MONITORING PROCEDURES MANUAL

Monitoring and Improvement

States must establish a general supervision system that monitors the implementation of Part C Individuals with Disabilities Education Act (IDEA) by early intervention programs. State monitoring activities ensure that states meet the IDEA program requirements to improve educational results and functional outcomes for all children with disabilities. This manual provides guidance and information about the Part C Individuals with Disabilities Education Act (IDEA) Monitoring and Improvement Procedures.

Montana Milestones Part C of IDEA Early Intervention Program
Monitoring Procedures Manual
August 2022

Introduction

This manual provides guidance and information about Monitoring and Improvement Procedures for the Part C Individuals with Disabilities Education Act (IDEA).

This guidance will help Early Intervention (EI) programs, staff, the Family Support Services Advisory Council (FSSAC), and other stakeholders understanding how Montana Milestones:

- Monitors for compliance and quality
- Identifies noncompliance
- Ensures timely correction of noncompliance

The Montana Department of Public Health and Human Services, Early Childhood and Family Support Division (ECFSD) is the lead agency for Montana Milestones Part C Early Intervention of the Individuals with Disabilities Education Act (IDEA). The Individuals with Disabilities Education Act mandates that lead agency monitor and enforce IDEA Part C requirements to improve educational results and functional outcomes for all infants and toddlers with disabilities. 34 CFR IDEA State monitoring and enforcement §303.700(b).

The Montana Milestones Part C Early Intervention program ensures and enforces implementation of IDEA through:

- State Performance Plan/Annual Performance Report (SPP/APR) including the State Systemic Improvement Plan (SSIP)
- Data accuracy and validation
- Quality, compliance, and results indicators
- Montana Part C rules and regulations including fiscal indicators and fiscal requirements such as use of funds, coordination of resources, payor of last resort, and system of payments
- Montana Part C procedural safeguards
- Interagency agreements
- Contracts with regional programs
- Dispute resolution
- Off-site and onsite monitoring to sustain improvement and correction
- Training and technical assistance

Montana Milestones uses a statewide, comprehensive, coordinated, multidisciplinary, interagency system to provide early intervention services for infants and toddlers with

disabilities and their families. Montana Milestones sets program expectations and provides resources and support. Montana Milestones and the ECFSD fiscal bureau ensure compliance with the federal requirements of Part C of the IDEA and Uniform Guidance.

The Montana Milestones Monitoring and Improvement System makes sure that EI programs meet federal and state regulations. Montana Milestone's monitoring takes an outcome-oriented approach. Monitoring activities include database reviews, desk audits, on-site monitoring, record reviews, dispute resolution activities, and audit reviews. The Montana Milestones Monitoring and Improvement System uses information from the monitoring activities to:

- Support continuous improvement through technical assistance and professional development
- Identify noncompliance and performance issues on an ongoing basis
- Ensure that regional programs are compliant with IDEA, SPP/APR indicators, and state priority areas
- Correct areas of noncompliance

Purpose of Monitoring Procedures Manual

The purpose of the monitoring manual is to inform the regional programs about the core requirements of IDEA and how to demonstrate compliance with the federal IDEA requirements. The manual also helps regional programs understand the monitoring procedures and expectations of their participation.

Next, this manual establishes guidelines and protocols for state staff for conducting monitoring, including procedures to:

- Identify noncompliance and performance issues
- Verify correction of noncompliance
- Offer technical assistance
- Use sanctions and incentives to support and sustain correction and improvement

General Supervision focuses upon individualized support to identify practices that lead to compliant and high-quality services, improve performance, and identify and ensure timely correction in areas of noncompliance.

Monitoring Overview

The regulatory requirements for General Supervision say all program providers of the Part C IDEA services are subject to monitoring within a three-year period.

Montana monitors all Part C programs annually for SPP/APR indicators, including notification of findings of noncompliance and verification of correction.

Monitoring verifies that valid and reliable data are reported in the APR and used to make decisions about regional program compliance and performance.

In addition, Montana's comprehensive monitoring includes supplementary measurements for quality, compliance, and results indicators. The frequency of comprehensive monitoring for regional programs is based on an established schedule of every 3 years, or on the results of the current FFY SPP/APR.

The Part C Coordinator may also perform focused monitoring on emergent issues in a specific region if any are discovered through fiscal or programmatic data reviews, technical assistance, or informal and formal dispute resolution processes.

The Montana Milestones monitoring procedures include combinations of on-site and desk reviews, interviews, focus groups, record or document reviews, and possibly self-assessments. These tools ensure that the state has a reasonably designed system of general supervision and oversight that results in compliance with IDEA and improved results for children and families.

Monitoring Policies

1) The state monitors all regional programs regardless of whether they received Part C federal funds.
2) All EIS providers, including regional programs and community providers, will be monitored each year for SPP/APR indicators and at least once every three years for priority indicators selected by the state.
3) The state identifies emergent issues using formal and informal dispute resolution processes, information gathered through technical assistance and professional development activities, and other components of the general supervision system. The state also uses this information to determine if monitoring of any regional program or community provider needs to be completed more frequently than scheduled.
4) Comprehensive monitoring is completed through onsite visits, desk audits, interviews with regional program staff and community providers. It may also include

data validation and monitoring of Part C programmatic requirements related to evaluation and assessment, implementation of IFSP services, natural environment justifications, and others.

5) Fiscal reviews and monitoring of Part C requirements for payor of last resort, system of payments, and coordination of resources are conducted at least once every three years in conjunction with monitoring of indicators selected by Montana.

6) When noncompliance is discovered, the state issues findings of noncompliance within 90 days of discovery and requires correction as soon as possible, but no later than one year from identification. More specific answers in the fiscal monitoring manual.

