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## **1.0 PURPOSE AND SCOPE**

1.1.1. This procedure provides instructions for the accountability and monitoring of the Connecticut Birth to Three System comprehensive programs that provide supports and services to eligible children through self-assessments, data verification, and focused monitoring per Individuals with Disabilities Education Act (IDEA), Part C (only) to:

- Ensure compliance with federal and state standards and requirements.
- Evaluate success in achieving desired outcomes for families and children.
- Assist programs to achieve high levels of performance and to continually improve as new practice-based evidence are identified.


## **2.0 REFERENCES**

### **2.1 Associated Documents**

- 2.1.1. Compliance Agreement
- 2.1.2. Complaints Procedure
- 2.1.3. Dispute Resolution: Mediations and Hearings Procedure
- 2.1.4. Corrective Action Plan
- 2.1.5. Findings Letter / Data Summary Sheet

### **2.2 Source Information**

- 2.2.1. Connecticut Birth to Three Accountability and Monitoring Procedure, Effective July 1, 1996, Revised July 1, 2014.

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### 3.0 INSTRUCTIONS


#### 3.1 Federal Monitoring and Reporting Requirements

3.1.1. Connecticut Birth to Three System or Lead Agency **ADHERE** to the following:

1. **PROVIDE** general supervision to ensure compliance with statutes and regulations per the Individuals With Disabilities Education Act (IDEA), Part C.
2. **SUPPORT** activities and goals for the Office of Special Education Programs (OSEP), Monitoring and State Improvement Planning Division (MSIP), ensuring:
  - Consistency with Federal requirements.
  - Systems are designed to improve results for infants and toddlers and their families.
3. **KNOW** there are three primary mechanisms used to report data to federal government about implementation of Individuals with Disability Education Act (IDEA), Part C:
  - State Performance Plan (SPP) / Annual Performance Reports (APR)
  - Public Reporting of APR Data by Program
  - Child Count or 618 Data Tables

3.1.2. Early Intervention (EI) Programs, **PARTICIPATE** in variety of integrated monitoring activities including:


- Self-assessments
- Data verification
- Focused monitoring

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### 3.2 Determinations

3.2.1. Connecticut Birth to Three System or Lead Agency, each Spring **REVIEW** and **DETERMINE** whether all contracted Birth to Three Early Intervention (EI) programs meet requirements of Individuals with Disabilities Education Act (IDEA), Part C, as follows:

1. **COLLECT** the most recent Annual Performance Report (APR) data from four required compliance indicators in State Performance Plan (SPP), including:
  - SPP Indicator #1, Timely Services
  - SPP Indicator #7, Timely Initial Individualized Family Service Plans (IFSPs)
  - SPP Indicator #8a, Transition Plans
  - SPP Indicator #8c, Timely Transition Conferences
2. **COLLECT** data components from the four optional compliance indicators, including:
  - SPP Indicator #9, Correction of Non-Compliance within 12 months
  - SSP Indicator #14, Timely and Accurate Data
  - Parent Complaint/Concern data
  - Other monitoring data
3. **PERFORM** reviews using the following four step process:
  - a. **REVIEW** the four required SPP/APR indicators using previous year's APR data and recent data, in case data indicates that the indicator has been substantially corrected.
  - b. **VERIFY** whether any non-compliance that was identified more than 12 months before the determinations is corrected within 12 months.
  - c. **VERIFY** whether responses to emails about non-systemic data verification and all noted data errors are reviewed and programs are compared to the percentages for the state.
  - d. **REVIEW** data about parent complaints and concerns and **COMPARE** programs to the percentages for the state.
  - e. **REFER TO** Attachment 1, Connecticut's Four Determinations for further explanations of each determination.

