



Integrating and Streamlining Part C General Supervision Activities – New York

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Background

- ▶ New York State's Early Intervention Program
 - Department of Health is Lead Agency
 - All fifty-seven counties and New York City are local programs
 - Service delivery system in place for 15 years
 - Statewide, 4.3% of children birth to three years of age and their families participate in the program
 - Approx. 70,000 children and families annually
 - \$706 million in service costs each year
 - \$290 million Medicaid
 - \$202 million State
 - \$202 million counties
 - \$12 million private insurance

Providers

- ▶ All approved by the Department of Health
- ▶ Municipalities contract with State-approved providers
- ▶ Agencies (n = 2,000)
 - Specialty providers, such as United Cerebral Palsy, Developmental Disabilities Clinics, Special Education providers
 - Therapy groups
 - Providers that specialize only in early intervention services
- ▶ Individual professionals (n = 20,000)
 - Licensed, certified, or registered by the State in appropriate disciplines (such as speech language pathology, physical therapy, occupational therapy, psychology, special education, social work)

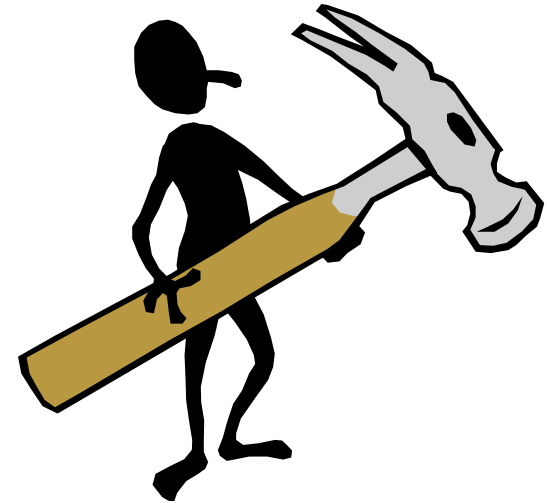
Background

- ▶ OSEP conducted a verification visit with the New York program on October 6–9, 2008.
- ▶ Determined that certain components of the Department's system of general supervision did not meet the requirement of verification of timely correction of all findings of noncompliance.



Purpose of Monitoring Protocol Revisions

- ▶ Based on the determination rendered by OSEP, it was necessary to revise different components of the current EI monitoring protocol, including the monitoring tool, CAP requirements and reviews, and verification of correction of noncompliance.



Technical Assistance from OSEP

The Department received technical assistance which included:

- ▶ conference calls with OSEP, NERRC and DAC.
 - These conference calls were helpful in providing guidance for the revision of our current systems of reporting to OSEP.

- ▶ Focused visit by NERRC and DAC.
 - On May 21–22, 2009 NERRC and DAC held a two day visit to assist the Department to come into compliance with OSEP requirements for Indicator 9 of the APR/SPP.
 - Reporting methods and general supervision systems were reviewed and recommendations for revisions were provided.



What issues have led you to consider modifications to your general supervision system?

History of Monitoring Tool Revisions



- ▶ Revisions are routinely done to decrease the number of indicators reviewed and to improve the methods by which regulatory compliance is measured.
- ▶ Provider and municipal data from previous monitoring reviews is analyzed to determine compliance rates for each indicator.
- ▶ Generally, indicators with a rate of compliance $\geq 90\%$ were eliminated.

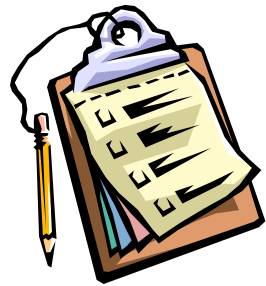
History of Monitoring Tool Revisions (cont.)

Monitoring tool revisions have resulted in a reduction of indicators used as follows:

Provider Tool		Municipal Tool	
2002	144 Indicators	2002	113 Indicators
2006	114 Indicators	2008	71 Indicators
2008	81 Indicators	2011	30 Indicators (proposed)
2010	57 Indicators (proposed)		

Current Monitoring Tool Revisions

- ▶ Both Provider and Municipal tools are being revised to eliminate indicators that are also measured through review of state database for annual APR reporting
- ▶ The staff interview component for many indicators is being removed based on field experience demonstrating this method is unreliable because providers have learned to answer the questions correctly.