7) Regional programs and community providers who have noncompliance or issues with performance on SPP/APR or Montana's priority indicators will conduct root cause analyses and develop corrective action or improvement plans. These plans hold program and providers accountable for correcting or improving noncompliance or issues with performance by directing them to change policies and procedures or other internal mechanisms that led to the noncompliance.

8) The state provides targeted technical assistance to regional programs and community providers to correct or improve noncompliance or issues with performance so they can be sustained over time.

9) The state verifies correction of noncompliance by reviewing data to determine if the program is performing at 100 percent compliance and if each individual child's noncompliance has been corrected.

10) The state provides written communication to the regional program or community provider when noncompliance has been verified as corrected.

11) The state reports publicly each regional programs' performance on all SPP/APR indicators 120 days after the SPP/APR is submitted to the Office of Special Education Programs (OSEP) each year.

12) The state completes local determinations annually for each regional program.

Monitoring Procedures

Montana Milestones monitors each regional program annually for the SPP/APR indicators, conducts comprehensive monitoring once every four years on Montana's state priority areas, and can choose to complete focused monitoring with a regional program at any time emerging issues are identified.

The SPP/APR report aggregates annual monitoring results to report on Montana's performance for compliance and results. This data, in combination with the results of

comprehensive monitoring, provide an overview of how well IDEA is being implemented across Montana.

The monitoring procedures identify the activities or combination of activities used to collect data for IDEA quality, compliance, and results indicators. Monitoring activities include both off-site and on-site activities such as:

- Records review
- Database reports
- Interviews
- Focus groups
- Complaints (both formal and informal)
- Due process
- Fiscal monitoring and review of audit findings
- Review of contract performance and deliverables
- Other available methods

The amount of data for monitoring is identified for each monitoring indicator and, in some monitoring requirements, the state will request supporting documentation to verify the accuracy of the data.

Monitoring Process

Communication with regional programs prior to, during, and after Montana Milestone's monitoring helps regional programs understand the monitoring process, their involvement in it, and the results of the monitoring. Regional programs can expect the following process:

1) Prior to the start of monitoring, regional programs will get information about the monitoring process, including what will be monitored, how and when it will be done, and who will need to be involved. At this time, regional programs may be advised to upload source documents into Med Compass, inform families and community programs of their roles during the upcoming monitoring, and arrange staff time and schedules to be available during monitoring.

2) During monitoring, Montana Milestones will schedule meetings with regional program leadership and staff to tell them about preliminary summaries and to respond to and ask questions.

3) Montana Milestones will develop a report based on the data to summarize strengths, areas of improvement, and any compliance issues along with the data

supporting these conclusions. Montana Milestones will issue a findings letter where noncompliance was identified along with the actions required to correct the noncompliance.

4) Montana Milestones will schedule meetings with the regional program to discuss the summary and to plan next steps, including corrective actions, root cause analyses, technical assistance, and other actions as appropriate.

If noncompliance is identified through any of the monitoring activities, the regional program will be encouraged to correct the noncompliance as soon as possible, but are **required** to correct within than one year after the identification of the noncompliance.

Monitoring Indicators

The monitoring indicators are as follows:

APR/SPP Indicators

Indicator 1: Timely services

Percent of infants and toddlers with Individual Family Service Plans (IFSPs) who receive the early intervention services on their IFSPs in a timely manner.

Indicator 2: Natural environment

Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings.

Indicator 3: Improved outcomes

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.

Indicator 4: Family involvement

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.

Indicator 5: Birth to 1 child find

Percent of infants and toddlers birth to 1 with IFSPs.

Indicator 6: Birth to 3 child find

Percent of infants and toddlers birth to 3 with IFSPs.

Indicator 7: Initial IFSP timeline

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.

Indicator 8: Part C to Part B transition

Percent 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 the state educational agency (SEA) and the local educational agency (LEA) where the toddler resides consistent with any opt-out policy adopted by the state and 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.

The SPP and APR are distributed to stakeholders and are posted at [Montana Milestones (mt.gov)](mt.gov).

Montana Priority Indicators

ECFSD and Montana Milestones use the SPP and APR to evaluate how well the lead agency is performing against targets. The FSSAC uses the SPP and APR, as well as other fiscal and performance data, to advise and assist Montana Milestones in determining the additional requirements and priority areas that will be used to monitor regional programs' implementation of IDEA. The FSSAC also establishes committees to advise and assist Montana Milestones in developing strategies for improving outcomes in the identified priority areas.

The following priority indicators have been selected for monitoring regional programs, in addition to the SPP and APR indicators:

Priority indicator 1: Multidisciplinary evaluation (compliance)
 A multidisciplinary team of professionals are involved in the child and family assessment, child evaluation, and in IFSP team meetings.

Priority indicator 2: Multidisciplinary evaluation (quality)
Percent of records reviewed that include multidisciplinary team members related to reasons for referral or identified parent concerns.

Priority indicator 3: Timely provision of services (compliance)
 All services necessary to meet the development needs of the child and the needs of the family, as determined by the multidisciplinary IFSP team, are documented in the child's IFSP.

Priority indicator 4: Timely provision of services (compliance)
All IFSP services are provided in accordance with the frequency, intensity, duration, method, and length as documented in the child's IFSP.

Priority indicator 5: LEA invited to transition conference (compliance)
LEA staff are invited to the transition conference.

Priority indicator 6: Natural environment justification (results)
A justification is documented in the IFSP when a service is provided in an environment other than a natural environment.

Priority indicator 7: Family receipt of parent rights and dispute resolution information (compliance)
Parents receive a copy of their parent rights, including dispute resolution options, and these were explained to them.

Priority indicator 8: Mediation
Percent of mediations held that resulted in mediation agreements.

*Refer to appendices for the indicator measurement tables.

