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

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

**For reporting on
FFY 2021**

**Massachusetts**



**PART C DUE
February 1, 2023**

**U.S. DEPARTMENT OF EDUCATION**

**WASHINGTON, DC 20202**

# Introduction

**Instructions**

Provide sufficient detail to ensure that the Secretary and the public are informed of and understand the State’s systems designed to drive improved results for infants and toddlers with disabilities and their families and to ensure that the Lead Agency (LA) meets the requirements of Part C of the IDEA. This introduction must include descriptions of the State’s General Supervision System, Technical Assistance System, Professional Development System, Stakeholder Involvement, and Reporting to the Public.

## Intro - Indicator Data

**Executive Summary**

The Early Intervention Division, located within the Department of Public Health is the state agency in Massachusetts that is referred to as the lead agency for Part C of the Individuals with Disabilities Education Act (IDEA) or MA-C. During the year from 7/1/21 through 6/30/22, MA-C had contracts with 59 agencies to provide general Early Intervention Services (EIS) and 23 agencies to provide specialty services, such as Early Intensive Behavioral Intervention and services for vision and hearing differences. Based on active personnel listed within the state database, approximately 5,678 qualified personnel rendered services to 30,778 children and their families (a ratio of approximately 5.4 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 2021 (FFY21) (July 1, 2021-June 30, 2022), the Part C system received 45,176 referrals and completed 37,963 multidisciplinary evaluations. 30,778 children had an active Individualized Family Service Plan (IFSP) in the program year. MA-C served 9.95% 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 (indicator 6). MA-C served 4.17% of the population under one year old, which is higher than the national average of 3.2% (indicator 5). The majority (99.12%) 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 children and families.

Additional information related to data collection and reporting

The Lead Agency (MA-C) continues to develop its comprehensive state database, the Early Intervention Client System (EICS). This web-based database offers electronic case-management and billing systems to support the 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 EICS is developed and maintained by a contracted vendor and managed by the EICS Application Lead, an Early Intervention Information Technology staff embedded within the MA-C. The EICS provides real-time data on system-level variables such as new referrals to the Part C system, the number of children enrolled in MA-C (i.e., those with active IFSPs), service utilization, billing and claims data, and exiting reasons. The centralized system of data collection is vital to the data collection and analysis reporting contained in this SPP/APR.
Although the EICS has been used by providers since November 2019, it is still in active phases of development. During FFY21, 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) submission of claims using a standard format (i.e., 837) that allowed MA-C to automate validations as part of its assurance of serving as the Payor of Last Resort, (2) completion of transfer paperwork within the EICS to ensure continuity of care and services for highly mobile children and other families changing EIS programs, (3) increased functionality for 22 agencies contracted to provide Early Intensive Behavioral Interventions, including creating seamless electronic referrals from the general EIS program to increase timely services, (4) significantly expanding the number of data fields that can be extracted by contracted providers to improve their access to real-time performance data, (5) expanding print privileges for certain user profiles to allow families to have greater access to their child's IFSP and records, and (6) a revised workflow for children exiting the Part C system to better support EIS programs as they work to transition children to the next phase of their educational journey.

In addition to EICS, MA-C uses the 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 the Director of the Office of Family Initiatives, staff embedded within MA-C.

**General Supervision System**

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

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

MA-C's General Supervision system relies heavily on review of data compiled from its state database, the Early Intervention Client System (EICS) . The purpose of these reviews are threefold: (1) to ensure data in EICS are accurate, valid, and reliable, (2) to identify noncompliance and areas for improvement within EIS program performance, and (3) to verify correction of noncompliance in accordance with federal requirements in OSEP Memo 09-02 .

MA-C's General Supervision system permits the identification of both systemic and isolated noncompliance with federal regulatory requirements. All noncompliance is identified to the program in writing, including the details to support the finding (e.g., the measure, actual percentages, regulatory references). As part of the notification of findings of noncompliance, programs are informed that MA-C must verify the correction of all noncompliance as soon as possible, but in no case later than one year from the date of the written notification. MA-C develops a Corrective Action Plan with the contracted provider when necessary to ensure correction and sustain compliance.

Complaints and Dispute Resolution:
MA-C staff, contracted EIS programs, and contracted family support vendors work together to ensure that parents are aware of their right to resolve disputes. Established procedures address disputes between a family and their EIS program or MA-C, as well as complaints filed by organizations or individuals alleging that a public agency or a private provider is violating federal or state statute and regulations. Parties who have been unsuccessful at resolving issues at a local level may choose to resolve a dispute through mediation, due process hearing, or by filing a formal administrative (i.e., state) complaint.

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

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

Parents may also file formal administrative (i.e., state) complaints against the Part C system by submitting the complaint in writing to MA-C's Dispute Resolution Coordinator. An investigation is completed, and a written narrative of conclusions based on findings is issued within 60 calendar days unless there are exceptional circumstances. The Dispute Resolution Coordinator shares the findings of complaint investigations with MA-C's Part C Coordinator and legal counsel, as well as MA-C’s Manager of Clinical Quality who oversees monitoring activities. Findings of noncompliance requiring a corrective action are developed and implemented within one year. Corrective action plans include identification of root cause, actions to correct the noncompliance, and activities to ensure sustained compliance.

**Technical Assistance System:**

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

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

MA-C holds one-hour webinars via Zoom twice monthly for program directors and administrators of its contracted providers. The calls are arranged and moderated by MA-C's Communications Specialist. The purpose of these calls is to keep program directors and administrators apprised of current federal/State guidance, share Statewide data, provide updates on newly developed Program resources, training opportunities, receive feedback from the provider community, and to ensure there is an opportunity for issues to be raised and questions to be posed to and responded by MA-C. Following each webinar, MA-C distributes copies of all slides and resources presented . In addition, program directors can use the information received during these calls and disseminate it to staff working within their programs.

MA-C regularly communicates with its contracted providers 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, the Early Intervention Client System (EICS).

**Professional Development System:**

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

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

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

MA-C established personnel standards for all practitioners that provide early intervention services, including specialty service providers. These standards are maintained and monitored for all early intervention practitioners, requiring educational background and licensure (if applicable). To provide services to infants and toddlers enrolled in the MA-C system, practitioners 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 by MA-C's Certification Coordinator.

Prior to the outset of their work with infants and toddlers enrolled in the Part C system, new EIS providers must complete required professional development sessions and on-boarding procedures required by the hiring agency. MA-C contracts with a vendor to oversee its pre-service training and develop and deliver ongoing professional development to its EIS programs. Under the direction of MA-C, the vendor develops and delivers training across priority areas (e.g., Culturally and Linguistically Appropriate Services, Unconscious Bias, evidence-based strategies to improve early childhood outcomes). During FFY21, the vendor continued to leverage virtual platforms (e.g., Zoom, Microsoft Teams) to deliver synchronous and asynchronous professional development opportunities.

**Broad Stakeholder Input:**

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

MA-C collaborates closely with other State agencies on a variety of issues related to the early childhood system of care and the Part C system, including the Department of Elementary and Secondary Education (DESE), Purchase of Services Office (POS), the Office of Health Equity (OHE), the Division of Medical Assistance (MassHealth), the Department of Early Education and Care (EEC), the Office for the Child Advocate (OCA), the Division of Insurance (DOI), the Massachusetts Maternal, Infant, and Early Childhood Home Visiting team (MassMIECHV), the Early Intervention Parenting Partnerships (EIPP), the Massachusetts Autism Commission (MAC), Massachusetts Child Psychiatry Access Project (MCPAP), and the and the Department of Mental Health (DMH). Most of these agencies are represented on the State Interagency Coordinating Council (ICC).

This Annual Performance Report (APR) was developed with broad stakeholder input. At a State Interagency Coordinating Council (ICC) meeting in January 2023, the members reviewed results from FFY21 (7/1/21-6/30/22) for each indicator. Drafts were also shared with staff from the Early Childhood Technical Assistance Center (ECTA), who reviewed and provided initial feedback and guidance. On January 24, 2023, the ICC co-chairs adopted the APR as in lieu of submitting its own report, fulfilling the State Interagency Coordinating Council's obligations to report to the U.S. Department of Education for FFY21.

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

YES

**Number of Parent Members:**

14

**Parent Members Engagement:**

**Describe how the parent members of the Interagency Coordinating Council, parent center staff, parents from local and statewide advocacy and advisory committees, and individual parents were engaged in setting targets, analyzing data, developing improvement strategies, and evaluating progress.**

During FFY21, 14 parent members 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 target setting included when the Lead Agency (MA-C) presented APR data and sought out feedback from the ICC during an ICC meeting; in April 2022, the Part C Data Manager presented data on response rate and representativeness of Indicator 4 data. Parents on who are on the ICC weighed in the analysis and provided valuable feedback. Additionally, parents who are on ICC subcommittees have reviewed multiple sets of data and have provided feedback.

The Federation for Children with Special Needs (FCSN) is the Commonwealth’s Parent Training and Information Center and is staffed by individuals with lived experience caring for a child with special needs. The FCSN participates on the ICC by having representatives, one of whom served as the co-chair of the Family Engagement subcommittee during the reporting year. In addition to ICC meetings, FCSN met regularly with MA-C staff to share common themes from the parent support network they offer.

The Early Intervention Parent Leadership Project (EIPLP) works closely with MA-C and provided family engagement and support for a small group of individual families enrolled in early intervention during FFY21. To help families feel empowered to participate in the process, MA-C sponsored four families to attend the FCSN conference in March 2022 to increase their knowledge of their rights and high-quality early intervention services.

Prior to each ICC meeting, the Early Intervention Parent Leadership Project's (EIPLP) Family Engagement Coordinator, staff working closely with MA-C, connected with each parent member via telephone, email, and/or text to answer questions related to the upcoming meeting's agenda or other related matters. Beginning in January 2022, the EIPLP developed and began delivering a structured ICC orientation to parent members. This orientation includes information about the purpose and activities of the ICC, information about the MA-C program and the IDEA Part C, information about the MA-C mission, values, and key principles, meeting logistics, and expectations for parent members.

**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.**

The Massachusetts State Interagency Coordinating Council (ICC) has established a subcommittee to explore racial inequities affecting outcomes for infants and toddlers enrolled in the Commonwealth's Part C system (MA-C). Members of this subcommittee include program directors, parent members of ICC, and MA-C staff. In direct response to the subcommittees observations in FFY20, the ICC hosted several guest speakers in FFY21 to help review child outcomes through a racial equity lens.

Additionally, during FFY21 several new parents joined the ICC and have provided valuable feedback on implementation activities in improving outcomes for infants and toddlers enrolled in the Part C system. Prior to their appointment, the Early Intervention Parent Leadership Project (EIPLP), staff working in close collaboration with MA-C, met with interested parents to orient them to the ICC's purpose and responsibility, including helping them understand the SPP/APR, target setting, and the implementation of Part C in the Commonwealth, and shared a video to help key representatives better understand Indicator 4 and how data collected from the survey are used to inform state and federal reporting, monitoring, and policy changes.

**Soliciting Public Input:**

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

This State Performance Plan/Annual Performance Report (SPP/APR) was developed with broad input from key representatives. At a State Interagency Coordinating Council (ICC) meeting on January 12, 2023, the members reviewed results from FFY21 (7/1/21-6/30/22) for each indicator in comparison to the prior four federal fiscal years. As entered into the online submission tool, a draft of the APR was sent to national technical assistance (TA) centers, including DaSy and the ECTA Center, whose staff reviewed the draft and provided helpful guidance. The ICC co-chairs approved this Annual Performance Report (APR), fulfilling the State Interagency Coordinating Council's obligations to report to the U.S. Department of Education in the current fiscal year.

The FFY21 timeline for soliciting public input included activities throughout the reporting year. On October 14, 2021, the ICC developed its charges in collaboration with MA-C staff. This meeting was facilitated virtually; charges were selected by separating into smaller groups to discuss and identify priorities before debriefing as a whole. The Part C Coordinator for MA-C attended the ICC Retreat and agreed to the charges proposed by the ICC. The ICC then met in November 2021, January 2022, April 2022, and June 2022 to work toward those charges. During each meeting, the Part C Coordinator presented data on MA-C's performance as well as other metrics requested by the ICC. In April 2022, the Part C Application was made available to the public. An announcement was made on MA-C's website, distributed via email to all contracted EIS programs, and announced via email via the Parent Training and Information Center's contact list. 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. Also in April, ICC members were asked to review data for Indicator 4 from FFY21 and offer recommendations to increase the response rate, particularly among communities of color.

**Making Results Available to the Public:**

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

The Part C Coordinator for the Lead Agency (MA-C) presented and discussed data analysis results with the State Interagency Coordinating Council (ICC) on January 12, 2023. The results of the data analysis were presented to the public in both graphs and tables for development of the improvement strategies and evaluation. The graphs illustrated the trends of all the historical data for the prior five federal fiscal years. The tables contained the actual numbers of the baseline, historical data, and current levels of performance for each indicator. Copies of these materials will be posted on the ICC website (https://www.mass.gov/interagency-coordinating-council-icc) in accordance with the state's Open Meeting Law following approval of the meeting minutes at the next scheduled ICC meeting.

Additionally, MA-C has developed a robust email database that includes more than 12,000 families, providers, and other key representatives across the Commonwealth. MA-C sends emails to its contracted providers on a weekly basis and a monthly professional development newsletter to anyone who signs up to receive these notifications through its website.

