

**Study of the Accuracy of the “300 Data” for Monitoring
Service Delivery**

Modified Consent Decree

OFFICE OF THE INDEPENDENT MONITOR

March 4, 2019

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EXECUTIVE SUMMARY

The validation study reviewed service records of 582 students eligible to receive special education–related services through October 15, 2018. The sample looked at five different service categories across four performance levels, or tiers. The study aimed to examine service data to gauge the impact of Welligent’s business rules, particularly the application of codes and providers’ coding or documentation practices, on service delivery rates.

This report presents findings in two parts. The first includes findings from the analysis for both the aggregate sample and select tiers. These findings provide broad insights into the impact of Welligent’s business rules, as well as providers’ coding or documentation practices, on service delivery rates.

The second part provides six case studies to highlight the various concerns or shortcomings of the Welligent program and/or documenting practices by providers. These examples represent some of the more salient and/or common problems that raise concerns regarding the integrity of the data and documentation practices.

The review revealed vulnerabilities within the Welligent program that impact the accuracy of the service delivery data. These findings highlight the need for improvement in Welligent, as well as procedures and practices for documenting service tracking information. Last, the review found that the application of exclusionary codes associated with the methods for calculating performance of the newly revised Outcome 13 can have a detrimental effect by considerably reducing service delivery obligations and inflating service delivery rates.

Although the study found that Welligent tracks service completion information quite accurately, issues regarding the calculations relating to the adjusted target, and lack of safeguards to prevent misrepresentations and manipulation of service tracking data, raise serious concerns regarding the system’s capacity to prevent substantial noncompliance. As the MCD nears completion, it is critical that the District address these issues to ensure the integrity of service delivery data.

The report includes nine recommendations for improvement. The recommendations aim to enhance the accurate reporting of service delivery by developing or enhancing existing edits to prevent inaccurate data or the manipulation of data through abnormal values or exclusionary codes. Interfaces should be developed between MiSiS and Welligent Service Tracking to validate student enrollment and leave dates, and absences. Last, the Parties should consider eliminating the reduction of a student’s service delivery obligations through the exclusionary codes, and consider revisions that improve service delivery rates and reporting beyond the context of the MCD.

INTRODUCTION

In spring 2018, the Parties agreed to revise Outcome 13: Delivery of Services, establishing three new measures aimed at ensuring that students with disabilities (SWDs) receive services as specified in their Individualized Education Programs (IEPs). This includes instructional services like the resource specialist program (RSP) and related services such as speech and language therapy, occupational therapy (OT), and physical therapy (PT). The revised outcome has three parts, and its performance is determined by using Welligent Service Tracking data.

The first part of the revised outcome (Measure 13A) requires that the population (aggregate) of SWDs receive 90% of the duration minutes as specified in their IEPs. This means that performance will be based on the overall minutes provided to all students for service categories grouped together. The Parties agreed to base the total minutes provided on the total prescribed minutes minus services not provided due to a lack of opportunity. This means that when a student is absent or does not show up for a session, these owed minutes are removed from the calculation. A full list of the allowable reasons to report a lack of opportunity is included in the footnote¹ below.

The second part of the revised outcome (Measure 13B) requires the District to identify students receiving less than 70% of their aggregate duration minutes by service category, notify parents of this noncompliance, and present an offer of compensatory services within 10 days of identification. Students are identified three times over the course of the 2018-19 school year (October 15, 2018, February 15, 2019, and April 15, 2019).

The third part (Measure 13C) requires periodic (to correspond with benchmark dates) parental notification of their student's service delivery status via the MiSiS Parent Portal.

These measures depend on the accurate identification of students, particularly those receiving less than 70% of their services. Although Measure 13B is limited to the accurate identification of students receiving less than 70% of their services, the Parties agreed that the aim is to increase service delivery for these students to 100%. The Parties also agreed that while an increase in service delivery is not required for determining success with this outcome, it is within the Independent Monitor's (IM's) purview to monitor these students for improved performance throughout the year to determine substantial compliance.

This outcome relies exclusively on the ability to measure service delivery based on data entered in the electronic Welligent system.² For the past several years, the District has been improving its capacity to monitor service delivery, with the Welligent system representing the vehicle and capacity to prevent systemic noncompliance of service provision, a major requirement of the Modified Consent Decree (MCD).

¹ SA (Student Absence), SN (No Show), PR (Parent Refused Service), LT (Schoolwide Testing), SR (Student Refused Service), NPS/RTC ERICS (Approved absence used only by RTC for room and board), LC (School Closure), District Closure Day (Approved Absence: NPA only), and SD (Shortened Day) (restricted service tracking cancellation code is applicable to services with a prescription, which is delivered for the entire school day or a majority of the school day).

² Welligent is a District-wide web-based software system used for online IEPs and tracking related services (such as speech and language, physical therapy) provided to students in special education.

To determine the accuracy of data reported and understand the impact of business rules used to generate the 300 Reports³, such as the exclusions agreed to as part of the revised outcome, the Office of the Independent Monitor (OIM) conducted a validation study of service delivery data. This study was designed to validate the service delivery data's accuracy and to identify potential areas for improvement.

This report presents findings of the validation study, with recommendations for improving the reporting capacity of the Welligent system, and implications on making determinations for Outcome 13 and Substantial Compliance.

³ 300 Reports are a series of reports used to monitor service delivery.

METHODS

To validate the accuracy of the District's Welligent Service Delivery data utilized for monitoring service delivery, the OIM studied tracking logs of 582 students eligible to receive services through October 15, 2018. The Welligent IEP system contains information that specifies special education services owed to students based on individual prescriptions and service delivery logs entered by service providers; this was the source of data reviewed.

Sample Design

The OIM collaborated with the Office of Data and Accountability (ODA) in the sample design, with the ODA drawing the sample. The validation study included samples across five service categories and four performance tiers. It sampled approximately 30 cases per service category (150 for each service category) for four performance tiers. A smaller sample (n=25) was also included for students reported as having received considerably higher than 100% of service delivery, to examine if data anomalies exist, resulting in such performance.

The five service categories were selected based on low current and historical performance levels in Outcome 13:

- Counseling and Guidance⁴
- Speech and Language
- Occupational Therapy (OT)
- Physical Therapy (PT)
- Psychological Services Counseling (ERICs)

Welligent uses six performance levels⁵ (tiers) to monitor and report service delivery compliance. Four tiers were selected for the study, with two examining both ends of the spectrum (100% and 0%), and two focusing on students near the 70% threshold associated with Outcome 13B, and include:

- Tier 1 (100%)
- Tier 3 (70-89.9%)
- Tier 4 (40-69.9%)
- Tier 6 (0%)

Data Collection and Analysis

On November 12, 2018, the ODA requested Welligent data including service provider tracking logs for students selected from the Division of Special Education (DSE). The DSE provided the requested data on December 11.