Monitoring Cycle

Cohort 1	Region 1
Cohort 2	Region 2
Cohort 3	Region 3
Cohort 4	Region 4

Montana Milestones will monitor regional programs in cohorts on a four-year cycle. In cases of emergent issues, Montana Milestones may perform focused monitoring on the issues identified in specific regions outside of the monitoring cycle.

Monitoring SPP/APR indicators process and timeline

Montana Milestones will review data in the Med Compass database to identify noncompliance and assess progress toward federal and local targets for implementation of Part C IDEA requirements. Data for the SPP/APR will be reviewed one time per year. Regional programs will receive findings of noncompliance when noncompliance is identified through the database review.

SPP/APR monitoring will follow a series of steps according to the following timelines:

September 1st	First data freeze
October 15th	Final data freeze for SPP/APR
October 15th through November 15th	Analyze data
November 15th	Identify Non-Compliance
November 15th through November 30th	Initiate draft of SPP/APR
November 15th through January 31st	Issue finding letters
December	Finalize SPP/ APR and initiate FSSAC certification
January	Submit SPP/APR

Comprehensive monitoring process and timeline

Comprehensive monitoring is a process by which selected regional programs are monitored by Montana Milestones Part C staff and ECFSD fiscal partners using both off-site and on-site monitoring activities. The team conducts comprehensive record reviews, parent and provider interviews, and fiscal examinations. The process identifies noncompliance and assesses the regional program's performance on quality indicators and efforts to improve outcomes for all infants and toddlers with disabilities or

developmental delay and their families. On-site and follow-up technical assistance is provided based on need.

Comprehensive monitoring also allows Montana Milestones staff to determine if the lead agency's strategies have resulted in qualitative and quantitative improvements. It also helps them create specific, tailored actions if compliance and improvement has not been achieved or sustained.

As part of comprehensive monitoring, Montana Milestones staff conduct a review of source documents in the state data management system. If needed, they request additional source documents to validate the accuracy of data in the state data management system and to monitor for compliance and quality using the state's priority indicators.

Both on-site and off-site activities for comprehensive monitoring follow this timeline:

Letter informing EI program for monitoring	November
Pre-monitoring activities	February
Monitoring activities	March/April
Post-monitoring activities	April/May
Monitoring reports issued to EI program, including issuing findings	May
Development and approval of corrective action plans for correction and improvement	May
Development of improvement plan	May
Progress monitoring of improvement plan	Ongoing
Verification of correction of noncompliance	Ongoing

*Timeline is subject to change

Comprehensive monitoring steps

Step 1: Letter informing EI program of monitoring
Regional programs in the selected cohort are notified of the scheduled monitoring activity by letter and electronic mail according to the timeline outlined in the table in the previous section. The letter will include:

- Date of monitoring
- Pre-monitoring activities checklist found in appendix C

- Documents and information required for the monitoring activity

Regional programs are expected to plan for the monitoring activity. After getting notification of the visit and the planned activities, the regional program should plan the accommodations and time needed for staff and family interviews and for Montana Milestones record reviews. Regional programs should start collecting any documents needed for the fiscal monitoring.

Montana Milestones plans to conduct comprehensive monitoring with every regional program serving infants and toddlers with disabilities within a 4-year cycle. Comprehensive monitoring is not intended to be a punitive action or an indication that the regional program is not meeting compliance or providing high-quality services.

Step 2. Pre-monitoring activities

Pre-monitoring activities apply to both on-site and off-site monitoring activities. The pre-monitoring activities may be conducted virtually.

The pre-monitoring agenda allows the regional program and Montana Milestones staff to discuss the purpose of the monitoring and the agenda for the on-site visit, agree on logistics, and ask questions about the visit. The regional program can give Montana Milestones documents prior to monitoring. At a minimum, documents that should be available for the pre-monitoring activities include:

- A list of infants and toddlers with disabilities served by the regional program if the regional program serves 50 or fewer infants and toddlers with disabilities
- Written policies and procedures which address items in the fiscal section of the   monitoring tool

Step 3: Monitoring activities

Monitoring activities apply to both on-site and off-site monitoring activities.

After notifying the selected EI programs and completing pre-monitoring activities, Montana Milestones will conduct monitoring activities for the regional program. The monitoring activities determine whether the regional program's processes and services are compliant with state and federal regulations. When conducting an on-site visit, Montana Milestones may conduct its on-site visit at multiple locations, but only one monitoring report will be issued to the regional program.

Monitoring Activities

Data accuracy and data validation

Montana Milestones staff use source documents uploaded in the state's database to verify and validate data submissions by each agency annually. Throughout the year, the Montana Milestones completes activities to verify the reliability, accuracy, and timeliness of data reported to DPHHS. Data validation is also done formally as part of comprehensive monitoring.

Data accuracy

Programs are required to meet all the data indicators in the data validation procedures. The data must reflect the required information and quality, be error-free, and include a reliable and consistent source of information.

Data validation

In Montana, Part C Family Support Specialists enter child and family data into the Montana Milestones sections in Med Compass. The Part C Family Support Specialists are the originators of the data that will be used in their daily work with children and their families. This data includes family demographics; child and family evaluation and assessment; and information about Part C IFSP services planned, provided, and billed for.

Those same data are used to report annually on statewide and regional performance for the SPP/APR. Data used for these purposes must be valid and reliable to make sound conclusions when monitoring and when used for program improvement. For SPP/APR compliance indicators, the data is used to monitor implementation of the requirements. When noncompliance is identified, data from Med Compass is used to verify correction of the noncompliance with data that also demonstrates correction of individual child noncompliance. These data are shared with and used by the FSSAC and other state stakeholders for the purposes of state-level planning and program improvement.

