Report of the Findings of Focus Groups to Identify Factors that may be Limiting the Ability to Deliver Services in Accordance with the Individualized Education Programs of Students with Disabilities

Office of the Independent Monitor

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EXECUTIVE SUMMARY

For each of the past eight years, the American Institutes for Research (AIR), the Office of Data and Accountability (ODA) and the Office of the Independent Monitor (OIM) have conducted a study (Services Study) to measure the delivery of services in accordance with the Individualized Education Programs (IEPs) of students with disabilities (SWD) in the Los Angeles Unified School District (the District). The study determined if the District has met the goals of Outcome 13 of the Modified Consent Decree (MCD) by demonstrating evidence that at least 93% of the special education services required by students' IEPs were delivered at least once within an eight-week period. Additionally, 85% of these services must meet the frequency and duration requirements specified in the IEPs.

To further understand the service estimates and limited progress in the District meeting the frequency and duration targets, the OIM, AIR and ODA conducted a series of structured interviews with various District staff in January, February and March 2012. The aim of these discussions was to gain insight that would guide additional inquiries for the 2011-2012 services study.

This report presents the findings of the focus groups aimed at identifying factors that might limit the District's ability to deliver services as prescribed in students' IEPs. The interviews were centered on the following:

- How caseloads and assignments are determined.
- How services are prescribed and documented.
- The effectiveness of the tools available to monitor provision of services both centrally and at the site level.
- Opinions regarding why the District is not meeting the targets of the Outcome.

The focus groups yielded valuable information and insights into possible factors that may be impeding progress toward the targets of Outcome 13 and identified areas of additional inquiry for Year 9 of the Services Study.

Overall, participants believed that current caseloads were manageable, but that other demands of their jobs (e.g., attending IEP meetings, Welligent documentation) and variables beyond their control (e.g., coordinating schedules, lack of Internet or Welligent access) presented challenges for complying with service requirements of their caseloads. Participants reported that recent changes to how services are prescribed were intended to improve flexibility for providing services in dynamic school and student situations. Respondents believed that performance was affected by problems with and/or a lack of documentation, including recent problems with Welligent, as opposed to services not being delivered. All participants agreed that they had the necessary tools (Welligent and non-Welligent) to monitor services both centrally and at sites.

The following recommendations are intended to further enhance the understanding of how services are delivered, documented and monitored in the District, and to identify potential explanations for why the District has not met the frequency and duration requirements of

Outcome 13. These recommendations will be supplemental activities of data collection and analysis to the Year 9 Services Study:

- Inquiries will be conducted to determine why some students lacked evidence of countable Welligent service delivery during the study's eight-week period. This may include a combination of analyzing service delivery beyond the study's timeframe, and/or additional investigations at the provider or school level by either the team of researchers (AIR & ODA) or the Division of Special Education (DSE). Similar activities may occur for students who do not meet the duration requirements.
- Staffing and caseload information will be examined to see if differences exist between service types and school levels, on performance toward the targets.
- An online survey of service providers will be conducted to develop a deeper understanding of school site factors that may be impacting the delivery and documentation of services.
- A sub-sample of students' session notes will be compared with status codes on the logs to determine if the codes correctly reflect the session notes. This information will be used to determine whether the service met the IEP requirements with the corrected status codes, and will be compared to the "300 reports."

INTRODUCTION

For each of the past eight years, the American Institutes for Research (AIR), the Office of Data and Accountability (ODA), and the Office of the Independent Monitor (OIM) have conducted a study (Services Study) to measure the delivery of services in accordance with the Individualized Education Programs (IEPs) of students with disabilities (SWD) in the Los Angeles Unified School District (the District). The study determined if the District has met the goals of Outcome 13 of the Modified Consent Decree (MCD) by demonstrating evidence that at least 93% of the special education services required by students' IEPs were delivered at least once within an eight-week period. Additionally, 85% of these services must meet the frequency and duration requirements specified in the IEPs.

Service delivery is documented through the Welligent Service Tracking Log. Providers are to document information for services offered, including the date, duration and status of each session. The status may include a reason why a service was not delivered. To determine delivery estimates within the study, the methodology included looking at acceptable reasons for why a session was missed.

Since the inception of the study, the District has demonstrated progress toward meeting the targets of Outcome 13 (Appendix A). Despite this progress, the District's performance during the 2010-2011 school year continued to be below the 85% target for meeting the frequency (82%) and duration (69%) requirement. The 2010-2011 study included a component to observe service delivery at sites and validate the documentation of these sessions. The study found that 74% of the sessions observed accurately matched the information provided on the logs or by schools regarding the status of the sessions.

To further understand the service estimates and limited progress in meeting the frequency and duration targets, the OIM, AIR and ODA conducted a series of structured interviews with various District staff in January, February and March 2012. The interviews sought to identify factors that may be limiting the ability to deliver services as prescribed in students' IEPs as well as to gain insight that would guide additional inquiries for the 2011-2012 services study. This report presents four recommendations for additional areas of inquiry as well as recommendations regarding District policy and practices.

METHODS

The focus groups were designed to identify potential areas that may be impacting service delivery and progress with meeting the targets of Outcome 13 and guide additional inquiries for the Year 9 Services Study. To achieve this, interview guides (See Appendixes B.1 and B.2) were developed in collaboration between AIR, ODA and OIM.

The interviews were centered on the following:

- How caseloads and assignments are determined.
- How services are prescribed and documented.
- The effectiveness of the tools available to monitor provision of services both centrally and at the site level.
- Opinions regarding why the District is not meeting the targets of the Outcome.

The focus groups were led by various team members. Each session contained a lead facilitator and a support leader. The lead facilitator was responsible for conducting the interview, while the support leader ensured that the group stayed within the defined time limits.

Participants and Focus Group Emphasis

A total of 11 focus groups with 39 participants were conducted over a five-day period (January 19-20, February 15-16 and March 27). Managers and supervisors were grouped based on position type and responsibilities. For reporting purposes, senior level positions are referred to as managers, while support specialist positions are referred to as supervisors.