**Reporting to the Public:**

**How and where the State reported to the public on the FFY 2020 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 2020 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State’s SPP/APR, including any revision if the State has revised the targets that it submitted with its FFY 2020 APR in 2022, 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 FFY20 are available on MA-C's public reporting page: https://www.mass.gov/lists/public-reporting-for-early-intervention. As advised by OSEP in April 2023, this document has been updated to describe more clearly the reason for excluding 10 EIS programs' data from this report in Indicator 1.

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

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

## Intro - Prior FFY Required Actions

None

## Intro - OSEP Response

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

## Intro - Required Actions

# Indicator 1: Timely Provision of Services

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

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

**Instructions**

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

Targets must be 100%.

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 1 - Indicator Data

**Historical Data**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 99.50% | 99.33% | 99.00% | 99.21% | 99.82% |

**Targets**

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

**FFY 2021 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 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 9,852 | 11,024 | 99.82% | 100% | 99.58% | Did not meet target | No Slippage |

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

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

1,126

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

MA-C reviewed the reasons for delay.

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

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

**Include your State’s criteria for “timely” receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).**

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

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

State database

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

Fourth Quarter of FFY21 Reporting Year: April 1, 2022 - June 30, 2022.

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

The number of infants and toddlers with new services authorized on an initial or subsequent Individualized Family Service Plan (IFSP) was consistent for each quarter of FFY21, therefore one quarter of FFY21 (April-June 2022) was selected for the calculation of the indicator.

**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 allows EIS programs to capture the reason(s) for delays in services, though this was not a required field during FFY21 due to a previously undetected error in the database development. Immediately upon detection, MA-C sought to capture these undocumented reasons, beginning with June 2022. In order to capture the reasons, each EIS program was provided a report of the infants and toddlers with new services authorized on an initial or subsequent IFSP between April 1, 2022 and June 30, 2022 and for whom those services were not initiated within the required timeframe. EIS programs were 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).

91.47% of the delayed services have a documented delay reason. Of the 307 services that do not have a documented delay reason, 69.38% come from the same agency, which operates six EIS programs. MA-C has been providing targeted training and technical assistance to this agency since FFY20, and the agency was placed on a corrective action plan on September 7, 2022 due to continued data errors. Because there are no documented reasons for delay, MA-C considers these delays not attributable to exceptional family circumstance.

**Correction of Findings of Noncompliance Identified in FFY 2020**

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

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 1 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

**Response to actions required in FFY 2020 SPP/APR**

During FFY20, The Lead Agency (MA-C) did not report 100% compliance for Indicator 1, the percentage of infants and toddlers with Individual Family Service Plans (IFSPs) who receive the early intervention services on their IFSPs in a timely manner. MA-C reviewed its state database and discovered 25 records across 11 EIS programs that suggested timely services were not delivered.

Upon discovery and before written findings of noncompliance were issued, MA-C initiated a pre-finding correction process consistent with it’s general supervision practices. The Part C Data Manager queried the state database (Early Intervention Client System; EICS) to review the children's individual records. Using data entered by EIS programs into EICS, the Part C Data Manager determined that 10 children left the jurisdiction before the services were initiated; she also determined that the remaining 15 children had services which were provided late, as demonstrated by service-level data entered by the EIS programs into EICS.

Next, the Part C Data Manager queried the EICS for the 11 EIS programs with compliance rates below 100%. For each EIS program, she sampled 10 child records at random using subsequent service-level data entered by the EIS programs and determined 100% compliance had been demonstrated.

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 11 EIS programs who had reported untimely services to remind them of the regulatory requirement and offer training and technical assistance to sustain compliance.

## 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, 2021- June 30, 2022). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

## 1 - Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

# 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** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target>= | 96.00% | 96.00% | 96.00% | 97.00% | 97.00% |
| Data | 99.76% | 99.85% | 99.94% | 99.88% | 98.86% |

**Targets**

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

**Targets: Description of Stakeholder Input**

MA-C collaborates closely with other State agencies on a variety of issues related to the early childhood system of care and the Part C system, including the Department of Elementary and Secondary Education (DESE), Purchase of Services Office (POS), the Office of Health Equity (OHE), the Division of Medical Assistance (MassHealth), the Department of Early Education and Care (EEC), the Office for the Child Advocate (OCA), the Division of Insurance (DOI), the Massachusetts Maternal, Infant, and Early Childhood Home Visiting team (MassMIECHV), the Early Intervention Parenting Partnerships (EIPP), the Massachusetts Autism Commission (MAC), Massachusetts Child Psychiatry Access Project (MCPAP), and the and the Department of Mental Health (DMH). Most of these agencies are represented on the State Interagency Coordinating Council (ICC).

This Annual Performance Report (APR) was developed with broad stakeholder input. At a State Interagency Coordinating Council (ICC) meeting in January 2023, the members reviewed results from FFY21 (7/1/21-6/30/22) for each indicator. Drafts were also shared with staff from the Early Childhood Technical Assistance Center (ECTA), who reviewed and provided initial feedback and guidance. On January 24, 2023, the ICC co-chairs adopted the APR as in lieu of submitting its own report, fulfilling the State Interagency Coordinating Council's obligations to report to the U.S. Department of Education for FFY21.

At a State Interagency Coordinating Council (ICC) meeting in January 2022, members reviewed results from FFY17-FFY20 and established targets for FFY21-FFY25. Please review the MA-C FFY20 APR for a detailed description of this process.

During FFY21, MA-C received feedback from specialty service providers that center-based programs are most appropriate for children diagnosed with autism under certain conditions. MA-C is aware of two families who preferred this model and opted to withdraw their children from MA-C home-based, PIWI model of service delivery. Other families engaged through family support activities reiterated the importance of services occurring in natural settings.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings | 20,138 |
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Total number of infants and toddlers with IFSPs | 20,316 |

**FFY 2021 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 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 20,138 | 20,316 | 98.86% | 97.50% | 99.12% | Met target | No Slippage |

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

MA-C conducts its annual child count on October 1 of each year. The data reported for this indicator were collected on October 1, 2021, at the beginning of the surge in COVID-19 cases observed in Massachusetts in the fall of 2021 and winter of 2022. For example, on October 1, 2021, Massachusetts Department of Public Health reported 1,481 confirmed and probable cases. This increased drastically within a few months, with DPH reporting more than 36,000 confirmed cases on January 3, 2022. Despite the increased COVID-19 cases, the percentage of children receiving services in natural environments in Massachusetts continues the above-average trend observed prior to the COVID-19 pandemic.

Historically, children in Massachusetts receive services primarily at home, largely influenced by MA-C's Parents Interacting With Infants (PIWI) model. Some visits were planned in multiple natural environments including within the family's home, childcare, the homes of extended family members and relatives, parks, libraries, and other community locations. While the COVID-19 pandemic did not impact the data of the primary service setting, it significantly impacted the frequency of secondary service settings. Many childcare centers continued to restrict visitors or EIS providers throughout FFY21. Many families reduced the number of services in non-home natural environments that often supplemented the primary setting.

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

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

## 2 - Prior FFY Required Actions

None

## 2 - OSEP Response

## 2 - Required Actions

# Indicator 3: Early Childhood Outcomes

**Instructions and Measurement**

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

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

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

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

C. Use of appropriate behaviors to meet their needs.

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

**Data Source**

State selected data source.

**Measurement**

Outcomes:

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

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

 C. Use of appropriate behaviors to meet their needs.

Progress categories for A, B and C:

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

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

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

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

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

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

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

**Measurement for Summary Statement 1:**

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

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

**Measurement for Summary Statement 2:**

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

**Instructions**

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

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

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

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

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

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

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

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

## 3 - Indicator Data

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

YES

**Targets: Description of Stakeholder Input**

MA-C collaborates closely with other State agencies on a variety of issues related to the early childhood system of care and the Part C system, including the Department of Elementary and Secondary Education (DESE), Purchase of Services Office (POS), the Office of Health Equity (OHE), the Division of Medical Assistance (MassHealth), the Department of Early Education and Care (EEC), the Office for the Child Advocate (OCA), the Division of Insurance (DOI), the Massachusetts Maternal, Infant, and Early Childhood Home Visiting team (MassMIECHV), the Early Intervention Parenting Partnerships (EIPP), the Massachusetts Autism Commission (MAC), Massachusetts Child Psychiatry Access Project (MCPAP), and the and the Department of Mental Health (DMH). Most of these agencies are represented on the State Interagency Coordinating Council (ICC).

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

At-risk infants and toddlers

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Baseline**  | **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| **A1** | 2013 | Target>= | 56.70% | 56.80% | 56.90% | 56.90% | 57.00% |
| **A1** | 56.67% | Data | 56.17% | 55.74% | 52.81% | 44.80% | 49.31% |
| **A1 AR** |  | Target>= |  |  | 52.81% |  |  |
| **A1 AR** |  | Data |  |  | 93.62% | 93.75% | 100.00% |
| **A2** | 2013 | Target>= | 70.90% | 71.00% | 71.10% | 71.10% | 71.20% |
| **A2** | 70.85% | Data | 69.01% | 69.14% | 66.12% | 61.15% | 64.37% |
| **A2 AR** |  | Target>= |  |  | 66.12% |  |  |
| **A2 AR** |  | Data |  |  | 96.69% | 96.75% | 100.00% |
| **B1** | 2013 | Target>= | 87.70% | 87.80% | 87.90% | 87.90% | 88.00% |
| **B1** | 87.64% | Data | 85.78% | 85.03% | 83.72% | 43.55% | 77.63% |
| **B1 AR** |  | Target>= |  |  | 83.72% |  |  |
| **B1 AR** |  | Data |  |  | 100.00% | 92.79% | 100.00% |
| **B2** | 2013 | Target>= | 51.70% | 51.80% | 51.90% | 51.90% | 52.00% |
| **B2** | 51.63% | Data | 48.10% | 46.88% | 43.73% | 35.29% | 19.89% |
| **B2 AR** |  | Target>= |  |  | 43.73% |  |  |
| **B2 AR** |  | Data |  |  | 93.38% | 91.56% | 86.89% |
| **C1** | 2013 | Target>= | 94.70% | 94.80% | 94.90% | 94.90% | 95.00% |
| **C1** | 94.66% | Data | 93.51% | 93.27% | 92.89% | 50.03% | 84.04% |
| **C1 AR** |  | Target>= |  |  | 92.89% |  |  |
| **C1 AR** |  | Data |  |  | 100.00% | 97.62% | 100.00% |
| **C2** | 2013 | Target>= | 73.70% | 73.80% | 73.90% | 73.90% | 74.00% |
| **C2** | 73.66% | Data | 68.61% | 66.99% | 63.53% | 55.79% | 41.97% |
| **C2 AR** |  | Target>= |  |  | 63.53% |  |  |
| **C2 AR** |  | Data |  |  | 98.01% | 97.40% | 95.08% |

**Targets**

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

**FFY 2021 SPP/APR Data**

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

2,756

**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 | 55 | 2.00% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 801 | 29.06% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 217 | 7.87% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 641 | 23.26% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 1,042 | 37.81% |

| **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 | 1 | 2.17% |
| 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 | 19 | 41.30% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 26 | 56.52% |

| **Not including at-risk infants and toddlers** | **Numerator** | **Denominator** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 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 | 858 | 1,714 | 49.31% | 57.00% | 50.06% | Did not meet target | No Slippage |
| A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program | 1,683 | 2,756 | 64.37% | 71.20% | 61.07% | Did not meet target | Slippage |

**Provide reasons for A2 slippage, if applicable**

MA-C observed slippage in two outcome areas: Child Outcome A: Summery Statement 2, 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 to identify the cause of slippage. Through the course of the analysis, it became apparent that COVID had a large impact on MA-C's system, including child outcomes. The prevalence of the COVID-19 Omicron variant in Massachusetts during FFY21 combined with the lack of a pediatric vaccine for infants and toddlers under the age of three, contributed to a higher degree of services being delivered via telehealth, which is not an approved mode for BDI-2 administration.

| **Just at-risk infants and toddlers/All infants and toddlers** | **Numerator** | **Denominator** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 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 | 19 | 20 | 100.00% |  | 95.00% | N/A | N/A |
| A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program | 45 | 46 | 100.00% |  | 97.83% | 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 | 34 | 1.23% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 592 | 21.48% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 1,269 | 46.04% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 641 | 23.26% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 220 | 7.98% |

| **Just at-risk infants and toddlers/All infants and toddlers** | **Number of Children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 0 | 0.00% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 0 | 0.00% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 3 | 6.52% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 36 | 78.26% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 7 | 15.22% |

| **Not including at-risk infants and toddlers** | **Numerator** | **Denominator** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 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 | 1,910 | 2,536 | 77.63% | 88.10% | 75.32% | 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 | 861 | 2,756 | 19.89% | 52.00% | 31.24% | Did not meet target | No Slippage |

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

MA-C observed slippage in two outcome areas: Child Outcome A: Summery Statement 2, 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 to identify the cause of slippage. Through the course of the analysis, it became apparent that COVID had a large impact on MA-C's system, including child outcomes. The prevalence of the COVID-19 Omicron variant in Massachusetts during FFY21 combined with the lack of a pediatric vaccine for infants and toddlers under the age of three, contributed to a higher degree of services being delivered via telehealth, which is not an approved mode for BDI-2 administration.

| **Just at-risk infants and toddlers/All infants and toddlers** | **Numerator** | **Denominator** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 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 | 39 | 39 | 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 | 43 | 46 | 86.89% |  | 93.48% | 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 | 27 | 0.98% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 282 | 10.23% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 1,088 | 39.48% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 867 | 31.46% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 492 | 17.85% |

| **Just at-risk infants and toddlers/All infants and toddlers** | **Number of Children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 0 | 0.00% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 0 | 0.00% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 3 | 6.52% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 30 | 65.22% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 13 | 28.26% |

| **Not including at-risk infants and toddlers** | **Numerator** | **Denominator** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 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 | 1,955 | 2,264 | 84.04% | 95.10% | 86.35% | Did not meet target | No Slippage |
| C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program | 1,359 | 2,756 | 41.97% | 74.00% | 49.31% | Did not meet target | No Slippage |

| **Just at-risk infants and toddlers/All infants and toddlers** | **Numerator** | **Denominator** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 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 | 33 | 33 | 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 | 43 | 46 | 95.08% |  | 93.48% | N/A | N/A |

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

| **Question** | **Number** |
| --- | --- |
| The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State’s Part C exiting 618 data | 19,063 |
| 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. | 9,515 |

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

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

NO

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

The criteria for defining “comparable to same-aged peers” is a developmental quotient (DQ) of greater or equal to the 80 and one or more exit raw subdomain scores are greater than the entry raw subdomain score on the Battelle Developmental Inventory (2nd ed.)

