

## North Dakota Early Intervention System

Local Program Determination Worksheet for 7.1.22 to 6.30.23

Program Name: **WSHSC/BECEP**                      Determination Status: **Meets Requirements**

IDEA Part C requires that the U.S. Department of Education annually issues a determination to each State based on the State’s performance report submitted each February for the preceding fiscal year. Subsequently, States are required to make an annual determination for every early intervention service provider (EIS) within the State. In North Dakota, these EIS’s are recognized as the Early Intervention Program which includes the regional Developmental Disabilities Program Management unit and the licensed Infant Development provider.

States must consider the following in making local determinations: (1) Performance on APR compliance indicators, (2) Whether data submitted by the local programs are valid, reliable, and timely, (3) Uncorrected noncompliance from other sources such as onsite monitoring results, and (4) Any audit findings from an annual fiscal audit.

The four determinations that can be made are:

- Meets Requirements
- Needs Assistance
- Needs Intervention
- Needs Substantial Intervention

For North Dakota’s local programs, the Division of Developmental Disabilities (DDD), with assistance from the North Dakota Interagency Coordinating Council, developed a rating system that considers federally required components for issuing local program determinations for the FFY 2021 reporting period. **It is important to note that the fewer points an agency obtains, the better the performance.**

### Section 1                      Performance on SPP/APR Compliance Indicators

These indicators and their data sources are listed below:

Indicator	Data Source
#1 Timely Services	Therap- QER, File Review Follow Up
#7 45-Day Timeline	Therap- IFSP, File Review Follow Up
#8A Transition – Steps and Services	File Review
#8B Transition – Notification	File Review
#8C Transition – Conference	File Review

The table below outlines the scoring that is assigned to each data element:

SPP/APR Compliance Indicators	State Target	Local Results	Scoring Notes	Score
#1 Timely Services	100%	<b>100.00%</b>	Score of 95% or more= 0	<b>0</b>
#7 45-day Timeline	100%	<b>97.32%</b>	Score of 85-94%= 1	<b>0</b>
#8A Transition (Steps and Services)	100%	<b>100.00%</b>	Score of 75-84%= 2	<b>0</b>
#8B Transition (Notification to LEA)	100%	<b>100.00%</b>	Score of 60-74%= 3	<b>0</b>
#8C Transition (Conference)	100%	<b>100.00%</b>	Score of 59% or less= 4	<b>0</b>
			<b>Section Score =</b>	<b>0</b>

The range of scoring for this section is 0-20.

## Section 2 Timely Correction of Findings of Noncompliance

States must ensure that noncompliance is corrected as soon as possible and in no case later than one year after the State’s identification. This timeline begins on the date on which the State informs a local program in writing that it has concluded that the local program is in noncompliance. Noncompliance can be identified from state directed case reviews, APR indicator data, complaints, etc. This section of the determination process determines if, from the date of notification, the local program has fully corrected (both Phase 1 and Phase 2) the identified area(s) of noncompliance.

Correction of Non-Compliance	Local Results	Scoring Notes	Score
A. All findings corrected within the stated timeline	100.00%	Yes - 0 No - 3	0
<b>Section Score =</b>			<b>0</b>

The range of scoring on this section is 0-3.

## Section 3 Submission of valid, reliable, and timely data

Submission of valid, reliable, and timely data	Local Results	Scoring Notes	Score
A. Inclusion of data entry regarding IFSP meeting date & reason for delay. (Indicator 7)	97.32%	Score of 95% or more= 0 Score of 85-94%= 1 Score of 75-84%= 2 Score of 60-74%= 3 Score of 59% or less= 4	0
B. LEA Notification radial button “Yes” or “Opt Out” selected with date entered for LEA if applicable, and LEA/Opt Out attached as document to IFSP in Therap. (Indicator 8B)	100.00%		0
<b>Section Score =</b>			<b>0</b>

The range of scoring on this section is 0-8.

## Section 4 Performance on Results

Performance on Results	Local Results	Scoring Notes	Score
Quality: Indicator 8B State Form Attached to Case Note	100.00%	Score of 95% or more= 0 Score of 85-94%= 1 Score of 75-84%= 2 Score of 60-74%= 3 Score of 59% or less= 4	0
Quality: Indicator 8C Labeled Transition Conference (2.7 & 2.9) Documentation	100.00%		0
Quality: AEPSi Child Progress Record	80.00%		2
<b>Section Score =</b>			<b>2</b>

The range of scoring on this section is 0-12.

**Section 5            Audit Findings**

5. Audit Findings	Scoring Notes	Score
Evidence of Audit Findings	No known audit findings= 0	0
	Audit Findings= 1	
<b>Section Score =</b>		<b>0</b>

The range of scoring on this section is 0-1.

**Section 6            Summary**

Tabulation Table / Section	Possible	Actual
1. SPP/APR Compliance Indicators	20	0
2. Correction of Non-Compliance	3	0
3. Timely, Reliable, Valid Data	8	0
4. Performance Results	12	2
5. Audit Findings	1	0
<b>Total Score</b>	<b>44</b>	<b>2</b>

## Required Actions based on Determination Status

Determination Status	Required Actions	Range
Meets Requirements	Universal supports will be offered at regularly scheduled Early Intervention Statewide Polycoms. Programs may request TA through the Part C Coordinator, noting data identified needs.	0 to 6
Needs Assistance	Create regional action plan identifying issues and action steps to bring indicator(s) to compliance. Submit quarterly data on indicators that are below requirements, and explain progress based on data. Technical Assistance (TA) will be offered; if region chooses not to accept TA, a detailed plan documenting actions step and data to be submitted quarterly. If questions arise, a clarification meeting will be scheduled with TA. If progress is not being made, additional supports will be offered.	7 to 20
Needs Intervention	Create and submit for approval by Part C Coordinator, a regional action plan identifying issues and action steps to bring indicator(s) to compliance. Submit a minimum of quarterly data to Technical Assistance (TA) and Part C Coordinator on indicators that are below requirements, and explain progress based on data. A minimum of quarterly meetings will be required with TA for the region to discuss progress and clarify data. If progress is not being made, additional supports will be required.	21 to 35
Needs Substantial Intervention	Create and submit for approval by Part C Coordinator, a regional action plan identifying issues and action steps to bring indicator(s) to compliance. This plan needs to be approved by the state office within 30 days of determination. Submit data every six weeks on indicators that are below requirements, and explain progress based on data. Intensive Technical Assistance (TA) will be required; if progress is not being made, additional supports will be required.	36 to 44