Position types included:

- Special Education Managers (8)
- Special Education Supervisors (8)
- Related Service Providers (20)
- Information Technology Division (ITD)/Welligent Staff (3)

The following departments/services were represented:

- Adapted Physical Education (APE)
- Audiology
- Blind/Partially Sighted
- Deaf and Hard of Hearing (DHH)
- Least Restrictive Environment (LRE)
- Non-Public Agency
- Occupational Therapy (OT)
- Orientation and Mobility
- Physical Therapy (PT)
- Pre-school-Kindergarten Itinerant Teachers (PKIT) and PKIT Head Start

- Psychological services
- Resource Specialist Program (RSP)
- School Mental Health (SMH)
- Speech and language (LAS) (District and per diem providers)

Central office participants were selected based on their management and supervisory roles. To facilitate access and limit disruption of services at sites, providers were selected by staff from the Division of Special Education (DSE). It was noted that some providers interviewed have dual assignments at both school sites and the central office, and therefore, their perspectives may not be representative of site-based providers' experiences. Due to time constraints and concerns of service interruption at schools, providers of the following services were not included:

- Least Restrictive Environment
- Pre-school
- Visual impairment

FINDINGS

This section highlights the findings of the focus groups and is presented in five sections:

- Caseload Assignments.
- Service Delivery and Documentation.
- Monitoring Service Delivery.
- Factors that Potentially Limit Service Delivery.
- Monitoring Reports ("300 Reports").

Although findings were combined to include both manager/supervisor and provider responses, some questions were specific to management and therefore are not included with the provider responses. In some instances, responses are identified by service type.

The findings of the discussion with personnel from ITD and the DSE are presented following the focus groups. Testimony of issues mentioned by all groups was also included to provide additional information relevant to the Welligent that impedes the delivery or monitoring of services.

Caseload Assignments

Determination of Caseload Size

Managers and Supervisors

Participants noted the following variables are considered when determining caseloads:

- Geographic location for clustering.
- Providers' "preference form" for determining assignments.
- Proximity of school location to the provider's residence.
- Number of students receiving services at each school.
- Contractual limits.
- Workload or frequency of services for students on caseload.

These variables seem to be considered differently by service. For example, LAS reported maintaining strict adherence to the contractual limits that mandate an average caseload of 55 students per provider for District employees. While managers noted that there was no difference in the average caseload for per diem providers, supervisors noted that they observe the county average of approximately 70 students. Respondents noted that the average number of schools for most LAS providers is approximately between two and three.

In contrast, for OT/PT providers, geographic location of schools and workload are the primary factors when determining caseloads. Both managers and supervisors noted that OT/PT providers do not have contractual limits but try to develop caseloads by frequency of services, delivery models and number of schools assigned. For OTs, the number of direct service hours for a caseload is between 26 to 28 hours per week, with an average of five to seven schools assigned.

OT respondents noted that the delivery model is also considered since student groups may not be appropriate or possible in all instances. Similar considerations were noted for PT providers, which may have up to 40 schools assigned due to the infrequency of services for some students (those who receive monthly or yearly services, for example) and schools that may need coverage if new students enroll or require new assessments.

APE providers have a maximum caseload of 70 students and an average of five to eight schools. Contractually, RSP teachers maintain a maximum caseload of 28 students, with the majority being based at one school. When teachers exceed this number, itinerant RSP teachers are sent to assist. Itinerant RSP teachers may be assigned to an average of two to three schools. PKIT teachers are assigned caseloads based on workload and may range between 14 and 30 students. It is noted that of all students who receive PKIT services, approximately one quarter only receive case management for services such as speech.

School mental health administrators noted an average caseload of 20 to 22 students. For school psychologists, an average caseload of 21 to 23 students receiving counseling services was reported, but caseloads vary based on school level (e.g., elementary 9 to 10, middle 19 to 20, high 36 to 38). Non-public agency providers do not have a maximum caseload requirement but are instead contract-related. Respondents noted that the District may limit NPA caseloads where quality and control become affected.

Providers

Participants noted similar factors (i.e., geography, number of students per school, number of schools and workload) for determining caseloads and assignments as reported by managers/supervisors. In addition, LAS providers noted that an assignment survey is utilized in the spring of the previous school year to collect information on the location of their current caseloads and the number of special day program classes being offered. It was reported that assignments are based on seniority and that newer employees may have smaller caseloads. One provider said that the District should consider using workload (i.e., all responsibilities that a provider has such as consultation with teachers, evaluations, contacting parents and documentation) as the primary determinant of caseloads. Some gave the example of their present caseload containing younger students who receive services multiple times in a week. One participant noted that some states have elected to use workload for determining caseloads as opposed to just a number of students served. Many agreed that depending on the number of contacts and the programs at those schools, an average caseload of 55 may not be the equivalent to another assignment. For example, an Intensive Comprehensive Autism Program (ICAP) may require multiple contacts. One participant noted that these challenges have resulted in setting up larger groups of students to provide services and diminishing the quality and effectiveness of the therapy.

Providers also corroborated the caseload limits and averages. For LAS, the average for District employees is 55 students, while per diem employees may be “way north of 65.” LAS providers maintained that caseloads were based simply on the number of students and not on the number of service hours or the workload. All other providers noted that workload and the number of schools serviced, including travel time, were primary factors.

APE providers stated an average caseload of 50 to 55 students. However, those assigned to elementary schools with pre-schools or early education centers also see additional students in collaborative classrooms. This includes all students in the classroom regardless of eligibility. RSP providers note contractual caseload limits of 28 students. As mentioned above, itinerant providers are assigned when caseload limits exceed 28. RSP teachers based at one site are supported by special education instructional aides, while itinerants are not. One respondent noted that the availability of an instructional aide made a big impact in the ability to provide services. Both site-based and itinerant RSP teachers reported providing services to students who are not on their caseloads as well as having other teachers providing services to students who are on their caseloads. In some cases, teachers may have limited or no contact with these students. Respondents noted being responsible for conducting evaluations and IEPs, contacting parents, writing progress reports and marks, and attending IEP meetings for students on their caseloads they do not serve. This practice appears to be common for maintaining caseload limits and ensuring flexibility for student programming.

Caseload Management, Adjustments and Unassigned Schools

Managers and Supervisors

According to respondents, caseloads are determined in April and May for the next school year, and adjustments are made as needed. All participants noted that caseloads are always reviewed and adjusted after "norm day," which is five weeks into the school year, or in early October for traditional schools. Additionally, caseloads are monitored monthly with adjustments made in instances where providers report a substantial increase or decrease in students or when long-term absences arise for reasons such as illness, maternity or disability. Participants noted that in such instances, caseloads are redistributed among existing staff to provide coverage at these schools. It was noted that substitute providers are not available for any service types, with the exception of APE, RSP (a substitute pool is available for site-based teachers only) and NPAs (which are deployed by the contracting agency). LAS noted that in some instances, an assistant may be provided to help deliver services (e.g., when a provider has a caseload with a large amount of compensatory time owed). Additionally, providers may be offered replacement pay for taking on larger caseloads. All adjustments are done either by Central or Local District Support Unit staff.