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

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

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

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

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

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

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

The Lead Agency (MA-C) had 19,063 children exit the Part C system during FFY21. 9,515 received less than six months of early intervention services prior to exit and were excluded from the Indicator 3 analyses. 6,791 children had only a single evaluation (i.e., either entry or exit) or had an incomplete evaluation and could not be included in these analyses. Because the BDI-2 does not permit for administration via telehealth and MA-C's EIS programs continued to provide services predominantly via telehealth, this discrepancy is not unexpected.

MA-C used the Meaningful Differences calculated developed by ECTA to better understand its outcome data (template available at https://ectacenter.org/eco/pages/childoutcomes-calc.asp). This calculator compares state data from FFY20 to FFY21 and compares EIS program-level data to the state data for FFY21. The calculator uses a test of proportional difference to determine if the difference between the two percentages is statistically significant based on the confidence levels of each indicator.

When comparing the state data from FFY20 to state data from FFY21, MA-C observed statistically significant improvements across all three outcomes for both Summary Statement 1 and Summary Statement 2.

When comparing FFY21 EIS program-level data to FFY21 state data, MA-C observed the following:
21/59 EIS Programs demonstrated statistically significant improvements in Outcome 3A, Summary Statement 1.
23/59 EIS Programs demonstrated statistically significant improvements in Outcome 3A, Summary Statement 2.
17/59 EIS Programs demonstrated statistically significant improvements in Outcome 3B, Summary Statement 1.
7/59 EIS Programs demonstrated statistically significant improvements in Outcome 3B, Summary Statement 2.
16/59 EIS Programs demonstrated statistically significant improvements in Outcome 3C, Summary Statement 1.
14/59 EIS Programs demonstrated statistically significant improvements in Outcome 3C, Summary Statement 2.
27/59 EIS Programs did not demonstrate statistically significant improvements in any of the Child Outcomes for Summary Statement 1.
25/59 EIS Programs did not demonstrate statistically significant improvements in any of the Child Outcomes for Summary Statement 2.

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

## 3 - Prior FFY Required Actions

None

## 3 - OSEP Response

## 3 - Required Actions

OSEP notes that one or more of the Indicator 3 attachment(s) included in the State’s FFY 2021 SPP/APR submission are not in compliance with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508), and will not be posted on the U.S. Department of Education’s IDEA website. Therefore, the State must make the attachment(s) available to the public as soon as practicable, but no later than 120 days after the date of the determination letter.

# Indicator 4: Family Involvement

**Instructions and Measurement**

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

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

A. Know their rights;

B. Effectively communicate their children's needs; and

C. Help their children develop and learn.

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

**Data Source**

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

**Measurement**

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

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

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

**Instructions**

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

Beginning with the FFY 2022 SPP/APR, due February 1, 2024, when reporting the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program, States must include race and ethnicity in its analysis. In addition, the State’s analysis must also include at least one of the following demographics: socioeconomic status, parents or guardians whose primary language is other than English and who have limited English proficiency, maternal education, geographic location, and/or another demographic category approved through the stakeholder input process.

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

## 4 - Indicator Data

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Measure** | **Baseline**  | **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| A | 2006 | Target>= | 80.20% | 80.30% | 80.50% | 85.00% | 90.00% |
| A | 74.90% | Data | 86.73% | 86.80% | 87.39% | 87.08% | 82.75% |
| B | 2006 | Target>= | 78.30% | 78.40% | 78.50% | 80.00% | 85.00% |
| B | ###C04BBASEDATA### | Data | 84.24% | 84.08% | 84.93% | 84.53% | 78.48% |
| C | 2006 | Target>= | 89.30% | 89.40% | 89.50% | 90.00% | 93.00% |
| C | 85.90% | Data | 93.55% | 93.07% | 93.92% | 93.91% | 90.81% |

**Targets**

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

**Targets: Description of Stakeholder Input**

MA-C collaborates closely with other State agencies on a variety of issues related to the early childhood system of care and the Part C system, including the Department of Elementary and Secondary Education (DESE), Purchase of Services Office (POS), the Office of Health Equity (OHE), the Division of Medical Assistance (MassHealth), the Department of Early Education and Care (EEC), the Office for the Child Advocate (OCA), the Division of Insurance (DOI), the Massachusetts Maternal, Infant, and Early Childhood Home Visiting team (MassMIECHV), the Early Intervention Parenting Partnerships (EIPP), the Massachusetts Autism Commission (MAC), Massachusetts Child Psychiatry Access Project (MCPAP), and the and the Department of Mental Health (DMH). Most of these agencies are represented on the State Interagency Coordinating Council (ICC).

This Annual Performance Report (APR) was developed with broad stakeholder input. At a State Interagency Coordinating Council (ICC) meeting in January 2023, the members reviewed results from FFY21 (7/1/21-6/30/22) for each indicator. Drafts were also shared with staff from the Early Childhood Technical Assistance Center (ECTA), who reviewed and provided initial feedback and guidance. On January 24, 2023, the ICC co-chairs adopted the APR as in lieu of submitting its own report, fulfilling the State Interagency Coordinating Council's obligations to report to the U.S. Department of Education for FFY21.

FFY21-FFY25 Targets were established during an ICC meeting in FFY20.

MA-C has partnered with the Parent Information and Training Center, the Federation for Children with Special Needs, and its State Interagency Coordinating Council (ICC) to target recruitment efforts towards individuals from under-represented communities including those who speak more than one language and those who identify as African American or Black families.

**FFY 2021 SPP/APR Data**

|  |  |
| --- | --- |
| The number of families to whom surveys were distributed | 6,074 |
| Number of respondent families participating in Part C  | 2,804 |
| Survey Response Rate | 46.16% |
| A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights | 2,342 |
| A2. Number of responses to the question of whether early intervention services have helped the family know their rights | 2,804 |
| 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 | 2,243 |
| B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs | 2,804 |
| C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn | 2,563 |
| C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn | 2,804 |

| **Measure** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 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) | 82.75% | 90.00% | 83.52% | 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) | 78.48% | 85.00% | 79.99% | 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) | 90.81% | 93.00% | 91.41% | 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.**

During FFY21, MA-C used the same sampling methodology from prior FFYs. The Part C Data Manager queried the state database to identify all children who were enrolled in early intervention for at least six months prior to the survey distribution date and initially included in the sample. Next, MA-C implemented its exclusion criteria: any child who's family had completed a survey in the prior reporting year were removed from the sample. MA-C identified 7,598 families eligible for the survey. EIS programs distributed the survey to only 6.074 families in the FFY21. Reported reasons for exclusion were losing contact with the family (e.g., family had exited program), difficulty contacting the family, and difficulty understanding how to distribute the electronic survey codes.

A contracted vendor compiled the survey data for MA-C and used tests of statistical significance to confirm the sample yielded valid and reliable estimates: "Sample mean is 703. Standard deviation of measures in 174. Standard error of the sample mean is 3.3, and there is a 95% confidence interval for the mean 696.8-709.6. This means that there is a 95% likelihood that the true value of the mean lies between these two values."

| **Question** | **Yes / No** |
| --- | --- |
| Was a collection tool used? | YES |
| If yes, is it a new or revised collection tool?  | NO |
| The demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program. | NO |

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

In FFY22, MA-C will implement a number of new initiatives designed to increase the response rate, particularly from communities of color who are historically underrepresented in the survey's respondents.

MA-C has created additional funding opportunities for EIS programs specifically targeted at increasing response rates. All EIS programs are eligible for these targeted funds, which are distributed on a sliding scale to reinforce improvement across federal fiscal years, as well as consistent response rates above the statewide average.

MA-C has offered multiple training opportunities for EIS programs to share information about the importance of the survey, response rate, and representativeness. The Part C Data Manager conducted a series of presentations to the State Interagency Coordinating Council in FFY21 to share our analyses and solicit feedback and potential solutions.

Beginning in FFY22, MA-C will devote considerable resources to targeted technical assistance to EIS programs with response rates below the statewide average or those with stagnant rates across federal fiscal years. During regular meetings with its EIS programs, MA-C will review the program’s response rate compared to the previous year and to the expected number of families to ensure representativeness across programs and demographics. Beginning in FFY22, MA-C will create a real-time data dashboard for Lead Agency staff to review response rates by program, race, and geography and will train local programs to use a version of this dashboard to monitor their own response rates.

Beginning in FFY22, and as a direct result of the conversations facilitated by the MA-C Data Manager in FFY21, the State Interagency Coordinating Council (ICC) established a charge for the Family Engagement Subcommittee to study the matter and offer specific recommendations for improving the response rates and representativeness.

Beginning in FFY22, MA-C has contracted with a vendor who is a longtime community partner to assist in increasing the response rate and representativeness of these responses. This vendor was selected in part because of its deep ties to the Commonwealth's Parent Training and Information Center and particularly because of the diverse languages, geographic locations, and lived experiences its staff bring.

Finally, two new questions will be added to the FFY22 survey: one to capture the geographic region in which the respondent resides and a second optional and open-ended question to collect narrative information about the extent to which the respondent believes their race, ethnicity, gender, or primary spoken language affects their early intervention services. Once available, these data will be analyzed and used to inform professional development and practice standards.

**Survey Response Rate**

|  |  |  |
| --- | --- | --- |
| **FFY** | **2020** | **2021** |
| Survey Response Rate | 29.68% | 46.16% |

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

In FFY22, MA-C will implement a number of new initiatives designed to increase the response rate, particularly from communities of color who are historically underrepresented in the survey's respondents.

MA-C has created additional funding opportunities for EIS programs specifically targeted at increasing response rates. All EIS programs are eligible for these targeted funds, which are distributed on a sliding scale to reinforce improvement across federal fiscal years, as well as consistent response rates above the statewide average.

MA-C has offered multiple training opportunities for EIS programs to share information about the importance of the survey, response rate, and representativeness. The Part C Data Manager conducted a series of presentations to the State Interagency Coordinating Council in FFY21 to share our analyses and solicit feedback and potential solutions.

Beginning in FFY22, MA-C will devote considerable resources to targeted technical assistance to EIS programs with response rates below the statewide average or those with stagnant rates across federal fiscal years. During regular meetings with its EIS programs, MA-C will review the program’s response rate compared to the previous year and to the expected number of families to ensure representativeness across programs and demographics. Beginning in FFY22, MA-C will create a real-time data dashboard for Lead Agency staff to review response rates by program, race, and geography and will train local programs to use a version of this dashboard to monitor their own response rates.

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Beginning in FFY22, MA-C has contracted with a vendor who is a longtime community partner to assist in increasing the response rate and representativeness of these responses. This vendor was selected in part because of its deep ties to the Commonwealth's Parent Training and Information Center and particularly because of the diverse languages, geographic locations, and lived experiences its staff bring.

Finally, two new questions will be added to the FFY22 survey: one to capture the geographic region in which the respondent resides and a second optional and open-ended question to collect narrative information about the extent to which the respondent believes their race, ethnicity, gender, or primary spoken language affects their early intervention services. Once available, these data will be analyzed and used to inform professional development and practice standards.

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

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

MA-C has also analyzed the response rate by region in which the 59 comprehensive EIS programs operate. The Commonwealth of Massachusetts was divided into 10 regions and the response rate for each EIS program operating in that region was first summed and then divided by the total number of EIS programs operating in the region to yield an average region response rate. Five regions had average response rates higher than the statewide average of 46.16%: Central (60.58%, range 20-85%), Metro South (47.64%, range 23-74%), West/North (77.17%, range 75-78%), West/Northwest (60.95%, range 60-61%), and West/South (67.20%, range 40-85%), The remaining Five regions had average response rates below the statewide average of 46.16%: Metro North (45.63%, range 2-70%), Boston (34.08%, range 10.24-80.95%), Northeast (41.54%, range 12-63%), Southeast (34.98%, range 16-59%), and West/Southwest (36.40%, range 18-54%).

