

# Montana Special Education Integrated Monitoring System (IMS)



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These procedures outline the Integrated Monitoring System (IMS) by the Montana Office of Public Instruction. The IMS shall apply to all educational programs for students with disabilities including those administered by other state agencies and educational programs for students with disabilities referred to or placed in private schools by a public agency (ARM 10.16.3141(1)).

After reviewing this guide, if you have questions regarding the special education IMS, please contact the Division of Special Education at (406) 444-5661. An electronic copy of this guide and other resources is available on the **OPI Special Education [website](#) under Forms and Guidance.**

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# Introduction

As the State Education Agency (SEA), the Montana Office of Public Instruction (OPI), is responsible for the general supervision of all educational programs for children with disabilities within the State, including each educational program administered by any other State or local agency (but not including elementary schools and secondary schools for Indian children operated or funded by the Secretary of the Interior). This encompasses Section 619 (preschool) programs, public charter schools, children with disabilities residing in nursing homes, and all education programs in juvenile and adult correctional facilities (34 CFR 300.149; OSEP Guidance 23-01 Question A-10[1<sup>1</sup>]).

The OPI must ensure that the requirements of the Individuals with Disabilities Education Act (IDEA) are met and that each educational program for a child with a disability, including a homeless child with a disability, meets the education standards of the board of public education, and meets the requirements of the OPI (MCA 20-7-403(11)).

In carrying out its general supervisory responsibilities, this document sets out OPI's procedures to ensure that it complies with the monitoring and enforcement requirements in 34 CFR §300.600 through 300.602 and 300.606 through 300.608 (34 CFR §300.149(b); ARM 10.16.3141(1)).

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[1] U.S. DEPARTMENT OF EDUCATION OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES. (2023) . Guidance on STATE GENERAL SUPERVISION RESPONSIBILITIES UNDER PARTS B AND C OF THE IDEA. In [https://sites.ed.gov/idea/files/Guidance\\_on\\_State\\_General\\_Supervision\\_Responsibilities\\_under\\_Parts\\_B\\_and\\_C\\_of\\_IDEA-07-24-2023.pdf](https://sites.ed.gov/idea/files/Guidance_on_State_General_Supervision_Responsibilities_under_Parts_B_and_C_of_IDEA-07-24-2023.pdf) (OSEP QA 23-01). US Department of Education.

# Integrated Monitoring System (IMS)

Montana’s general supervision system includes the following integrated components:

- Integrated monitoring activities
- Data on processes and results
- The State Performance Plan/Annual Performance Report (SPP/APR)
- Fiscal Management
- Effective Dispute Resolution
- Targeted Technical Assistance (TA) and professional development
- Policies, procedures and practices resulting in effective implementation
- Improvement, correction, incentives and sanctions

*OSEP Guidance 23-01 Question A-2<sup>2</sup>*

The primary goals of Montana’s IMS are 1) improving education results and functional outcomes for all children with disabilities; and 2) ensuring public agencies meet the program requirements of Part B of the act, with emphasis on those requirements that are that are most closely related to improving education results for children with disabilities ([34 CFR §600.\(b\)\(1\)\(2\)](#)).

## Overview of Montana Integrated Monitoring System (IMS)

Montana’s Integrated Monitoring System (IMS) includes a variety of activities to ensure effective local implementation of IDEA. Montana operates a cyclical monitoring process ensuring a review of all special education programs across the state. The focus and intensity of these cyclical monitoring reviews are differentiated based on entity data indicating need and risk. The following sections detail these monitoring activities as well as outline the state’s process for identifying and correcting noncompliance.

### Cyclical Monitoring Schedule

At a minimum, once every five years all LEAs and every three years for State Operated programs (i.e. Montana School for the Deaf and Blind, Department of Corrections) or State Supported programs (i.e. Residential treatment facilities, Day Treatment facilities), participate in an IMS review. The IMS schedule for LEAs is based upon a balanced distribution of districts across the state and Child Count data. The cycle is dispersed over a 3- or 5-year period and ensures a review of all entities in a timely manner. The [IMS schedule](#) is posted on the OPI School Improvement website.