Participants noted that the majority of providers must use Welligent's Scheduler function, which is a tool for reviewing caseloads and workloads. APE and RSP teachers are required to provide schedules but do not utilize the Welligent Scheduler function. The schedules within Welligent may be pre-approved by service types, and all noted that these schedules may change frequently due to student transfers, newly identified students, or students exited from special education. Respondents also noted that the Scheduler function was limited in its ability to capture all of the issues for pre-school students. As part of determining assignments, managers and supervisors also said they maintain a weekly schedule to track which sites that providers will be serving each day.

Although managers noted that all schools were currently covered by a provider, one supervisor noted that 15 schools did not have an OT assigned due to a shortage of providers (15 providers

are currently on maternity leave). The supervisor indicated that at the beginning of the school year over 40 schools did not have a provider assigned but that number has been reduced due to hiring and management of assignments. The District is continuing to recruit additional OT providers to fill these shortages. APE also noted some minor shortages due to different types of employee leaves during the year.

Providers

Caseloads are managed through the use of the Scheduler function within Welligent and monthly service logs. The majority of providers agreed that the use of the Scheduler is mandatory but not necessarily approved by supervisors. RSP and APE providers said they do not use the Scheduler function and rely on other forms of documentation to maintain schedules and caseloads (e.g., SESAC). Instances when students move to or from a school and/or are exited or newly identified result in mid-year adjustments. Providers are responsible for notifying supervisors when caseloads substantially deviate from their respective averages.

Several providers expressed concerns about Welligent's Scheduler feature. They reported that this year, the Welligent became unreliable in maintaining accurate enrollment data. In some instances, students "evaporate" from caseloads and at times, disappear and reappear in the Scheduler for no known reason. In other instances, students enroll but there is a delay in the student showing up on Welligent, and providers may not know that the student is part of their caseload and thus fail to deliver services in the interim. More commonly, students disappeared from the Scheduler if the student' IEPs were not held within a year from the prior IEP date (referred to as the "end date") and the provider did not manually extend the date of the service tracking log. Although providers may continue to deliver services when students are dropped, the providers are unable to log the session into Welligent until the enrollment issue is rectified. These problems reportedly impact service delivery and could affect the service delivery estimates.

Substitutes are available for site-based RSP teachers and for APE teachers in instances of long-term absences. For related service providers, participants said long-term absences are covered by other providers and that substitutes are not available. Several noted that the use of substitutes would be helpful to address the difficult task of making up services. One provider commented, "We would like to have them. We're working 120% because we are working to make up missed sessions."

Service Delivery and Documentation

Determining Prescription of Services

Managers and Supervisors

Each service on the IEP has a prescribed frequency (the number of times the service is to be provided) for a particular interval (daily, weekly, monthly or yearly) and duration (total minutes service will be provided). While the District provides guidance and training on how to document frequency and duration on the IEPs, it was noted that the District does not provide training on

how to specifically prescribe services for a given student. One manager noted that the District provides research-based professional development and ongoing case reviews to inform providers of a wide range of service delivery prescription options for consideration by the provider and then shared with IEP teams. Participants noted that the decision rests with the provider and IEP team and should be based on an individual student's needs. All noted that providers are instructed to base prescriptions on the number of minutes indicated for duration and that these minutes are the measure for determining compliance. This focus on duration has resulted in the use of ranges for frequency (e.g., 1 to 5 times a week) as providers have sought flexibility in fulfilling the duration requirements. Participants noted that the increase in the use of ranges for frequency over the past few years is a result of attempts to allow flexibility for delivering services. One manager noted that this allows providers to be more fluid in providing services, which may result in the shortening of sessions one day and extending sessions on other days (i.e., to accommodate a lesson/activity), as long as the combined minutes add up to satisfy the requirement. One supervisor noted that "the pressure of compliance has led to changes in how services are prescribed."

Managers noted that "blocks of time" (mainly used for yearly services) are utilized in service prescriptions for instances when a student is owed compensatory services that may have been awarded as a result of due process. Blocks of time are also used for particular service types that provide consultation and collaborative services on a monthly or yearly basis (e.g., PT, Audiology). Participants noted that the increase in services prescribed on a monthly basis allows for flexibility in planning sessions, especially when factors arise that may be beyond their control. It was noted that if providers select monthly services, they are instructed to fulfill the minutes specified for duration even during shortened months like December, when students may only attend for two weeks.

LAS services piloted a new 3:1 model at select schools. This means that in a month, a provider delivers three direct service sessions and one indirect service session. This allows for flexibility in providing services while setting aside time to provide consultative support services to teachers. This model may allow providers to meet the direct service requirements with more flexibility and may allow for higher rates of compliance.

Pre-school services are primarily prescribed monthly in order to ensure that the unique programming needs of three- and four-year-olds enrolled in community-based preschools can be met. It was suggested that yearly prescriptions may be more appropriate to accommodate the different stages of development and needs of a child throughout the course of the year. For example, more services could be front-loaded to help the student immediately or back-loaded in preparation for the next school year.

Prescriptions for RSP and APE services become complicated when secondary schools are on a block or four-by-four schedule. In some instances, students may only have a class which requires RSP services during specific quarters and therefore it may appear a student is not receiving services. For these cases, the DSE is considering using an emphasis on yearly minutes to better reflect and accommodate the school schedule. APE prescriptions are influenced by state requirements for physical education (PE). Therefore, secondary students tend to receive services

daily while elementary school students may receive services twice a week to meet these PE requirements.

Providers

Participants noted that the increase in the use of ranges for frequency and those prescribed on a monthly or yearly basis are a response to the need to avoid non-compliance. Providers stated that flexibility is needed to meet these obligations and the use of ranges is a way to address making up missed sessions. In other words, one or two sessions could be missed, but the total number of sessions provided would still be within the prescribed range. Several participants expressed concerns over selecting the appropriate frequency and duration model. Some believed that regardless of the way a service is prescribed (i.e., weekly or monthly), there is a potential to not meet this obligation and be penalized. One noted that no matter what, "We always lose." Another commented that she had been utilizing a monthly prescription but planned to switch to using weekly minutes because of the requirement to deliver all minutes even during shortened school months. One provider said that yearly prescriptions would allow for this flexibility and improve compliance with the delivery of services, but that s/he was afraid to do so for the fear of being penalized.