In response to these findings, MA-C sought feedback from key representatives to identify the root causes of non-response and address the resulting non-response bias. One agency operating several EIS programs disclosed that they had discovered unused paper copies of the survey from FFY20 and distributed them to 34 additional families who met the inclusion criteria. Because these families were not originally included in MA-C selection, they may have altered the response rate. MA-C de-identifies responses from families and thus could not determined which families were included due to this program error. After seeking Technical Assistance from ECTA and feedback from key representatives across the Commonwealth, MA-C determined to include all responses received (i.e., including those distributed by the EIS program in error) because the perspective of every family matters.

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

MA-C analyzed the representativeness of responses received by race, ethnicity, and primary spoken language using a calculator developed by the Early Childhood Technical Assistance Center. This Excel workbook uses tests of proportional difference to compare the differences between the target population and the responses received. MA-C's analysis suggests that, although improved from FFY20, the responses are not yet representative of the infants and toddlers enrolled in the MA-C system because the responses underrepresented families who identify as African American or Black (13% of families enrolled/8% of response) and overrepresented families who identify as white (75% of families enrolled/83% of response).

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

MA-C used tests of proportional difference to determine representativeness of the responses by race, ethnicity, and language. A template of the ECTA Response Rate and Representativeness Calculator used can be found at https://ectacenter.org/eco/pages/familyoutcomes-calc.asp

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

MA-C uses the survey developed by the National Center for Special Education Accountability and Monitoring (NCSEAM), which has been in continuous use since 2008. Although MA-C has expanded the languages in which this survey is offered and has transitioned from a paper survey to a web-based survey, there have not been other significant review or updates since 2012. Based on feedback received during FFY21 from key representatives at the State Interagency Coordinating Council (ICC), MA-C plans to review the survey, consider if additional changes are warranted, and include on a future ICC agenda for discussion with key representatives.

## 4 - Prior FFY Required Actions

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

**Response to actions required in FFY 2020 SPP/APR**

The Lead Agency (MA-C) analyzed the response rate by race, ethnicity, and primary spoken language using a calculator developed by the Early Childhood Technical Assistance Center (ECTA). This Excel workbook uses tests of proportional difference to compare the differences between the target population and the number of responses received. MA-C's analysis suggests that response rates are comparable across race and ethnicity, though reduced response rates were observed among families identifying as African American or Black. Although MA-C does believe these responses are representative of the racial composition of children enrolled in the Commonwealth's Part C system, it has nonetheless sought feedback from key representatives and recruited assistance from its State Interagency Coordinating Council (ICC) to identify the root causes of non-response and address the resulting non-response bias in prior years. In direct response, the ICC has formed a subcommittee charged with suggesting additional steps MA-C should take to improve its response representativeness, including making recommendations for changing the survey used, which has not undergone substantive revisions since 2012.

## 4 - OSEP Response

OSEP’s response to the State’s initial FFY 2021 SPP/APR submission required the State to submit a revised sampling plan for this indicator by June 1, 2023. The State reported that it is moving toward a census approach in FFY2024.

## 4 - Required Actions

In the FFY 2022 SPP/APR, the State must report whether its FFY 2022 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

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

OSEP notes that one or more of the Indicator 4 attachment(s) included in the State’s FFY 2021 SPP/APR submission are not in compliance with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508), and will not be posted on the U.S. Department of Education’s IDEA website. Therefore, the State must make the attachment(s) available to the public as soon as practicable, but no later than 120 days after the date of the determination letter.

# Indicator 5: Child Find (Birth to One)

**Instructions and Measurement**

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

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

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

**Data Source**

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the E*DFacts* Metadata and Process System (E*MAPS*)) and Census (for the denominator).

**Measurement**

Percent = [(# of infants and toddlers birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100.

**Instructions**

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

Describe the results of the calculations.The data reported in this indicator should be consistent with the State’s reported 618 data reported in Table 1. If not, explain why.

## 5 - Indicator Data

**Historical Data**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target >= | 2.78% | 2.79% | 2.80% | 3.00% | 3.00% |
| Data | 4.82% | 4.71% | 5.05% | 4.97% | 4.66% |

**Targets**

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

Targets: Description of Stakeholder Input

MA-C collaborates closely with other State agencies on a variety of issues related to the early childhood system of care and the Part C system, including the Department of Elementary and Secondary Education (DESE), Purchase of Services Office (POS), the Office of Health Equity (OHE), the Division of Medical Assistance (MassHealth), the Department of Early Education and Care (EEC), the Office for the Child Advocate (OCA), the Division of Insurance (DOI), the Massachusetts Maternal, Infant, and Early Childhood Home Visiting team (MassMIECHV), the Early Intervention Parenting Partnerships (EIPP), the Massachusetts Autism Commission (MAC), Massachusetts Child Psychiatry Access Project (MCPAP), and the and the Department of Mental Health (DMH). Most of these agencies are represented on the State Interagency Coordinating Council (ICC).

This Annual Performance Report (APR) was developed with broad stakeholder input. At a State Interagency Coordinating Council (ICC) meeting in January 2023, the members reviewed results from FFY21 (7/1/21-6/30/22) for each indicator. Drafts were also shared with staff from the Early Childhood Technical Assistance Center (ECTA), who reviewed and provided initial feedback and guidance. On January 24, 2023, the ICC co-chairs adopted the APR as in lieu of submitting its own report, fulfilling the State Interagency Coordinating Council's obligations to report to the U.S. Department of Education for FFY21.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Number of infants and toddlers birth to 1 with IFSPs | 2,767 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021 | 06/28/2022 | Population of infants and toddlers birth to 1 | 66,368 |

**FFY 2021 SPP/APR Data**

| **Number of infants and toddlers birth to 1 with IFSPs** | **Population of infants and toddlers birth to 1** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 2,767 | 66,368 | 4.66% | 3.00% | 4.17% | Met target | No Slippage |

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

MA-C's annual child count occurred on October 1, 2021 and is reflective of pandemic levels with a decrease in the number of infants (birth to age one) made eligible for IDEA, Part C.

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. With the fluctuation in referral trends, EIS providers have expressed concern and uncertainty about the effects of COVID-19 on Child Find activities as the pandemic moves into an endemic phase. Key representatives have also noted potential adverse impacts to the social-emotional development of infants and toddlers due to difficulties with social distancing and reading facial expressions when adults are wearing masks, as was observed again in fall 2021 and winter 2022 when Massachusetts experienced a significant surge in COVID-19 cases due to the Omicron variant. Fewer opportunities for new activities and an increase in adult caregivers with new medical and mental health issues may ultimately impact the development of the children. These impacts could see an increase in Child Find activities later as families adjust to the ongoing impacts of the COVID-19 pandemic in their everyday life.

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.

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.

## 6 - Indicator Data

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target >= | 5.89% | 5.90% | 5.90% | 6.00% | 6.00% |
| Data | 9.44% | 9.54% | 10.05% | 10.59% | 10.45% |

**Targets**

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

Targets: Description of Stakeholder Input

MA-C collaborates closely with other State agencies on a variety of issues related to the early childhood system of care and the Part C system, including the Department of Elementary and Secondary Education (DESE), Purchase of Services Office (POS), the Office of Health Equity (OHE), the Division of Medical Assistance (MassHealth), the Department of Early Education and Care (EEC), the Office for the Child Advocate (OCA), the Division of Insurance (DOI), the Massachusetts Maternal, Infant, and Early Childhood Home Visiting team (MassMIECHV), the Early Intervention Parenting Partnerships (EIPP), the Massachusetts Autism Commission (MAC), Massachusetts Child Psychiatry Access Project (MCPAP), and the and the Department of Mental Health (DMH). Most of these agencies are represented on the State Interagency Coordinating Council (ICC).

This Annual Performance Report (APR) was developed with broad stakeholder input. At a State Interagency Coordinating Council (ICC) meeting in January 2023, the members reviewed results from FFY21 (7/1/21-6/30/22) for each indicator. Drafts were also shared with staff from the Early Childhood Technical Assistance Center (ECTA), who reviewed and provided initial feedback and guidance. On January 24, 2023, the ICC co-chairs adopted the APR as in lieu of submitting its own report, fulfilling the State Interagency Coordinating Council's obligations to report to the U.S. Department of Education for FFY21.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Number of infants and toddlers birth to 3 with IFSPs | 20,316 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021 | 06/28/2022 | Population of infants and toddlers birth to 3 | 204,232 |

**FFY 2021 SPP/APR Data**

| **Number of infants and toddlers birth to 3 with IFSPs** | **Population of infants and toddlers birth to 3** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 20,316 | 204,232 | 10.45% | 6.00% | 9.95% | Met target | No Slippage |

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

MA-C's annual child count occurred on October 1, 2021 and is reflective of pandemic levels with a decrease in the number of infants and toddlers (birth to age three) made eligible for IDEA, Part C.

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. With the fluctuation in referral trends, EIS providers have expressed concern and uncertainty about the effects of COVID-19 on Child Find activities as the pandemic moves into an endemic phase. Key representatives have also noted potential adverse impacts to the social-emotional development of infants and toddlers due to difficulties with social distancing and reading facial expressions when adults are wearing masks, as was observed again in fall 2021 and winter 2022 when Massachusetts experienced a significant surge in COVID-19 cases due to the Omicron variant. Fewer opportunities for new activities and an increase in adult caregivers with new medical and mental health issues may ultimately impact the development of the children. These impacts could see an increase in Child Find activities later as families adjust to the ongoing impacts of the COVID-19 pandemic in their everyday life.

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.

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.

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 7 - Indicator Data

**Historical Data**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 99.68% | 99.72% | 99.74% | 99.68% | 99.86% |

**Targets**

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

**FFY 2021 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 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 3,528 | 5,906 | 99.86% | 100% | 98.44% | Did not meet target | Slippage |

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

Massachusetts experienced an increased number of COVID-19 cases during the reporting year, reaching highs of more than 36,000 confirmed cases on a single date. The concomitant effects of these cases included required quarantine and isolation for workers, reducing the number of EIS providers available to an already strained and reduced workforce, still struggling to recover from the effects of the outset of the COVID-19 pandemic. The COVID-19 pediatric vaccine was not available until June 2022, which further suppressed families interest in in-home services. Taken together, these reasons account for the slippage observed in Indicator 7 from FFY20 to FFY21.

**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.**

2,286

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

MA-C's state database (EICS) captures the reasons for delay reviewed all the delay reasons for the children with their initial IFSP meetings delayed for circumstances, including those related to the COVID-19 pandemic.

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

There were 92 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 92 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).**

FFY21 Fourth Quarter (i.e., April 1, 2022-June 30, 2022)

**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 fourth quarter (April 1, 2022 to June 30, 2022) was selected for the calculation of the indicator. There were 5,906 infants and toddlers who were evaluated and assessed for whom an initial IFSP meeting was required between April 1, 2022 and June 30, 2022.

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

As advised by OSEP, delays in service provision caused by the public health response to the COVID-19 pandemic can meet the definition of exceptional family circumstances, as defined under 34 C.F.R. § 303.310(b), when the child and family are effectively unavailable. There were 2,286 children with their initial IFSP meetings delayed by the COVID-19 pandemic and other reasons attributable to exceptional family circumstances included in the numerator and denominator, as allowed by OSEP.

**Correction of Findings of Noncompliance Identified in FFY 2020**

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

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 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 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

**Response to actions required in FFY 2020 SPP/APR**

During FFY20 (July 1, 2020-June 30, 2021), the Lead Agency (MA-C) did not report 100% compliance for Indicator 7, the percentage of infants and toddlers with for whom an initial evaluation, assessment, and IFSP were completed within 45 days. MA-C reviewed its state
database and discovered 33 records across 14 EIS programs that suggested an initial evaluation, assessment, and IFSP were not completed within 45 days.

Upon discovery and before written findings of noncompliance were issued, MA-C initiated a pre-finding correction process consistent with it’s general supervision practices. The Part C Data Manager queried the state database (Early Intervention Client System; EICS) to review the children's individual records. Using data entered by EIS programs into EICS, the Part C Data Manager determined that nine children left the jurisdiction before an IFSP could be developed; she also determined that the remaining 24 children had an initial evaluation, assessment, and IFSP developed, although late, as demonstrated by service-level data entered by the EIS programs into EICS.

Next, the Part C Data Manager queried the EICS for the 14 EIS programs with compliance rates below 100%. For each EIS program, she sampled 10 child records at random using subsequent service-level data entered by the EIS programs and determined 100% compliance had been demonstrated.

Consistent with MA-C general supervision practices, no written findings of noncompliance were made. Instead, MA-C emailed the 14 EIS programs who had reported untimely evaluation, assessment, and initial IFSP to remind them of the regulatory requirement and offer training and technical assistance to sustain compliance.

## 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, 2021- June 30, 2022). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

## 7 - Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

# Indicator 8A: Early Childhood Transition

**Instructions and Measurement**

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

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

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

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

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

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

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

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

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

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

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

**Instructions**

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

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

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

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

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

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8A - Indicator Data

**Historical Data**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 99.91% | 99.99% | 99.59% | 98.41% | 99.18% |

**Targets**

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

**FFY 2021 SPP/APR Data**

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

YES

| **Number of children exiting Part C who have an IFSP with transition steps and services** | **Number of toddlers with disabilities exiting Part C** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 10,726 | 14,668 | 99.18% | 100% | 99.07% | 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.**

3,805

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

MA-C reviewed the delay reasons for all the children with their transition steps and services delayed.

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

136 Children had IFSPs with transition steps or services that were delayed for reasons not attributable to exceptional family circumstances including difficulty identifying or assigning a service provider, provider scheduling problem, and other local program administrative reasons.