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<sup>2</sup>

U.S. DEPARTMENT OF EDUCATION OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES. (2023). Guidance on STATE GENERAL SUPERVISION RESPONSIBILITIES UNDER PARTS B AND C OF THE IDEA. In [https://sites.ed.gov/idea/files/Guidance\\_on\\_State\\_General\\_Supervision\\_Responsibilities\\_under\\_Parts\\_B\\_and\\_C\\_of\\_IDEA-07-24-2023.pdf](https://sites.ed.gov/idea/files/Guidance_on_State_General_Supervision_Responsibilities_under_Parts_B_and_C_of_IDEA-07-24-2023.pdf) (OSEP QA 23-01). US Department of Education.

Approximately 12 months prior to participation in a cyclical monitoring, the administration at the LEAs, State Operated and State Supported programs (henceforth referred to as entity) will receive both written and verbal notification. Administration and the OPI staff then work together to determine a date for the active monitoring review. An optional pre-monitoring training is offered and consists of outlining the IMS overall; what is required for compliance; providing details of proper documentation; and recommendations for best practices.

OPI assigns a lead monitor acting as the primary point of contact with LEA superintendents and special education directors. When an LEA is a member of a special education cooperative, each of the LEA's superintendents and the cooperative director will receive written and verbal notification. When an LEA is participating in a consortium, each of the LEA's superintendents and the cooperative director overseeing the consortium receive written and verbal notification.

### Cyclical Monitoring Data Review

The OPI annually reviews data for state reporting purposes. This data is then considered within the IMS process to establish potential areas of concern at the LEA level.

- IDEA 618 and 616 (SPP/APR) data
- LEA Annual Determination
- Risk Assessment
- Annual Assurances
- Fiscal Monitoring
- Technical Assistance (TA) and Support
- TA calls & workshops
- Guidance provided by the OPI
- Statewide professional development opportunities
- Stakeholder input

### Differentiated Determination

The OPI promotes a differentiated approach to the monitoring process. Based on the results of a data review (see more information below), entities across the state in that year's monitoring cycle will be assigned one of two designations: Standard Review, or Intensive Review. (See the table at the top of the next page.)

- Standard Review can become an Intensive Review if data from file review process supports the need.
- The OPI can require an Intensive Review of an entity outside of the year's cycle based on available data, information, or in the case of a credible allegation.

| Designation      | Monitoring Activities   |
|------------------|---|
| Standard Review  | <ul style="list-style-type: none"> <li>• Record reviews (10% of the total special education child count for the entity)</li> <li>• Review of policies, procedures and practices</li> </ul>  |
| Intensive Review | <ul style="list-style-type: none"> <li>• Record reviews (10% of the total special education child count for the entity)</li> <li>• Standard review <b>plus</b> additional activities: <ul style="list-style-type: none"> <li>- Review of policies, procedures and practices</li> <li>- Classroom observations</li> <li>- Interviews with entities and staff</li> <li>- Potential additional monitoring activities: Interviews with parents, families or caregivers, and when appropriate, students</li> </ul> </li> </ul> |

Each entity of that year’s cycle will be assigned a numerical value corresponding with either a Standard Review or an Intensive Review distinction to determine the scope of the monitoring activities based upon the following information:

1. Compliance Indicators
  - Suspension/Expulsion (Indicator 4b)
  - Disproportionate Representation (Indicator 9)
  - Disproportionate Representation in Specific Disability Categories (Indicator 10)
  - Child Find (Indicator 11)
  - Early Childhood Transition (Indicator 12)
  - Secondary Transition (Indicator 13)
2. Significant Disproportionality
3. Additional Elements
  - Teacher Certification
  - Dispute Resolution
  - Director Longevity
  - Timely, Complete and Accurate Data Submission

### File Selection

The OPI will generate a random sample of individual student special education records based on the most recent December 1 special education child count data submitted by the entity. For an entity with a child count greater than 21, the number of files will be 10% of the total special education count. If the child count is less than 20, no fewer than 2 files will be selected. OPI reserves the right to review additional records as needed.