Documentation of Services and Making Up Missed Sessions

Managers and Supervisors

Providers are instructed to document service delivery within five days of the session. Several participants reported that they recommended providers to complete documentation at the conclusion of each session. All noted that providers are required to have completed Welligent logs by the end of the month. One manager expressed concern that documenting services provided had been an issue, because more students had been seen than what was reflected in the logs. Some believed this improved through training and through improvements to the Welligent system specific to their service type. Another said that some providers were not completing their logs by the end of the month even though they had a planning period. Pre-school providers are required to turn in their logs at the end of the month for review.

According to managers and supervisors, providers are instructed to dedicate time each day to document services in logs and service notes. One participant noted that some providers are six-hour employees who do not have conference periods and therefore complete documentation from home.

When a session or time is missed, providers are instructed to make it up within that week but no later than the end of the month. One manager noted that while the rule is to always make up missed sessions, it is more difficult to accomplish for some services in middle and high school settings due to the limited flexibility of class programming. Behavior services (i.e., Behavior Intervention Implementation or BII), some noted, are reportedly nearly impossible to make up because it's a daily service. Participants agreed that a service did not need to be made up if it was missed to attend that child's IEP meeting. One manager noted that for daily services such as RSP

and APE (secondary level), instances of missed sessions should be a rare exception since classes are always covered by a substitute or classes are merged with another provider or teacher.

Providers

Providers report being instructed to complete documentation of services after each session, or no later than five days after the session. It was noted that most providers report needing between 30 minutes to two hours a day to complete documentation. While most indicated they attempt to complete documentation within the workday, some reported the necessity of completing the session notes and logs from home. RSP and APE teachers reported needing approximately one to one and a half hours a week to log services. This documentation differs from other related providers as they are not required to write daily treatment notes. RSP and APE teachers said they provide periodic progress reports for marking periods or at the end of instructional units. RSP teachers reported that documentation of services requires constant communication with students who are not on their caseloads.

Providers agreed that all missed services are to be made up unless it is a result of student absence from school, the student not showing up for the appointment, or when the provider attends that student's IEP meeting. Respondents were not asked how time spent at the student's IEP meeting is documented on the log; however, one provider commented that if a student's IEP meeting lasted four hours, they are able to document those four hours as having delivered services.

Monitoring Service Delivery

Monitoring Tools

Managers and Supervisors

Several reports and tools are available for the monitoring of service provisions. Within the Welligent system, indicators exist that allow providers and managers to see when IEPs are upcoming or overdue, when service tracking logs have not been completed or when students have not received services. The data system contains a series of reports, referred to as the "300 reports," that facilitate monitoring. One in particular, the missing services report ("302"), allows providers to see which students on their caseloads have not been provided any services. Participants reported that all providers are mandated to print the "302 report" on a monthly basis. In addition, there are quarterly reports and monthly summaries available to providers.

Participants noted that while these reports and tools have been helpful, some are still being developed and others require improvements to enhance efficiency and accuracy. Again, problems and limitations within the Welligent system are challenges for effectively monitoring service delivery, particularly with issues related to students disappearing from caseloads. It was noted that these reports are not 100% accurate, and that providers may need to look at various reports or documentation to determine if services are not being delivered. All stated that these reports are utilized by providers for conferencing or disciplining procedures to address issues of non-compliance or services that have not been delivered.

Managers of RSP service teachers noted that they review lists of providers not completing logs (to a particular threshold) on a monthly basis, and that such review has contributed to an increase in the number of providers completing logs. For example, in October 2011, 483 RSP teachers appeared on this list, which decreased to 209 in November and to 192 in January. These reports have also been used to identify a list of 83 "repeat offenders" who did not complete the minimum threshold (75 log entries per month) of service tracking logs for two consecutive months. The reports have identified reasons, excuses or "obstacles" for why providers are not completing logs. They include:

- No access to a computer.
- No training.
- No Internet access.

In some instances, teachers were removed from the list because they had been off-track. To address these issues and remove these "obstacles," the DSE has offered RSP teachers a laptop with wireless Internet cards to those who attend an unpaid, three-hour training on documenting services over the weekend. Unlike itinerant services, RSP services are monitored centrally but are referred to local Support Units and schools for intervention or disciplinary procedures.

Participants noted inaccurate data as a factor in cases that may generate false flags in the system that a student was not receiving services. For example, in a number of cases, PKIT services were accidently selected in the IEP for students in middle and high school. This was identified through monitoring activities that showed that schools intending to select RSP services incorrectly selected PKIT. These students showed up in the system as not having received services for which they did not even qualify. According to the respondents, the system now prevents users from selecting PKIT services for students beyond kindergarten.

Providers

Overall, providers noted that they had the necessary tools to self-monitor service delivery. Respondents noted that they rely on Welligent logs as well as other forms of logs or documentation to self-monitor. While many noted that the monthly service log was a useful tool, many expressed a lack of trust in the missing services "302 report" from Welligent. Furthermore, participants' understanding varied regarding the mandate for printing the "302 report" on a monthly basis. Some noted that it was mandatory, while others thought it was merely recommended. Most said they believed these reports were unreliable due to problems with Welligent, including dropping students. Several providers reported supplementing Welligent by reverting to maintaining paper logs and other methods for tracking students on their caseloads and service delivery.

Factors that Potentially Limit Service Delivery

Caseload Assignments

Managers believed that current caseloads were manageable for providers to fulfill the service requirements of their assignments. One noted that Welligent issues and connectivity at schools

impeded the ability to meet these requirements during the workday. Another believed due process settlements impacted how services were delivered since many required individual settings.

Supervisors overwhelmingly agreed that Welligent issues limited providers' ability to meet their service requirements. Participants also noted factors that impact service delivery such as an increase in the number and length of IEP meetings and other demands of the job. One supervisor noted changes in "best practice" regarding a new delivery model which requires providers to spend more time with preparation, consultation and working with parents that may not be reflected in the frequency and duration prescription of the IEP.

PKIT services face several challenges specific to the population served, including the population's young age and the fact that education is non-compulsory. Challenges include families that:

- Move out of the District.
- Elect other programs (i.e., private vs. community pre-schools).
- Do not consistently bring students for scheduled services due to various reasons.

Providers believed that current caseloads were manageable if they did not have other demands beyond their control, including the following limitations:

- Difficulties in scheduling IEP meetings with other providers or administrators due to the itinerant nature of these positions.
- High volumes of IEP meetings and assessments during the spring "IEP season."
- The numerous problems with Welligent, such as connectivity and time required to load pages, software glitches and some non-user friendly features.