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- 3.2.2. Connecticut Birth to Three System or Lead Agency **PROVIDE** EI Programs with determination letter and data summary sheets detailing reasons for decision.
1. **DEVELOP** a corrective action plan for programs determined to Need Assistance if one is not already in place.
  2. **DEVELOP** a compliance agreement for programs determined to Need Intervention and Need Substantial Intervention.
- 3.2.3. Once determinations are made **UNDERSTAND** a review process is available but new determinations are **NOT** made until the following year even if the program:
- Corrects non-compliance.
  - Is found to be substantially in compliance shortly after yearly determination is made.
- 3.2.4. **REFER TO** Section 3.8, Sanctions, for available enforcement actions.
- 3.3 State Monitoring of Local Programs**
- 3.3.1. **KNOW** the many components used for Connecticut Individuals with Disabilities Act (IDEA), Part C Accountability and Monitoring System, including but not limited to:
- Determinations
  - Public Reporting of Annual Performance Report (APR) and Data
  - Birth to Three program cyclical self-assessment
  - Improvement plans tracking necessary correction
  - Data verified for accuracy and timeliness
  - Focused monitoring process to thoroughly evaluate the quality of service provided
  - Complaints or due process hearings
  - Policies, procedures, and guideline
  - Training and technical assistance
  - Supervision of new programs
  - Provider updates and meetings
  - Contract management

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### 3.4 Program Self-Assessment

**NOTE**

Periodically parents, providers and lead agency staff will review the results from all Part C monitoring activities

3.4.1. **REFER TO** [www.Birth23.org](http://www.Birth23.org) under section "How are we Doing?", for a list of monitoring measures and self-assessment process.

1. **LOCATE** an excel file and interactive learning module about measures available.
2. **KNOW** measures may be adjusted as needed.
  - As research in the field of early intervention continues to identify and clarify best practices, and as regulations change, current measures are modified.

3.4.2. Early Intervention (EI) Programs **SUBMIT** self-assessment data electronically.


3.4.3. **WHEN** EI Programs complete and submit self-assessment,

**THEN** Connecticut Birth to Three System or Lead Agency **REVIEW** data and **IDENTIFY** in writing (Findings Letter) any non-compliance to address in improvement plan.

1. **INCLUDE** in Finding's Letter:
  - Measure used.
  - Regulatory or procedural reference.
  - Data supporting the non-compliance or need for improvement.
  - Due date for correction as applicable.
2. **ESTABLISH** due date for EI programs to submit evidence of correction or compliance approximately nine months after the date of Finding's Letter to provide lead agency time to verify sustained correction.

3.4.4. EI Programs **DEVELOP** an electronic improvement plan within 30 days of receiving the Finding's Letter.

3.4.5. Connecticut Birth to Three System or Lead Agency **VERIFY** correction of identified non-compliance within one year from the date of the written notification of findings.

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### 3.5 Improvement Plans

3.5.1. Early Intervention (EI) Programs **INCLUDE** in Improvement Plans the following:

1. Items identified for improvement or non-compliance EI Program is improving or correcting without regard to method of identification.
2. Detailed strategies the EI program will use to impact the previous results.
  - Examples: Developing internal tracking systems, training staff, restructuring, and technical assistance (TA).
3. List of records being reviewed AND noting the requirements and time-frames for each record.
  - Example: 10/10 records will have XYZ each month from May-July.
4. Due date for correction of each measure as identified in Findings Letter.

3.5.2. EI Programs **COLLECT** data for three consecutive months after implementation of strategies providing evidence of the measure is corrected and sustained.

#### NOTE

The standard is to review 10 percent of the number of eligible children with an active IFSP in the program with a minimum of 10 each month for three consecutive months.

1. **IF** due to the size of the EI program **AND** events do **NOT** occur often enough to review 10 %, or a minimum of 10 events each month,


**THEN REVIEW** all events occurring during the month.

- For example: periodic reviews of Form 3-1, Individualized Family Service Plan, or children exiting Birth to Three.

2. **SUBMIT** progress updates within six months of receipt of Findings Letter to ensure required TA is provided prior to the 12-month deadline for the verification correction of non-compliance.

3.5.3. Connecticut Birth to Three System or Lead Agency **ESTABLISH** method of verification of correction after program submits evidence of correction.

1. **DOCUMENT** in online improvement plan the verification of correction is complete.

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### 3.6 Data Verification


**NOTE**

“Data” is not only child specific information entered into Birth to Three Data System, but also information from self-assessments, improvement plan, and the child’s record.

3.6.1. Connecticut Birth to Three System or Lead Agency and Early Intervention (EI) Programs **USE** various methods for data verification to ensure data available is accurate and timely, as follows:

1. Built-in Edits within Birth to Three Data System, including:
  - Business rules requiring specific information in various fields.
  - a. **REFER TO** the Online Data User's manual at [www.Birth23.org](http://www.Birth23.org) for Providers, for a detailed list of edit checks available.
  