Montana Milestones provides Med Compass training to Part regional programs on a regular basis. They also send reminders of what data must be entered, when changes are made to the system, and when new staff at the regional level are onboarded.

Data validation steps

Montana Milestones Part C staff perform the following steps for Med Compass data validation as part of its annual monitoring process:

1) Conduct pre-monitoring training and communicate steps used in the in-depth data validation procedure.
2) Select child records for review based on a purposeful, representative sample developed in cooperation with DPHHS Epidemiology and Scientific Support Bureau (ESSB). The same sample used for data validation will also be used for programmatic and fiscal monitoring.
3) Communicate which child records are being reviewed and validated to the regional program being monitored. Request the upload of hard copies or electronic copies of documents or emails into the Med Compass document center.
4) Review source documents uploaded in Med Compass to validate data elements.
   a. Compare the data elements with the data in the source documents and record the information into a spreadsheet along with whether the data match, including data entered in Med Compass, data found in the source document, data match (yes/no), or notes about differences or discrepancies.
   b. If there are no source documents to check the data elements in Med Compass, ask additional questions about the data elements as a part of the interview process.
5) Share information collected on the spreadsheet with the regional program who determines which data are accurate if discrepancies are noted. Establish timelines with the regional program for correction.
6) If discrepancy is noted for any data element, issue a data accuracy finding to the regional program as part of the findings letter and summary report.

Validation of data and list of suggested source documents

Indicator 1: Timely services

Med Compass data points	Source documents
IFSP signature date (initial and subsequent IFSPs)	Electronic or paper copy of IFSP
Date each new service was initiated	FSS and community provider case notes, billing code data reflecting first date of service
Yes/No for timely provision of services	Part C IFSP services report (auto calculation of whether the service is timely or not) and/or worksheet that

	auto calculates timeliness if Med Compass and source data do not match
Programmatic or family reasons for delay (when required)	FSSs and provider case notes, or emails/text messages with families

Indicator 2: Natural environments

Med Compass data points	Source documents
IFSP service setting (where the intervention service will be provided)	Electronic or paper copy of the IFSP
IFSP intensity amount (what amount of time will be designated to the intervention service at each session)	Electronic or paper copy of the IFSP
IFSP service frequency amount (numeric entry)	Electronic or paper copy of the IFSP
IFSP service frequency (how many times per week, month, or year will the intervention service be provided)	Electronic or paper copy of the IFSP

Indicator 7: 45-day timeline

Med Compass data points	Source documents
Referral date	Email from the referral source or intake form
Evaluation/Eligibility determination	Evaluation report, case notes, electronic or paper copy of evaluation tool summary, or eligibility determination form signed by parent
Assessment	Case notes, evaluation and assessment report, or electronic or paper copy of assessment tool summary
Parent signature agreeing to an initial IFSP meeting to develop the IFSP	Eligibility determination form signed by the parent agreeing to move forward to an initial IFSP meeting
Initial IFSP meeting date	Case notes, meeting minutes, or electronic or paper copy of IFSP
IFSP developed with parent consent	Electronic or paper copy of IFSP, email with the IFSP attached, or meeting minutes reflecting parent signed

Yes/No for timely IFSP meeting	Part C IFSP Status Report (auto calculation) and/or worksheet that auto calculates timeliness if Med Compass and source data do not match

If a program provider meets less than 100 percent of the data indicators, this will result in a finding.

Record reviews

Montana Milestones staff review children's records to examine original source documents. They conclude if the program meets the Montana priority indicators and determine if there is noncompliance or issues with performance. EI programs are responsible for providing selected child records on the first day of the monitoring.

Selection of records for desk audit or onsite monitoring record review

Data from the data system (ECFSD caseload report) for all available records will be pulled for the monitoring period based on the following criteria:

If 10 percent of a region's population of children and families with IFSPs equals less than 15, a minimum of 15 records are selected for review based on Montana Milestones' stratified selection rules. If the total population of the subpopulation is less than 15, all records are selected.

The list of records to be reviewed is based on all active and recently inactive (within one year or within six months of the date of the scheduled monitoring) IFSP records in Med Compass or Montana Milestone's IFSP data system for the regions being monitored. The list of records is provided to regional staff 14 business days before the scheduled monitoring period for the region.

Parent interviews and focus groups

State staff may choose to interview families of infants and toddlers with disabilities or developmental delays to better understand compliance and performance in the regional programs. Families may be selected in the following ways:

- By the state staff or by the regional program
- According to specific information, such as families involved in dispute resolution processes, families of children who enrolled in public insurance after being referred to Montana Milestones, or children with non-compliant IFSPs
- Based on a random selection

Whenever possible, the regional program will be informed in advance of the names of any families selected by the state for an interview. However, in some circumstances, additional families may be identified to be interviewed based on review of records. The regional program is responsible for coordinating the interviews with families. Interview questions are used to triangulate data gathered from other monitoring activities. A summary of data collected through family interviews is included in the monitoring report.

Provider interviews

The state interviews the regional program administrators, Family Support Specialist Supervisors (FSSS), Family Support Specialists (FSS), service providers, and the fiscal manager. Interview questions are used to triangulate data gathered from other monitoring activities. A summary of data collected through staff interviews will be included in the monitoring report.

Fiscal monitoring activities

Both Part C staff and ECFSD fiscal staff will conduct fiscal monitoring activities. Fiscal monitoring may include document and record reviews, interviews, and/or a demonstration of financial processes and systems. The fiscal monitoring manuals list the fiscal monitoring indicators related to coordination of resources, payor of last resort, and system of payments. Regional programs will be informed in advance of materials that must be provided.

To learn more, read the Fiscal Monitoring Manual: Coordination of Resources, Payor of Last Resort, and System of Payments.

