p>

<p>regular basis. (2) selection of the correct insurance coverage type. This indicates if the insurance is Fully Insured, Self-Insured, HSA, Federal, Union, Out-of-State (3) identification of children who are uninsured</p> <p>Maintain documentation from the guardian(s) confirming an uninsured status or request to decline access to the child's insurance. This must be documented in the EI Client System within the child's enrollment record.</p> <p>Maintain all documentation of service delivery for a minimum of seven years. This includes individual client records, remittance advises, EVS checks, etc.</p> <p>Pg. 12 Insurance Verification Requirements here are three verifications that must occur in the following order to ensure claims are submitted to the appropriate payer:</p> <p>Confirmation of Insurance Eligibility</p> <ul style="list-style-type: none">• DPH requires that EI agencies/programs verify insurance member eligibility for MassHealth, MassHealth MCO's and ACO's, and commercial insurance, on a regular basis, to ensure that claims are submitted to the appropriate payer.			
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<ul style="list-style-type: none"> • Confirmation of EI Benefit Coverage Basis/ Type <ul style="list-style-type: none"> ○ EI agencies/programs must determine the EI benefit coverage type for each member, including whether EI is a covered benefit and the type of insurance plan. The following table explains the insurance coverage types in the EI Client System. • Confirmation of Insurance Plan Options (Health Savings Account (HSA)) <ul style="list-style-type: none"> ○ Massachusetts law mandating insurance to pay co-pays, co-insurance and deductibles does not apply to Health Savings Account (HSA) plans 			
<p>Encounter and Charge Claims submitted accurately (34 CFR § 303.510(a))</p> <p>Except as provided in § 303.510(b) of this section, funds under this part may not be used to satisfy a financial commitment for services that would otherwise have been paid for from another public or private source, including any medical program administered by the Department of Defense, but for the enactment of part C of the Act. Therefore, funds under this part may be used only for early intervention services that an infant or toddler with a disability needs but is not currently entitled to receive or have payment made from any other Federal,</p>	<p>In record review it was found that there were instances where incorrect data was entered into the EICS through mismatch in progress notes and claims/encounters submitted.</p>	<p>5.2 The EI Division finds that the EIS program does not have policies and procedures to submit charge and encounter claims that match the service log data on the progress note in the DPH EI Client system, as required by (34 CFR 303.510(a)) and the Reimbursement Policy Manual for EI Services, Pg. 16, Claims Processing Validations</p>	<p>CORRECTED and CLOSED</p>

<p>State, local, or private source (subject to §§ 303.520 and 303.521).</p> <p>Reimbursement Policy Manual for EI Services Pg. 16 Claims Processing Validations Charge claims and encounter claims are required to match the service log data on the Progress Note in the DPH EI Client System. This includes: Date of Services Hours Service (Based on the value passed in the Procedure Description field in the 837 transaction. See Appendix 6: Service Codes and Rates for expected values.)</p>			
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