



New York City Department of Health and Mental Hygiene Early Intervention Program (EIP) Quality and Compliance Self-Assessment Tool for New York City EIP Providers

The self-assessment is a powerful tool to help you meet and even exceed your obligations as NYC EIP providers. A rigorously applied self-assessment is a first step in maintaining compliance with the requirements for NYC EIP providers. It is a way for an organization to measure its strengths and weaknesses and identify areas for improvement. Use of this self-assessment is optional. It is for your own internal use, not for NYC EIP.

The first section of this document provides the standards and citations used by the NYC EIP for provider monitoring, by service area. Following that is an explanation of the elements of a self-assessment, and examples of completed self-assessments.

Before conducting the self-assessment

1. Outline a process for the self-assessment, including a timeline and identification of people to gather the information and review results. A team approach is recommended, followed by a review of the results with senior management and any oversight bodies, such as a Board of Directors.
2. Review the standards, suggestions and citations for each service area. The citations list the rules, regulations, policies, and contract terms applicable to the standard. The citations clarify how the associated standard is measured. Create a list of the expectations outlined in the citations, as related to compliance and quality.
3. Identify what your organization will use as performance criteria for each standard. Criteria answer the question: What performance do we expect on this standard, and how will we know we have reached that level of performance? There may be information about your organization's expectations regarding performance, quality assurance and monitoring in your policies, procedures or trainings.
4. Identify data source(s), such as children's files, or service coordination logs. Then identify the number of files, logs, etc. that you will review by asking "How many do we need to review in order to feel confident that they are representative of our overall performance?"
5. Review the self-assessment explanation of terms table and the four examples provided. Please note that where there is a reference to parents or families, surrogates are included if applicable.
6. Identify a method for collecting data on your findings, such as a spreadsheet with the names and results of the files you review.



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INITIAL SERVICE COORDINATION (ISC)

NYC EIP providers are responsible for complying with all provisions of the citations related to the following standards, as outlined in the accompanying table of citations.

Each standard is presented with some items for consideration when determining how to define and measure performance.

Standards	Examples of Possible Indicators
A face-to-face ISC meeting is held with the family within seven calendar days of the referral.	<ul style="list-style-type: none"> • Meeting was face-to-face. • The face-to-face meeting was held within seven calendar days.
Children only participate in NYC EIP after the ISC gets parental consent.	<ul style="list-style-type: none"> • All of the required consents were in the file and signed by the appropriate person.
ISCs provide the family with a high quality introduction to the EI program.	<ul style="list-style-type: none"> • All applicable issues were discussed with the family. • The family’s third-party insurance coverage (or lack thereof) and Medicaid status was discussed and documented.
When referring a family to an evaluation agency, the ISC proactively addresses applicable issues with the family.	<ul style="list-style-type: none"> • The ISC clearly matched the evaluators to the needs identified by parental concerns, and, when feasible, evaluators had the bilingual capacity to meet the family’s needs without interpretation or translation. • If an additional concern or diagnosis surfaced, all applicable parties were notified by the ISC.
Once children are found eligible for EIP, the family is given a thorough and timely orientation to the initial IFSP process.	<ul style="list-style-type: none"> • All applicable issues related to the IFSP process were discussed with the family once eligibility was determined. • The family of eligible children received full and timely information from the evaluation agency/team, and if needed, the family’s concerns and/or questions regarding the MDE result were addressed.
IFSP meetings are held in a timely fashion and with full information.	<ul style="list-style-type: none"> • The ISC ensured that the initial IFSP meeting was held within 45 days of the child’s referral to EI. • IFSP team members, including parents, evaluation representative and other applicable parties (e.g., foster care worker), were contacted to



	<p>confirm their attendance at the IFSP meeting.</p> <ul style="list-style-type: none"> • The ISC was able to fully represent the concerns, priorities and resources of parents at the IFSP meeting. • The ISC attended IFSP meeting (not a representative).
<p>Once non-eligibility is determined, the families receive full and timely information from the evaluation team about evaluation results and from the ISC about other service options, including Developmental Monitoring.</p>	<ul style="list-style-type: none"> • The ISC ensured that the family of non-eligible children received full and timely information about the results of the evaluation from the evaluation agency/team. • The ISC ensured that the families of non-eligible children received full and timely information about other service options, including Developmental Monitoring.