2. Verification of Annual Performance Report (APR) Data
  - Three times a year Lead agency complies (runs) data related to APR indicators.
    - (1) Lists are emailed to programs with missing data or data indicating required deadlines were not met.
  - Programs are given a timeline to provide supplemental information on why data is missing or correct any data errors in the data system.
  - For purposes of Individuals with Disabilities Education Act (IDEA) Determinations data errors are recorded as such. The program is asked to correct the data if possible.
  - Data verification responses are maintained as a record for each indicator for each year.
  
3. Public Reporting of Annual Performance Report (APR) Data
  - Annually APR reports are posted on [www.Birth23.org](http://www.Birth23.org) by indicator and program.



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### 3.6.1 (continued)

#### 4. Verification during On-site Monitoring Visits


- As part of on-site visits, discussions with program administrators and data entry staff address how data is collected and entered.
- Data summary pages are produced for each record being reviewed.
- Dates and other information in the child's record are compared to the information in the data system.

#### 5. Verification of Correction of Non-Compliance

- After identified non-compliance has been reported as corrected, the Lead Agency contacts programs to verify that the correction occurred as reported and that it was sustained for at least three months.
- This verification varies by measure and may be done through analyzing the available data in the Birth to Three database, child's records, parent interviews, and/or on-site visits.
- During an on-site data verification visit for the records used by the program to demonstrate correction are reviewed as well as a new sample of records.

#### 6. Special On-Site Reports and Visits

- From time to time the lead agency runs data reports on various measures by program. These reports by program are posted on the Data Verification section of [www.Birth23.org](http://www.Birth23.org) under Accountability. Outliers receive phone calls or emails to help confirm the accuracy of the data. If, over time, it is routinely observed that a program remains a consistent outlier or that data is not entered in an accurate and timely manner, a data verification visit may be made by the lead agency to determine the root cause of the issue(s).

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### 3.7 Focused Monitoring

3.7.1. **KNOW** with support from the National Center for Special Education Accountability and Monitoring (NCSEAM), Connecticut developed a focused monitoring system, as follows:

#### 1. Stakeholders Group

- The State Interagency Coordinating Council (ICC) serves as the base for a focused monitoring stakeholders group, with the addition of parents, a representative from the Part B focused monitoring staff, and a special education director from a local school district who is also on the Part B stakeholders group. The stakeholders group is responsible for advising the lead agency on priority areas and measures to be monitored each year as well as reviewing progress on the priority areas for the state as a whole.

#### 2. Indicators and Selection Measures


- The stakeholders review the priority areas that are of critical importance for quality and compliance. Performance in these areas is measured using data that can be aggregated centrally. The stakeholders define program selection measures and develop the protocols for the on-site visits. The protocols identify what to look for and where to look.

#### 3. Grouping and Selecting Programs

- To select which programs to visit, programs or agencies are first grouped by size. Three groups were identified based on the number of eligible children with IFSPs in each program on a given date. This type of grouping allows programs to be compared to similar sized programs. The current size groupings are posted on Birth23.org
- For each selection measure, the programs are then ranked by size group. Programs with the lowest rank in each group will be contacted for an on-site inquiry visit or data-verification. If a program has already received an on-site visit, the next lowest program will be selected. Programs may also be selected at random.

#### 4. The Focused Monitoring Team

- The base membership of each focused monitoring team includes the Birth to Three administrator(s) for the program being visited, parent team members. A provider from another Birth to Three program serving different towns is invited to participate as a peer member of the team as well. Other lead agency staff members are included in components of the visit as needed.

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5. The Focused Monitoring Cycle

- Programs are ranked and selected to receive on-site inquiry visits.
- Each program that is selected receives communication as the selections are made.
- All programs are provided copies of the ranking tables and they are posted on [www.Birth23.org](http://www.Birth23.org).