Records of 30 students receiving speech and language services in the Tier 3 performance strand were not provided by the District and were therefore dropped from the study, resulting in an analyzed sample consisting of 582 service records. In addition, 65 service tracking logs were not available for

⁴ Counseling and Guidance and ERICS are reported separately because these are two different service codes. The primary difference is the intensity of supports and services, with ERICS being the service for students with higher needs. Both of these services can be provided by school psychologists or psychiatric social workers.

⁵ The two tiers not included are: Tier 2 (90-99.9%), Tier 5 (0.01-39.9%)

students who did not receive any services (Tier 6); however, these cases were included in the analysis because Welligent reported these students as having received no services, and therefore the unavailability of services logs is explained.

Data was obtained on students' service prescriptions based on the most recent IEP meeting; minutes owed through October 15, referred to as "target minutes"; and service delivery information. Service delivery information included: date of service, date provider logged the session, duration of each session (minutes), and codes to describe the status of the session (e.g., completed, student absence, provider absence).

The OIM created a database and collected the following information for each student:

- Student identifying information including ID, name, and grade
- Service category type (i.e., speech and language, OT, PT)
- Previous IEP date and service prescription
- Adjusted target (minutes owed minus minutes excluded due to a loss of opportunity)
- Minutes delivered
- Service session status codes (i.e., codes for Student Absence, Student No Show, Completed)
- Number of sessions logged

Data Collection, Analysis, and Limitations

Data was disaggregated by sample type and entered into the OIM database. The validation review aimed to examine the following:

- Correspondence or matches between adjusted target minutes (minutes owed minus minutes excluded due to a loss of opportunity)
- Correspondence or matches between duration minutes reported (service sessions delivered)
- Number of sessions reported by code (i.e., completed session, student absence, student no show, provider absence)
- Accuracy of tier representation or movement between tiers

To examine the accuracy and business rules used for calculating service delivery rates, the OIM calculated the target—or minutes owed to each student—by multiplying the student's service prescription times by nine weeks of school. If students had exclusionary codes, the "target" was adjusted by subtracting the duration of these scheduled but undelivered sessions. This included student absences, student no shows, student refusal, parent refusal, and school closure. For the purposes of the review, codes were grouped by whether they impacted the target. For example, rescheduled sessions and provider absences do not affect the targets, whereas those codes related to student absences or refusals require the target to be adjusted. To determine the percentage of service delivered, adjusted targets were divided by the minutes delivered.

The review included several limitations that impacted data analyses, resulting in the use of assumptions, particularly for determining the adjusted targets or minutes owed, and the calculation of the service delivery rate (percentage).

The most impactful limitation is the need for enrollment data in order to determine the target. DSE staff reported that the Welligent IEP system begins calculating the adjusted target, or minutes owed, based on the enrollment date for each student. Therefore, if a student began school two weeks late, the

target would be based on seven weeks compared to the nine weeks examined by the study. The review did not obtain or review enrollment data for each student, and calculated the target based on the assumption that students were in school for the nine weeks between August 14 and October 15, 2018.

For students with IEP and service prescriptions dated during the study's timeframe, this date was used to identify the target time. However, this did not always apply as some students had target times that reflected longer timeframes than the most recent IEP meeting, in which case the default nine-week period was used in the study. The lack of enrollment information limited the ability to determine the precise target or number of minutes owed for the period, therefore impacting the accurate calculation of the service delivery rate.

Service session status codes were not verified, and the study assumed that providers entered accurate codes to reflect the state of the session. This means that student attendance data were not reviewed to validate the use of the "Student Absence" code. The impact of these limitations and assumptions are examined in more detail in the Findings section. While the wholesale verification of codes was not part of the methods, the study includes six case studies with a more in-depth look at the validity of the codes.

FINDINGS

This section presents findings in two parts. The first includes findings from the analysis for both the aggregate sample and select tiers. These findings provide broad insights into the impact of Welligent’s business rules, as well as providers’ coding or documentation practices, on service delivery rates.

The second part provides six case studies to highlight the various concerns or shortcomings of the Welligent program and/or documenting practices by providers. These examples represent some of the more salient and/or common problems that raise concerns regarding the integrity of the data and documentation practices.

Part One

As noted in the section above, one of the main limitations of the review was applying the precise factors or business rules of the Welligent program that contributed to the adjusted target calculations. For the majority of students, the OIM’s adjusted target calculations were based on a factor of nine weeks of the study’s timeframe.

Overall, about 13% of students demonstrated a match with the adjusted targets calculated by the Welligent program (Table 1). Physical therapy (28.6%) and counseling (17.6%) showed the highest correspondence rates of adjusted targets. Although many of the cases had adjusted targets close to those in the Welligent Program, these differences could not be reconciled without knowing the precise variables impacting this calculation, such as the enrollment date of students. The study did find many cases that differed considerably from the adjusted targets reported by Welligent, which raises concerns regarding the system’s calculation of the adjusted target minutes. Some of these concerns will be discussed in further detail in the cases studies included in *Part Two*.

The calculation for service completion data, or the duration of minutes delivered, demonstrates a much higher level of correspondence, with the majority of cases matching (96.2%). Of the five service categories reviewed, psychological services counseling (ERICS) showed the lowest levels of agreement (87.9%).

Table 1. Matches for Adjusted Target and Minutes Delivered by Service Type

Service	Records	Adjusted Target Match	Adjusted Target Match	Minutes Delivered Match	Minutes Delivered Match
	n	n	%	n	%
Counseling	125	22	17.6	121	96.8
Speech	97	9	9.3	95	97.9
OT	124	6	4.8	121	97.6
PT	112	32	28.6	111	99.1
ERICS	124	6	4.8	109	87.9
Total	582	75	12.9	560	96.2

To better understand the impact of exclusionary codes on the adjusted target and service delivery rate, sessions were counted to examine the effects on the calculations. Exclusionary codes were grouped together, since these sessions reduce the adjusted target by those minutes specified in the Welligent

program. Codes such as a provider absence were grouped, since these codes do not result in a reduction of the adjusted target. Similarly, rescheduled codes (CR) also were grouped and do not have any effect on the adjusted target. Sessions that indicated a service was delivered were grouped as these apply to the calculation for determining service delivery rate.

Overall, students received 80% of the sessions logged (Table 2). Speech and language (87.1%) demonstrated the highest rates of completed sessions, while ERICS (77.7%) and PT (75%) had the lowest. Conversely, PT (19.5%) and ERICS (17.3%) had the highest levels of exclusionary codes logged.

The review found no instances of provider absence codes for the entire sample. This finding raises concerns regarding the validity of the codes entered by providers, considering the use of this code in the past and realities of providers being absent for illness, personal necessity, or jury duty. Due to the lack of provider absence codes in the sample, this code was excluded from the tables.