The issue of IEP meetings was discussed at length by some providers. Many believed that during the "IEP season[1]," it is difficult to deliver all services because there is simply not enough time. One provider suggested a provision that could allow for more flexibility or excused sessions for make up that were missed due to IEP meetings. This problem is further exacerbated by the fact that providers are assigned to multiple schools, and coordinating schedules proves to be a difficult task. One suggested lowering caseloads during peak IEP meeting times to enhance compliance.

Service Delivery and Documentation

Participants noted challenges for prescribing services to accommodate the numerous site-based variables that impede service delivery. These include:

- Schools having different start times or calendars (pre-schools).
- Managing multiple schedules of staff.

[1] This year, due to the anticipated early start calendar for the 2012-2013 school year, the IEP season occurred during March and April.

- Block schedules.
- Student motivation.
- Unpredicted events or crises.
- Welligent or data issues when students transfer schools (i.e., previous school failed to remove a service on the IEP for the students going to NPS, or prescription may be based on recommendations from previous year and are no longer relevant).
- Pre-school parents may not consistently bring students for appointments.
- IEPs that grant students excessive services as a result of due process or parent demands (i.e., 1 hour of individual services a week).

Participants noted that the biggest challenge to documenting service delivery has been problems with Welligent. These problems have increased this year and the issues of students being dropped or showing up on their caseloads have taken considerable time to maintain accurate records. In addition, providers noted that they may see students who are not on the Scheduler but should be, and the apparent inability to document those sessions until the problems are remediated. Some respondents mentioned frequent upgrades or changes made to the Welligent during the year without appropriate alerts or notification on such changes. They said these changes resulted in lost time as they tried to "discover" changes. Furthermore, providers and managers view screens with slight differences, making it difficult for managers/supervisors to provide technical support with Welligent issues such as upgrades.

The system faces impeding factors such as:

- Welligent connectivity and download speed.
- Lack of computer access.
- The number of students (some days a provider may serve a higher number of students).
- Types of programs or services delivered that day.

Monitoring Tools

The reports and tools for monitoring have provided insights into factors that contribute to the District's performance to meet the targets of Outcome 13. Participants felt that problems with the documentation of service provisions are a primary factor for not meeting the targets. Participants noted several possible factors for the District not meeting the targets, including:

- Providers not completing logs.
- Challenges in the notification to the assigned provider between the IEP team and case managers at Support Units or Central Office.
- A lack of relevant options within Welligent for documenting reasons for missed sessions for services such as PKIT (e.g., parents have not accessed service).
- Reports that are inaccurate due to untimely student exits (students who leave the District but are kept on caseloads and service tracking logs).
- Data entry errors at the IEP meeting (i.e., 300 minutes are entered in error, instead of 30).
- Providers incorrectly filling out service logs.

- Pending IEPs that are not closed while awaiting parental approval (students may continue to receive services, but the provided session cannot be documented in service logs pending parental approval).
- Changes to providers' and supervisors' schedules (contract calendar basis), which has resulted in less time at work while workloads have stayed the same or increased (from 12 months to 10 months).
- Budget cuts impacting classified staff at schools have affected the timely enrollment or exiting of students in Student Information System (SIS) which impacts when students show up or are removed from caseloads.
- Provider absences due to issues related to long-term illness, disability or maternity.
- Schools without an assigned provider.

Many providers expressed frustration with Welligent's negative impact on the progress toward meeting the targets of Outcome 13. Participants noted the following issues:

- Students being incorrectly dropped from caseloads due to disparities in enrollment data between Welligent and SIS, resulting in the inability to document service delivery.
- Difficulties accessing Welligent and Internet at some schools.
- Service tracking records expire when an IEP is not held within 12 months and the calendar is not manually extended by the provider. This results in an inability to document service delivery.
- Glitches with Welligent such as compensatory service time appearing without cause.

Monitoring Reports ("300 Reports")

This section presents the findings of the focus group with staff from ITD and the DSE. The aim of the discussion was to better understand the District's capacity to self-monitor service delivery and how the business rules of existing reports coincide with the measures used for determining progress with Outcome 13.

The District currently uses a series of reports to monitor service delivery for in-District and schools of choice (i.e., charters, magnets, innovation). Non-public schools are monitored through a combination of efforts and documentation including billing. The District continues to enhance these reports and is developing additional reports to be used by school administrators and providers.

Outcome 13 sets the target as the percentage of services that meet the prescribed frequency and the percentage of services that meet the prescribed duration. However, the primary "300 report" calculates the percentage of prescribed minutes that were delivered by providers (including sessions that were not provided as a result of student absence). While these reports provide valuable information, they have limitations when assessing the District's performance toward the duration target. These include:

- Calculations may double-count sessions missed by crediting both when the student was absent (provider does not need to make up and the session is credited as delivered) and

when the provider made up the missed session, resulting in an over-inflation of the number of minutes delivered.

- Credit for services missed due to student or school reasons may be credited incorrectly when the prescribed duration does not coincide with the session delivered (i.e., the IEP prescribes a total of 60 minutes weekly, which is delivered over two 30-minute sessions. As a result, the report credits 60 minutes for each missed session, instead of 30 minutes, resulting in an over-inflation of the minutes delivered)[2]
- Credit may not be provided and calculated for services delivered for inactive IEPs that are in "stay put" or active IEPs with an incorrect expiration service date (i.e., the provider inaccurately entered a service end date), even though the provider delivered the service.
- Some providers do not have access to Welligent and therefore do not log services. In particular, District-employed BII providers do not have access but are in the process of being granted accounts.
- IEPs contain services that do not coincide with changes to a student's placement and are not immediately adjusted or removed by the new school (e.g., a student is placed in a non-public school and receives counseling services as part of the overall program that is no longer delivered as a separate DIS service**).**
- Challenges associated with delivery of services to pre-school aged students (e.g., non-compulsory education, parents select different programs, parents inconsistently bring students to appointment).
- Various data entry errors by providers (e.g., entering the incorrect number of minutes, such as 300 vs. 30) or failure to complete service tracking logs.
- Performance may be dependent on when the report is produced. Participants noted that progress improves over time as providers are able to make up missed sessions.
- Students who may have left the District or never entered school after enrollment, but who have not been exited from the data system by schools. This results in students remaining on caseloads. If the provider does not enter a reason for the missed session (e.g., student no-show), the report counts the student as having missed a service.

