

## Attachment I: SAMPLE MONITORING REPORT

**Provider:**

**Review Type:** Comprehensive

**Licensure or Certification:**

**Provider Discipline:**

**Applicable County Contracts:** Not-Applicable

**Approved to Deliver:** Evaluation: Supplemental  
Service Provision Including:  
Home and Community-based Individual Collateral Visits

**Facility-based EI:** No

**Areas Reviewed:** Child Find  
General  
Supervision  
Evaluation  
Service Provision

**# of Children Currently Served:** 10

**Reported Languages:** Spanish

**Date(s) of Monitoring:**

**Monitoring Team:**

**Municipality Representative in Attendance:** Not Applicable

**Provider's Address:**

**Site Reviewed:** Not Applicable

**Approved Site(s):** Not Applicable

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### Introduction

Pursuant to New York State Public Health Law (PHL) §2550, the New York State Department of Health (Department) is charged with the administration and oversight of New York State's Early Intervention Program (EIP) and for ensuring that EIP services are delivered in accordance with State and federal laws and regulations. As lead agency, the Department is required under State and federal law and regulation to monitor all providers of EIP services. The Department has a contract with [**contractor name**] to conduct these monitoring reviews.

The primary focus of monitoring reviews completed by the contractor, as the Department's agent, is to monitor for compliance with PHL (Title II of Article 25), regulations (10 New York Codes, Rules, and Regulations), and Department guidance governing the EIP.

### Procedures for Early Intervention Monitoring

Standardized protocols and review tools have been developed by the Department and are used by the contractor monitoring teams to complete monitoring reviews for the EIP. The review tools include a comprehensive set of indicators designed to determine the extent to which the provider's policies and procedures, and implementation of these policies and procedures adhere to PHL, regulations, and Department guidance. The contractor monitoring teams are comprised of individuals with expertise in early intervention and administration.

A self-assessment tool is mailed to providers in advance of the review. The purpose of the self-assessment is to give providers an opportunity to conduct a review of their policies/procedures, child records, and other documentation prior to the on-site review, using the same indicators on which they will be monitored.

Contractor monitoring teams review information supplied by the Department, when applicable (e.g., findings from previous systems complaint investigations, monitoring reviews, and corrective action plans) to help focus review activities.

Monitoring review activities include:

- Interviews with providers or agency staff. The purpose of the interview is to inform the provider of the activities that will occur during the monitoring review; to obtain information about policies and procedures the provider has in place for the provision of EIP services; and to explain the preliminary findings of the monitoring review to the provider.
- Child record review. The purpose of the child record review is to gather data regarding the provision of EIP services by the provider to ensure that services are delivered in accordance with PHL, regulations, and Department guidance.
- Review of policy, personnel records, other documentation, and information obtained from direct observation. The purpose of this review is to gather data to ensure that providers or agency staff providing EIP services is qualified, confidentiality of families is maintained, and early intervention services are delivered in a manner which protects the health and safety of children, in

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accordance with PHL, regulations, and Department guidance.

- Interviews with parents of children receiving EIP services. The purpose of this review is to ensure that services are delivered in accordance with PHL, regulations, and Department guidance with respect to the role of the family in early intervention service delivery.

### **Priority Areas**

The responsibilities of providers of EIP services are organized into priority areas consistent with those required as part of states' implementation of the Part C Early Intervention Program under the Individuals with Disabilities Education Act (IDEA). Each priority area is comprised of a set of indicators from the review tool that are related to EIP components. The priority areas are as follows:

#### **Child Find**

The monitoring indicators that are reviewed in this priority area include provisions related to child find, initial service coordination, and multidisciplinary evaluation. Based on information gathered through the review process, determinations are made regarding the practices used by the provider in: acting as a primary referral source to the EIP, providing parents with required information regarding the EIP, facilitating and performing multidisciplinary evaluations, and determining eligibility for the EIP.