Table 2. Number of Sessions Logged, Completed, Exclusionary Codes (EC), and Rescheduled (CR) by Service Type

Service	Sessions Logged	Sessions Completed	Sessions Completed	Sessions EC	Sessions EC	Sessions CR	Sessions CR
	n	n	%	n	%	n	%
Counseling	589	475	80.7	75	12.7	23	3.9
Speech	513	447	87.1	48	9.4	13	2.5
OT	663	542	81.8	85	12.8	33	4.9
PT	497	373	75.0	97	19.5	25	5.0
ERICS	767	596	77.7	133	17.3	27	3.5
Total	3,029	2,433	80.3	438	14.5	121	3.9

Students with at least one session with an exclusionary code had much lower rates of service sessions completed (66.6%) (Table 3) compared to the aggregate (80.3%). Speech and language (78.8%) demonstrated the highest rates of sessions completed, while ERICS (62%) and PT (60.4%) had the lowest.

Table 3. Number of Sessions Logged, Completed, Exclusionary Code (EC), and Rescheduled (CR) by Service Type for Students with at Least One EC

Service	Students with at least one absence	Sessions Logged	Sessions Completed	Sessions Completed	Sessions EC	Sessions EC	Sessions CR	Sessions CR
	n	n	n	%	n	%	n	%
Counseling	38	262	171	65.3	75	28.6	14	5.3
Speech	27	240	189	78.8	48	20.0	2	0.8
OT	45	300	209	69.7	85	28.3	6	2.0
PT	48	265	160	60.4	97	36.6	6	2.0
ERICS	53	422	262	62.0	133	31.5	17	4.0
Total	211	1,489	991	66.6	438	29.4	45	3.0

The use of exclusionary codes was examined to identify trends in documentation practices between providers from different service categories. To examine the use of the exclusionary codes that are less common and/or contingent on extenuating circumstances, student absences were removed from this analysis. The analysis includes session information through December 4, 2018.

Overall, PT (10.7%) and ERICS (6.5%) had the highest rates of exclusionary codes, while speech and language had the lowest (2.2%) (Table 4). For sessions that were coded as the student not showing up to the session, PT (n=90, 8.8%) and OT (n=41, 4.5%) showed the highest use. ERICS (n=70, 4.6%) and counseling (n=12, 1.0%) were the primary service categories to report students refusing their service sessions.

PT (n=13, 1.3%) and counseling (n=8, 0.7%) reported the highest instances of not providing services due to parents refusing the session. School closure and schoolwide testing codes were seldom used, and require specific circumstances for their use. For instance, school closed codes are reserved for extenuating circumstances such as schools being closed due to wildfires or the recent gas leak in the Canoga Park area. Although the validity of these codes was not verified, the low number of school closed and schoolwide testing codes indicates they were improperly used since it can be reasonably assumed that closures and schoolwide testing would have had a much bigger impact than what was reported.

Table 4. Exclusionary Codes by Service Categories

Service	Total Sessions Logged	Sessions EC		No Show		Student Refused		Parent Refused		School Closed		Schoolwide Testing	
		n	%	n	%	n	%	n	%	n	%	n	%
Counseling	1,125	53	4.7	25	2.2	12	1.0	8	0.7	5	0.4	3	0.3
Speech	948	21	2.2	13	1.4	6	0.6	0	0.0	1	0.1	1	0.1
OT	921	48	5.2	41	4.5	6	0.6	0	0.0	1	0.1	0	0.0
PT	1,019	109	10.7	90	8.8	6	0.6	13	1.3	0	0.0	0	0.0
ERICS	1,522	99	6.5	23	1.5	70	4.6	3	0.2	1	0.1	2	0.1
Totals	5,535	330	5.9	192	3.4	100	1.8	24	0.4	8	0.1	6	0.1

To examine if inaccuracies resulted in differences between Welligent service delivery rates and those calculated by the OIM, movement between tiers was tracked (Table 5). It is important to emphasize that the findings of this analysis are considered inconclusive, due to the limitations for determining the adjusted target rate. In many cases, the OIM adjusted target resulted in higher adjusted target rates; therefore, service delivery rates are lower than those reported by Welligent. Although inconclusive, these findings are intended to illustrate potential areas where performance data may be more susceptible to inaccuracies without validation measures and proper oversight of data entry and maintenance. Concerns with movement between tiers and implications this might have on Outcome 13B are further explored in *Part Two*.

The sampling strategy examined the four tiers where inaccuracies could potentially obscure service delivery rates or lead to the misidentification of students receiving 70% of their services as specified by Outcome 13B. In particular, inaccuracies in Tiers 3 (70-89.9%) and 4 (40-69.9%) could result in the misidentification of students, resulting in either misinforming parents of low rates of service delivery

when a higher level of services was provided, or by not informing parents if their students did not receive at least 70% of their services.

As expected, Tier 1 (100%) and Tier 6 (0%) showed higher rates of accuracy, with minimal movement between tiers for these students (Table 5). Tiers 3 and 4 showed much more variability, resulting in downward trends in the movement of the performance data. While some of this movement might be related to differences in the adjusted target calculations, it does provide insight into the impact that exclusionary codes have on inflating service delivery data.

Table 5. Movement between Tiers by Welligent and OIM

Tiers	District		Total Records – N = 582											
			OIM											
			Tier 1		Tier 2		Tier 3		Tier 4		Tier 5		Tier 6	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Tier 1	174	29.9	135	77.6	15	8.6	17	9.8	6	3.4	1	0.5	0	0.0
Tier 3	119	20.4	0	0	0	0	74	62.2	41	34.5	3	2.5	1	0.8
Tier 4	139	23.9	0	0	0	0	4	2.8	112	80.6	21	15.1	2	1.4
Tier 6	149	25.6	0	0	0	0	1	0.7	0	0.0	0	0.0	148	99.3

The next discussion breaks down the findings by sample type or tier. Tier 1 was sampled by two groups, with a smaller sample (n=25) examining students with performance data considerably higher than 100%. This was done to examine if data anomalies exist that result in elevated service delivery rates.

Overall, 174 cases of students reported as receiving 100% of their services (Table 6) were examined. Physical therapy had the highest rates of adjusted target matches (29.4%) while OT and ERICS had the lowest (5.9%). ERICS also showed the lowest rates of correspondence of service minutes delivered (76.5%).

Table 6. Tier 1 Matches for Adjusted Target and Minutes Delivered by Service Type

Service	Records	Adjusted Target Match		Minutes Delivered Match	
		n	%	n	%
Counseling	35	3	8.6	35	100.0
Speech	37	5	13.5	35	94.6
OT	34	2	5.9	33	97.0
PT	34	10	29.4	34	100.0
ERICS	34	2	5.9	26	76.5
Total	174	22	12.6	163	93.4

Students in Tier 1 showed comparable rates of sessions completed, with 85% of the sessions logged as having been provided (Table 7). OT had the least sessions with exclusionary codes (7.1%).

