



UNITED STATES DEPARTMENT OF EDUCATION

OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES

Mr. Peter O'Meara  
Commissioner  
Department of Mental Retardation  
DMR Central  
460 Capitol Avenue  
Hartford, Connecticut 06106

DEC 20 2006

Dear Commissioner O'Meara:

The purpose of this letter is to inform you of the results of the Office of Special Education Programs' (OSEP's) recent verification visit to Connecticut. As indicated in my letter to you dated April 26, 2006, OSEP is conducting verification visits to a number of States as part of our Continuous Improvement and Focused Monitoring System (CIFMS) for ensuring compliance with and improving performance under Parts B and C of the Individuals with Disabilities Education Act (IDEA). OSEP staff conducted a verification visit to Connecticut on August 9 and 10, 2006.

The purpose of our verification reviews of States is to determine how they use their general supervision, State-reported data collection, and Statewide assessment systems to assess and improve State performance; and to protect child and family rights. The purposes of the verification visits are to: (1) understand how the systems work at the State level; (2) determine how the State collects and uses data to make monitoring decisions; and (3) determine the extent to which the State's systems are designed to identify and correct noncompliance. In addition, OSEP piloted some approaches to monitoring for fiscal accountability during this visit. Because we are still developing these procedures, this letter does not address information reviewed or obtained as a part of this pilot.

#### Background

My staff appreciated the opportunity to meet with Ms. Linda Goodman, Part C Coordinator, Ms. Alice Ridgeway, Quality Assurance Program Manager, and with members of Department of Mental Retardation's (DMR) staff who are involved in, and responsible for, the oversight of general supervision activities under Part C of the IDEA (including monitoring, mediation, complaint resolution, and impartial due process hearings), the collection and analysis of State-reported data, and the evaluation of the State's financial system. As part of the review process, OSEP staff reviewed a number of State documents including: (1) Connecticut's State Performance Plan (SPP); (2) Connecticut's Federal fiscal year (FFY) 2003 Annual Performance Report (APR); and (3) Connecticut's Part C Grant Application for FFY 2006. OSEP also reviewed local monitoring reports, improvement plans, data submitted under section 618 of the

IDEA, and other information and documents posted on the DMR website.<sup>1</sup> In addition, OSEP conducted a conference call on July 7, 2006 with several members of Connecticut’s Interagency Coordinating Council (SICC), to hear member perspectives on the strengths and weaknesses of the State’s systems for general supervision, data collection, and financial management. Ms. Goodman also participated in the call and assisted OSEP by inviting the participants.

The information that Ms. Goodman and her staff provided during the OSEP visit, together with all of the information that OSEP staff reviewed in preparation for the visit, greatly enhanced our understanding of DMR’s systems for general supervision, data collection and reporting, and financial management.

### Structure of Connecticut’s Part C Program

Connecticut’s Part C program is administered by its lead agency, DMR, through its contractual arrangements with local and statewide providers, referred to as programs. Thirty-three programs provide Part C early intervention services to eligible infants and toddlers and their families. In most areas of the State, although not required by Part C of the IDEA, Connecticut offers at least two programs from which parents may choose a primary early intervention service provider. DMR staff indicated that DMR is currently seeking contracts with new programs to provide Part C services in areas where a limited number of early intervention service providers are available.

### ***General Supervision***

In looking at the State’s general supervision system, OSEP collected information regarding a number of elements, including whether the State: (1) has identified any barriers (e.g., limitations on authority, insufficient staff or other resources, etc.) that impede the State’s ability to identify and correct noncompliance; (2) has systemic, data-based, and reasonable approaches to identifying and correcting noncompliance; (3) utilizes guidance, technical assistance, follow-up, and - if necessary - sanctions, to ensure timely correction of noncompliance; (4) has dispute resolution systems that ensure the timely resolution of complaints and due process hearings; and (5) has mechanisms in place to compile and integrate data across systems (e.g., 618 State-reported data, due process hearings, complaints, mediation, large-scale assessments, previous monitoring results, etc.) to identify systemic issues and problems.