Post-monitoring activities

The post-monitoring activities apply to both on-site visits and off-site monitoring activities.

After the conclusion of monitoring activities, Montana Milestones will conduct a debrief meeting with the regional program, provide a summary of the visit, and identify timelines for post-monitoring activities. Any noncompliance that needs to be corrected immediately by the regional program will be identified during post-monitoring activities and provided in writing before the monitoring ends.

Letter of findings identifying noncompliance and monitoring report

Within 90 days after the monitoring activity (including analysis of APR indicators) or on-site visit, Montana Milestones will notify the regional program of any findings of noncompliance. A written letter of findings includes:

- The citation for the requirements with which the contractor is not compliant
- A requirement that the program correct the noncompliance as soon as possible, and in no case more than one year after the date of notification

A detailed monitoring report will outline the regional program's performance for each indicator monitored, along with a list of individual children records where noncompliance was identified. The monitoring report will also delineate child- and regional program-level corrective actions for the identified noncompliance. The report will also address areas in need of improvement and actions that must be taken to make these improvements.

The date of the findings letter and monitoring report serve as the date of the identification of the noncompliance.

Montana Milestones must account for all instances of noncompliance. To determine the steps that the regional program must take to correct the noncompliance and to document the correction, Montana Milestones may consider whether the noncompliance:

- Is extensive or found in only a small percentage of files
- Shows a denial of a basic right under IDEA
- Represents an isolated instance in the contractor's administration of the program
- Reflects a long-standing noncompliance to meet IDEA requirements

In the findings letter and the monitoring report, Montana Milestones will include the required actions a regional program may need to take, such as developing tracking or changing policies and procedures. For any noncompliance concerning a child-specific requirement that is not subject to a specific timeline requirement, Montana Milestones must also confirm that the regional program has corrected each individual case of noncompliance, unless the child is no longer within the area of the regional program. For example, if a child's evaluation was not conducted by a multidisciplinary team which resulted in noncompliance, the regional program would need to conduct the child's evaluation using a multidisciplinary team. In addition, Montana Milestones must confirm that each program correctly implements the IDEA requirement. Montana Milestones

also must ensure that each regional program has changed policies and procedures, developed internal tracking protocols, provided training to staff and providers, and other required actions to address the contributing factors that led to the noncompliance.

A copy of OSEP Memo 09-02 which mandates these requirements can be found in the Appendices.

Corrective action plans for correction and program improvement

Within the monitoring report, Montana Milestones will provide a list of required child-level and regional program-level corrective actions for noncompliance identified through record reviews and interviews. Montana Milestones requires that each contractor take action to correct the noncompliance as soon as possible, and in no case later than one year. Regional programs may be instructed to:

- Revise policies, procedures, and practices that contributed to or resulted in noncompliance
- Conduct root cause analyses to identify the contributing factors of the noncompliance
- Develop a corrective action plan to address root causes of the noncompliance
- Submit data to demonstrate correction
- Establish associated timelines

Montana will consider the following when determining required actions for findings from annual monitoring or long-standing noncompliance:

- Where and with whom the issue is occurring (one or more service coordinators, therapists, regionally, or statewide)
- Historical or trend data
- Contextual factors (the contractor's demonstrated ability to correct prior noncompliance)
- Number of issues or findings of noncompliance

If additional findings of noncompliance are identified through other data collection processes, Montana Milestones will require the regional program to develop a CAP specific to the additional areas of noncompliance. The CAP will be due to Montana Milestones 30 days after the regional program's receipt of the monitoring report.

Corrective action plans vary based on the amount and type of noncompliance. Corrective actions may be relatively uncomplicated and brief, like correcting a data error.

Or, they may be multifaceted and complex, like developing a policy and procedures for to support an appropriate evaluation process. Montana Milestones is committed to providing technical assistance to the regional program as they develop corrective action plans.

Verification of noncompliance

To verify correction of noncompliance, Montana Milestones completes the following 2 steps:

1) For each child-specific instance of noncompliance, Montana Milestones will review each child's record. For timeline requirements, Montana Milestones will verify that the required actions including evaluation/assessment and initial IFSP, IFSP services, transition plan, transition notice, and transition conference were completed although late, unless the child was no longer in the jurisdiction of the program. For child-specific noncompliance that is not connected to a timeline, the child's record must show that the requirements were implemented correctly, including that the parent signed consent to bill private insurance, the child received a multidisciplinary team evaluation, or a justification was written in the IFSP when the service was not provided in the natural environment.

2) For instances where the regional program had noncompliance, Montana Milestones will verify that the regional program is correctly implementing the requirements. Montana Milestones will review a minimum of 10 children's records for 1-2 months and the regional program must be at 100 percent compliance. Data may come from subsequent desk reviews, on-site monitoring, or a database.

Montana Milestones must verify the correction of noncompliance within one year of the identification of the noncompliance. Verification activities will occur before the conclusion of the one-year timeline. In this timeframe, Montana Milestones will notify the regional program in writing when findings of noncompliance have been verified as corrected. To learn more, read the Closure of Findings of Noncompliance.

If a regional program fails to demonstrate correction within the one-year timeline, Montana Milestones will impose additional corrective actions, sanctions, or enforcement actions based on the level of noncompliance and the duration of the failure to correct the noncompliance. Montana Milestones will continue to collect and review updated data to confirm that child-specific instances of noncompliance have been corrected and that the regional program is correctly implementing the requirements. If the program is not correctly implementing the regulatory requirements, Montana will identify the

causes of the continued noncompliance and take action to ensure correction, including enforcement actions.