Files will be selected by considering the following:

- To the maximum extent possible, files will be chosen from different IDEA eligibility categories
- Grade levels
- Placement (i.e., general education, self-contained, home bound)
- Students who have been newly identified for special education services within the past 24 months
- Evaluation process of students through the Response to Intervention (RtI)
- IEPs developed in the past 12 months;
- Extended School Year (ESY);
- Alternative Statewide Assessment; and
- Transportation

### Students With Unique Concerns

Additional files will be reviewed for Students With Unique Concerns (SWUCs). SWUCs include students with disabilities who, during the current school year, met one of the areas listed below:

- Transfers
- Surrogate parents
- Parentally placed private school students
- Aversive treatment plans
- Manifestation determination
- Graduated
- Exited
- Not eligible
- Revocation of Consent
- Day Treatment

### Review of Policies, Procedures and Practices

This tool is designed to facilitate and document an LEA's focused review of its policies, practices, and procedures that most closely relate to identifying children with disabilities. LEA policies are generally considered to be those policies written and adopted by local board authority. Procedures are usually written and formally approved or adopted by the administration or school board. Practices are the actual implementation of those policies and procedures through the behavior and actions of staff and administration within the LEA.

The district must review its policies, practices, and procedures (PPP) or program narrative as outlined in ARM 10.16.3220. Each local educational agency or education cooperative must have on file with the Superintendent of Public Instruction a written program narrative that describes policies and procedures used for the provision of special education and related services within the local educational



agency or education cooperative. The policies, procedures, and services in the narrative shall be consistent with state policies and address the requirements of 34 CFR 300.101 through 300.163 and 34 CFR 300.165 through 174.

If an LEA participates in an education cooperative under MCA 20-7-451 and 20-7-457, the local educational agency must submit a single program narrative through the cooperative.

## Classroom Walkthroughs or Observation

As a component of the Intensive Review, Classroom Walkthroughs or Observations offer a means of ensuring that IEPs are implemented for students. OPI staff observing the overall class environment will request a copy of the teacher's schedule and an IEP of a child in the classroom. The walkthrough or observation is NOT part of the teacher evaluation process.

- i. The OPI will observe a special education classroom at each entity level or school. For an entity participating in a cooperative consultation with the administration to identify 4-5 entities for onsite observations.
- ii. Observe a Speech-Language Pathologist, if possible. If not, observe the space used when working with students.
- iii. Observe Occupational Therapists and Physical Therapists, if possible. If not, observe the space used when working with students.

## Interviews with Entity Staff and Other Parties

As a component of the Intensive Review, OPI will conduct interviews with staff of the entity; students and their parent/guardian or primary caregiver; or other stakeholders as determined relevant. Findings will be made if non-compliance is identified. The interviews will allow the OPI to determine:

- If services are being provided consistently with the IEP
- The parent/guardian or primary caregiver's understanding of their rights and the IDEA process
- To determine if the entity is implementing policies, procedures and practices correctly as outlined in their Program Narrative; and other areas as needed.

## Identifying and Correcting Noncompliance

The OPI follows procedures for identifying and correcting all areas of non-compliance that are consistent with the OSEP Guidance 23-01 Section B<sup>3</sup>. Before the OPI can report that non-compliance has been corrected, it must verify that the entity:

1. Is correctly implementing the specific regulatory requirements (i.e., achieved 100

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<sup>3</sup> U.S. DEPARTMENT OF EDUCATION OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES. (2023). Guidance on STATE GENERAL SUPERVISION RESPONSIBILITIES UNDER PARTS B AND C OF THE IDEA. In [https://sites.ed.gov/idea/files/Guidance\\_on\\_State\\_General\\_Supervision\\_Responsibilities\\_under\\_Parts\\_B\\_and\\_C\\_of\\_IDEA-07-24-2023.pdf](https://sites.ed.gov/idea/files/Guidance_on_State_General_Supervision_Responsibilities_under_Parts_B_and_C_of_IDEA-07-24-2023.pdf) (OSEP QA 23-01). US Department of Education.