### Components of the State’s General Supervision System

OSEP learned, through review of Connecticut’s SPP and Connecticut’s document titled, “IDEA Part C Quality Assurance Manual” (QA Manual), and confirmed, through interviews with Connecticut’s Part C staff, that the State’s general supervision system consists of the following four components:

- (1) Statewide monitoring through a Biannual Performance Review (BPR) process, which requires programs to complete a self-assessment on compliance and quality

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<sup>1</sup> Documents reviewed as part of the verification process were not reviewed for legal sufficiency but rather to inform OSEP’s understanding of Connecticut’s Part C system.

measures, every two years. Local programs gather data from record reviews, family interviews, staff interviews and staff observations and report it in the State’s electronic database. Connecticut requires local programs to develop and implement BPR improvement plans when noncompliance is identified through the BPR process. Noncompliance identified through this process must be corrected within one year from identification;

- (2) Focused monitoring in which stakeholders identify priority areas and select programs for an on-site monitoring review based upon a ranking of performance in priority areas. Monitoring reports include areas of noncompliance and corrective actions;
- (3) Statewide policies, procedures and service guidelines; and
- (4) Memoranda of Understanding with numerous agencies and programs to ensure system coordination.

The SICC advises the lead agency, DMR, in its general supervision responsibilities by identifying potential solutions to systemic issues, regularly reviewing program profiles and 618 data, and providing input into DMR’s focused monitoring process.

DMR staff reported that components 1 and 2 above are the methods used by DMR for monitoring and correction of noncompliance within one year. DMR staff indicated that component 3 above helps DMR to ensure that local guidance is available to programs and that policies and procedures are in accordance with State statutes and regulations and further that component 4 helps DMR to provide a framework for interagency coordination and general supervision. Together, these components comprise the foundation of Connecticut’s general supervision system.

In September 2005, Connecticut began transitioning from a cyclical monitoring system to the BPR and focused monitoring processes to monitor compliance with Part C requirements. The BPR process was designed to provide greater access to program level data and ensure development and tracking of improvement plans with less paperwork. The focused monitoring process was designed to assist the State in collecting data for SPP indicators. OSEP acknowledges the State’s efforts in working with the National Center for Special Education Accountability Monitoring to improve results for infants and toddlers with disabilities and their families through focused monitoring.

#### Identification of Noncompliance

As described in the components above, DMR’s system for identifying noncompliance consists of the BPR and focused monitoring processes. Connecticut DMR staff described its BPR and focused monitoring processes in the QA Manual that includes: measurements of compliance and quality, timelines, criteria, and guidelines for improvement plans. Connecticut utilizes measures, included in the BPR to assist in the identification of program noncompliance. For each measure there is a description, minimum criteria, data source and strategy for collecting the required information. To collect data, DMR staff indicated that programs select a representative sample of records and families.

Connecticut’s focused monitoring system is based on previous program monitoring results and data analyses. At the time of OSEP’s visit, stakeholders (including the State’s SICC) selected three focused monitoring priority areas: Child Find, Service Delivery and Transition. Programs were grouped by size based on the number of children with IFSPs and then ranked within each grouping for each indicator. In selecting programs for focused monitoring, the programs with the lowest rank in each group may receive an onsite inquiry visit addressing noncompliance in a priority area. If a program is ranked lowest in more than one focused monitoring priority area, the program’s monitoring visit will only address one area.

OSEP confirmed through interviews with Connecticut’s Part C staff that the State’s ability to identify noncompliance through its current BPR and focused monitoring processes is limited because of the following issues:

- (1) Measurements do not always reflect compliance with their associated Part C requirements. For example, measure SD-15 (QA Manual, page 13) states, “All periodic and annual IFSP reviews are held at mandated times (plus or minus 2 weeks).” In accordance with 34 CFR §303.342(c), the annual meeting to evaluate the IFSP must be conducted on at least an annual basis. Therefore, exceeding the annual date without documented extenuating family circumstances would be considered noncompliance under Part C;
- (2) Several items listed as quality measures in DMR’s QA Manual are Part C compliance measures but are not indicated as such and thus, correction is not required when these measures are identified. For example, SD-20 (QA Manual, page 14) states that “services are unique to each child and family.” 34 CFR §303.344(d)(1) requires that “The IFSP must include a statement of the specific early intervention services necessary to meet the unique needs of the child and the family....” Therefore, the State must clarify in its QA Manual, monitoring reports and improvement plans that these “quality measures” are compliance (not performance) requirements and, as compliance measures, the State must ensure correction within one year when noncompliance is identified through either the BPR or focused monitoring processes; and
- (3) Several compliance measures have “minimum criteria.” If a program meets the criteria, an improvement plan is not required. For example, SD-11a states that “child objectives match the identified needs.” The minimum criterion (compliance standard) is 90%. 34 CFR §303.344(d)(1) requires that “the IFSP must include a statement of the specific early intervention services necessary to meet the unique needs of the child and the family to achieve the outcomes identified....” Connecticut must have a process to ensure individual child correction, through the BPR or focused monitoring process, regardless of findings related to systemic noncompliance.

According to Connecticut Part C staff, some monitoring indicators, such as the monitoring for the IFSP content requirements in IDEA section 636 and 34 CFR §303.344, were removed from the QA Manual because programs continually demonstrated a high level of compliance. OSEP

encourages the State to periodically monitor in order to collect updated data that demonstrate continued compliance with those Part C requirements that are most closely related to improving results for infants and toddlers with disabilities and their families, consistent with IDEA section 616(a)(2).

The BPR Data System Manual, page 8, states, “If a compliance measure is listed [identified in the BPR as requiring an improvement plan], this serves as official notification by the lead agency of non-compliance....” A focused monitoring report, dated May 17, 2006, which was provided to OSEP during the verification visit, indicates that noncompliance is also identified through the focused monitoring process.

OSEP believes that DMR’s general supervision system and focused monitoring approach have the potential to identify noncompliance with Part C requirements. However, OSEP has concerns that DMR’s ability to identify noncompliance through its BPR monitoring process is currently limited due to the three areas noted above. To demonstrate its ability to identify noncompliance, Connecticut must submit, with its Part C FFY 2005 Annual Performance Report (APR) due February 1, 2007, or within 60 days of the date of this letter, its updated QA Manual that documents that: (1) measurements align with their Part C requirements; (2) quality measures that track Part C requirements require correction within one year of identification through the BPR process; and (3) correction is required for individual records even when systemic noncompliance is not identified under the State’s compliance standard.

### **Correction of Noncompliance**

DMR provided the following information about how it corrects noncompliance once identified. Once Connecticut identifies noncompliance through the BPR process, the program is required to complete an improvement plan. The improvement plan is generated electronically and purports to include timelines, benchmarks and “success” criteria. When noncompliance is identified through the focused monitoring process, the program uses the BPR data system to create an improvement plan or update a BPR improvement plan already in place (QA Manual, page 27). Data regarding correction of noncompliance is entered into the BPR system by the local program in the form of a self-assessment. DMR staff review the data submitted through the BPR, but at the time of OSEP’s visit, DMR staff had not yet developed a process for verifying the program’s data to ensure that correction actually occurred.

Connecticut Part C staff explained that with the implementation of the State’s BPR process in September 2005, programs were given an additional year, until September 15, 2006, to correct noncompliance. For example, data for one program indicated that between May 1, 2004 and October 31, 2004, 55% of IFSPs were completed within the 45-day timeline. On March 3, 2005, the program received an on-site monitoring report that required the noncompliance be corrected by March 8, 2006. With the implementation of the BPR process, the program was given until September 15, 2006 to correct noncompliance. Changes within the monitoring system have resulted in delaying some timelines for correction of previously identified noncompliance beyond one year.