6. The components of a focused monitoring inquiry visit include:

- a. Pre-planning calls.
- b. The Lead Agency calls each program to set tentative dates approximately 1 to 2 months in advance. This is an opportunity for the program to ask questions and prepare staff.
- c. Desk Audit (before the on-site visit).
  - Prior to an inquiry visit, the monitoring team meets to review all available data about the program. Available data includes; previous monitoring results and correction, any complaint data, family survey data, existing reports, Section 616 determinations, and any new analysis as needed. The outcome of the desk audit is to define a number of hypotheses about the challenges that specific program may be facing related to the priority area. It is these hypotheses that drive the activities and findings of the inquiry visit. The Lead Agency arranges a conference call with the program administrator at the end of the desk audit to discuss the hypotheses and to assure that any hypotheses the program may have developed based on its own analysis are included.
- d. Planning and Scheduling.
  - During a number of planning phone calls and emails before the on-site visit, the program administrator(s) and the accountability and monitoring manager decide the best methods and days for gathering information from staff or other key people as related to the hypotheses.

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- e. Inquiry Visit (on-site).
  - Even though the inquiry visit is tailored for each program based on the desk audit, components of every visit include meetings with the agency administrator(s), record reviews, family interviews and staff interviews. Some visits may include interviews with Local Education Agency (LEA) staff or other community providers.
  - The most important aspect of focused monitoring is that each inquiry visit will be unique. The goal of focused monitoring is to determine whether the hypotheses about the priority area are true or not and, if needed, to develop a technical assistance plan with strategies that will have a high probability of improving a program’s quality and compliance.
  - At the end of each day during the on-site visit, the FM team, the program administrator(s), and the monitoring team meet to review findings and confirm the validity of the visit components as related to the hypotheses.
- f. Exit Meeting/Preliminary Report
  - On the last day of the inquiry visit, the focused monitoring team meets to summarize the data gathered in a preliminary report. An exit meeting is held in the afternoon with other lead agency staff to explain how a Technical Assistance (TA) request or a required TA plan might be developed.
- g. Final Summary Report
  - No more than 90 days after the exit meeting, the Lead Agency sends written identification of any findings of non-compliance in a final report to the program along with a form requesting feedback on each of the visit components. None of the information in the report should be new to the program as the findings are discussed during the end of day meetings and the exit interview.
- h. Impact on Improvement Plans
  - Within 2-3 weeks of receiving the summary report, if needed, the program will create or update an Improvement Plan. The due date for the correction of identified non-compliance is identified in the final report.

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3.7.1 (continued)

i. Verification of Correction

- Verification by the lead agency of the correction is required as soon as possible but no more than 12 months from the data on the final report. Correction of non-compliance specific to a child or family must be corrected within 45 days of identification as applicable.

**3.8 Complaints, Due Process Hearings, and Fiscal Audits**

3.8.1. Connecticut Birth to Three System or Lead Agency staff in coordination with Early Intervention (EI) Programs may **CREATE** improvement plan or revise an active improvement plan resulting from the following identifying area of concern:

- Formal or informal complaint
- Due process hearing
- Fiscal audit
- Other activities, as necessary


3.8.2. **REFER TO** the following procedures for managing formal and informal complaints:

- Complaints Procedure
- Dispute Resolution: Mediations and Hearing Procedure

**3.9 Sanctions**

3.9.1. Connecticut Birth to Three System or Lead Agency **PERFORM** one or more of the following actions for Early Intervention (EI) programs requiring assistance:

- **ADVISE** EI program of available sources of technical assistance.
- **PROVIDE** EI program with technical assistance.
- **UPDATE** state policies, procedures, advisories, and training.
- **MODIFY** Birth to Three Data System.
- **SEEK** to recover funds related to the specific noncompliance.
- **DEVELOP** a corrective action plan.

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3.9.2. Connecticut Birth to Three System or Lead Agency **DEVELOP** a compliance agreement for non-compliant programs in need of intervention or substantial intervention and enforce one or more of the following actions:

- Implementing monetary sanctions.
- Requiring the program to use its own funds for required technical assistance.
- Requiring the program to use its own funds to hire an external monitor.
- Withholding referrals to the program.
- Withholding a percentage of funds to the program pending evidence that the program has completed the corrective action plan.
- Amending the contract to shorten the term of the contract.

3.9.3. **IF** through the determination process **OR** at any other time the lead agency determines an EI Program needs substantial intervention,

**THEN** Connecticut Birth to Three System or Lead Agency **CONSIDER** taking one or more additional enforcement actions listed below:

1. **SEEK** to recover funds related to failure to meet the requirements of the contract.
2. **WITHHOLD** further payments to the program.
3. **INITIATE** process to cancel or not renew the contract.
4. **CONSIDER** the following monetary sanctions:
  - a. Requiring the program to commit resources for an external monitor to intensively track progress.
  - b. Withholding a percentage of the program's monthly payments (or funding) pending evidence the program has completed the compliance agreement.
    - (1) **FORWARD** withheld funds when program successfully completes compliance agreement.