**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).**

Full Reporting Year (July 1, 2021-June 30, 2022)

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

These data accurately reflect data for infants and toddlers with IFSPs for the full reporting period because they include all toddlers with disabilities exiting Part C during the reporting year for FFY21 (July 1, 2021-June 30, 2022).

**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%. The contracted vendor's work began in FFY22.

**Correction of Findings of Noncompliance Identified in FFY 2020**

| **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 2020**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 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 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

**Response to actions required in FFY 2020 SPP/APR**

The Lead Agency (MA-C) did not report 100% compliance for Indicator 8A, the percentage of toddlers with IFSPs developed with transition steps and services, in FFY20. MA-C reviewed its state database and discovered 46 records across 20 EIS programs that suggested that an IFSP with transition steps and services was 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 it’s general supervision practices. The Part C Data Manager queried the state database (Early Intervention Client System; EICS) to review the children's individual records. Using data entered by EIS programs into EICS, the Part C Data Manager determined that one child left the jurisdiction before the services were initiated; she also determined that the remaining 45 children had an IFSP with transition steps and services developed, although late, as demonstrated by service-level data entered by the EIS programs into EICS.

Next, the Part C Data Manager queried the EICS for the 20 EIS programs with compliance rates below 100%. For each EIS program, she sampled 10 child records at random using subsequent service-level data entered by the EIS programs and determined 100% compliance had been demonstrated.

Consistent with MA-C general supervision practices, no written findings of noncompliance were made. Instead, MA-C emailed the 20 EIS programs who had reported untimely development of an IFSP with transition steps and services to remind them of the regulatory requirement and offer training and technical assistance to sustain compliance.

## 8A - OSEP Response

## 8A - Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

# Indicator 8B: Early Childhood Transition

**Instructions and Measurement**

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

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

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

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

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

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

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

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

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

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

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

**Instructions**

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

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

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

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

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

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8B - Indicator Data

**Historical Data**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 88.90% | 86.88% | 88.48% | 80.55% | 99.02% |

**Targets**

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

**FFY 2021 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 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 6,687 | 9,039 | 99.02% | 100% | 78.24% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable**

The Lead Agency (MA-C) is responsible for sending notifications to the SEA for toddlers potentially eligible for Part B preschool services; EIS programs are responsible for sending 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 a local program 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 a local program determines a child is potentially eligible and when such data is entered into EICS. A second contributing factor is the notification process is a manual one. That is, EICS generates a file to be downloaded and transmitted to the SEA daily; if the file is not downloaded and transmitted to the SEA on holidays and weekends, the notification may be late. Third, MA-C's longtime Data Manager retired suddenly in December 2021, leaving incomplete and inaccurate documentation for how SEA notifications are obtained and transmitted. As a new Data Manager was not hired until January 2022, there were several weeks of delayed SEA notifications due to reliance on this incomplete and inaccurate documentation. Finally, the COVID-19 pandemic and its resulting workforce shortages continued to impact EIS programs' ability to enter data into EICS in a timely manner throughout FFY21, creating further delays between LEAs being notified and data on such notification being entered into EICS.

**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.**

492

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

The Lead Agency's (MA-C) state database (Early Intervention Client System; EICS) captures the reasons for delay. MA-C reviewed all the delay reasons for the children where notification to the LEA/SEA was delayed.

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

LEA/SEA notification was delayed for 31 children for reasons not attributable to exceptional family circumstances, including EIS program error or staffing issue at the EIS program or LEA.

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

These data are collected from MA-C's state database, the Early Intervention Client System (EICS). Local programs are responsible for the LEA notification and MA-C is responsible for SEA notification; after an LEA notification is made, the EIS program updates the child's record in EICS to document the date on which the LEA notification was sent. EICS then generates a list of toddlers who are potentially eligible for Part B preschool services for whom MA-C should send SEA notification. The Data Manager downloads the file and transmits it via a secure file transfer protocol to MA-B daily. 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).**

Full Reporting Period (July 1, 2021-June 30, 2022)

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

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

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

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 contracted providers with compliance rates less than 100%. The contracted vendor's work began in FFY22.

**Correction of Findings of Noncompliance Identified in FFY 2020**

| **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 2020**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| FFY 2019 | 2 | 2 | 0 |
|  |  |  |  |
|  |  |  |  |

**FFY 2019**

**Findings of Noncompliance Verified as Corrected**

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

As indicated in its FFY20 APR, MA-C identified two instances of noncompliance across EIS programs through its monitoring of the state database.

MA-C addressed prong 2 of OSEP Memo 09-02 by reviewing subsequent data to ensure ongoing compliance with the regulatory requirement of 100% of children have notification sent to the LEA in a timely manner. The EICS Application Lead (an Information Technology staff member embedded with MA-C) queried the EICS for the EIS programs with compliance rates below 100%. She sampled 10 child records per program at random using subsequent transition data entered by the EIS programs and determined 100% compliance had been demonstrated.

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

MA-C addressed prong 1 of OSEP Memo 09-02 by ensuring each individual case of noncompliance was corrected. Upon detecting the noncompliance, the Early Intervention Client System Application Lead (an Information Technology staff member embedded with MA-C) 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 EICS Application Lead determined that neither child left the jurisdiction before the notification could be sent, and notification to the LEA and SEA was sent for both children, although late, as demonstrated by transition data entered by the EIS programs into EICS (for LEA notification) and auto-generated data on the date of SEA notification on both children's records.

## 8B - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. In addition, the State must demonstrate, in the FFY 2021 SPP/APR, that the two findings of noncompliance identified in FFY 2019 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2020 and each EIS program or provider with remaining noncompliance identified in FFY 2019: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

**Response to actions required in FFY 2020 SPP/APR**

During FFY20, MA-C did not report 100% compliance for Indicator 8B, the percentage of toddlers potentially eligible for Part B services for whom notification was sent to the LEA and SEA in a timely manner. MA-C reviewed its state databased and discovered 25 records across 15 EIS programs that suggested that notification to the LEA and SEA was not made in a timely manner.

Upon discovery and before written findings of noncompliance were issued, MA-C initiated a pre-finding correction process consistent with it’s general supervision practices. The Part C Data Manager queried the state database (Early Intervention Client System; EICS) to review the children's individual records. Using data entered by EIS programs into EICS, the Part C Data Manager determined that no children left the jurisdiction before notification to the LEA and SEA could be sent. She determined that all 25 children had notification sent to their LEA and SEA, although late, as demonstrated by transition data entered by the EIS programs into EICS.

Next, the Part C Data Manager queried the EICS for the 15 EIS programs with compliance rates below 100%. For each EIS program, she sampled 10 child records at random using subsequent service-level data entered by the EIS programs and determined 100% compliance had been demonstrated.

Consistent with MA-C general supervision practices, no written findings of noncompliance were made. Instead, MA-C emailed the 15 EIS programs who had reported untimely notification to the LEA to remind them of the regulatory requirement and offer training and technical assistance to sustain compliance.

## 8B - OSEP Response

## 8B - Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

# Indicator 8C: Early Childhood Transition

**Instructions and Measurement**

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

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

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

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

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

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

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

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

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

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

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

**Instructions**

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

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

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

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

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

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8C - Indicator Data

**Historical Data**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 99.77% | 99.89% | 98.64% | 99.80% | 98.48% |

**Targets**

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

**FFY 2021 SPP/APR Data**

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

YES

| **Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler’s third birthday for toddlers potentially eligible for Part B** | **Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 7,414 | 10,604 | 98.48% | 100% | 98.72% | 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.**

581

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

**This number will be added to the "Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler’s third birthday for toddlers potentially eligible for Part B" field to calculate the numerator for this indicator.**

2,481

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

MA-C reviewed the reasons for delay and conducted a number of additional analyses.

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

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

**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).**

Full Reporting Period (July 1, 2021-June 30, 2022)

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

These data accurately reflect data for infants and toddlers with IFSPs for the full reporting period because the include all toddlers with disabilities exiting Part C who are potentially eligible for Part B services during the reporting year for FFY21 (July 1, 2021-June 30, 2022) whose families provided approval for such a conference.

**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 contracted EIS programs with compliance rates less than 100%. The contracted vendor's work began in FFY22.

**Correction of Findings of Noncompliance Identified in FFY 2020**

| **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 2020**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| FFY 2019 | 3 | 3 | 0 |
|  |  |  |  |
|  |  |  |  |

**FFY 2019**

**Findings of Noncompliance Verified as Corrected**

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

As indicated in its FFY20 APR, MA-C identified three instances of noncompliance through its monitoring of the state database for Indicator 8C, the percentage of children for whom a transition conference was held in a timely manner.

MA-C addressed prong 2 of OSEP Memo 09-02 by reviewing subsequent data to ensure ongoing compliance with the regulatory requirement of 100% of children having a transition conference in a timely manner. The EICS Application Lead queried the EICS for the EIS programs with compliance rates below 100%. She sampled 10 child records per program at random using subsequent transition data entered by the EIS programs and determined 100% compliance had been demonstrated.

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

MA-C addressed prong 1 of OSEP Memo 09-02 by ensuring each individual case of noncompliance was corrected unless the child was no longer within MA-C's jurisdiction. Upon detecting the noncompliance, the Early Intervention Client System (EICS) Application Lead (an Information Technology staff member embedded with MA-C) queried the former state database (EICS) to review the children's individual records. Using data entered by EIS programs into EICS, the EICS Application Lead determined that all three children left the jurisdiction before the notification could be sent, as demonstrated by transition data entered by the EIS programs into EICS.

## 8C - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. In addition, the State must demonstrate, in the FFY 2021 SPP/APR, that the three findings of noncompliance identified in FFY 2019 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2020 and each EIS program or provider with remaining noncompliance identified in FFY 2019: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

**Response to actions required in FFY 2020 SPP/APR**

During FFY20, MA-C did not report 100% compliance for Indicator 8C, the percentage of toddlers potentially eligible for Part B services for whom a transition conference was held in a timely manner. MA-C reviewed its state database and discovered 39 records across 22 EIS programs that suggested that a transition conference was not held in a timely manner.

Upon discovery and before written findings of noncompliance were issued, MA-C initiated a pre-finding correction process consistent with it’s general supervision practices. The Part C Data Manager queried the state database (Early Intervention Client System; EICS) to review the children's individual records. Using data entered by EIS programs into EICS, the Part C Data Manager determined that no children left the jurisdiction before a transition conference could be held. She determined that transition conferences were held for all 39 children, although late, as demonstrated by transition data entered by the EIS programs into EICS.

Next, the Part C Data Manager queried the EICS for the 22 EIS programs with compliance rates below 100%. For each EIS program, she sampled 10 child records at random using subsequent service-level data entered by the EIS programs and determined 100% compliance had been demonstrated.

Consistent with MA-C general supervision practices, no written findings of noncompliance were made. Instead, MA-C emailed the 22 EIS programs who had reported untimely transition conferences to remind them of the regulatory requirement and offer training and technical assistance to sustain compliance.

## 8C - OSEP Response

## 8C - Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

# Indicator 9: Resolution Sessions

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

Percent = (3.1(a) divided by 3.1) times 100.

**Instructions**

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

This indicator is not applicable to a State that has adopted Part C due process procedures under section 639 of the IDEA.

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

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

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

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

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

## 9 - Indicator Data

**Not Applicable**

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

YES

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

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

## 9 - Prior FFY Required Actions

None

## 9 - OSEP Response

## 9 - Required Actions

OSEP notes that this indicator is not applicable.

# Indicator 10: Mediation

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

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

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

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

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

## 10 - Indicator Data

**Select yes to use target ranges**

Target Range not used

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

NO

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/02/2022 | 2.1 Mediations held | 0 |
| SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/02/2022 | 2.1.a.i Mediations agreements related to due process complaints | 0 |
| SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/02/2022 | 2.1.b.i Mediations agreements not related to due process complaints | 0 |

Targets: Description of Stakeholder Input

MA-C collaborates closely with other State agencies on a variety of issues related to the early childhood system of care and the Part C system, including the Department of Elementary and Secondary Education (DESE), Purchase of Services Office (POS), the Office of Health Equity (OHE), the Division of Medical Assistance (MassHealth), the Department of Early Education and Care (EEC), the Office for the Child Advocate (OCA), the Division of Insurance (DOI), the Massachusetts Maternal, Infant, and Early Childhood Home Visiting team (MassMIECHV), the Early Intervention Parenting Partnerships (EIPP), the Massachusetts Autism Commission (MAC), Massachusetts Child Psychiatry Access Project (MCPAP), and the and the Department of Mental Health (DMH). Most of these agencies are represented on the State Interagency Coordinating Council (ICC).

This Annual Performance Report (APR) was developed with broad stakeholder input. At a State Interagency Coordinating Council (ICC) meeting in January 2023, the members reviewed results from FFY21 (7/1/21-6/30/22) for each indicator. Drafts were also shared with staff from the Early Childhood Technical Assistance Center (ECTA), who reviewed and provided initial feedback and guidance. On January 24, 2023, the ICC co-chairs adopted the APR as in lieu of submitting its own report, fulfilling the State Interagency Coordinating Council's obligations to report to the U.S. Department of Education for FFY21.

**Historical Data**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target>= |  |  |  |  |  |
| Data | 100.00% |  |  |  |  |

**Targets**

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

**FFY 2021 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 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 0 | 0 |  |  |  | N/A | N/A |

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

During the reporting period, The Lead Agency (MA-C) did not hold any 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.