Table 7. Tier 1 Number of Sessions Logged, Completed, Exclusionary Codes (EC), and Rescheduled (CR) by Service Type

Service	Sessions Logged	Sessions Completed	Sessions Completed	Sessions EC	Sessions EC	Sessions CR	Sessions CR
	n	n	%	n	%	n	%
Counseling	249	209	83.9	26	10.4	4	1.6
Speech	328	283	86.3	32	9.8	9	2.7
OT	283	244	86.2	20	7.1	18	6.4
PT	212	178	83.9	30	14.2	2	0.1
ERICS	314	264	84.0	37	11.2	4	1.2
Total	1,386	1,178	84.9	145	10.5	37	2.6

For students with at least one absence, ERICS counseling (74%), counseling (73.0%), and PT (73.7%) showed the lowest rates of sessions completed (Table 8). Tier 1 students with at least one absence have more sessions completed compared to the aggregate (76.7% vs. 66.6%). Overall, one in five sessions logged contained an exclusionary code, with PT (25.4%) reporting the highest rates.

Table 8. Tier 1 Number of Sessions Logged, Completed, Exclusionary Codes (EC), and Rescheduled (CR) by Service Type for Students with at Least One EC Session

Service	Students with at least one absence	Sessions Logged	Sessions Completed	Sessions Completed	Sessions EC	Sessions EC	Sessions CR	Sessions CR
	n	n	n	%	n	%	n	%
Counseling	14	115	84	73.0	26	22.6	4	3.4
Speech	17	178	143	80.3	32	17.9	2	1.1
OT	13	116	95	81.9	20	17.2	1	0.1
PT	19	118	87	73.7	30	25.4	1	0.1
Psych Services-ERICS	19	185	137	74.0	37	20.0	2	1.0
Total	82	712	546	76.7	145	20.4	10	1.4

Table 9 illustrates the potential for excessive rates of service delivery found in Welligent. These high performance rates are indicative of data anomalies resulting from shortcomings in the Welligent programs business rules, as well as the lack of proper data maintenance and oversight procedures.

Table 9. Ranges of Service Delivery over 100% for Tier 1 Students, by Welligent and OIM

	Less than 100%		101-124%		125-150%		151-199%		200-299%		300-399%		400-499%		500-999%		1000%+	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Welligent	1	0.6	78	44.8	27	15.2	25	14.4	19	10.9	7	4.0	8	4.6	6	3.5	3	1.7
OIM	73	41.9	40	22.9	18	10.3	20	11.5	10	5.8	3	1.7	3	1.7	4	2.3	3	1.7

The next subsample examined students in Tier 3. These students are reported to have received at least 70% of their services; therefore, notification to parents of their child's service delivery rate is not

required for purposes of Outcome 13B.⁶ Speech and language service logs were not provided; however, it was determined that sufficient cases were available to see trends in service delivery and coding practices for students in this subsample.

Counseling (26.7%) and PT students (26.7%) demonstrated the highest rates of adjusted target matches, while all services demonstrated high levels of matches for minutes delivered (Table 10).

Table 10. Tier 3 Matches for Adjusted Target and Minutes Delivered by Service Type

Service	Records	Adjusted Target Match	Adjusted Target Match	Minutes Delivered Match	Minutes Delivered Match
	n	n	%	n	%
Counseling	30	8	26.7	30	100.0
Speech	0	-	-	-	-
OT	30	0	0.0	30	100.0
PT	30	8	26.7	29	96.7
ERICS	30	2	6.7	28	93.3
Total	120	18	15.0	117	97.5

ERICS (81.3%) and PT (79.7%) showed the lowest levels of completed sessions as well as the highest levels of exclusionary codes (Table 11).

Table 11. Tier 3 Number of Sessions Logged, Completed, Exclusionary Codes (EC), and Rescheduled (CR) by Service Type

Service	Sessions Logged	Sessions Completed	Sessions Completed	Sessions EC	Sessions EC	Sessions CR	Sessions CR
	n	n	%	n	%	n	%
Counseling	186	163	87.6	10	5.4	11	5.9
Speech	-	-	-	-	-	-	-
OT	241	211	87.6	18	7.5	10	4.2
PT	177	141	79.7	18	10.2	17	9.6
ERICS	235	191	81.3	25	10.6	17	7.2
Total	839	706	84.2	71	8.5	55	6.6

For students with at least one absence, ERICS (63.9%) and PT (67.2%) showed the lowest levels of completed sessions as well as the highest levels of exclusionary codes (26.9% and 25.8%, respectively) (Table 12).

⁶ All parents are provided access to service delivery rates via the Parent Portal regardless of performance levels as part of Outcome 13C.

Table 12. Tier 3 Number of Sessions Logged, Completed, Exclusionary Codes (EC), and Rescheduled (CR) by Service Type for Students with at Least One SA Session

Service	Students with at least one absence	Sessions Logged	Sessions Completed	Sessions Completed	Sessions EC	Sessions EC	Sessions CR	Sessions CR
	n	n	n	%	n	%	n	%
Counseling	9	58	44	75.9	10	17.2	4	6.9
Speech	-	-	-	-	-	-	-	-
OT	15	100	79	79.0	18	18.0	3	3.0
PT	11	67	45	67.2	18	26.9	3	4.5
ERICS	11	97	62	63.9	25	25.8	9	9.3
Total	46	322	230	71.4	71	22.0	19	5.9

Outcome 13B requires notifying parents when students demonstrate service delivery levels in Tiers 4-6 (70% or less). For students in Tier 4 (51-70%), PT (52.6%) and counseling (33.3%) services showed the highest levels of adjusted target matches, while ERICS counseling demonstrated the lowest agreement of minutes delivered (83.3%) (Table 13).

Table 13. Tier 4 Matches for Adjusted Target and Minutes Delivered by Service Type

Service	Records	Adjusted Target Match	Adjusted Target Match	Minutes Delivered Match	Minutes Delivered Match
	n	n	%	n	%
Counseling	30	10	33.3	29	96.7
Speech	30	3	10.0	30	100.0
OT	30	2	6.7	28	93.3
PT	19	10	52.6	19	100.0
ERICS	30	0	0.0	25	83.3
Total	139	25	18.0	131	94.2

Students receiving speech and language services received the most amount of completed sessions (90.1%) and had the lowest percentage of exclusionary codes (7.1%) (Table 14). Counseling (23.3%) and ERICS (23.8%) had the highest rate of exclusionary codes.

Table 14. Tier 4 Number of Sessions Logged, Completed, Exclusionary Codes (EC), and Rescheduled (CR) by Service Type

Service	Sessions Logged	Sessions Completed	Sessions Completed	Sessions EC	Sessions EC	Sessions CR	Sessions CR
	n	n	%	n	%	n	%
Counseling	150	103	68.7	35	23.3	8	5.3
Speech	182	164	90.1	13	7.1	4	2.2
OT	116	87	75.0	24	20.7	5	4.3
PT	71	52	73.2	13	18.3	6	8.5
ERICS	193	141	73.0	46	23.8	6	3.1
Total	712	547	76.8	131	18.4	29	4.0

For students with at least one exclusionary code, counseling (50.6%), ERICS (54.8%), and OT (57.4) had the lowest rates of completed sessions (Table 15). This means that these students received a little more than half of the sessions logged. Conversely, these same services had exclusionary codes for about 40% of the sessions logged.