The QA Manual, page 20, indicates that, through the BPR process, an electronic improvement plan is automatically generated through the computer if there are any items identified as out of compliance, or in significant need of improvement. Under focused monitoring, QA Manual page 27, states that “within 2-3 weeks of receiving a summary report, if needed, the program will use the Biannual Performance Report data system to create an Improvement Plan or will update a BPR improvement plan already in place.... Correction of systemic non-compliance is expected as soon as possible but no more than 12 months from the date of identification....” It is unclear how the State determines when the timeline for correction begins especially when a program has a BPR improvement plan and subsequently has the same noncompliance identified through focused monitoring. It is also unclear how DMR can keep track of when the one-year timeline for correction begins.

During the verification visit, OSEP requested a copy of a BPR-generated electronic improvement plan in order to be able to review the timelines, activities/strategies for improvement and DMR’s designated “success” criteria. However, according to Connecticut’s Part C staff, the information is not available in a printed format because the system is completely electronic. Although DMR staff displayed part of one program’s improvement plan on a laptop computer during the verification visit and demonstrated how improvement plan data could be entered using a laptop and projector, OSEP was unable to review sufficient monitoring reports and improvement plans to determine whether the timelines and criteria for correction were complete and appropriate.

With regard to enforcement, DMR’s contract with programs includes language regarding DMR’s authority when an early intervention system fails to correct persistent deficiencies. “Persistent deficiencies are defined as substantial non-compliance issues identified by the Department either through data reports or on-site review or other quality assurance activities that have continued after being identified and notified in writing to the Contractor for at least six months without significant improvement as determined by the Department.” (QA Manual, page 31). DMR’s options include: denying or recouping payment for services for which noncompliance 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, and termination or non-renewal of the contract.

DMR staff mentioned the possibility of requiring targeted technical assistance for programs with identified noncompliance. OSEP encourages the State to coordinate its technical assistance with its monitoring systems to address areas of program noncompliance and facilitate timely correction.

OSEP is unable to conclude at this time that the State’s Part C general supervision systems are reasonably designed to ensure the timely correction of noncompliance. While the State requires electronic improvement plans under Part C of the IDEA, it is unclear when the timeline for correction begins. Additionally, the State was unable to demonstrate that the improvement plans had resulted in correction of noncompliance that was identified prior to the implementation of the BPR process. DMR acknowledged that it must develop a process to monitor the reliability and validity of compliance and correction data entered by the programs. In Indicator 9 of its Part C FFY 2005 APR, due February 1, 2007, or within 60 days of the date of this letter, DMR must

describe when the timeline for correction begins and when it ends and provide hard copies of at least two completed improvement plans that reflect these timelines. Additionally, DMR must include in Indicator 9 of its FFY 2005 APR its strategies to ensure that valid and reliable correction data are entered by programs and provide in its FFY 2006 APR, due February 1, 2008, data demonstrating: (1) the timely correction of noncompliance; and (2) that correction data entered by local programs are verified by the State.

#### Complaint Resolution, Mediation, and Due Process Systems

DMR has disseminated information about methods available to resolve disputes concerning early intervention services. Parents are provided notice of procedural safeguards through the State’s publication, “*Parent’s Rights Under IDEA Part C.*” As part of its monitoring process, DMR staff indicated that it verifies that parents have been properly informed of, and understand, their procedural safeguards, including the availability of the dispute resolution processes under IDEA.

Connecticut reported success in utilizing an informal complaint/concern process to resolve many issues prior to formal dispute resolution. When the DMR Service and Support Office receive an informal complaint, a staff member is assigned to complete an information form and assist in resolving the issue. The Part C Coordinator sends a written response to the family, the program, and relevant lead agency staff within 60 days. If a violation has occurred, the program is instructed on how to correct it. Families are not required to utilize the informal complaint process prior to proceeding with formal written complaints, mediation, or due process hearings. Connecticut had four formal complaints filed during the 2006 calendar year and all were resolved in a timely manner.

The Connecticut Part C program incorporates findings from the complaint resolution process into program improvement activities. As a result of any complaints or due process hearings, DMR may work with a program to create an improvement plan if none exists, or to revise an active improvement plan (QA Manual, page 28). Informal complaints are documented in a complaint database. The information is used as part of contract management, focused monitoring desk audits, and when assessing the need for changes to procedures (QA Manual, pages 28-29).