Participants confirmed that the missing services "302" reports used by providers have been unreliable for part of this year. They noted efforts to remediate these problems, and indicated there is a new version of this report. Participants also expressed enthusiasm for the new reports that will soon be rolled out for administrators and providers to self-monitor on a monthly basis.

[2] The service study methodology addresses the problem by applying the most frequently reported duration amount on a log to sessions that should be credited (e.g., student absence, school event). For logs without a most frequent duration, the study divided the prescribed duration in the IEP by the frequency to obtain an average session duration amount.

SUMMARY

Structured interviews with various District staff (managers, supervisors and providers) were conducted to identify factors that may limit the District's ability to deliver services as prescribed in students' IEPs and to guide additional areas of inquiry for the Year 9 Services Study. The focus groups were designed to identify potential areas that may impact service delivery and progress with meeting the targets of Outcome 13 such as:

- How caseloads and assignments are determined.
- How services are prescribed and documented.
- The effectiveness of the tools available to monitor provision of services both centrally and at the site level.
- Opinions regarding why the District is not meeting the targets of the Outcome.

Participants noted that caseloads were determined by either contractual limits or workload. They believed that current caseloads were manageable, but that other demands of their jobs (e.g., attending IEP meetings, Welligent documentation) and variables beyond their control (e.g., coordinating schedules, lack of Internet or Welligent access) presented challenges for complying with service requirements of their caseloads. Providers believed that recent issues with Welligent resulted in students not showing up on their caseloads in a timely manner or not showing up on the missing services "302" report.

Participants reported the increase in the use of ranges for frequency and monthly prescriptions were a response to improve flexibility for providing services in dynamic school and student situations. Providers expressed some frustration with the challenges of meeting service requirements regardless of the prescription interval selected (monthly vs. weekly). Overall, participants expressed a belief that services are provided at higher rates than represented by either the estimates of the Services Study or the District's "300 reports." They felt that performance was affected by a lack of, or problems with, documentation, as opposed to services not being delivered. Some providers noted that Welligent contributed to their not getting credit for services provided to a student who were unexpectedly dropped from caseloads.

All participants agreed that they had the necessary tools to monitor services both centrally and at sites. It was noted that the current reports need enhancements to better measure service delivery, and it seems the District is committed to developing effective reports. Problems reported by managers/supervisors and providers related to the Welligent were discussed with ITD. While they were aware of some problems, assurances were made to look into these issues. Additionally, a copy of the report completed by the OT/PT department on Welligent issues was provided[3]. It was noted that the Welligent will be upgraded in March 2012.

[3] The OT/PT department emailed all staff to inquire about challenges/problems with the Welligent IEP system. This was initiated after numerous complaints by staff. Responses were compiled by category or nature of the problem, and provided to the DSE.

RECOMMENDATIONS

The following recommended actions are intended to further enhance the understanding of how services are delivered, documented and monitored in the District, and to identify potential explanations for why the District has not met the frequency and duration requirements of Outcome 13. These recommendations will be supplemental activities of data collection and analysis to the Year 9 Services Study.

- Inquiries will be conducted to determine why some students lacked evidence of countable Welligent service delivery during the study's eight-week period. This may include a combination of analyzing service delivery beyond the study's timeframe, and/or additional investigations at the provider or school level by either the team of researchers (AIR & ODA) or the DSE. Similar activities may occur for students who do not meet the duration requirements.
- Staffing and caseload information will be examined to see if differences exist between service types and school levels, on performance toward the targets.
- An online survey of DIS and RSP service providers will be conducted to develop a deeper understanding of school site factors that may be impacting the delivery and documentation of services.
- A sub-sample of students' session notes will be compared with status codes on the logs to determine if the codes correctly reflect the session notes. This information will be used to determine whether the service met the IEP requirements with the corrected status codes, and compare these results to the "300 reports."

The following recommendations should be considered by the District to improve service delivery, documentation and/or monitoring:

- Review and consider revising policies and guidelines for how services are prescribed for frequency and duration. This should consider different intervals (daily, weekly, monthly and yearly) and reflect expectations that coincide with school calendars so that schools with shortened months have pro-rated expectations of service delivery. Additionally, these policies or guidelines should address different variables that are responsive to different school types and schedules (e.g., block schedules and "four-by-four").
- Review and consider revising policies and the Welligent system to allow for the documentation of indirect services such as time spent consulting with teachers.
- Consult with Welligent users regarding changes, problems and effectiveness of the program. Changes should be made during school breaks (e.g., summer and/or winter breaks) to minimize disruption.
- Continue enhancing the Welligent "300 reports" to reduce the potential of inflation or reduction of the estimates of the provided minutes.
- Ensure that the "300 reports" are readily accessible. Require that supervisors, school administrators and providers use them on a monthly basis to monitor service provision.
- Examine a model that factors in "workload" when determining caseloads for LAS services.

APPENDIX A

Estimates for Years 2-8[4]

Percentages of services for which there was evidence of service provision by disability category, 2004-05 to 2010-11

	2004-05 Year 2		2005-06 Year 3		2006-07 Year 4		2007-08 Year 5		2008-09 Year 6		2009-10 Year 7		2010-11 Year 8*		2010-11 Year 8	
Disability	% of Services for which there was Evidence of Service Provision	N of Services	% of Services for which there was Evidence of Service Provision	N of Services	% of Services for which there was Evidence of Service Provision	N of Services	% of Services for which there was Evidence of Service Provision	N of Services	% of Services for which there was Evidence of Service Provision	N of Services	% of Services for which there was Evidence of Service Provision	N of Services	% of Services for which there was Evidence of Service Provision	N of Services	% of Services for which there was Evidence of Service Provision	N of Services
Autism	95%	528	87%	594	89%	704	91%	727	95%	771	95%	817	97%	685	96%	679
Deaf/Hard of Hearing	95%	546	93%	524	90%	633	97%	622	96%	621	97%	664	97%	619	97%	615
Emotional Disturbance	81%	306	85%	355	80%	437	90%	400	94%	454	89%	495	83%	427	83%	425
Multiple Disabilities/Deaf-Blind	98%	432	93%	446	95%	656	95%	690	98%	707	97%	791	96%	584	95%	462
Mental Retardation	96%	385	88%	457	87%	577	92%	564	95%	597	96%	615	97%	537	97%	527
Other Health Impairment	84%	416	84%	424	81%	483	95%	539	93%	511	93%	525	90%	483	90%	478
Orthopedic Impairment/ Traumatic Brain Injury	93%	693	91%	740	89%	841	96%	893	97%	961	95%	981	95%	855	95%	732
Speech & Lang. Impairment	95%	338	78%	389	86%	459	91%	432	90%	928	95%	882	94%	814	94%	807
Visual Impairment	98%	630	96%	659	96%	751	98%	743	97%	756	99%	663	98%	603	98%	593
Overall Population Estimate (w/o SLD)	**93%**		**85%**		**87%**		**92%**		**94%**		**95%**				**95%**	
Specific Learning Disability	**73%**	723	**79%**	744	**74%**	1,187	**93%**	1,251	**91%**	1,222	**93%**	1,271	91%	1,153	**91%**	1,152