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**NOTE**

This step matches the current contract language as of July 2013

3.9.4. **INCLUDE** enforcement actions in the contract between Lead Agency and Provider Agencies.

1. Quality Assurance:

- The Lead Agency reserves the right to use any appropriate enforcement actions to correct persistent deficiencies related to compliance with the IDEA or 17a-248 C.G.S., et seq. Persistent deficiencies are defined as substantial non-compliance issues identified by the lead agency either through data reports or on-site review or other quality assurance activities that have continued after being identified and noticed in writing to the Contractor for at least six months without significant improvement as determined by the Lead Agency.


2. Enforcement actions:

- Denying or recouping payment for services for which non-compliance is documented.
- Halting all new referrals until the deficiency is substantially remediated by the contractor.
- Amending the contract to reduce its length by revising the ending date.
- Termination or non-renewal of the contract in accordance with Part I of this contract.

3.9.5. **WHEN** contractor receives written notification from Lead Agency of impending enforcement action,

**THEN PROVIDE** contractor opportunity to:

- Meet with lead agency staff to review the available data,
- Explain requirements to achieve compliance, and
- Review the evidence of change necessary to demonstrate sufficient improvement to reverse the enforcement action, if appropriate.

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### 3.10 Incentives

3.10.1. Connecticut Birth to Three System or Lead Agency **PROVIDE** incentives to Early Intervention (EI) programs, as follows:


1. **VERIFY** EI Programs are meeting the following criteria:
  - In compliance.
  - Achieve acceptable performance levels on all current self-assessment measures.
  - Have few if any parent complaints.
2. **DO NOT** require compliant programs to develop an improvement plan.
  - a. Programs periodically **COMPLETE** self-assessment and **RESPOND** to data verification emails related to the Annual Performance Report and 618 data tables.
3. **DO NOT** perform on-site visits for program ranking high on focused monitoring selection measures unless selected.
4. **HIGHLIGHT** excellent performance of a particular program on the Birth to Three Provider Update or on the website.
5. **OFFER** programs with promising practices funding to provide training or technical assistance to other programs or to mentor new programs.

**END of Instructions**

### 4.0 REVISION HISTORY

Location	Description of Change
All	New Human Factored Procedure in New Template.



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### **Attachment 1, Connecticut's Four Determinations**

**REFER TO** the following factors the Lead Agency will consider in determining whether an EI program meets the requirements, needs assistance needs intervention or needs substantial intervention in implementing the requirements of IDEA, which include:

**A. Meets Requirements**


- EI program demonstrates substantial compliance on all compliance measures.
- EI program demonstrates that it corrects noncompliance in a timely manner.
- Timely and accurate data and identified data errors.
- The number and nature of complaints.

**B. Needs Assistance**

- EI program does **NOT** demonstrate substantial compliance on one or more of the compliance measures.
- EI program has **NOT** corrected identified noncompliance in a timely manner.
- Data is determined **NOT** to be timely or accurate.
- There are more complaints than would be expected or one is egregious.
- EI program has an active corrective action plan or compliance agreement.

**C. Needs Intervention**

- EI program has needed assistance for at least two years.
- EI program does **NOT** demonstrate substantial compliance on one or more of the compliance measures.
- EI program has **NOT** corrected identified noncompliance in a timely manner.
- Data is determined **NOT** to be timely or accurate, and improvements are NOT seen.
- There are more complaints than would be expected or one is egregious.
- The program has an active corrective action plan or compliance agreement.

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**D. Needs Substantial Intervention**

- EI program has an active corrective action plan or compliance agreement and has **NOT** made corrections as identified in plan.
- EI program fails to demonstrate substantial compliance on one or more of the compliance measures or other measures which significantly affects the core requirements of the program. (i.e. Delivery of services to children with disabilities).
- EI program has needed intervention for at least one year and the program has **NOT** corrected identified noncompliance in a timely manner.
- Data is determined **NOT** to be timely or accurate, and improvements are **NOT** seen.
- There are more complaints than would be expected or one is egregious.
- EI program has informed the lead agency that it is unwilling to comply.