Enforcement actions include, but are not limited to, mandatory technical assistance, increased reporting requirements, and the required use of funds for specific actions. If Montana Milestones finds additional children with noncompliance for the same requirement during later reviews, the regional program will require the child-specific noncompliance to be corrected but will not issue another finding. Montana Milestones will continue to pull data and verify individual child correction until the program is at 100 percent compliance and all child-specific noncompliance is corrected. Montana Milestones will maintain written documentation of corrections, including the date the correction of noncompliance was verified.

Closure of findings of noncompliance

Montana Milestones will inform the regional program in writing that the finding of noncompliance is closed after Montana Milestones verifies the correction of the noncompliance including child-specific noncompliance, correct implementation of the requirement by the program, and 100 percent compliance. The regional program should continue to conduct record review activities to identify any areas of need that may arise before future monitoring activities.

Collecting and Reviewing Local Program Data

Annual SPP/APR analysis, reporting, and monitoring

For SPP/APR compliance indicators, Montana Milestones will report data under each indicator in the SPP/APR that reflects the level of compliance prior to the program correcting any identified noncompliance, regardless of whether compliance is corrected prior to or following written notification of noncompliance. These data will be used to report publicly each regional program's performance on the SPP/APR indicators annually. For compliance indicators, Montana Milestones will report to the Office of Special Education Programs (OSEP) in the SPP/APR the number of findings of noncompliance verified as corrected within one year of written notification and findings corrected more than one year after written notification.

Targeted technical assistance and training

Montana Milestones uses data from monitoring to help plan targeted technical assistance and training to support and sustain correction and overall improvement. Montana Milestones identifies specific technical assistance and training for a region or

statewide by looking at trends and patterns of noncompliance related to IDEA requirements, results, quality areas, or practices. Technical and training needs may include activities like writing appropriate justifications when services are not provided in natural environments or transition conference requirements that include procedures for inviting LEA staff in sufficient time so they can participate.

Montana Milestones trains the regional program to use the Local Contributing Factors Tool and other root cause analysis tools or processes to develop a corrective action plan that will be monitored by the Part C staff. Root cause analysis focuses on the infrastructure issues that contribute to the noncompliance. These can include policies and procedures, funding, training and technical assistance, supervision, data, workforce shortages, and provider's practices. Training teaches how to develop and corrective action or improvement strategies to support and sustain correction and improvement. To use the Local Contributing Factors tool, go to (https://ectacenter.org/~pdfs/topics/gensup/ContributingFactor-Results_Final_28Mar12.pdf).

Montana Milestones Part C/Early Intervention staff use the Office of Special Education Programs (OSEP) national technical assistance centers to support Part C IDEA practices, processes, and procedures to achieve compliance, results, and quality. The Montana Milestones Part C team offers professional development and technical assistance to help programs understand and implement IDEA requirements. These tools promote understanding of monitoring and expectations for compliance, correction, and improvement.

Technical assistance provides knowledge, skills, and professional effectiveness to a program to ensure they meet the quality, compliance, and results indicators of the Part C of IDEA regulatory requirements. This assistance may vary in duration, topic, form, and structure. The results of monitoring inform the types of technical assistance and can include mentoring, coaching, training, and consultation. Technical assistance helps regional programs:

- Identify or emphasize areas that need attention during focused monitoring visits
- Determine need for additional technical assistance
- Modify policies and procedures

The Montana Milestones Part C staff review progress data on a monthly or quarterly basis to ensure benchmarks are being met.

Reporting to the Public

Montana Milestones/Part C Early Intervention SPP/APR is available on Montana Department of Public Health and Human Services website at https://dphhs.mt.gov/ecfsd/childcare/montanamilestones/partcreports.

Montana shares the annual SPP/APR with the Montana Empowerment Center and the Office of Public Instruction. The SPP/APR includes Montana's progress meeting the measurable targets found for each indicator and is reported to the public annually within 120 days of submission in February.

Montana Milestones uses data from indicators 1-11 in the state's Annual Performance Report (APR) to report publicly on the performance of each regional program. The regional program's annual report is posted on the Montana Milestone's website within 120 days of submitting the state's SPP/APR to OSEP each year. Each regional program's data in the annual report is considered when planning comprehensive monitoring once every three years to determine if any SPP/APR indicators need further investigation. This data may also lead to a special focused monitoring visit to investigate any compliance or performance issues related to the SPP/APR in between comprehensive monitoring.

The annual report compiles data for federal indicators and state reporting requirements. The results are used to make determinations. Learn more about determinations in the next section.

Each regional program's annual report is available at: https://dphhs.mt.gov/ecfsd/childcare/montanamilestones/partcreports.

Each regional program must make the SPP/APR available on the agency website and to the agency's board of directors.

Montana Milestones reports the SPP/APR to the public annually within 120 days of submission in February.

Annual Determinations

The Individuals with Disabilities Education Act (IDEA) requires each state lead agency to develop a state performance plan and annual performance report (SPP/APR). The plan and report evaluate the state's efforts to implement the requirements and purposes of the IDEA. This also describes how the state will improve its implementation.

When making determinations, the Part C Coordinator and the Part C state team use both the compliance and results indicators. The coordinator uses information from the state's database, SPP/APR, and the dispute resolution system as criteria for making regional determinations.

The SPP/APRs include indicators that measure child and family outcomes and other indicators that measure compliance with the requirements of the IDEA.

Montana Milestones uses the information provided by each regional program for the state's annual performance report, information obtained through any monitoring visits, and any data collected in the state's data management system to determine if the regional program:

1) Meets the requirements and purposes of Part C of IDEA
2) Needs assistance in implementing the requirements of Part C of IDEA
3) Needs intervention in implementing the requirements of Part C of IDEA
4) Needs substantial intervention in implementing the requirements of Part C of IDEA

Longstanding noncompliance extending beyond the one-year correction period will result in additional enforcement actions by Montana Milestones and will affect the regional program's annual determination. Likewise, the regional programs timely correction of noncompliance will also be considered in the regional program's annual determination.