#### ***Collection of Data Under Section 618 of the IDEA***

In looking at the State’s system for data collection and reporting, OSEP collected data regarding a number of elements, including whether the State: (1) provides clear guidance and ongoing training to local programs/public agencies regarding requirements and procedures for reporting data under section 618 of the IDEA; (2) implements procedures to determine whether the individuals who enter and report data at the local and/or regional level do so accurately and in a manner that is consistent with the State’s procedures, OSEP guidance, and section 618; (3) implements procedures for identifying anomalies in data that are reported, and correcting any inaccuracies; and (4) has identified any barriers (e.g., limitations on authority, sufficient staff or other resources, etc.) that impede the State’s ability to accurately, reliably and validly collect and report data under section 618 of the IDEA.

Connecticut has developed policies and procedures related to data collection and reporting under IDEA section 618 that address accuracy and timeliness. The State uses a comprehensive real-time data system, SPCases, to collect and report the data required under section 618 of the IDEA. SPCases enables the State to aggregate and disaggregate its early intervention data. Access to the database environments is restricted based on staff roles and responsibilities. Connecticut has developed a “Data Network Handbook – Service Provider Cases” that contains step-by-step procedures for entering data into the electronic data system.

Programs collect and enter their data directly through a Virtual Private Network (VPN) or dedicated line. The State’s data system has numerous edits to ensure that data is entered correctly and prevent anomalies. Additionally, Connecticut conducts quarterly Data User meetings to assist in identifying and addressing data system issues. OSEP believes that Connecticut’s system for collecting and reporting data is a reasonable approach to ensuring the accuracy of the data that Connecticut reports to OSEP under IDEA section 618.

### ***Conclusion***

Although OSEP believes that Connecticut’s general supervision system’s core components provide a framework for general supervision, OSEP cannot determine the extent to which the State’s procedures ensure the identification and correction of all State-identified noncompliance within one year of identification.

Connecticut is currently in the process of implementing improvement strategies included in its SPP. In its FFYs 2005 and 2006 APRs, the State must also include, in Indicator 9, timely correction of noncompliance identified through both the BPR and focused monitoring process.

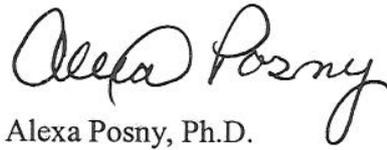
To demonstrate its ability to identify noncompliance, Connecticut must submit, with its Part C FFY 2005 APR, due February 1, 2007, or within 60 days of the date of this letter, its updated QA Manual that documents that: (1) measurements align with their Part C requirements; (2) quality measures that track Part C requirements require correction within one year of identification through the BPR process; and (3) correction is required for individual records even when systemic noncompliance is not identified under the State’s compliance standard.

To demonstrate its ability to correct noncompliance, in Indicator 9 of its Part C FFY 2005 APR, due February 1, 2007, or within 60 days of the date of this letter, DMR must describe when the timeline for correction begins and when it ends and provide hard copies of at least two completed improvement plans that reflect these timelines. Additionally, DMR must include in Indicator 9 of its FFY 2005 APR, its strategies to ensure that valid and reliable correction data are entered by programs and provide in its FFY 2006 APR, due February 1, 2008, data demonstrating: (1) the timely correction of noncompliance; and (2) that correction data entered by local programs are verified by the State.

We appreciate the cooperation and assistance provided by your staff during our visit. If you have any questions about this letter, please contact Mr. David Steele, OSEP’s State Contact for the Connecticut Part C program at 202-245-6520. We look forward to collaborating with

Connecticut as you continue to work to improve results for infants and toddlers with disabilities and their families.

Sincerely,

A handwritten signature in black ink that reads "Alexa Posny". The signature is written in a cursive style with a large, looping initial 'A'.

Alexa Posny, Ph.D.  
Director  
Office of Special Education Programs

cc: Linda Goodman  
Part C Coordinator