* There are two sets of figures provided for Year 8. The shaded columns reflect rates which use the prior years' coding rule for yearly services (keep in the analysis if the service met the requirement; exclude if it did not meet). The last column shows the official rates based on a revised coding rule in which all yearly services were excluded from the analysis.

[4] Due to considerable changes in the study methodology since Year 1, the results for the first year (2003-04) are not presented.

Percentages of services with frequency at least equal to the IEP by disability category, 2004-05 to 2010-11

	2004-05 Year 2		2005-06 Year 3		2006-07 Year 4		2007-08 Year 5		2008-09 Year 6		2009-10 Year 7		2010-11 Year 8*		2010-11 Year 8	
Disability	% of Services with Frequency at least Equal to the IEP	N of Services	% of Services with Frequency at least Equal to the IEP	N of Services	% of Services with Frequency at least Equal to the IEP	N of Services	% of Services with Frequency at least Equal to the IEP	N of Services	% of Services with Frequency at least Equal to the IEP	N of Services	% of Services with Frequency at least Equal to the IEP	N of Services	% of Services with Frequency at least Equal to the IEP	N of Services	% of Services with Frequency at least Equal to the IEP	N of Services
Autism	56%	458	59%	462	66%	581	75%	633	70%	676	74%	753	81%	656	81%	652
Deaf/Hard of Hearing	58%	486	66%	423	75%	528	77%	577	74%	562	73%	631	85%	593	85%	592
Emotional Disturbance	49%	206	67%	254	74%	320	69%	345	68%	373	66%	423	75%	350	74%	348
Multiple Disabilities/Deaf-Blind	60%	363	70%	374	80%	531	82%	551	74%	550	71%	630	89%	514	87%	433
Mental Retardation	54%	348	61%	365	74%	462	76%	487	74%	525	74%	572	81%	509	81%	506
Other Health Impairment	56%	305	58%	298	70%	351	78%	483	72%	442	75%	475	81%	432	81%	428
Orthopedic Impairment/ Traumatic Brain Injury	67%	543	70%	582	78%	612	80%	748	77%	785	74%	798	87%	777	85%	687
Specific Learning Disability	52%	442	54%	459	65%	794	77%	1,105	73%	1058	77%	1,168	83%	1,040	83%	1,040
Speech & Lang. Impairment	49%	289	50%	282	62%	360	71%	367	70%	776	72%	820	81%	756	81%	751
Visual Impairment	60%	571	68%	583	82%	690	85%	686	84%	693	82%	637	86%	579	86%	570
Total (unweighted)	**57%**	**4,011**	**63%**	**4,082**	**73%**	**5,229**	**78%**	**5,982**	**74%**	**6,440**	**74%**	**6,907**			**83%**	**6,007**
Overall Population Estimate	--	--	--	--	--	--	**76%**		**72%**		**74%**				**82%**	

* There are two sets of figures provided for Year 8. The shaded columns reflect rates which use the prior years' coding rule for yearly services (keep in the analysis if the service met the requirement; exclude if it did not meet). The last column shows the official rates based on a revised coding rule in which all yearly services were excluded from the analysis.

Note: 2007-08 is the first year in which a population estimate was calculated. This estimate in 2007-08 through 2010-11 is not comparable to earlier years.

Percentages of services with duration at least equal to the IEP by disability category, 2004-05 to 2010-11

	2004-05 Year 2		2005-06 Year 3		2006-07 Year 4		2007-08 Year 5		2008-09 Year 6		2009-10 Year 7		2010-11 Year 8*		2010-11 Year 8	
Disability	% of Services with Duration at least Equal to the IEP	N of Services	% of Services with Duration at least Equal to the IEP	N of Services	% of Services with Duration at least Equal to the IEP	N of Services	% of Services with Duration at least Equal to the IEP	N of Services	% of Services with Duration at least Equal to the IEP	N of Services	% of Services with Duration at least Equal to the IEP	N of Services	% of Services with Duration at least Equal to the IEP	N of Services	% of Services with Duration at least Equal to the IEP	N of Services
Autism	58%	458	59%	463	60%	573	69%	627	63%	675	61%	757	66%	657	65%	651
Deaf/Hard of Hearing	60%	484	68%	419	76%	513	77%	579	75%	559	72%	630	80%	596	80%	592
Emotional Disturbance	65%	200	69%	255	77%	310	67%	343	70%	380	66%	425	65%	349	65%	347
Multiple Disabilities/Deaf-Blind	60%	359	74%	373	82%	548	82%	598	74%	618	68%	701	83%	532	78%	431
Mental Retardation	55%	345	64%	365	69%	463	73%	483	70%	516	65%	572	67%	515	67%	506
Other Health Impairment	59%	299	61%	302	65%	338	72%	485	67%	436	69%	473	69%	433	69%	428
Orthopedic Impairment/ Traumatic Brain Injury	68%	542	73%	582	78%	641	80%	806	75%	828	68%	878	79%	793	76%	686
Specific Learning Disability	56%	435	59%	467	56%	762	72%	1,094	66%	1,032	69%	1,160	71%	1,038	71%	1,037
Speech & Lang. Impairment	51%	288	53%	282	62%	354	70%	366	64%	764	64%	819	67%	757	66%	750
Visual Impairment	63%	567	69%	581	81%	685	81%	689	80%	691	75%	641	77%	575	77%	566
Total (unweighted)	**60%**	**3,977**	**65%**	**4,089**	**70%**	**5,187**	**75%**	**6,070**	**70%**	**6,499**	**68%**	**7,056**			**71%**	**5,994**
Overall Population Estimate	--	--	--	--	--	--	**72%**		**67%**		**67%**				**69%**	

* There are two sets of figures provided for Year 8. The shaded columns reflect rates which use the prior years' coding rule for yearly services (keep in the analysis if the service met the requirement; exclude if it did not meet). The last column shows the official rates based on a revised coding rule in which all yearly services were excluded from the analysis.