percent compliance with the relevant IDEA requirements) based on a review of updated data and information, such as data and information subsequently collected through integrated monitoring activities or the State's data system, Achievement in Montana (AIM), to ensure systemic compliance; and

2. When applicable, has corrected each individual case of child-specific non-compliance, unless the child is no longer within the jurisdiction of the entity, and no outstanding corrective action exists under a state complaint or due process hearing decision for the child (child-specific compliance), based on the OPI review of the updated data (original student files) and new data (additional set of student files).

The OPI will monitor an entity's completion of a corrective action plan (CAP) for all identified areas of non-compliance. The CAP must be designed to correct all areas of non-compliance as soon as possible, but in no case later than one year from the date of notification.

In situations where an extremely small entity is not able to produce sufficient data to demonstrate systemic compliance (i.e., is correctly implementing the specific regulatory requirements and has achieved 100 percent compliance with the relevant IDEA requirements based on a review of updated data), the entity will be required to demonstrate compliance through alternate means including:

1. Revised entity policies, procedures, and practices;
2. Documentation of training provided; and/or
3. A letter of assurance documenting changes made to supervision and oversight that demonstrates systems are in place to ensure systemic compliance.

## Identification of Non-compliance

When non-compliance is identified during IMS, the OPI issues written notification to the entity describing the specific area of non-compliance, provides appropriate citations of the regulation that has been violated, and a description of the data supporting the finding of non-compliance with that regulation. The written notification of non-compliance will be identified in the OPI-generated monitoring report and a CAP issued to each entity within 30 days of the completion of monitoring activities. The report will include the following components consistent with the OSEP Guidance 23-01 Question B-6:

- A description of the identified non-compliance.
- The statutory or regulatory IDEA requirement(s) with which the entity is in non-compliance.
- A description of the quantitative and/or qualitative data (i.e., information supporting the State's conclusion that there is non-compliance);
- A statement that the non-compliance must be corrected as soon as possible, and in no case later than one year from the date of the State's written notification of non-compliance.
- Any required corrective action(s); and
- A timeline for submission of a corrective action plan or evidence of correction.

Copies of the written monitoring report and or CAP will be sent to the entity's superintendent, special education director or cooperative director, as appropriate. [34 CFR §§ 300.149](#) and [303.120](#).

## Corrections of Non-compliance

The OPI maintains the required threshold of 100% for determining an entity's compliance for any component of the general supervision system. The OPI is required to report all findings of non-compliance promptly to the entities. The OPI will issue a written monitoring report within 30 days of the completion of monitoring activities. Any entity that is not 100% compliant must promptly resolve all non-compliance items. In accordance with OSEP Guidance 23-01 Question B-10<sup>4</sup>, the OPI will verify that the entity:

1. Is correctly implementing the specific regulatory requirements (i.e., achieved 100 percent compliance with the relevant IDEA requirements) based on a review of updated data and information, such as data and information subsequently collected through integrated monitoring activities or the State's data system, Achievement in Montana (AIM); and
2. When applicable, has corrected each individual case of child-specific non-compliance unless the child is no longer within the jurisdiction of the entity and no outstanding corrective action exists under a State complaint or due process hearing decision for the child (child-specific compliance).

The OPI will monitor the completion of a corrective action plan if any non-compliance is identified. The corrective action plan must be designed to correct all areas of non-compliance as soon as possible, but in no case later than one year from the date of notification.

## Child-Specific Correction of Noncompliance

The entity must show that the student's records comply with regulatory requirements through the submission of documentation, including records of discussions demonstrating that each individual case of non-compliance has been corrected. Should the student no longer be under the jurisdiction of the entity, the State is required to ensure FAPE for the affected child. (34 CFR §§ 300.101) This requirement applies unless the student does not meet eligibility for special education services. The process involves correcting each identified item of non-compliance during monitoring and submitting the updated documentation to the OPI for verification.