#### **Services in Natural Environments**

The monitoring indicators that are reviewed in this priority area include provisions related to ongoing service coordination, service provision, and settings for the delivery of services. Based on information gathered through the review process, determinations are made regarding the practices used by the provider in: facilitating the development of Individualized Family Services Plans (IFSPs), delivering services that are timely and in accordance with IFSPs, delivering services in natural environments (to the extent such settings are appropriate), resolving barriers to service delivery, and providing services that are individualized and family-centered.

#### **Transition**

The monitoring indicators that are reviewed in this priority area include provisions related to ongoing service coordination and the transition of children from the EIP to preschool special education and/or other programs and services. Based on information gathered through the review process, determinations are made regarding the practices used by the provider in: ensuring that transition plans are developed with families and included in IFSPs, that transition steps are timely and complete, and that referrals to appropriate programs are made.

#### **General Supervision**

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The monitoring indicators that are reviewed in this priority area include provisions related to the general administrative oversight of EIP service delivery. Based on information gathered through the review process, determinations are made regarding the practices used by the provider in: protecting the confidentiality of personally identifiable information, adequately documenting service delivery, assisting parents to access procedural safeguards, maintaining appropriate fiscal documentation and billing/claiming procedures, and delivering services in a manner that protect the health and safety of children, families, and providers in the EIP.

### **Presentation of Review Results**

This report presents the results of the monitoring review of the provider of EIP services. The report delineates the areas of compliance and non-compliance with PHL, regulations, and Department guidance as determined by the comprehensive set of indicators which comprise this review process.

The review process uses a sampling methodology. Determinations are based on the materials that were examined and the information that was obtained from the parents, provider and/or agency staff during the review.

Areas of compliance and non-compliance are presented in the form of exhibit pages as follows:

- Exhibit A is a summary table which describes the number of indicators across all priority areas that were found to be in compliance with PHL, regulations, and Department guidance.
- Exhibit B presents, by indicator, areas of regulatory non-compliance. Development of a Corrective Action Plan (CAP) is necessary for these indicators. Submission of Required Evidence of Correction (REC) will be necessary for select indicators which relate to requirements of IDEA and federal regulation.
- Exhibit C presents, by indicator, opportunities for improvement. These are areas where monitoring results determined that compliance was generally practiced for a regulatory indicator, but improvement is suggested to ensure ongoing or complete compliance; or where monitoring results determined that practices were in need of improvement for a non-regulatory indicator. Although providers are expected to make improvements in these areas, which may be reviewed during subsequent on-site monitoring visits, submission of a CAP and REC will NOT be required for Exhibit C.

Indicators in Exhibit B and Exhibit C are identified by indicator number, priority area, textual description, regulatory citation, and by specific information regarding the nature of the non-compliance. The exhibits also provide technical assistance which can be used in the development of a CAP.

### **Correction of Non-Compliance**

If monitoring results for this review determined non-compliance with PHL,

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regulations, and Department guidance in one or more areas, as identified by Exhibit B, each finding of non-compliance must be corrected within a year of the date this report is received. A CAP must be developed and submitted to address each finding of non-compliance which identifies the steps that will be taken to correct the non-compliance. A REC must be submitted for select findings related to IDEA requirements to provide verification that the CAP has been implemented and the non-compliance successfully corrected.

The CAP must be submitted within forty-five (45) calendar days from receipt of this monitoring report.

REC consisting of written policy and/or other documentation such as contract language, guidance memos, letters, forms, etc. must be submitted with the CAP.

REC consisting of documentation from child records must be submitted within one hundred calendar days following the acceptance of the CAP by the Department.

All CAP submissions must be addressed to:

<Contact Name>

<Contact title><Contract organization name and address>

Detailed instructions for the development and submission of the CAP and REC (including identification of the findings requiring a REC) are found in the accompanying Attachment(s).

Additional Comments:

No additional comments.