Revised CAP Requirements

- ▶ The provider is issued a finding of noncompliance and sent a sample CAP document with the required elements that must be included in their CAP.
- ▶ The CAP letter to the provider includes strategies, responsible person and timeline to achieve correction.
- ▶ The provider must provide the information required by the CAP document, including additional documents that may be requested to demonstrate evidence of correction of noncompliance.
- ▶ Department verifies correction of noncompliance ASAP, but no later than one year after a finding is issued and then close out the CAP.



What strategies have you considered when modifying your general supervision system?

Sample CAP Document

The document indentifies the specific finding and details the required elements to be included in the CAP:

CORRECTIVE ACTION PLAN

Areas for Change	Action Steps/ Strategies	Responsible Person	Timeline
Procedures	Describe changes that will be made to your procedures for multidisciplinary evaluations to correct the finding.	Identify a person with authority to implement the proposed action steps.	Provide a timeline for implementation of each strategy.
Written Policy	N/A	(as above)	(as above)
Infrastructure (Organizational Structure/staffing)	Describe systemic changes which will be made to correct the finding, including changes in staffing or organization of the agency.	(as above)	(as above)

Sample CAP Document

CORRECTIVE ACTION PLAN – cont.

Areas for Change	Action Steps/ Strategies	Responsible Person	Timeline
Formal/Informal Training	Describe a plan to provide updated training/guidance to staff. Describe the topic(s) that will be covered at this training.	(as above)	(as above)
Supervision/ Oversight	Describe the supervision/oversight which will be provided to ensure staff are carrying out changes in procedure correctly.	(as above)	(as above)
Documentation	Describe the documentation which will be maintained by the agency to provide evidence of correct practice.	(as above)	(as above)
Data/Tracking/QA	Describe the quality assurance method that will be used by the agency to ensure that corrections are being implemented. Describe how data will be gathered and/or tracked, and at what frequency.	(as above)	(as above)

Verification of Correction of Noncompliance

- ▶ Our prior verification of compliance process relied on the CAP review and approval as primary method for evaluating whether activities, policies and procedures were acceptable to achieve correction of findings for most monitoring events.



This was not acceptable as compliance based on OSEP requirements.

Verification of Correction of Noncompliance (cont.)

- ▶ It is necessary for each monitored provider that has findings that are out of compliance with OSEP regulations to demonstrate that they have corrected each issue of noncompliance within one year of notification, both systemically and down to the individual child level.



Verification of Correction of Noncompliance– New process

- ▶ The CAP is reviewed.
- ▶ If accepted, a Required Evidence of Correction (REC) cover letter and chart is developed and sent to the provider.
- ▶ The REC letter outlines documents that must be provided to the Department to demonstrate evidence of correction.
- ▶ Documents may include revised policies and procedures, current child records or evaluation reports or other documents that demonstrate that their strategies to correct the monitoring finding were successful.



Verification of Correction of Noncompliance– New process

Required Evidence of Correction of Non-Compliance

Records/Documentation to be Submitted	Children	Date Due
A multidisciplinary evaluation report/summary completed by the agency for each child listed at right.	List initials and dates of birth: 1) Jane Doe 3/1/07 2) John Smith 2/1/08 3) Suzy Sample 12/1/07 4) Bob Hope 11/1/07 5) Tiffany Martin 5/1/07 6) Bob Doe 3/5/07 7) Sue Smith 2/5/08 8) Sam Sample 12/5/07 9) Snow Hope 11/5/07 10) Billy Martin 5/5/07	2/20/2010* The due date was determined as 100 calendar days from the date that the finding was issued by the Department.

Verification of Correction of Noncompliance– New process

- ▶ Demonstration of correction of noncompliance is also determined through an on site focused monitoring visit when there are numerous findings of noncompliance.



What do you accept as
evidence of verification of
correction of
noncompliance?