***The OPI recommends that each LEA complete any child-specific item of non-compliance within 45 days of notification to not deny the child a FAPE.***

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<sup>4</sup> STATE GENERAL SUPERVISION RESPONSIBILITIES UNDER PARTS B AND C OF THE IDEA. In [https://sites.ed.gov/idea/files/Guidance\\_on\\_State\\_General\\_Supervision\\_Responsibilities\\_under\\_Parts\\_B\\_and\\_C\\_of\\_IDEA-07-24-2023.pdf](https://sites.ed.gov/idea/files/Guidance_on_State_General_Supervision_Responsibilities_under_Parts_B_and_C_of_IDEA-07-24-2023.pdf) (OSEP QA 23-01). US Department of Education.

## Systemic Correction

The OPI will conduct additional compliance reviews (via the review of additional student records, dated after the initial review) to ensure the LEA consistently implements regulatory requirements and maintains 100% compliance.

In verifying the correction(s) of non-compliance, the OPI will select the updated data to be reviewed in a manner that ensures the data represents the population served within the entity.

Once all instances of non-compliance are found to be compliant, the CAP will be resolved and the OPI will issue a letter closing the CAP to the entity's leadership. Should additional areas of non-compliance be found, further requirements may be applied, and the State level of support for the entity may increase.

The OPI will maintain documentation and evidence demonstrating that the entity has corrected each individual case of the previously identified area(s) of noncompliance and that the review of updated data and information did not reveal any continued noncompliance in accordance with OSEP Guidance 23-01 Question B-10<sup>5</sup>

## Professional Development (PD)/Technical Assistance (TA)

The OPI provides statewide PD and TA to entities identified through specific requests corrective actions, or specific needs of teachers.

Examples include but are not limited to:

- Technical Assistance Webinars,
- Annual Regional Data Training
- Technical Assistance on student Record Reviews
- Local Administrator Training
- LEA Program Narrative and Policies and Practices
- Ongoing onsite/virtual visits by OPI monitoring specialist(s) to review documents, ensure implementation of policies and procedures.
- Creation of the LEA Improvement Plan
- Root cause analysis

## Final Process

### Letter of Closeout

Upon completion of the cyclical review:

- If no areas of non-compliance were found the OPI will issue a letter closing out the review making available PD and or TA opportunities upon request.

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<sup>5</sup> U.S. DEPARTMENT OF EDUCATION OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES. (2023). Guidance on STATE GENERAL SUPERVISION RESPONSIBILITIES UNDER PARTS B AND C OF THE IDEA. In [https://sites.ed.gov/idea/files/Guidance\\_on\\_State\\_General\\_Supervision\\_Responsibilities\\_under\\_Parts\\_B\\_and\\_C\\_of\\_IDEA-07-24-2023.pdf](https://sites.ed.gov/idea/files/Guidance_on_State_General_Supervision_Responsibilities_under_Parts_B_and_C_of_IDEA-07-24-2023.pdf) (OSEP QA 23-01). US Department of Education.

- Should areas of non-compliance be found, the entity has properly and timely made the necessary corrections and submitted for review, the OPI will issue a letter closing out the review within the 1-year timeline.

## Off Cycle Reviews

If the OPI receives information of a credible allegation that suggests a district may not be meeting all the requirements of the IDEA regulations and Montana Administrative Rules, OPI must conduct due diligence in a timely manner to address the allegation. One way of doing this is to conduct a full or limited off cycle monitoring, referred to as a Field Issues Process (FIP). Examples of information that would be of concern would be findings from a due process or state complaint, fiscal concerns (high-risk status, concerns regarding unallowable costs, etc.), multiple stake holder calls, media reports, or very poor student performance data.”