Note: 2007-08 is the first year in which a population estimate was calculated. This estimate in 2007-08 through 2010-11 is not comparable to earlier years.

APPENDIX B.1

Group – **Special Education Managers/Supervisors (Total Time – 1 hour 50 minutes)**

Leader: XXX
Session Time: XXX

Participants - XXXX

Opening: *We would like to learn some more about the mechanisms utilized by the District for ensuring compliant service delivery. In addition, we hope to better understand the challenges that may exist centrally and at the site level for meeting the targets of Outcome 13. In order to get to all our questions, we may need to limit discussions to the time allotted.*

Section A – Determining Caseloads - Total Time (30 minutes)

I would like to discuss how caseloads and assignments are determined. This will help us understand how issues regarding caseloads may have an impact on service delivery.

Questions 1-7.

1. What is the most number of schools a provider can have? (full-time employee)

2. What is the least and the most number of students a provider can have? (full-time employee)
   Probe – Are there differences between District Employees and Contract Providers?
   Probe – Are there differences between types of services?
   Probe - How do you consider number of students, number of schools and amount of time/amount of sessions in determining the caseload?

3. How do you make adjustments as the year goes on (e.g., students get added, students get dropped, session time changes, number of sessions changes)?
   Probe – Who does this? How often is this done?

4. Once a provider has a caseload, are they required to provide a schedule that someone has to approve?

5. Do you currently have schools that do not have a provider assigned? What steps are taken to determine if this is happening and how is this corrected?

6. Do you think that the current caseloads enable providers to complete all their required tasks within their scheduled time and deliver services appropriately?

7. Do you have concerns or challenges regarding caseloads that may be impeding the District's ability to meet the targets of Outcome 13?

Section B – Service Delivery and Documentation - Total Time (40 minutes)

The current measure for determining progress on Outcome 13 requires accurate and consistent documentation by providers. The following questions relate to how services are delivered and documented. We will discuss how services are monitored later.

Questions 8-13.

8. Do you provide guidance to providers for how service delivery is prescribed on the IEP for frequency and duration?
   Probe – Are there guidelines for prescriptions for daily, weekly, monthly and yearly services?

9. We've observed an increase in the use of ranges for frequency in IEPs such as (1-5, 1-10, 10-20, 10-40). How are these ranges determined and how are these services delivered?
   Probe – Does the Welligent provide pull-down menus for these ranges?

10. What are your rules for making up sessions when the provider goes to IEPs? What are the rules for making up sessions for other provider absences (e.g., illness, jury duty, professional development)?
    Probe – How are these rules communicated to the providers?

11. Are substitute providers made available to provide services to students?
    Probe - Under what circumstances does this occur? Is this consistently done?
    Probe – Are there particular challenges for using substitutes?

12. Are providers instructed to allot time for completing logs/paperwork?
    Probe - How often are providers instructed to enter logs into the Welligent?

13. Do you have any concerns over how services are prescribed in the IEPs or documented in Welligent that may be impeding the District's ability to meet the targets of Outcome 13?

Section C – Monitoring Service Delivery - Total Time (40 minutes)

Let's discuss how you monitor service delivery.

Questions 14- 20.

14. How is the provider's service delivery monitored? Who does this, what data are used (is frequency and duration measured? How so?), how often?

15. What action, if any, is taken if the service is not provided according to the IEP?

Probe - What if the provider is not showing up or short-changing the student on time?

16. What if a student has not been assigned a provider? What steps are taken to determine if this is happening and how is it corrected?

17. Based on your "300 reports" and the past findings of the Services Study, why do you think we continue to find 7-10% of students not receiving any services during an eight-week period? Do you believe this to be true?

18. Why do you think that some services are unable to meet the frequency and duration requirements? Have you identified any logistical or organizational impediments that prevent providers from meeting these requirements?

19. Are there additional concerns that may impede your ability to effectively monitor services? Are there concerns that providers have raised that you feel may be out of your control?

20. What do you think may help providers meet the targets of this outcome?

APPENDIX B.2

Group – **Service Providers (Total Time – 50 minutes)**

Leader: XXX
Session Time: XXX

Participants - XXX

Opening: *We would like to learn some more about the factors that may impact a provider's ability to deliver services at schools. In addition, we hope to better understand the challenges that may exist at the site level for meeting the targets of Outcome 13. In order to get to all our questions, we may need to limit discussions to the time allotted.*

Section A – Caseloads - Total Time (15 minutes)

I would like to discuss how caseloads and assignments are determined. This will help us understand how issues regarding caseloads may have an impact on service delivery.

Questions 1-6.

1. How many schools do you serve?

2. What is the least and the most number of students a provider can have? (full-time employee)
   Probe – How many do you serve?

3. How is a provider's caseload determined for the year?

4. Does someone approve your schedule(s) for providing services to students?

5. How do you make adjustments as the year goes on (e.g., students get added, students get dropped, session time changes, number of sessions changes)?
   Probe - How often is this done?

6. Do you think that your current caseload enables you to complete all your required tasks within your scheduled time and deliver services appropriately?

Section B – Service Delivery and Documentation - Total Time (20 minutes)

The current measure for determining progress on Outcome 13 requires accurate and consistent documentation by providers. The following questions relate to how services are delivered and documented. We will discuss how services are monitored later.

Questions 7-11.

7. Do you receive guidance for how service delivery is prescribed on the IEP for frequency and duration?
   Probe – Are there delivery guidelines for daily, weekly, monthly and yearly services?

8. We've observed an increased in the use of ranges for frequency in IEPs such as (1-5, 1-10, 10-20, 10-40). How are these ranges determined and how are these services delivered?

9. What are the rules for making up sessions?
   Probe – Are there some you do not need to make up?

10. Are substitute providers made available to you when needed?
    Probe - Under what circumstances does this occur? Is this consistently done?

11. How much time do you allot for completing logs/paperwork?
    Probe - How often are providers instructed to enter logs into the Welligent?

Section C – Monitoring Service Delivery - Total Time (25 minutes)

Let's discuss how you monitor service delivery.

Questions 12-15.

12. How do you monitor service delivery?

13. Have you ever run/seen the missing services report?

14. Do you feel you have the necessary tools to self-monitor service delivery?

15. Are there additional concerns that may impede your ability to effectively monitor services? Are there concerns that providers have raised that you feel may be out of your control?