Technical assistance and/or professional development
Determinations guide the level of need for technical assistance and/or professional development for the agency.

Notice and opportunity for a hearing
1) ECFSD provides reasonable notice and an opportunity for a hearing on determinations.
2) The hearing described in Subpart H 4.2 (b) (1) of this section consists of an opportunity to meet with the Part C Coordinator and any other ECFSD staff deemed necessary to demonstrate why ECFSD should not make the determination described in Subpart H 4.2 (a) of this section.

Montana must report against the targets in its SPP in an annual performance report (APR).

Dispute Resolution System

The Montana Milestones Part C Coordinator oversees the Part C of the IDEA dispute resolution process. The coordinator and the Part C state team support families and regional programs to:

- Access the Part C procedural safeguard system
- Provide technical assistance to the regional contractors on the implementation of the procedural safeguards
- Complete Part C formal investigations within federal timelines

Informal and written complaints are investigated and documented to determine whether there are any findings of noncompliance with IDEA. The DPHHS Office of Legal Affairs provides consultation and the Part C Coordinator sends a written response to the family and the regional contractor within 60 days of the complaint.

If an area of noncompliance is identified, a corrective action plan is required of the regional contractor and the contractor has one year from the notification of noncompliance to come into compliance. The regional contractor must submit the corrective action plan to the Part C Coordinator within identified timelines. The Part C Coordinator reviews and approves the plan and develops a follow-up monitoring plan as appropriate. Any areas of noncompliance must be corrected within one year from the written notification. Data from informal and formal dispute resolution options are used to help inform annual monitoring as well as focused monitoring when issues emerge throughout the year. Dispute resolution data also is used to help plan technical assistance and training.

Continuous Improvement in the Monitoring Process

Montana Milestones is committed to a continuous improvement approach to improve the monitoring system. The approach uses practices that celebrate successes, recognize lessons learned, and identify revisions needed for the monitoring process. This approach focuses on debriefing the monitoring cycle and surveying cohorts for feedback on the process.

Quality and Results Indicators

Montana Milestones expects Part C regional programs to meet criteria for quality and results indicators. When not met, the regional program will develop and implement an

approved improvement plan monitored by the Part C Coordinator including the following:

- Criteria for quality and results indicators
- Specific and measurable objectives that are achievable, relevant, and time-bound (SMART Goals) to meet expected criteria
- Resources to achieve goals, like additional resources, training, or coaching
- Regular meetings to assess progress
- Consequences for not meeting the objectives of the plan
- Root cause analysis

Montana Milestones will consistently count and report findings. They will group individual instances involving the same legal requirement or a standard as one finding. Findings identified through dispute resolution must not be grouped with other findings and must be counted as individual findings. For example, if 7 records did not meet the requirements for compliance for Indicator 1 at a specific regional agency. This is identified as one finding for the agency.

Appendices:

Appendix A: Priority Indicator Tables

Appendix B: Monitoring Checklist (Pre-site monitoring, monitoring, and post-monitoring)

Appendix A: Priority Indicator Tables

Priority Indicators Monitoring Table:

Priority indicators 1 and 2: Multidisciplinary evaluation

Multidisciplinary teams are documented through the data management system and validated as part of the State's regulatory monitoring process. The definition of multidisciplinary in 34CFR §303.24 requires the IFSP Team to include the parent and at least two individuals from separate disciplines or professions, and one of these individuals must be the Service Coordinator.   Multidisciplinary means the involvement of two or more separate disciplines or professions and with respect to:
(a) Evaluation of the child in §§303.113 and 303.321(a)(1)(i) and assessments of the child and family in §303.321(a)(1)(ii), may include one individual who is qualified in more than one discipline or profession; and
(b) The IFSP Team in §303.340.

Measurement components	Quality criteria	Source documents	Amount of data
A multidisciplinary team of professionals are involved in the child and family assessment, child evaluation, and in IFSP team meetings.	100 percent of records reviewed include multidisciplinary team members for child and family assessment, child evaluation, and IFSP teams	Source documents: • Eligibility stand alone • Evaluation report • Family assessment • Developmental assessments • IFSP team members Case notes: • Service coordination records	10 percent of child count or a minimum of 15 records for verification
Multidisciplinary team members who conduct the initial evaluation and	100 percent of records reviewed include multidisciplinary	Source documents: • Eligibility stand alone	10 percent or a minimum of 15 FSSs records for verification

assessment of the child and family align with the reasons for the child's referral to Part C and/or identified parent concerns and priorities.	team members for child and family assessment, child evaluation, IFSP teams, and evaluation report was signed by personnel from two disciplines	• Evaluation report • Family assessment • Developmental assessments • IFSP team members Case Notes: • Service coordination records • Referral	

Priority indicator 3 and 4: Timely provision of services

All early intervention services begin within 30 days from the date of the parent's consent at the initial IFSP meeting unless the service start date is more than 30 days from consent. Then **all** reasons for **any** delays are documented. Exceptional Family Circumstances are not considered noncompliance.

303.511(d)

303.344(f)(1)

Specific early intervention services are identified, including method, setting, frequency, intensity, and duration.