Table 15. Tier 4 Number of Sessions Logged, Completed, Exclusionary Codes (EC), and Rescheduled (CR) by Service Type for Students with at Least One SA Session

Service	Students with at least one absence	Sessions Logged	Sessions Completed	Sessions Completed	Sessions EC	Sessions EC	Sessions CR	Sessions CR
	n	n	N	%	n	%	n	%
Counseling	13	85	43	50.6	35	41.2	6	7.0
Speech	9	59	46	77.9	13	22.0	0	0.0
OT	11	61	35	57.4	24	39.3	2	3.3
PT	8	43	28	65.1	13	30.2	2	4.7
ERICS	16	115	63	54.8	46	40.0	6	5.2
Total	57	363	215	59.2	131	36.0	16	4.4

Students who have not been provided any services during the year are reported in Tier 6. When students receive at least one minute of their respective service, they move out of Tier 6 permanently. This makes these students a critical group for intervention. Understanding why students have not received any service throughout the year might yield programmatic and oversight insights to improve service delivery.

Because these students did not receive any services, some did not have any service logs available. The remainder had logs either for dates outside of the study’s timeframe or for sessions coded with exclusionary factors. Students with sessions logged either during or beyond the study’s timeframe, even if only with exclusionary codes, had adjusted targets. For some of these students, the adjusted targets were reduced so much it created much more variability, resulting in a low level of matches (6.7%) for this subsample (Table 16). Conversely, because many did not receive any services, this led to a high number of matches for services delivered. This includes students who did not have any service logs, as the lack of a log indicated no service and therefore was considered a match.

Table 16. Tier 6 Matches for Adjusted Target and Minutes Delivered by Service Type

Service	Records	Adjusted Target Match	Adjusted Target Match	Minutes Delivered Match	Minutes Delivered Match
	n	n	%	n	%
Counseling	30	1	3.3	30	100.0
Speech	30	1	3.3	30	100.0
OT	30	2	6.7	30	100.0
PT	29	4	13.8	29	100.0
ERICS	30	2	6.7	30	100.0
Total	149	10	6.7	149	100.0

The review found that sessions logged during this timeframe represented only exclusionary codes, thereby confirming that these students did not receive any services. A stark contrast is noted between the high number of sessions with exclusionary codes for OT, PT, and ERICS compared to speech and counseling services (Table 17).

While this analysis provides broad insights into Tier 6 students, *Part Two* provides additional insights into these students. Furthermore, the OIM conducted a telephone survey of schools with high numbers of Tier 6 students, which will further contribute to the understanding of why students did not receive any services after nine weeks of school.

Table 17. Tier 6 Number of Sessions Logged, Completed, Exclusionary Codes (EC), and Rescheduled (CR) by Service Type

Service	Sessions Logged	Sessions Completed	Session Completed	Sessions EC	Sessions EC	Sessions CR	Sessions CR
	n	n	%	n	%	n	%
Counseling	4	0	0.0	4	100.0	0	0.0
Speech	3	0	0.0	3	100.0	0	0.0
OT	23	0	0.0	23	100.0	0	0.0
PT	37	0	0.0	36	97.3	0	0.0
ERICS	25	0	0.0	25	100.0	0	0.0
Total	92	0	0.0	91	98.9	0	0.0

Summary

The study reviewed 582 service records for five service categories for students eligible to receive services through October 15, 2018. Due to limitations within the study, the review found low levels of matches for the adjusted target minutes reported by Welligent. This calculation was further complicated due to the application of exclusionary codes, which resulted in reductions of the adjusted target. Therefore, this review cannot conclude on the accuracy of the Welligent’s business rules for determining adjusted targets. However, the review found many instances of large discrepancies that raise concerns with the calculation. The case studies in *Part Two* will illustrate the complicated nature of determining adjusted targets. Conversely, high levels of agreement were noted in service completion data. This finding indicates that the Welligent is accurately calculating and reporting when students receive their services.

Overall, sessions logged show that 80% of logs were for completed sessions. Speech and language demonstrated the highest rate of completed sessions (87%) and the lowest rates of exclusionary codes (9%) logged. Students with exceedingly high rates of service delivery 200%-1000%+ raise concerns with the business rules and safeguards within Welligent to accurately report service delivery data.

The variability in exclusionary codes particularly for codes used by ERICS, counseling, and PT raises concern over the disproportionate application of specific codes. Although some services might be more susceptible to circumstances that result in a loss of opportunity to provide services, the differential application of exclusionary codes might suggest the misuse or misapplication by providers. The absence of any codes that indicate a provider absence is concerning, given the use of this code in previous years. It is highly unlikely that no providers missed sessions due to illness, personal necessity, or jury duty.

These findings give broad insights into potential vulnerabilities of the business rules within the Welligent program, documentation practices by providers, and the oversight of the service delivery data by DSE management.

Part Two: Case Studies

The following six case studies are intended to illustrate some of the concerns with the business rules, data entry procedures, and/or management of the Welligent Service Delivery data. Although this report will organize examples by subsample type, these concerns can be generalized to impact performance data across all tiers. However, some issues might have a larger impact on specific performance levels. It is important to point out that these examples are not anomalies (i.e., the only example) or provider specific. Although some of the issues were observed multiple times for the same provider, these issues were seen across various service types and providers.

Tier 1 students with service delivery rates considerably higher than 100% raise concerns regarding the accuracy of the data reported by Welligent. For purposes of Outcome 13A, the District caps performance data at 100%; therefore, such elevated values have no impact on the overall calculation.

The following example shows how abnormally high values can overinflate performance data and can obscure and/or misrepresent compliance with a student's service delivery requirements. This example features a student who receives counseling and guidance services for 30 minutes a week during the regular school year. The calculated service delivery rate for this student shows they received 691% of their services.

The logs indicate the student received two sessions of 330 minutes or five-and-a-half hours (one before school began on August 14), one session of five hours, a nearly three-hour session on the first day of school, and five sessions from 3:00 to 3:30 pm, presumably after school (Table 18). This student also had two sessions when schools were closed: one during the Labor Day weekend (9/3/18) and one during an unassigned day⁷ (9/10/18).

It is unlikely that any student receives a counseling service during the majority or entirety of the instructional day. The multiple entries with high values suggest this is not a data entry error, and shows the inability of the Welligent program to prevent service delivery misrepresentations by providers. Although it is possible that these entries might be due to a lack of training or inadvertent, it shows that the Welligent appears to have no edits to prevent entries that reflect service delivery during holidays or school closures, after school hours. Although the District reported that Welligent does have an alert when providers attempt to enter values less than five minutes or more than 90 minutes, this shows that duration minutes of sessions that considerably exceed the prescription (330 minutes vs. 30 min prescribed) can still be applied.

⁷ Unassigned days are District-wide school closure days.