## Field Issues Process (FIP)

The OPI has a legal obligation to ensure that every eligible child receives a Free Appropriate Public Education (FAPE). The general supervision mechanisms at the OPI include LEA Determination, Special Education Risk Assessment, SPP/APR reporting, Monitoring activities, and Dispute Resolution activities. There may be instances when non-compliance is not discovered using the cyclical monitoring process or the other dispute resolution mechanisms, of which are generally dependent on parents or other concerned parties to raise compliance concerns.

The goal of the FIP is to identify systemic instances of non-compliance at the entity level in an expeditious manner ensuring the processing of non-compliance within the entity without creating barriers to relationships between parents and entity. Affirmatively addressing compliance issues that are not discovered using the monitoring process may lessen the need for parents and other parties to resort to state complaints or due process hearings, while simultaneously meeting our general supervisory responsibilities.

### Team Members

The FIP Team is composed of the monitoring unit, dispute resolution personnel, appropriate special education leadership and/or other specialists, as needed. Should an entity being monitored during the current cyclical year, the designated lead monitor for the entity will actively participate in the FIP process.

### Allegations of Non-Compliance

Allegations of non-compliance include, but are not limited to, systemic allegations of the entity's failure to provide FAPE; substantially comply with IDEA; or any other situation deemed to be a potentially serious compliance issue. When potential

areas of non-compliance are identified, the allegation will be referred to the FIP team.

### Investigation Process

The FIP team will decide what actions are necessary to verify or disprove the allegation(s). The entity's leadership will receive notification both electronically and verbally informing them of the allegation(s) and the steps the OPI will be taking in the investigative process.

### Findings of Non-compliance

When identification of non-compliance occurs, the OPI issues written notification describing the specific area of non-compliance, provide appropriate citations of regulation that has been violated, and a description of the data supporting the finding of non-compliance with that regulation. The written notification of non-compliance will be identified in the OPI-generated monitoring report and a CAP issued to each entity within 30 days of the completion of monitoring activities. Copies of the written FIP report and or CAP will be sent to the entity's superintendent, special education director or cooperative director, as appropriate.

[34 CFR §§ 300.149 and 303.120.](#)

### Corrections of Non-compliance

The OPI maintains the required threshold of 100% for determining an entity's compliance for any component of the general supervision system. The OPI is required to report all findings of non-compliance promptly. The OPI will issue a written monitoring report within 30 days of the completion of monitoring activities. Any entity that is not 100% compliant must promptly resolve all non-compliance items. In accordance with OSEP Guidance 23-01 Question B-10<sup>6</sup>, the OPI will verify that the entity:

1. Is correctly implementing the specific regulatory requirements (i.e., Achieved 100 percent compliance with the relevant IDEA requirements) based on a review of updated data and information, such as data and information subsequently collected through integrated monitoring activities or State's data system, Achievement in Montana (AIM); and
2. When applicable, has corrected each individual case of child-specific non-compliance unless the child is no longer within the jurisdiction of the entity and no outstanding corrective action exists under a State complaint or due process hearing decision for the child (child-specific compliance).

The OPI will monitor the completion of a corrective action plan if any non-compliance is identified. The corrective action plan must be designed to correct all

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<sup>6</sup> STATE GENERAL SUPERVISION RESPONSIBILITIES UNDER PARTS B AND C OF THE IDEA. In [https://sites.ed.gov/idea/files/Guidance\\_on\\_State\\_General\\_Supervision\\_Responsibilities\\_under\\_Parts\\_B\\_and\\_C\\_of\\_IDEA-07-24-2023.pdf](https://sites.ed.gov/idea/files/Guidance_on_State_General_Supervision_Responsibilities_under_Parts_B_and_C_of_IDEA-07-24-2023.pdf) (OSEP QA 23-01). US Department of Education.

areas of non-compliance as soon as possible, but in no case later than one year from the date of notification.

#### Letter of Closeout

- If after the investigation no areas of non-compliance were found the OPI will issue a letter closing out the review making available PD and or TA opportunities upon request.
- Should areas of non-compliance be found, the entity has properly and timely made the necessary corrections and submitted them for review and approval, the OPI will issue a letter closing out the review within the allotted time frame.