303.344(d)(2)

Measurement components	Compliance criteria	Source documents	Amount of data
All services necessary to meet the development needs of the child and the needs of the family, as determined by the multidisciplinary IFSP team, are	Compliant if 100 percent of records reviewed that demonstrate all IFSP services are implemented according to frequency, intensity, duration, and length documented on the	Source documents: • Original IFSP Case Notes: • Service coordination records • Home visiting notes • Coaching notes	10 percent of child count or a minimum of 15 records for verification

documented in the child's IFSP.	IFSP, unless there is an exceptional family circumstance. Provider reasons for missed servcies will have been rescheduled unless the parent does not want to make up the service and this information is documented in the child's record.	• Copies of progress notes from service program involved in providing services to the child	
All IFSP services are provided in accordance with the frequency, intensity, duration, method, and length as documented in the child's IFSP.	Compliant if 100 percent of records reviewed demonstrated that servcies initiated on the IFSP reflected more than one service on the IFSP, unless there is exceptional family circumstance	Source documents: • Original IFSP Case notes: • Service coordination records • Home visiting notes • Copies of progress notes from service program involved in providing services to the child • Referral	10 percent of child count or a minimum of 15 records for verification

Priority indicator 5: Transition conference
All transition conferences are held at least 90 days before age 3 or, for any that are late, the reasons for all delays are documented. Exceptional Family Circumstances are not considered noncompliance.
303.209(c)(1)

303.209(c)(1)(d)(2)
303.344(h)

All transition conferences are held at least 90 days before age 3 or, for any that are late, the reasons for all delays are documented.			
Measurement components	**Compliance criteria**	**Source documents**	**Amount of data**
LEA staff are invited to the transition conference.	Compliant if 100 percent of records reviewed include transition conference invitations to the LEA matches the data entered for LEA notification	Source documents: • Current IFSP with transition plan • Transition meeting invitation(s) • Service coordination notes	10 percent of child count or a minimum of 15 records for verification

Priority indicator 6: Services in natural environments
Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings.

Measurement component	**Results criteria**	**Source documents**	**Amount of data**
: A justification is documented in the IFSP when a service is provided in an environment other than a natural environment.	100 percent of records reviewed include justification documentation if early intervention services are not primarily provided in the home or community-based settings	Source documents: • IFSP • Service coordination notes	10 percent of child count or a minimum of 15 records for verification

Priority indicator 7: Family receipt of parent rights and dispute resolution information

Measurement component	Results criteria	Source documents	Amount of data
Parents receive a copy of their parent rights, including dispute resolution options, and these were explained to them.	100 percent of records reviewed include documentation of parents receiving dispute resolution handbook	Source documents: • Original IFSP • Parent's receipt of dispute resolution options and explanation of parents' rights	10 percent of child count or a minimum of 15 records for verification

Priority Indicator 8: Mediation

Percent of mediations held that resulted in mediation agreements

Measurement component	Results criteria	Source documents	Amount of data
Percent of records reviewed included documentation of explanation of the parents' rights, including review of Early Intervention video with parents, receipt of dispute resolution handbook by parents, review of internal agency document provided to parents describes how to resolve complaints	100 percent of records reviewed include documentation of parent's receipt of dispute resolution options and explanation of parents' rights	Source documents: • IFSP • Service coordination notes • Consent forms	10 percent of child count or a minimum of 15 records for verification

Appendix B: Monitoring Checklist (pre-site monitoring, monitoring, and post-monitoring)

Pre-monitoring activities
These activities apply to both desk audits and on-site monitoring visits.

Develop and send introductory letter at least 90 days prior to the monitoring
- Explain process of monitoring
- Provide notification of the monitoring timeline and include date of on-site visit, if applicable
- Include checklist of information needed from the regional program (submit within 45 days of visit)
- Set clear expectations about the process, roles, and responsibilities
- Determine percent of stratified random files to review for each program and provide a list of the records that will be reviewed
- Collect contact information for key regional program staff

Hold planning preparation conference calls
- Provide orientation
- Set agenda and send prior to monitoring
- Ask and answer questions
- Identify who should be involved in the process, including the closing meeting
- Create a specific timeline and schedule for the pre-monitoring activities
- Create an activity for the state to ask the program to give an overview of the organization of their file
- Confirm method of obtaining parental consent for observing visit

Review existing data
- Prior year SPP/APR indicators and other monitoring results, including findings
- Family outcomes survey results
- Annual fiscal review
- Annual audit
- Complaints

Request source documents or electronic access
- Child files
- Policies and procedures
- Fiscal files

Monitoring activities

These activities apply to both desk audits and on-site monitoring visits.

Opening meeting
- Orientation
- Timeline of activities
- Overview of agenda
- Getting to know each other-opportunity for the agency to share about strengths, challenges, concerns, and priorities
- Tour (on-site)
- Ask/answer clarifying questions

Conduct qualitative information gathering activities (on-site)
- Parent focus groups
- Local leadership focus group
- Data management focus groups
- Parent interviews
- Provider interviews
- Community providers
- Community partners

Conduct record reviews

Daily check-in
End each day with a meeting with provider agency leadership to review how the day went, review, discuss next day activities. Gather additional information if needed (on-site).

Closing Session
Hold closing sessions to share what was done during the visit and a preliminary summary of what was found including strengths, reflections, areas for follow-up, potential recommendations.

Post-monitoring activities

These activities apply to both desk audits and on-site monitoring visits.

Monitoring team meets and debriefs results of pre-monitoring and monitoring
- Analyze quantitative and qualitative data
- Identify areas of noncompliance and areas needing improvement

Develop and send written monitoring report within 90 days or less
- Findings of compliance/noncompliance
- Required next steps like a corrective action plan, root cause analyses, including timelines
- Recommendations for improvements

Monitoring lead and TA specialist meet with the contractor within 90 days to discuss the monitoring results
- Identify strengths
- Discuss findings of compliance/noncompliance
- Discuss areas of improvement with regional program
- Help identify potential improvement activities for their technical assistance plan
- Determine the next steps for noncompliance, like a corrective action plan and root cause analysis

Once monitoring cycle is complete
- Reflect on what went well and what needs improvement in the monitoring process and tools
- Send a survey to contractors to gather feedback to make modifications as needed to the monitoring tools, process, and guide future training and TA