Table 18: Service Type - Counseling and Guidance; Prescription - 1-5/W/30/RSY

Adjusted Target	Actual Minutes	Scheduled Date	Scheduled Duration	Time in	Time Out	Completed Minutes	Event Status	Date Logged
228	1577	8/9/18	330	8:30	2:00	330	Completed	10/8/18
228	1557	8/14/18	167	11:13	2:00	167	Completed	10/8/18
228	1577	8/20/18	300	9:00	2:00	300	Completed	10/8/18
228	1557	8/27/18	330	8:30	2:00	330	Completed	10/8/18
228	1557	9/3/18	30	3:00	3:30	30	Completed	10/8/18
228	1557	9/10/18	30	3:00	3:30	30	Completed	10/8/18
228	1557	9/17/18	30	3:00	3:30	30	Completed	10/8/18
228	1557	9/24/18	30	3:00	3:30	30	Completed	10/8/18
228	1557	10/11/18	30	3:00	3:30	30	Completed	10/8/18

The second example also highlights the lack of edits or safeguards to prevent abnormal values that overinflate service delivery data. In this instance, the value exceeds the time of the instructional day (12.5 hours) (Table 19). Although this data anomaly might have been a result of error in the data entry (11:45 am vs. 11:45 pm), the system appears to lack a mechanism to alert providers when a value is entered that highly exceeds that of the student’s weekly (or monthly or yearly services, prorated if needed) prescription, or beyond the daily instructional time.

As a result of this one entry of 750 minutes, this student shows having received 461% of their speech and language services, obscuring and misrepresenting the services delivered to date and those needed to fulfill future compliance requirements. This means that without correcting these minutes, the provider can miss the equivalent of 25 sessions and still remain compliant with the IEPs service obligations.

Table 19. Service Type – Speech and Language; Prescription - 1-5/M/120/RSY

Adjusted Target	Actual Minutes	Scheduled Date	Scheduled Duration	Time in	Time Out	Completed Minutes	Event Status	Date Logged
197	909	8/22/18	30	11:15	11:45	30	Completed	8/25/18
197	909	8/29/18	30	-	-		SA	8/29/18
197	909	9/5/18	750	11:15	11:45pm	750	Completed	9/5/18
197	909	9/12/18	30	11:15	11:45	30	Completed	9/12/18
197	909	9/26/18	32	11:15	11:45	32	Completed	9/26/18
197	909	10/3/18	35	11:15	11:45	35	Completed	10/3/18
197	909	10/10/18	32	11:15	11:45	32	Completed	10/10/18

The next example highlights a student who has reportedly received 59% of their ERICS services despite having received only two sessions since the beginning of the year (or nine weeks). The IEP prescription is for 120 minutes of counseling a week.

The example shows the impact of exclusionary codes on the adjusted target and the misrepresentation of the service delivery rate provided. It also shows Welligent’s lack of functionality that prevents conflicting service delivery information from being entered, and the potential it creates for providers to manipulate data.

Specifically, four sessions demonstrate how conflicting and duplicate information can be entered in Welligent for the same day (Table 20). As seen below, the logs contain two entries for September 14, 2018, both coded as a student absence. These sessions stand out due to the dates and time stamp (not included in the table) that show the provider made both of these entries for the same day on two different occasions (9/18 and 9/19).

Two additional sessions show that conflicting information can be documented for the same day, as the logs show both a student absence and a completed session on 9/28. The sessions were logged on two different days, with the completed session logged on the same day the session was completed, at 10:57 am, or approximately one hour after the session. The session coded as a student absence was logged three days later on October 1, suggesting this was done in error. In addition, another session logged as a student absence for 8/31 was during a school closure for Labor Day weekend.

The conflicting codes and double entries of a student absence for the same day impact the adjusted target and, in turn, the service delivery rate. The adjusted target is 204 minutes, or less than two weeks of services prescribed. Based on the student's prescription, the target for nine weeks should equal 1,080 minutes of service. The logs contain 12 sessions (this includes the sessions in question on 8/31, 9/14, and 9/28) coded as student absences; therefore, the adjusted target should be reduced by 720 minutes for a total of 360 minutes, resulting in a service delivery rate of 30%. If the three sessions in question were removed from the calculation, the adjusted target rate should be 540 minutes, with the service delivery rate going down to 22%.

Although this example also demonstrates the nuances for determining the adjusted target, particularly when multiple exclusionary codes are used, it is a good example of how the reduction of minutes owed can result in the misrepresentation of service delivery for parents and, in turn, of compliance.

To put it simply, the student had received the equivalent of one week of service after nine weeks of school, yet the system shows the student as receiving more than half of their services. Although student absences were not verified, the system's inability to flag conflicting information and entries during a holiday school closure raises questions regarding the validity of these entries.

Table 20. Service Type – ERICS; Prescription - 1-5/W/120/RSY

Adjusted Target	Actual Minutes	Scheduled Date	Scheduled Duration	Time In	Time Out	Completed Minutes	Event Status	Date Logged
204	120	8/30/18	60				SA	8/31/18
204	120	8/31/18	60				SA	9/4/18
204	120	9/6/18	60				SA	9/10/18
204	120	9/7/18	60				SA	9/11/18
204	120	9/14/18	60				SA	9/18/18
204	120	9/14/18	60				SA	9/19/18
204	120	9/18/18	60				SA	9/26/18
204	120	9/21/18	60				SA	9/21/18
204	120	9/27/18	60				SA	9/28/18
204	120	9/28/18	60				SA	10/1/18
204	120	9/28/18	60	9:00	10:00	60	Completed	9/28/18
204	120	10/2/18	60	11:00	12:00	60	Completed	10/3/18
204	120	10/4/18	60				SA	10/8/18
204	120	10/9/18	60				SA	10/12/18
204	120	10/11/18	60				SA	10/12/18

The next example highlights the misuse of codes and how the scheduled duration time can impact the adjusted target. This example is not intended to suggest the provider’s motivation for making these entries, but rather point out Welligent’s vulnerabilities for misuse and abuse. To illustrate these vulnerabilities, sessions logged through November 22 are included.

This example features a student who receives counseling and guidance for 30 minutes a week. The logs show the student had two sessions provided during the study’s timeframe; however, the two sessions were logged after October 15, and therefore these sessions were not reflected in the system and accurately reported as having received no services (Table 21).

The first session is logged on September 3 as a Shortened Day, which contains a “restrictive use” alert as part of the code. This code is to be used only for services that are delivered for the majority or the entire school day, such as Behavior Intervention Implementation (BII) services. Therefore, this code does not apply to services like counseling or for prescriptions that are for small portions of the instructional day. This provider used this code on three different occasions, with the first being on a holiday (Labor Day).

The November 22 session was given a School Closed code, which is typically permitted for rare events such as when wildfires force schools to close. The inappropriate use of the Shortened Day and School Closed codes impact the adjusted target, as these are part of the exclusionary codes and result in the reduction of minutes from the services owed to date.

