

State of Vermont Early Intervention (EI) General Supervision and Monitoring Process

Data Collection and Monitoring

Data Collection: July 1st – August 30th: The State enters into the State's EI Database all data submitted by the regions related to each federal indicator:

- Indicator 1: Timely Initiation of Services: each service ordered on a child's service grid must begin within 30 days of the date the parent/guardian signs their consent related to that service grid. In cases where a parent/guardian has requested services to be delayed such that they would begin more than 30 days after the date of signed consent, those services must begin within 30 days of the date the parent agrees for the service to begin.
- Indicator 7: Initial One Plan meeting is held where, at a minimum, an evaluation has been performed/medical records examined such that eligibility is able to be determined and discussed with the family.
- Indicator 8: Timely transition processes are conducted for all children who are active between 180 and 90 days of their 3rd birthday. These processes include:
 - 8a. A transition plan is developed with the parent/guardian, and the LEA when applicable, that includes steps and services indicated to support effective transition from Part C services.
 - 8b. Notification is sent to the LEA for all children who may be potentially eligible for Part B services.
 - 8c. A transition conference is held with the parent/guardian and the LEA for all children who may be potentially eligible for Part B services.

Data Verification: August 15th, September 15th, and October 15th: The State reviews all data in the State's database to identify any data anomalies or missing data related to the above indicators and sends informal inquiries to the region(s) where these are noted. This informal review serves to provide an opportunity for regional programs to verify the accuracy of the data or provide clarification before the State uses the data for Findings or Determinations. Regional programs have the opportunity to correct any instances of noncompliance prior to the State issuing formal written Findings.

Identification of Findings of Noncompliance

First week in November: The State queries the State's database for the full data set from July 1 – August 31 of the present Federal Fiscal Year related to the above indicators in order to account for all instances of noncompliance. From these queries, the State identifies all instances of and provider reason for non-compliance. The State formally notifies each region in writing of all instances of non-compliance due to provider requiring:

1. Each instance of non-compliance due to provider must be corrected within 90 days of the date of the State's letter providing the formal written notification. Verification of correction must be submitted in writing, using appropriate State documentation tools, via secure data transmission to the State by February 8th. These findings of non-compliance will be used to support the State's determinations along with the APR data compiled for the period of July 1-June 30 of the preceding Federal Fiscal Year.
2. For each region where findings have been identified, those regions must submit an updated Quality Improvement Plan (QIP) by January 15th. The QIP is a document developed to respond to the root causes that have contributed to the region's non-compliance (as identified in the preceding APR period and the State's formal Findings period). The regional QIP update must contain:
 - a) a description of the root cause analysis of the noncompliance;
 - b) progress made on the implementation of previously planned strategies, any adjustments to any strategies, or new strategies introduced to address root causes to improve compliance with the indicators in which any findings were made in the areas of the Contributing Factors Tool:
 - a. Policy and Procedures
 - b. Infrastructure
 - c. Data
 - d. Training and Technical Assistance
 - e. Supervision
 - f. Provider Practices
 - c) implementation timelines, interim evaluation measures, and data from previous measures.

Verification of Correction of Noncompliance and Demonstration of Ongoing Compliance

March 31:

Round 1: The State will perform a desk audit of the State's data system for all regional Early Intervention Programs where there were previously identified Findings of non-compliance. During this desk audit the State will verify that the regional CIS Early Intervention Programs have corrected each instance of previously identified noncompliance for each infant/toddler.

Round 2: The State will review updated data from active caseload served January 1 – January 31. The purpose of this data review is to ensure that the regional CIS Early Intervention Programs are correctly implementing regulatory requirements for indicators where there had been demonstrated non-compliance. The State will determine that the regional CIS Early Intervention Programs are correctly implementing regulatory requirements when the data show 100% compliance for each indicator where there was previously identified noncompliance.

In any case where a regional CIS Early Intervention Program is unable to demonstrate 100% compliance (and the non-compliance was due to the provider), the State will

perform data reviews on the first month of each quarter until both rounds are satisfied with 100% correction of every finding of noncompliance unless the child is no longer enrolled in the program, and demonstration 100% compliance from an updated period.

Once the State has verified that all instances of non-compliance from Round 1 of Findings have been corrected, the State sends a notification to the region informing them that the State has verified correction of each instance of non-compliance, and references the letter issued in November documenting the findings.

Note: correction is not synonymous with compliance. In the case of Findings, a region must demonstrate correction by:

- 1. the service ultimately being provided (even though it is provided late);**
- 2. the child exiting the program (meaning they are no longer in the jurisdiction of the program) before the service can be provided;**
- 3. the family determined at a later point that they did not want the service after all, and there is documentation to verify that (ex. updated One Plan, or provider verifying that the family withdrew consent for a Transition Conference).**
- 4. IF the region provides evidence to the State after a Finding is made that the delay in a service was due to a family, so should not have been a Finding, you need to document that in the corrections. These will be discussed in the APR as the region later providing evidence that the service where there was a Finding of non-compliance was actually delivered in compliance with federal regulations.**

Ongoing State Quality Oversight and Improvement Activities

As part of the State's ongoing general supervision and technical assistance to regions to ensure understanding of and compliance with regulatory requirements, the State hosts monthly technical assistance calls. The purpose of these calls is to discuss root causes of noncompliance, clarify trends in regional data reporting anomalies, and review progress on the implementation of regional CIS Early Intervention Program's Quality Improvement Plan activities. These calls will serve to ensure regional CIS Early Intervention providers understand the Part C requirements, the State's rules, and policies for implementing Part C requirements in accordance with IDEA.

In addition, the State will provide more intensive, on-site training or technical assistance for any region that is unable to demonstrate 100% correction of findings, and no further instances of non-compliance within one year of notification of Findings. This may include requiring updates to be made to the region's Quality Improvement Plan (QIP). The regional QIPs are developed during the annual Vermont Interagency Coordinating Council Data, Determinations and Continuous Quality Improvement meeting held in November. Determinations are made by reviewing the region's performance during the preceding annual Federal Fiscal Year (July 1 – June 30th) as well as any formal Findings identified for the subsequent period of July 1 – August 31. The QIP includes:

- a. root cause analysis for noncompliance conducted by the region,
- b. outcomes and strategies identified to address the root causes that have led to the noncompliance, and
- c. timelines and interim evaluation measures to help the region evaluate whether the strategies are being implemented with fidelity and they are making progress towards their identified outcomes.

Process for pulling and analyzing data:

1. All queries are run giving data on:
 - a. ChildFirstName
 - b. ChildLastName
 - c. ChildDateofBirth
 - d. Region
 - e. Compliant
 - f. NC-Family
 - g. NC-Provider
 - h. Exit date (if child exited, then no finding is made)
 - i. Designation (pulled from Timeline Explain and date calculations)
 - j. Manual: explanation of current state (missing dates, explanation for continued Non-compliance)
 - k. Timely correction = determine if the service/activity ever happened.
 - i. If activity ultimately happened, this is a corrected finding,
 - ii. if it didn't happen, it is an uncorrected finding

NOTE:

Indicator 7 – for federal Part C findings we look at the Initial One Plan (or Interim One Plan) date to establish findings and identify correction of findings. However, for State monitoring (General Supervision), we also note findings of missing Evaluations with the expectation that we get an evaluation date in response to our findings letters.