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ONGOING SERVICE COORDINATION (OSC)

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Standards	Examples of Possible Indicators
Parents receive a copy of the applicable documents after an IFSP meeting.	<ul style="list-style-type: none">• After each IFSP meeting (including initial, amendment IFSP and ongoing IFSP meetings) the OSC ensured that a copy of the IFSP was given to the family.
OSCs ensure that services are given at the level specified in the IFSP.	<ul style="list-style-type: none">• The OSC monitored (at least monthly) that each service type was provided at the frequency and duration listed in the IFSP.• The OSC identified gaps in service of more than three consecutive missed sessions and took action to address these gaps.• The OSC addressed any situation in which services were not being provided, or when a parent expressed dissatisfaction with the provision of a particular service.• The OSC addressed any instances in which issues were identified in the additional comments section of the IFSP or in the OSC notes.
Progress notes are transmitted to the Regional Office prior to the IFSP meeting.	<ul style="list-style-type: none">• Progress notes and amendments to the IFSP were uploaded into NYEIS prior to the IFSP meeting; if not, there was documentation showing several attempts to obtain them and inform the RO.



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EVALUATIONS AND MULTIDISCIPLINARY EVALUATIONS (MDEs)

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Each standard is presented with some items for consideration when determining how to define and measure performance.

Standards	Examples of Possible Indicators
MDEs shall be conducted in a professional and objective manner.	<ul style="list-style-type: none"> • The MDE addressed and integrated any significant differences between evaluations related to age, functioning, and language.
MDE Summaries, evaluations and consents follow best practices and reach defensible conclusions related to eligibility.	<ul style="list-style-type: none"> • The MDE Summary contained all necessary information. • Evaluations contained all necessary information. • The Consent for Evaluation and Screening form was included in the MDE. It was complete and signed by the parent or surrogate.
Families receive full and timely information about the results of the MDE.	<ul style="list-style-type: none"> • An evaluation team member provided the family with information about the final results of the MDE and any subsequent reviews of the eligibility determination. • The MDE Summary was provided to the family in their preferred language and was explained in parent-friendly terms.



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SERVICE PROVISION

NYC EIP providers are responsible for complying with all provisions of the citations related to the following standards, as outlined in the accompanying table of citations.

Each standard is presented with some items for consideration when determining how to define and measure performance.

Standards	Examples of Possible Indicators
Services start within 14 calendar days of the IFSP Service Authorization date.	<ul style="list-style-type: none"> • Services started within 14 calendar days. • Documentation showed that the provider notified the service coordinator (SC) in the event of a late start in services.
Children receive the services as authorized	<ul style="list-style-type: none"> • The type, frequency and duration of the services were delivered as per the IFSP and if not, there was appropriate documentation that the reason was family driven, or was an event outside the provider’s control.
Services are given with no inappropriate gap in services of more than three consecutive missed sessions.	<ul style="list-style-type: none"> • Services were provided as authorized with no gaps, or there was a documented family driven reason. • If there was a documented gap in service, documentation showed that the SC was notified of the gap and the reason.
Families and SCs are notified at least five business days prior to any scheduled absence of the interventionist.	<ul style="list-style-type: none"> • The child’s parents and SC were notified at least five days prior to a scheduled absence. • The SC was notified of the dates of absence and the date on which services would resume.
Prescriptions, orders or recommendations from approved medical providers are in the child’s file if required.	<ul style="list-style-type: none"> • Medical providers and/or speech therapists wrote prescriptions, orders and recommendations for services that were valid for the frequency and duration of the current IFSP.
Progress notes are sent to the SC.	<ul style="list-style-type: none"> • The appropriate progress notes were forwarded to the service coordinator at least two weeks prior to the expiration of the IFSP.
Session notes are completed by the assigned qualified personnel and contain all required information.	<ul style="list-style-type: none"> • Session notes were complete. • Claims made for billing were supported by valid documentation in the child’s file. • Session notes were a true and accurate accounting of the session.