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

## 10 - Prior FFY Required Actions

None

## 10 - OSEP Response

The State reported fewer than ten mediations held in FFY 2021. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

## 10 - Required Actions

# Indicator 11: State Systemic Improvement Plan

**Instructions and Measurement**

**Monitoring Priority:** General Supervision

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

**Measurement**

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

**Instructions**

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

***Targets:*** In its FFY 2021 SPP/APR, due February 1, 2023, the State must provide measurable and rigorous targets (expressed as percentages) for each of the five years from FFY 2021 through FFY 2025. The State’s FFY 2025 target must demonstrate improvement over the State’s baseline data.

***Updated Data:*** In its FFYs 2021 through FFY 2025 SPPs/APRs, due February 1, 2023 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 2021 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 2021 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, 2022). 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 2021 APR, report on anticipated outcomes to be obtained during FFY 2022, i.e., July 1, 2022-June 30, 2023).

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

C. Stakeholder Engagement

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

Additional Implementation Activities

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2021 APR, report on activities it intends to implement in FFY 2022, i.e., July 1, 2022-June 30, 2023) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

## 11 - Indicator Data

**Section A: Data Analysis**

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

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

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

NO

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

NO

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

NO

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

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

Progress toward the SiMR

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

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

NO

**Historical Data**

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

**Targets**

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

**FFY 2021 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 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| 858 | 1,714 | 49.31% | 57.00% | 50.06% | Did not meet target | No Slippage |

**Provide the data source for the FFY 2021 data.**

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

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

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

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

YES

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

The Supervisor Community of Practice (CoP) is for supervisors that have new EIS providers attending the Massachusetts Early Intervention Orientation. Supervisors can share existing knowledge to help each other, and their EIS providers improve their practice by providing a place to identify solutions to common problems and a process to evaluate best practices. The supervisors are required to take a pre- and post-self-assessment. The 25 participants who completed the self-assessments reported how they practiced a skill. Most significant areas of need prior to the Supervisor CoP:
• Research/Brain Science
• Functional Assessment/IFSP Outcomes
• PIWI Strategies
The post-assessment result in Research/Brain science improved from 42% to 52% supervisors explaining to families that positive caregiver-child interactions support early brain development. In the area of Functional Assessment and IFSP, Outcomes improved from 48%-82% of the supervisors using clinical skills and child development to complete functional assessments with families. Use of PIWI strategies improved from 41% to 59% of supervisors using triadic strategies with caregivers.

Overall, supervisors said that through the CoP, they gained more knowledge regarding using clinical skills and incorporating them into PIWI and daily routines. They also enjoyed learning what their new hires were learning and “keeping up to date” with the research and resources available to them (e.g., Family Engagement Framework Guiding Principles). They found collaboration—the ability to discuss, brainstorm, and share challenges/ideas on their own and across programs— to be the best part of the Supervisor CoP. Several supervisors commented that through the CoP, they have improved their supervision techniques and support and how to relate this to MA-C’s Mission, values, and key principles.

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

NO

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

YES

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

MA-C uses the Battelle Developmental Inventory (2nd ed; BDI-2) to assess children’s positive social-emotional skills. The completeness of the data were adversely affected as a direct result of the COVID-19 pandemic because the majority of early intervention services were provided via telehealth, which is not a validated mode to administer the BDI-2. Massachusetts experienced an increased number of COVID-19 cases during the reporting year, reaching highs of more than 36,000 confirmed cases on a single date (https://www.mass.gov/info-details/covid-19-response-reporting#covid-19-interactive-data-dashboard-). The concomitant effects of these cases included required quarantine and isolation for workers, reducing the number of EIS providers available to an already strained and reduced workforce, still struggling to recover from the effects of the outset of the COVID-19 pandemic. The COVID-19 pediatric vaccine was not available until June 2022, which further suppressed families interest in in-home evaluations and services. Taken together, MA-C's SSIP data (i.e., Indicator 3A, Summary Statement 1) was undeniably adversely affected by the COVID-19 pandemic.

MA-C took steps to mitigate the impact of COVID-19 on data collection by offering technical assistance to EIS providers to support in-person assessment while limiting possible exposure risks (e.g., one evaluator in person while others participate via telehealth). Additionally, MA-C provided personal protective equipment to EIS providers free of charge to enable in-person services to safely resume beginning in FFY20 and continuing throughout FFY21. MA-C partnered with the Massachusetts Department of Public Health's Vaccine Equity Initiative to help share facts about the COVID-19 vaccine and provide training to EIS programs to answer questions from their families. The FFY22 State budget provided an additional $8,694,086 of state-funding directly to EIS programs to for pandemic recovery payments "necessary to restore early intervention service hours and staffing through hiring and rehiring of clinical staff across the early intervention system and address increased operational costs of providing early intervention services due to the 2019 novel coronavirus including, but not limited to, testing, contact tracing, personal protective equipment, facility safety upgrades and protocols and information technology equipment, connectivity and technical support (https://budget.digital.mass.gov/summary/fy22/enacted/health-and-human-services/public-health/45131020)."

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) continues to prioritize its infrastructure improvements and is pleased to report progress on the following strategies during FFY21:

Governance (output 1) : MA-C hired a .5 FTE exclusively to assist in the planning, development, and supports for the State Interagency Coordinating Council (ICC) to develop an ICC Implementation Guide and provide technical assistance to the ICC co-chairs.

Data: (Outputs 8, 19, 20, 26, 27, 28, & 29) related to the instrument used to collect data for the SiMR, the Batelle Developmental Inventory, Second Edition. During FFY21, MA-C continued to hear from its contracted providers about challenges associated with the BDI-2. MA-C sought technical assistance from the Early Childhood Technical Assistance Center (ECTA), its OSEP liaison, and other Part C states about alternative instruments. Similarly, output 30 relates the to development of the state database, the Early Intervention Client System (EICS). The EICS is developed and maintained by a contracted vendor and managed by the EICS Application Lead, an Early Intervention Information Technology staff embedded within the MA-C. The EICS provides real-time data on system-level variables such as new referrals to the Part C system, the number of children enrolled in MA-C (i.e., those with active IFSPs), service utilization, billing and claims data, and exiting reasons. Although the EICS has been used by providers since November 2019, it is still in active phases of development.

Personnel (Outputs 2 & 3): MA-C retained a full-time epidemiologist with extensive experience in Maternal and Child Health, advanced analysis, and database structures to serve as its Part D Data Manager. Additionally, MA-C has created 1.0 FTE position of Clinical Quality Manager to oversee all aspects of its General Supervision System, including regular review and analysis of program- and child-level data reports to improve EIS program performance. MA-C discovered that the pilot of its revised personnel certification program had unexpectedly poor outcomes. Attrition was over 80% and participants reported that the portfolio review system was excessively complex and cumbersome. In light of these data, MA-C made the decision to hire a dedicated staff member to review and assist in planning the next steps. Delays in hiring a Comprehensive System of Personnel Development Coordinator necessitated delaying these activities until FFY22. MA-C has hired a new account analyst to assist in processing and auditing claims.

Finance: A new billing and claims format was introduced to enhance MA-C's ability to monitor services and claims.

Training & Technical Assistance: Outputs 5, 6, and 7 relate to Parents Interacting With Infants. During FFY22, MA-C continued the provision of PIWI training to contracted EIS programs. The Parents Interacting with Infants (PIWI) Institute was designed to increase attendees’ knowledge, skills, and abilities with respect to the PIWI model and philosophy, which is one activity MA-C has designed to improve its SiMR. The FFY21 training was evaluated after its completion in March 2022. Of its seven participants employed by five different EIS programs, most had been involved in the EIS community for more than five years. Using a Likert scale with rating of 5 as the highest and 1 as the lowest, these participants reported a mean rating of 4.5 when asked to rate the extent that the training improved their application of the evidence-based strategies to support parent-child interactions and progress toward IFSP outcomes. Even with their years of experience, this training improved their practice in supporting caregiver-child interactions and, in turn, developing children’s positive social relationships. Similarly, outputs 9, 21, 22, 23, and 24 relate to increasing EIS provider knowledge, skills, and abilities with respect to typical development. MA-C hosted the Child Development Institute (CDI), designed to increase attendees’ knowledge, skills, and abilities with respect to child development, including its history, differing theories, and the role culture plays in a child's development. The fall and spring cohorts of the FFY21 CDI were evaluated after their completion in December 2021 and June 2022, respectively. The Institute was attended by a total of 19 EIS providers employed by eight different programs. Attendees' experience level was more varied than other groups, ranging from less than three months to between 2-5 years, with a mode of 7-12 months of experience in the early intervention community. As a result of participating in this training, attendees reported significant improvements in their competence and confidence in all areas of child development addressed. Using a Likert scale with rating of 5 as the highest and 1 as the lowest, attendees reported a mean rating of 4.7 when asked to rate the extent that the training helped them connect child development to the IFSP process. Output 25 relates to increasing family engagement to include parents as partners in early intervention service delivery.

**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) continues to prioritize its infrastructure improvements and is pleased to report outcomes achieved during FFY2:

Output 1: MA-C the State Interagency Coordinating Council (ICC) Coordinator created a implementation guide for MA-C staff and appointed members. This document defines the purpose of the ICC, including its strategic goals and necessary tactical actions required to complete the various ICC-related tasks (e.g., preparing for meetings, orienting co-chairs, shepherding appointments to the Gov. office). A direct outcome of this document's creation is documented, replicable, streamlined procedures for ICC. A second outcome achieved for this output was the provision of extensive technical assistance to the ICC co-chairs. A direct outcome of this technical assistance was the co-chairs leading meetings more effectively, which lead to measurable charges for the ICC and a greater emphasis on coordinating care across the early childhood system in Massachusetts. Finally, the ICC Coordinator has shifted communication with appointed members from private emails to public posting on the ICC's website (https://www.mass.gov/interagency-coordinating-council-icc). This action has increased the public's access to the ICC meetings, including subcommittees. These activities are necessary for the SiMR because the ICC serves as MA-C's primary stakeholder body and cannot advise MA-C in improving child outcomes without appropriate and effective meeting structures. These activities are sustainable because the ICC Coordinator has created documentation that can be reused in future years with minor modification.

Output 2: MA-C has partnered with the Centers for Disease Control Foundation (CDCF) to retain a full-time epidemiologist with extensive experience in Maternal and Child Health, advanced analysis, and database structures to serve as its Part D Data Manager. As a direct result of this resource, MA-C began developing its Key Performance Indicators (i.e., real-time access to system-, program-, and child-level data for each of the APR indicators as well as additional system-level leading and lagging indicators of performance). Additionally, the Data Manager developed written protocols for each of these indicators (documented using DaSy's protocol forms found at https://dasycenter.org/data-processes-toolkit/) to ensure technical, replicable procedures are used for each data pull. MA-C has published its first interactive data dashboard to highlight the effects of race and geography on referrals to the Commonwealth's Part C system (https://www.mass.gov/info-details/early-intervention-data-and-reports). These activities are necessary to the SiMR because MA-C cannot make effective data-based decisions about its progress toward the SiMR without accurate, reliable, and valid data. These activities are sustainable because the Data Manager has created written protocols for each indicator and is collaborating with the Information Technology staff and vendor responsible for the development and maintenance of the state database, the Early Intervention Client System (EICS) to create automated and stored procedures in the future.

Output 3: MA-C has made limited progress on this output. Delays in hiring a Comprehensive System of Personnel Development Coordinator necessitated delaying these activities until FFY22.

Output 4: MA-C hired a new account analyst and upgraded its billing and claims system to prepare for greater fiscal audits.

Outputs 5-7: MA-C continued the provision of PIWI training to contracted EIS programs. As a direct result of this training, MA-C observed an increase in the number of attendees who reported that they implemented PIWI strategies into their practice. This is necessary for MA-C to achieve the SiMR because data suggest that implementing PIWI strategies can increase children's positive social-emotional skills. These practices are sustainable because they are embedded within the required orientation for all new EIS providers.

Outputs 8, 19, 20, 26, 27, 28, and 29: In preparing for the BDI's publisher to retire the BDI-2, MA-C has paused activity related to this output while it reviews alternative assessments. This is necessary to the achievement of the SiMR because the BDI-2 serves as the basis for measurement of the SiMR. The BDI-2 was normed in 2004 and contains a number of outdated tasks, which may influence a child's score.

Outputs 9, 21, 22, 23, and 24: MA-C hosted the Child Development Institute (CDI), designed to increase attendees’ knowledge, skills, and abilities with respect to child development, including its history, differing theories, and the role culture plays in a child's development. This was necessary for the achievement of the SiMR because EIS providers must be able to distinguish between typical and atypical development to administer and score the BDI-2 correctly and develop meaningful and appropriate IFSP outcomes for children in their care.

Output 25: Additional emphasis was placed on the supervisor's role in facilitating this engagement. The Reflective Supervision Institute was designed to teach the practice of reflective Supervision and exploration of the parallel process. The FFY21 training, which occurred between February- June 2022, was evaluated by 17 attendees, all of whom had been involved in the EIS community for at least two years, with most reporting more than five years 85% of participants reported that the as a result of this workshop, they able to develop relationships with the Early Intervention Specialist, which promotes the relationship between both the EIS provider and the parent and between the parent and the child. The attention is given to all relationships, including supervisor and EIS provider, EIS provider and parent, and between parent and infant or toddler. It is also about intentionally affecting relationships. This is necessary to achieving the SiMR because if we want parents to see, hold, respond to, and nurture their infants, they must have experienced these caregiving behaviors themselves.