This example exposes another vulnerability that impacts the adjusted target. The provider entered scheduled duration values higher than the typical duration of the sessions and/or the prescribed weekly minutes for services delivered. The logs show nine sessions of 30 weekly minutes, consistent with the prescription. Although one session was provided for 60 minutes (11/8), two 60-minute sessions were coded as a student absence, and one 60-minute School Closed session was used for the Thanksgiving

holiday. These three 60-minute sessions are given exclusionary codes, resulting in a bigger reduction of the adjusted target. This shows that the system is susceptible to data manipulation if providers over-report scheduled duration minutes for sessions not provided, thus resulting in more favorable service delivery rates. In this case, three sessions had values twice as high as what is typically provided and what is prescribed (60 vs. 30 min) in the IEP.

This example also shows how providers can back-enter service delivery sessions. The first four sessions (9/3, 10/1, 10/2, 10/8) were entered five days after the first logged entry on October 30. The practice of back-filling session data raises concerns regarding the validity of these sessions.

Table 21. Service Type – Counseling and Guidance; Prescription - 1-5/W/30/RSY

Adjusted Target	Actual Minutes	Scheduled Date	Scheduled Duration	Time In	Time Out	Completed Minutes	Event Status	Date Logged
222	0	9/3/18	30				Shortened day	11/5/18
222	0	10/1/18	60				SA	11/5/18
222	0	10/2/18	60				SA	11/5/18
222	0	10/8/18	30	8:05	8:35	30	Completed	11/5/18
222	0	10/11/18	30				Shortened day	11/1/18
222	0	10/15/18	30	8:00	8:30	30	Completed	10/30/18
222	0	10/22/18	30	8:05	8:35	30	Completed	11/5/18
222	0	10/29/18	30	8:05	8:35	30	Completed	11/5/18
222	0	11/5/18	30	8:00	8:30	30	Completed	11/5/18
222	0	11/8/18	60	8:00	9:00	60	Completed	11/13/18
222	0	11/12/18	30				Shortened day	11/5/18
222	0	11/15/18	30	8:00	8:30	30	Completed	11/29/18
222	0	11/22/18	60				School Closed	11/26

The next example highlights the impact of exclusionary codes on the adjusted target, as well as the use of inadequate exclusionary codes, particularly for younger preschool students. This student is a four-year-old who is prescribed 30 minutes of PT a week. The student has a location code (1989) used for preschoolers who have not yet enrolled at a specific site. This means that the student is not attending school, and that missed sessions are likely due to the parents not having brought the child to the service location.

To illustrate the impact of these codes, sessions through December 3 are included. The first three sessions are coded as a student “No Show,” meaning the student did not attend the session because they failed to show up (Table 22). The remaining nine sessions are coded as Parent Refused, meaning the parent requested the service to not be provided.

Although the review did not validate the codes, its findings raise questions regarding the procedures and training on the use of these codes, particularly for non-enrolled preschool students. The review found many examples of Tier 6 preschool children under five years old, with many entries coded with exclusionary codes such as student absence, student no shows, and parent refusal. These findings call to question the appropriateness and/or applicability of these codes for this population of students.

Students who have not received any services are represented in Tier 6. As noted earlier, once a student receives at least one minute of a service, they move out of this tier for this service for the remainder of the school year.)

As of 12/4, this student’s adjusted target was 90 minutes, six minutes lower than the adjusted target calculated through October 15. While seemingly insignificant, this means that after five-and-a-half months of not having received any services, providing three 30 minute sessions would result in the student having received 100% of their services, moving them from Tier 6 to Tier 1 with relative ease. Although this example highlights a preschool student for whom education is not yet compulsory, the impact on lowering target minutes to levels at which the provision of minimal sessions would result in considerable movement from Tier 6 was noted for all students with exclusionary codes.

Table 22. Service Type – Physical Therapy; Prescription - 1/W/30/RSY

Adjusted Target	Actual Minutes	Scheduled Date	Scheduled Duration	Time In	Time Out	Completed Minutes	Event Status	Date Logged
96	0	8/20/18	30				No Show	8/22/18
96	0	8/27/18	30				No Show	8/30/18
96	0	9/17/18	30				No Show	9/18/18
96	0	9/24/18	30				Parent Refused	9/24/18
96	0	10/1/18	30				Parent Refused	10/1/18
96	0	10/8/18	30				Parent Refused	10/17/18
96	0	10/15/18	30				Parent Refused	10/17/18
96	0	10/22/18	30				Parent Refused	10/22/18
96	0	10/29/18	30				Parent Refused	10/29/18
96	0	11/15/18	30				Parent Refused	11/8/18
96	0	11/26/18	30				Parent Refused	11/27/18
96	0	12/3/18	30				Parent Refused	12/4/18

This last example highlights not only the several vulnerabilities seen in the previous case studies but also the complexities within the service delivery system and issues with oversight of service provision and providers. This case is for a 21-year-old student who attends a special education center, and is to receive OT for 30 minutes a week. To better understand this case, the site administrator was interviewed and the student’s IEP was reviewed. Welligent IEP data show that the student is in a wheelchair and is also visually impaired. The principal noted that the student is frequently absent and has a private health care assistant. Absences were due in part to the family seeking a new health care provider. The principal also noted that the OT provider was assigned to the school only one day a week, and went on medical leave in mid-October.

The service logs show that the student was absent four times, was a “No Show” once, and refused service once (Table 23). This student did not receive any services for 10 weeks and has an adjusted target of 6 minutes. This reduced target is due to the provider including scheduled duration times with values two times higher than prescribed (60 min vs. 30 min prescribed).

Special education centers are small communities, with small student populations and a high number of teachers and support staff. It is unclear how students at these schools who are not absent would miss a session—particularly a student with mobility and visual impairments who requires assistance. The provider was assigned to this site only one day a week, showing the constraints within the service delivery system that can impact students getting services. While there may be legitimate reasons for

these student absences, it shows that the restricted availability of providers, due to multiple assignments, can limit access to or opportunity for students. It also raises the question of whether this student—or other students at schools where providers are limited in availability—would receive more services if the professionals were more readily available.

Students in special education centers require a high level of support and services to access their curriculum and a free and appropriate education (FAPE) that cannot be otherwise provided on a general education site. IEP teams have determined that these restrictive placements are required to ensure FAPE. Therefore, one would expect a high level of oversight and availability of providers at these sites. It is unknown how students can continue to be in Tier 6 given this placement, and what oversight occurred to ensure that this student receive their services to ensure FAPE.

This example also highlights the need to better differentiate between types of student absences. For example, students with chronic truancies, those on extended medical leave, and unenrolled preschool children should have different codes to describe their absences. This would help inform managers on which students require the highest level of intervention.

Last, this case shows how the exclusionary codes reduce the adjusted target to insignificant levels: this student could be in Tier 1 with a six-minute session of OT, after having received no services for 10 weeks. Although the phone interview revealed that the student was frequently absent, this already low service delivery could also be exacerbated by the limitations of a service delivery system that restricts a provider’s availability at a site. In addition, it is unclear what constitutes a parent refusal and a student refusal, and how the use of these codes might trigger an IEP to discuss the appropriateness and need of the service.