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TRANSITIONS

NYC EIP providers are responsible for complying with all provisions of the citations related to the following standards, as outlined in the accompanying table of citations.

Each standard is presented with some items for consideration when determining how to define and measure performance.

Standards	Examples of Possible Indicators
The families of children who are 30 months or older when referred to EIP (dually age-eligible) are given full information about their options.	<ul style="list-style-type: none"> The parent’s decision to pursue CPSE instead of EI is documented.
The service coordinator (SC) begins the transition process with the family in a thorough and timely manner.	<ul style="list-style-type: none"> The SC had a discussion with the family about transition prior to the IFSP meeting closest to child’s second birthday. All applicable issues were discussed with the family.
The SC ensures that parents are given full information about the consent to notify CPSE of eligibility.	<ul style="list-style-type: none"> The family signed a “Consent for CPSE Notification” form prior to the child’s 25th month, or upon entry into the EI Program. When applicable, the RO was notified within two business days of the parental decision to decline CPSE.
The SC prepares for a transition conference, including the appropriate parties.	<ul style="list-style-type: none"> If consent was given for a transition conference, all parties (e.g., EI staff) were notified. The CPSE Administrator and ACS (if necessary) were notified of the request for a transition conference.
Transition plan is in place for children leaving EIP for any reason before the age of three (not CPSE).	<ul style="list-style-type: none"> Transition screens were completed in NYEIS. The family was contacted to ensure a transition plan was in place upon notification that the child was leaving EIP.



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Organization name:

Date self-assessment completed:

The Elements of the Self-Assessment

Standard: The NYC EIP monitoring standard.

Notes from review of the citations: What the citations tell you about the expectations for meeting the standard, and how the standard will be measured.

Criteria for meeting the standard: What information, facts or data will tell you whether or not you have met the standard.

Data sources: Where and how that information, facts or data can be found – typically in a review of children’s files.

Results: How closely your results come to meeting the standard.

Problem analysis: The reasons that you do not meet a standard, such as practice that doesn’t adhere to policy, lack of management oversight, policies or practices that are not compliant with the standard, etc.

Next steps: Plan of action to address the problems identified in the analysis.



Standard	Notes from review of the citations	Criteria for meeting the standard	Data sources	Results	Problem analysis	Next steps
<p>Prescriptions, orders or recommendations from approved medical providers are in the child’s file if required.</p>	<p>At the child’s initial entry into service, medical providers must write prescriptions, orders and recommendations for service (if needed) but only <u>after</u> reviewing IFSP.</p>	<p>From our Agency’s recent letter to all SCs and interventionists: “The prescription should be in the file and for the appropriate time, frequency and duration for the current IFSP. It is acceptable for it to read “as needed.” And remember, a signature stamp will not be accepted on the orders so please watch for that and if you see it, take action right away.”</p>	<p>25 files of children who should have had a prescription or order in their file.</p>	<p>part. All files had the necessary prescriptions or orders. There were problems with two of them: One had a signature stamp and a note to contact the doctor but no documentation of follow-up. One had a date that was prior to the IFSP meeting.</p>	<p>Lack of clear assignment of responsibility by SC and supervisor – they were right to note that the doctor should be contacted, but neither did so. Dates throughout the file were confusing, not just this one for the doctor’s orders.</p>	<p>Get new orders if still applicable. Remind the supervisor of the need for clarity with staff in assigning tasks.</p>

EXAMPLE

EXAMPLE

EXAMPLE