Output 30: 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) submission of claims using a standard format (i.e., 837) that allowed MA-C to automate validations as part of its assurance of serving as the Payor of Last Resort, (2) completion of transfer paperwork within the EICS to ensure continuity of care and services for highly mobile children and other families changing EIS programs, (3) increased functionality for 22 agencies contracted to provide Early Intensive Behavioral Interventions, including creating seamless electronic referrals from the general EIS program to increase timely services, (4) significantly expanding the number of data fields that can be extracted by contracted providers to improve their access to real-time performance data, (5) expanding print privileges for certain user profiles to allow families to have greater access to their child's IFSP and records, and (6) a revised workflow for children exiting the Part C system to better support EIS programs as they work to transition children to the next phase of their educational journey. These are necessary to achieve the SiMR because of the critical role the EICS plays in measuring MA-C's progress toward the SiMR, and the activities are sustainable because the one-time development permits MA-C to use these enhancements moving forward.

**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) anticipates revising its evaluation plan during FFY22 to reflect a more targeted and streamlined approach to achieving the SiMR. That said, MA-C expects to continue its emphasis on its infrastructure improvements during FFY22, and anticipated the following outcomes to be achieved during the next reporting period:

Output 1: During FFY22, the MA-C State Interagency Coordinating Council (ICC) Coordinator will develop and deliver a structured orientation for all appointed members annually that includes an introduction to the purpose of the ICC, detailed information about the State Performance Plan/Annual Performance Report, an overview on the Massachusetts Open Meeting law, an overview of the Massachusetts State Ethics Commission and Conflict of Interest law, and the role of the ICC in assisting MA-C implement the requirements of the IDEA. Specific outcomes expected from these activities include appointed members receiving training materials, having aligned expectations among ICC members, and having effective ICC meetings that improve MA-C's implementation of the IDEA.

Output 2: During FFY22, the MA-C Data Manager will work with the EI IT staff to create Key Performance Indicator Reports available to MA-C staff monthly. The Manager of Clinical Quality will train MA-C staff to interpret these data and share them with contracted EIS programs monthly.

Output 3: During FFY22, MA-C has will hire a 1.0 FTE to serve as the Comprehensive System of Personnel Development Coordinator to study and revise the existing personnel certification system and improve the professional development system.

Output 4: During FFY21, MA-C did not make progress on this output. During FFY22, MA-C has will hire a 1.0 FTE to serve as the Finance Manager to develop and disseminate audit procedures to integrate within the General Supervision activities.

Outputs 9, 21, 22, 23, and 24: During FFY21, MA-C will engage key representatives from the Commonwealth's Part C system to identify a new instrument with which to collect data for Indicator 3 given the publisher's intent to discontinue the BDI-2.

Output 30: During FFY22, MA-C will continue to improve its state database, the Early Intervention Client System (EICS) to ensure collection of accurate, reliable, and valid data, including activating business rules and validations to check data quality.

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

The Lead Agency (MA-C) uses the science of Quality Improvement to monitor and inform its own practices.

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

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

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).

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

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

**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 FFY20. 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.**

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

During FFY22, the Lead Agency (MA-C) will provide training and technical assistance to MA-C staff to improve their knowledge, skills, and abilities with respect to the science of quality improvement and designing and implementing Plan-Do-Study-Act (PDSA) cycles.

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

**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 makes data-based decisions at every level of the organization. As more PDSA cycles are developed, implemented, and evaluated, changes to the infrastructure will be made to promote desired outcomes.

**Section C: Stakeholder Engagement**

Description of Stakeholder Input

MA-C collaborates closely with other State agencies on a variety of issues related to the early childhood system of care and the Part C system, including the Department of Elementary and Secondary Education (DESE), Purchase of Services Office (POS), the Office of Health Equity (OHE), the Division of Medical Assistance (MassHealth), the Department of Early Education and Care (EEC), the Office for the Child Advocate (OCA), the Division of Insurance (DOI), the Massachusetts Maternal, Infant, and Early Childhood Home Visiting team (MassMIECHV), the Early Intervention Parenting Partnerships (EIPP), the Massachusetts Autism Commission (MAC), Massachusetts Child Psychiatry Access Project (MCPAP), and the and the Department of Mental Health (DMH). Most of these agencies are represented on the State Interagency Coordinating Council (ICC).

This Annual Performance Report (APR) was developed with broad stakeholder input. At a State Interagency Coordinating Council (ICC) meeting in January 2023, the members reviewed results from FFY21 (7/1/21-6/30/22) for each indicator. Drafts were also shared with staff from the Early Childhood Technical Assistance Center (ECTA), who reviewed and provided initial feedback and guidance. On January 24, 2023, the ICC co-chairs adopted the APR as in lieu of submitting its own report, fulfilling the State Interagency Coordinating Council's obligations to report to the U.S. Department of Education for FFY21.

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

During FFY21, the Lead Agency (MA-C) focused on engaging stakeholders around Output 30. MA-C retained the services of a project management consulting group to engage key representatives specifically around the development of its state database, the Early Intervention Client System (EICS). During April, May, and June 2022, meetings were held with individual EIS programs, developers of third-party billing and electronic health records used by the EIS programs, and EICS users with similar roles (e.g., claims billers). Additionally, general information and updates about development and enhancements related to EICS during its bi-monthly webinars offered to EIS program directors.

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

YES

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

Stakeholders cited cost and lack of knowledge as barriers to providing the Lead Agency (MA-C) with required data in the required format. In direct response, MA-C increased its contract with a vendor responsible for the development of the state database (the Early Intervention Client System; EICS) to provide several hours of targeted technical assistance to EIS programs struggling to provide the required data in the required format, free of charge to contracted EIS and specialty services (e.g., Early Intensive Behavioral Intervention) programs.

**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.**

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

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

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

The Lead Agency (MA-C) has completed additional activities related to the implementation of strategies and activities to ensure evidence-based practices designed to increase the SiMR were implemented with fidelity. As part of the training and technical assistance outputs described above, MA-C has completed the following activities:

-Three Communities of Practice for supervisors to ensure that Supervisors could support EI Specialists with Evidence-Based Practice such as, How Children Learn, High-quality IFSP Outcomes, Family-centered practice, Parenting Interacting with Infants, Family Engagement. This includes a supervisor self-assessment checklist designed to evaluate the levels of evidence-based practice used by supervisors.

-Two Parent Interacting with Infants Institutes: The PIWI Institute training provides an overview of the Parents Interacting with Infants (PIWI) model, the “why” behind PIWI, strategies for successful implementation, and opportunities to problem-solve challenging situations. Over the course of the training, participants learned how to recognize dyadic characteristics observed between the parent and the child, build confidence by using triadic strategies to support parent-child interactions and differentiate how each discipline in EI can support and promote the PIWI philosophy using their individual expertise. Participants gained an understanding of how functional assessment supports the PIWI philosophy. Participants are observed interacting with a family enrolled in early intervention services as part of this intensive training and receive feedback about the extent to which they are implementing evidence-based strategies in their practice.

-Two Reflective Supervision Institutes- The Institute focused on using reflection and the parallel process to promote the EI Specialist's relationship with parents and caregivers to support the parent/caregiver's relationship with the child. Reflection also enhanced the Specialist's use of the PIWI philosophy during home visits. Participants are observed interacting with a family enrolled in early intervention services as part of this intensive training and receive feedback about the extent to which they are implementing evidence-based strategies in their practice.

- Training on implicit bias: MA-C offered a series of trainings designed to explore what implicit bias is and how such biases can impact the implementation of evidence-based practices designed to improve the SiMR. Each EIS program could send four staff, at least two of whom were supervisors, and staff who completed the training were expected to use pyramidal training to disseminate the knowledge within their local EIS program.

-Training on Interrogating Whiteness in the Early Intervention System: MA-C offered a series of trainings for Supervisors and EI Specialists with affinity groups to explore how the implementation of evidence-based practices designed to improve the SiMR can be impacted by the characteristics of white supremacist culture and how to change practices to better center families.

-Trainings on Compassionate Care for Specialty service: MA-C provided training on evidence-based strategies to increase compassionate care and provided a tool for self-assessment and practice implementation ( e.g., Taylor, LeBlanc, & Nosik, 2019).

-Child Development Institute: As described above, MA-C hosted the Child Development Institute (CDI) which consisted of six 2.5-hr sessions and one 1-hr reflection session. The purpose of the CDI was to educate EIS providers about child development, with special attention given to cultural perspectives. This knowledge will increase the SiMR because participants learned to use child development information to inform their ongoing practices related to the IFSP process, documentation, and communication with families. The CDI included opportunities for small and large group discussions. Modalities for sharing information included lectures, discussion, video, and reflection. Participants will have time to connect what they have learned to their current practice and plan for incorporation of the material in future processes at their individual programs.

## 11 - Prior FFY Required Actions

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

**Response to actions required in FFY 2020 SPP/APR**

The Lead Agency (MA-C) posted all attachments included in its FFY20 APR on its website within 120 days after the date of the determination letter.

## 11 - OSEP Response

## 11 - Required Actions

# Certification

**Instructions**

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

**Certify**

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

**Select the certifier’s role**

Designated Lead Agency Director

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

**Name:**

Emily White

**Title:**

Part C Coordinator & Early Intervention Division Director

**Email:**

Emily.A.White@mass.gov

**Phone:**

(781) 400-6648

**Submitted on:**

04/25/23 2:35:55 PM

# Determination Enclosures

## RDA Matrix

**Massachusetts**

2023 Part C Results-Driven Accountability Matrix

**Results-Driven Accountability Percentage and Determination[[1]](#footnote-2)**

| **Percentage (%)** | **Determination** |
| --- | --- |
| 71.88% | Needs Assistance |

**Results and Compliance Overall Scoring**

|  | **Total Points Available** | **Points Earned** | **Score (%)** |
| --- | --- | --- | --- |
| **Results** | 8 | 4 | 50.00% |
| **Compliance** | 16 | 15 | 93.75% |

**2023 Part C Results Matrix**

**I. Data Quality**

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

|  |  |
| --- | --- |
| Number of Children Reported in Indicator C3 (i.e., outcome data) | 2,756 |
| Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data) | 19,063 |
| Percentage of Children Exiting who are Included in Outcome Data (%) | 14.46 |
| **Data Completeness Score[[2]](#footnote-3)** | 0 |

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

|  |  |
| --- | --- |
| **Data Anomalies Score**[[3]](#footnote-4) | 2 |

**II. Child Performance**

**(a) Data Comparison: Comparing your State’s 2021 Outcomes Data to other States’ 2021 Outcomes Data**

|  |  |
| --- | --- |
| **Data Comparison Score[[4]](#footnote-5)** | 1 |

**(b) Performance Change Over Time: Comparing your State’s FFY 2021 data to your State’s FFY 2020 data**

|  |  |
| --- | --- |
| **Performance Change Score[[5]](#footnote-6)** | 1 |

| **Summary Statement Performance** | **Outcome A: Positive Social Relationships SS1 (%)** | **Outcome A: Positive Social Relationships SS2 (%)** | **Outcome B: Knowledge and SkillsSS1 (%)** | **Outcome B: Knowledge and SkillsSS2 (%)** | **Outcome C: Actions to Meet Needs SS1 (%)** | **Outcome C: Actions to Meet NeedsSS2 (%)** |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY 2021**  | 50.06% | 61.07% | 75.32% | 31.24% | 86.35% | 49.31% |
| **FFY 2020**  | 49.31% | 64.37% | 77.63% | 19.89% | 84.04% | 41.97% |

**2023 Part C Compliance Matrix**

| **Part C Compliance Indicator[[6]](#footnote-7)** | **Performance (%)**  | **Full Correction of Findings of Noncompliance Identified in FFY 2020** | **Score** |
| --- | --- | --- | --- |
| **Indicator 1: Timely service provision** | 99.58% | N/A | 2 |
| **Indicator 7: 45-day timeline** | 98.44% | N/A | 2 |
| **Indicator 8A: Timely transition plan** | 99.07% | N/A | 2 |
| **Indicator 8B: Transition notification** | 78.24% | N/A | 1 |
| **Indicator 8C: Timely transition conference** | 98.72% | N/A | 2 |
| **Timely and Accurate State-Reported Data** | 100.00% |  | 2 |
| **Timely State Complaint Decisions** | 100.00% |  | 2 |
| **Timely Due Process Hearing Decisions** | N/A |  | N/A |
| **Longstanding Noncompliance** |  |  | 2 |
| **Specific Conditions** | None |  |  |
| **Uncorrected identified noncompliance** | None |  |  |

**Appendix A**

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

**The Percent of Children Included in your State's 2021 Outcomes Data (Indicator C3)**

Data completeness was calculated using the total number of Part C children who were included in your State’s FFY 2021 Outcomes Data (C3) and the total number of children your State reported in its FFY 2021 IDEA Section 618 data. A percentage for your State was computed by dividing the number of children reported in your State’s Indicator C3 data by the number of children your State reported exited during FFY 2021 in the State’s FFY 2021 IDEA Section 618 Exit Data.