Table 23: Service Type – Occupational Therapy; Prescription - 1-5/W/30/RSY

Adjusted Target	Actual Minutes	Scheduled Date	Scheduled Duration	Time In	Time Out	Completed Minutes	Event Status	Date Logged
6	0	8/24/18	60				SA	8/24/18
6	0	8/27/18	60				Rescheduled	8/27/18
6	0	9/7/18	60				SA	9/7/18
6	0	9/24/18	60				Rescheduled	9/24/18
6	0	10/1/18	60				SA	10/1/18
6	0	10/8/18	60				No Show	10/8/18
6	0	10/19/18	60				SA	10/19/18
6	0	10/22/18	60				Student Refused	10/22/18

Summary

The six examples highlight vulnerabilities that undermine the validity of the service delivery system and the data reported by Welligent. These findings serve to guide the District in making improvements to Welligent to increase its accuracy and prevent potential misuse and misrepresentations of service delivery.

These findings also indicate a lack of procedures in place to validate Welligent data in order to provide the necessary oversight to ensure a system that can ensure substantial compliance. These examples

show glaring data issues that should have triggered both oversight and correction of data in Welligent, such as abnormal values and sessions coded during holidays or unassigned days (school closed).

Although the Parties negotiated the use of exclusionary codes that reduce the amount of services owed due to a loss of opportunity for seeing a student, the unintended consequences and impact of these codes were not fully understood. These examples show how these exclusions can result in the misrepresentation of services provided and those owed. The inability of the system to detect discrepancies exacerbates this problem: providers are able to enter conflicting session information or use codes that may not accurately reflect why a session was not provided. Despite reviewing thousands of session logs over a nine-week period, no instances of provider absences were found, further calling into question the data's validity. The last example also highlights how constraints within the service delivery model impacts students receiving services when providers are only available on a limited basis at sites.

The use of the student and parent refusal codes raises questions regarding the intent of these services and the responsibility of providers and the District for delivering services. Many students receiving counseling or ERICS counseling had sessions coded as student refusals. It is unclear if there are procedures in place that would trigger an IEP meeting, or for filing due process on behalf of the District, to ensure the student receives the necessary services to access the curriculum and ensure FAPE.

SUMMARY AND RECOMMENDATIONS

The validation study reviewed service records of 582 students eligible to receive special education–related services through October 15, 2018. The sample looked at five different service categories across four performance levels, or tiers. The study aimed to examine service data to gauge the impact of Welligent’s business rules, particularly the application of codes and providers’ coding or documentation practices, on service delivery rates.

The review revealed vulnerabilities within the Welligent program that impact the accuracy of the service delivery data. These findings highlight the need for improvement in Welligent as well as procedures and practices for documenting service tracking information. Last, the review found that the application of exclusionary codes associated with the methods for calculating performance of the newly revised Outcome 13 can have a detrimental effect by considerably reducing service delivery obligations and inflating service delivery rates.

The study found that Welligent tracks service completion information quite accurately. However, issues regarding the calculations relating to the adjusted target, and lack of safeguards to prevent misrepresentations and manipulation of service tracking data, raise serious concerns regarding the system’s capacity to prevent substantial noncompliance. As the MCD nears completion, it is critical that the District address these issues to ensure the integrity of service delivery data.

The following is a list of specific findings and recommendations for improvement.

1. *The system lacks business rules or safeguards to prevent abnormal (high) values, including minutes that exceed that of the normal school day, for documenting service delivery.*
 - a. Recommendation: Establish edits with parameters that prevent inaccurate service completion data. These parameters should reflect the students’ prescribed duration minutes and should not exceed reasonable time values. For instances in which sessions considerably exceed these parameters, the system should require verification of this service (not just an alert to proceed). The system must contain an override feature to correct inaccurate data entries and accurately reestablish a student’s adjusted target or service obligations owed.
2. *Welligent lacks the necessary safeguards to validate student absences, or differentiate between extended leaves or chronic truancies and occasional occurrences.*
 - a. Recommendation: Develop an Application Programming Interface (API) to validate student absences from MiSiS. This API should also incorporate enrollment and leave dates. Additionally, create codes that differentiate student absences such as those with extended medical leave or with chronic truancies.
3. *Welligent lacks the necessary safeguards to prevent the abuse of exclusionary codes and the manipulation of data.*
 - a. Recommendation: Require verification of extended student absences and procedures that alert managers of students with a high number of sessions logged with exclusionary codes. Establish edits and verification procedures for different codes, particularly those that should be used for extenuating circumstances (i.e., School Closed or Schoolwide Testing) or are restricted to specific service categories (i.e., Shortened Day).

4. *The system lacks business rules or safeguards to prevent service delivery data for holidays or other District-wide school closures such as unassigned days.*
 - a. Recommendation: Develop edits that prevent data entry for District-wide school closure days.

5. *The system lacks functionality that prevents conflicting information or that requires a verification of service delivery for sessions delivered outside the normal parameters of the instructional day.*
 - a. Recommendation: Develop edits that prevent inaccurate multiple entries with conflicting codes. Although instances might occur in which students are seen multiple times during the same day, logging this information should require a simple verification of these sessions and prevent the use of conflicting codes (e.g., student absence and completion). Include a simple verification for sessions delivered outside the instructional day.

6. *Providers are able to back-enter data weeks and/or months after the session was delivered with no apparent check to verify the accuracy of the data/sessions.*
 - a. Recommendation: Establish procedures that require timely entry of service delivery data, with edits that prevent providers from back-entering service delivery data after a reasonable period.

7. *Preschool students not enrolled at sites, with location codes of 1017 and 1989, have different circumstances that do not fit with the compliance model of compulsory education–aged students.*
 - a. Recommendation: Establish a parallel reporting structure for preschool students with location codes 1017 and 1989. This should include the creation of codes that more accurately represent service delivery and reasons for missed sessions.

8. *The District lacks the proper validation procedures to identify inaccurate or inappropriate data entry.*
 - a. Recommendation: Establish protocols for the ongoing validation of Welligent data that include sampling of records, and triggers within the system that alert managers to the potential of inaccurate or questionable data such as outliers. These protocols should aim to identify programmatic issues that contribute to the lack of service delivery rates for students not receiving the majority of their services, particularly those in Tier 6 and students enrolled in specialized programs or special education centers.

9. *The methods of the revised Outcome 13 allow the reduction of service obligations under specific circumstances, resulting in the misrepresentation of service delivery obligations and compliance rates.*
 - a. Recommendation: The Parties should consider eliminating the reduction of a student’s service delivery obligations through the exclusionary codes. At a minimum, establish caps on the use of exclusionary codes to prevent the abuse or manipulation of exclusionary codes. The Parties should consider revisions that improve service delivery rates and reporting beyond the context of the MCD.