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

**Appendix B**

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

**Anomalies in Your State's FFY 2021 Outcomes Data**

This score represents a summary of the data anomalies in the FFY 2021 Indicator 3 Outcomes Data reported by your State. Publicly available data for the preceding four years reported by and across all States for each of 15 progress categories under Indicator 3 (in the FFY 2017 – FFY 2020 APRs) were used to determine an expected range of responses for each progress category under Outcomes A, B, and C. For each of the 15 progress categories, a mean was calculated using the publicly available data and a lower and upper scoring percentage was set 1 standard deviation above and below the mean for category a, and 2 standard deviations above and below the mean for categories b through e[[7]](#footnote-8)[[8]](#footnote-9). In any case where the low scoring percentage set from 1 or 2 standard deviations below the mean resulted in a negative number, the low scoring percentage is equal to 0.

If your State's FFY 2021 data reported in a progress category fell below the calculated "low percentage" or above the "high percentage" for that progress category for all States, the data in that particular category are statistically improbable outliers and considered an anomaly for that progress category. If your State’s data in a particular progress category was identified as an anomaly, the State received a 0 for that category. A percentage that is equal to or between the low percentage and high percentage for each progress category received 1 point. A State could receive a total number of points between 0 and 15. Thus, a point total of 0 indicates that all 15 progress categories contained data anomalies and a point total of 15 indicates that there were no data anomalies in all 15 progress categories in the State's data. An overall data anomaly score of 0, 1, or 2 is based on the total points awarded.

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

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

**Expected Range of Responses for Each Outcome and Category, FFY 2021**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outcome\Category** | **Mean** | **StDev** | **-1SD** | **+1SD** |
| **Outcome A\Category a** | 1.43 | 1.62 | -0.19 | 3.05 |
| **Outcome B\Category a** | 1.26 | 2.27 | -1.01 | 3.53 |
| **Outcome C\Category a** | 1.14 | 1.59 | -0.45 | 2.73 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outcome\Category** | **Mean** | **StDev** | **-2SD** | **+2SD** |
| **Outcome A\ Category b** | 23.62 | 8.94 | 5.75 | 41.49 |
| **Outcome A\ Category c** | 20.32 | 12.69 | -5.05 | 45.69 |
| **Outcome A\ Category d** | 27.33 | 9.46 | 8.42 | 46.24 |
| **Outcome A\ Category e** | 27.3 | 15.11 | -2.92 | 57.52 |
| **Outcome B\ Category b** | 25.16 | 9.76 | 5.65 | 44.68 |
| **Outcome B\ Category c** | 28.73 | 12.11 | 4.5 | 52.95 |
| **Outcome B\ Category d** | 31.76 | 8.06 | 15.64 | 47.87 |
| **Outcome B\ Category e** | 13.09 | 8.56 | -4.02 | 30.21 |
| **Outcome C\ Category b** | 20.27 | 8.49 | 3.29 | 37.26 |
| **Outcome C\ Category c** | 23.01 | 13.08 | -3.16 | 49.17 |
| **Outcome C\ Category d** | 34.09 | 8.09 | 17.9 | 50.28 |
| **Outcome C\ Category e** | 21.49 | 15.06 | -8.62 | 51.6 |

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

**Anomalies in Your State’s Outcomes Data FFY 2021**

|  |  |
| --- | --- |
| **Number of Infants and Toddlers with IFSP’s Assessed in your State** | **2,756** |

| **Outcome A — Positive Social Relationships** | **Category a** | **Category b** | **Category c** | **Category d** | **Category e** |
| --- | --- | --- | --- | --- | --- |
| **State Performance** | 55 | 801 | 217 | 641 | 1,042 |
| **Performance (%)** | 2.00% | 29.06% | 7.87% | 23.26% | 37.81% |
| **Scores** | 1 | 1 | 1 | 1 | 1 |

| **Outcome B — Knowledge and Skills** | **Category a** | **Category b** | **Category c** | **Category d** | **Category e** |
| --- | --- | --- | --- | --- | --- |
| **State Performance** | 34 | 592 | 1,269 | 641 | 220 |
| **Performance (%)** | 1.23% | 21.48% | 46.04% | 23.26% | 7.98% |
| **Scores** | 1 | 1 | 1 | 1 | 1 |

| **Outcome C — Actions to Meet Needs** | **Category a** | **Category b** | **Category c** | **Category d** | **Category e** |
| --- | --- | --- | --- | --- | --- |
| **State Performance** | 27 | 282 | 1,088 | 867 | 492 |
| **Performance (%)** | 0.98% | 10.23% | 39.48% | 31.46% | 17.85% |
| **Scores** | 1 | 1 | 1 | 1 | 1 |

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

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

**Appendix C**

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

**Comparing Your State’s 2021 Outcomes Data to Other States’ 2021 Outcome Data**

This score represents how your State's FFY 2021 Outcomes data compares to other States' FFY 2021 Outcomes Data. Your State received a score for the distribution of the 6 Summary Statements for your State compared to the distribution of the 6 Summary Statements in all other States. The 10th and 90th percentile for each of the 6 Summary Statements was identified and used to assign points to performance outcome data for each Summary Statement[[9]](#footnote-10). Each Summary Statement outcome was assigned 0, 1, or 2 points. If your State's Summary Statement value fell at or below the 10th percentile, that Summary Statement was assigned 0 points. If your State's Summary Statement value fell between the 10th and 90th percentile, the Summary Statement was assigned 1 point, and if your State's Summary Statement value fell at or above the 90th percentile the Summary Statement was assigned 2 points. The points were added up across the 6 Summary Statements. A State can receive a total number of points between 0 and 12, with 0 points indicating all 6 Summary Statement values were at or below the 10th percentile and 12 points indicating all 6 Summary Statements were at or above the 90th percentile. An overall comparison Summary Statement score of 0, 1, or 2 was based on the total points awarded.

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

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

**Scoring Percentages for the 10th and 90th Percentile for Each Outcome and Summary Statement, FFY 2021**

| **Percentiles** | **Outcome A SS1** | **Outcome A SS2** | **Outcome B SS1** | **Outcome B SS2** | **Outcome C SS1** | **Outcome C SS2** |
| --- | --- | --- | --- | --- | --- | --- |
| **10** | 43.42% | 36.60% | 54.62% | 29.02% | 55.14% | 36.15% |
| **90** | 82.74% | 69.30% | 79.34% | 55.52% | 85.72% | 76.15% |

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

**Your State’s Summary Statement Performance FFY 2021**

| **Summary Statement (SS)** | **Outcome A: Positive Social Relationships SS1** | **Outcome A: Positive Social Relationships SS2** | **Outcome B: Knowledge and Skills SS1** | **Outcome B: Knowledge and Skills SS2** | **Outcome C: Actions to meet needs SS1** | **Outcome C: Actions to meet needs SS2** |
| --- | --- | --- | --- | --- | --- | --- |
| **Performance (%)** | 50.06% | 61.07% | 75.32% | 31.24% | 86.35% | 49.31% |
| **Points** | 1 | 1 | 1 | 1 | 2 | 1 |

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

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

**Appendix D**

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

**Comparing your State’s FFY 2021 data to your State’s FFY 2020 data**

The Summary Statement percentages in each Outcomes Area from the previous year’s reporting (FFY 2020) is compared to the current year (FFY 2021) using the test of proportional difference to determine whether there is a statistically significant (or meaningful) growth or decline in child achievement based upon a significance level of p<=.05. The data in each Outcome Area is assigned a value of 0 if there was a statistically significant decrease from one year to the next, a value of 1 if there was no significant change, and a value of 2 if there was a statistically significant increase across the years. The scores from all 6 Outcome Areas are totaled, resulting in a score from 0 – 12. The Overall Performance Change Score for this results element of ‘0’, ‘1’, or ‘2’ for each State is based on the total points awarded. Where OSEP has approved a State’s reestablishment of its Indicator C3 Outcome Area baseline data the State received a score of ‘N/A’ for this element.

**Test of Proportional Difference Calculation Overview**

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

Step 1: Compute the difference between the FFY 2021 and FFY 2020 summary statements.

e.g., C3A FFY2021% - C3A FFY2020% = Difference in proportions

Step 2: Compute the standard error of the difference in proportions using the following formula which takes into account the value of the summary statement from both years and the number of children that the summary statement is based on[[10]](#footnote-11)

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

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

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

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

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

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

0 = statistically significant decrease from FFY 2020 to FFY 2021

1 = No statistically significant change

2= statistically significant increase from FFY 2020 to FFY 2021

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

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

| **Summary Statement/ Child Outcome** | **FFY 2020 N** | **FFY 2020 Summary Statement (%)** | **FFY 2021 N** | **FFY 2021 Summary Statement (%)** | **Difference between Percentages (%)** | **Std Error** | **z value** | **p-value** | **p<=.05** | **Score: 0 = significant decrease; 1 = no significant change; 2 = significant increase** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SS1/Outcome A: Positive Social Relationships** | 2,663 | 49.31% | 1,714 | 50.06% | 0.75 | 0.0155 | 0.4864 | 0.6267 | NO | 1 |
| **SS1/Outcome B: Knowledge and Skills** | 4,394 | 77.63% | 2,536 | 75.32% | -2.31 | 0.0106 | -2.1776 | 0.0294 | YES | 0 |
| **SS1/Outcome C: Actions to meet needs** | 3,791 | 84.04% | 2,264 | 86.35% | 2.31 | 0.0094 | 2.4709 | 0.0135 | YES | 2 |
| **SS2/Outcome A: Positive Social Relationships** | 4,606 | 64.37% | 2,756 | 61.07% | -3.31 | 0.0117 | -2.8341 | 0.0046 | YES | 0 |
| **SS2/Outcome B: Knowledge and Skills** | 4,606 | 19.89% | 2,756 | 31.24% | 11.35 | 0.0106 | 10.7029 | <.0001 | YES | 2 |
| **SS2/Outcome C: Actions to meet needs** | 4,606 | 41.97% | 2,756 | 49.31% | 7.34 | 0.0120 | 6.1288 | <.0001 | YES | 2 |

|  |  |
| --- | --- |
| **Total Points Across SS1 and SS2** | **7** |

|  |  |
| --- | --- |
| **Your State’s Performance Change Score** | **1** |

## Data Rubric

**Massachusetts**

**FFY 2021 APR**[[11]](#footnote-12)

|  | **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 |
|  | **Subtotal** | 12 |
| **APR Score Calculation** | **Timely Submission Points** - If the FFY 2021 APR was submitted on-time, place the number 5 in the cell on the right. | 5 |
|  | **Grand Total** - (Sum of Subtotal and Timely Submission Points) = | 17 |

|  |  | **618 Data[[12]](#footnote-13)** |  |  |
| --- | --- | --- | --- | --- |
| **Table** | **Timely** | **Complete Data** | **Passed Edit Check** | **Total** |
|  **Child Count/Settings Due Date: 4/6/22** | 1 | 1 | 1 | 3 |
| **Exiting Due Date: 11/2/22** | 1 | 1 | 1 | 3 |
| **Dispute Resolution Due Date: 11/2/22** | 1 | 1 | 1 | 3 |
|  |  |  | **Subtotal** | 9 |
| **618 Score Calculation** |  |  | **Grand Total** (Subtotal X 2) = | 18.00 |

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

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**DATE: February 2023 Submission**

**SPP/APR Data**

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

**Part C 618 Data**

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

|  |  |  |
| --- | --- | --- |
| **618 Data Collection** | **EMAPS Survey** | **Due Date** |
| Part C Child Count and Setting | Part C Child Count and Settings in EMAPS | 1st Wednesday in April |
| Part C Exiting | Part C Exiting Collection in EMAPS | 1st Wednesday in November |
| Part C Dispute Resolution  | Part C Dispute Resolution Survey in EMAPS | 1st Wednesday in November |

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

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

## Dispute Resolution



## How the Department Made Determinations

Below is the location of How the Department Made Determinations (HTDMD) on OSEP’s IDEA Website.  How the Department Made Determinations in 2023 will be posted in June 2023. Copy and paste the link below into a browser to view.

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

1. For a detailed explanation of how the Compliance Score, Results Score, and the Results-Driven Accountability Percentage and Determination were calculated, review "How the Department Made Determinations under Section 616(d) of the *Individuals with Disabilities Education Act* in 2023: Part C." [↑](#footnote-ref-2)
2. Please see Appendix A for a detailed description of this calculation. [↑](#footnote-ref-3)
3. Please see Appendix B for a detailed description of this calculation. [↑](#footnote-ref-4)
4. Please see Appendix C for a detailed description of this calculation. [↑](#footnote-ref-5)
5. Please see Appendix D for a detailed description of this calculation. [↑](#footnote-ref-6)
6. The complete language for each indicator is located in the Part C SPP/APR Indicator Measurement Table at: <https://sites.ed.gov/idea/files/2023_Part-C_SPP-APR_Measurement_Table.pdf> [↑](#footnote-ref-7)
7. Numbers shown as rounded for display purposes. [↑](#footnote-ref-8)
8. Values based on data for States with summary statement denominator greater than 199 exiters. [↑](#footnote-ref-9)
9. Values based on data for States with summary statement denominator greater than 199 exiters. [↑](#footnote-ref-10)
10. Numbers shown as rounded for display purposes. [↑](#footnote-ref-11)
11. 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. [↑](#footnote-ref-12)
12. In the 618 Data table, when calculating the value in the Total column, any N/As in the Timely, Complete Data, or Passed Edit Checks columns are treated as a ‘0’. An N/A does not negatively affect a State's score; this is because 2 points is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the 618 Data table. [↑](#footnote-ref-13)