

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.



### 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.

Standards	Examples of Possible Indicators
A face-to-face ISC meeting is held with the family within seven calendar days of the referral.  Children only participate in NYC EIP after the ISC gets parental consent.  ISCs provide the family with a high quality introduction to the EI program.	<ul> <li>Meeting was face-to-face.</li> <li>The face-to-face meeting was held within seven calendar days.</li> <li>All of the required consents were in the file and signed by the appropriate person.</li> <li>All applicable issues were discussed with the family.</li> <li>The family's third-party insurance coverage (or lack thereof) and Medicaid status was discussed and documented.</li> </ul>
When referring a family to an evaluation agency, the ISC proactively addresses applicable issues with the family.	<ul> <li>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.</li> <li>If an additional concern or diagnosis surfaced, all applicable parties were notified by the ISC.</li> </ul>
Once children are found eligible for EIP, the family is given a thorough and timely orientation to the initial IFSP process.	<ul> <li>All applicable issues related to the IFSP process were discussed with the family once eligibility was determined.</li> <li>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.</li> </ul>
IFSP meetings are held in a timely fashion and with full information.	<ul> <li>The ISC ensured that the initial IFSP meeting was held within 45 days of the child's referral to EI.</li> <li>IFSP team members, including parents, evaluation representative and other applicable parties (e.g., foster care worker), were contacted to</li> </ul>



	<ul> <li>confirm their attendance at the IFSP meeting.</li> <li>The ISC was able to fully represent the concerns, priorities and resources of parents at the IFSP meeting.</li> <li>The ISC attended IFSP meeting (not a representative).</li> </ul>
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.	<ul> <li>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.</li> <li>The ISC ensured that the families of non-eligible children received full and timely information about other service options, including Developmental Monitoring.</li> </ul>



#### ONGOING SERVICE COORDINATION (OSC)

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.

Standards	Examples of Possible Indicators
Parents receive a copy of the applicable documents after an IFSP meeting.	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> <li>The OSC monitored (at least monthly) that each service type was provided at the frequency and duration listed in the IFSP.</li> <li>The OSC identified gaps in service of more than three consecutive missed sessions and took action to address these gaps.</li> <li>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.</li> <li>The OSC addressed any instances in which issues were identified in the additional comments section of the IFSP or in the OSC notes.</li> </ul>
Progress notes are transmitted to the Regional Office prior to the IFSP meeting.	<ul> <li>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.</li> </ul>



#### **EVALUATIONS AND MULTIDISCIPLINARY EVALUATIONS (MDEs)**

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.

Standards	Examples of Possible Indicators
MDEs shall be conducted in a professional and objective manner.	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> <li>The MDE Summary contained all necessary information.</li> <li>Evaluations contained all necessary information.</li> <li>The Consent for Evaluation and Screening form was included in the MDE. It was complete and signed by the parent or surrogate.</li> </ul>
Families receive full and timely information about the results of the MDE.	<ul> <li>An evaluation team member provided the family with information about the final results of the MDE and any subsequent reviews of the eligibility determination.</li> <li>The MDE Summary was provided to the family in their preferred language and was explained in parent-friendly terms.</li> </ul>



#### **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.

Standards	Examples of Possible Indicators
Services start within 14 calendar days of the IFSP Service Authorization date.	<ul> <li>Services started within 14 calendar days.</li> <li>Documentation showed that the provider notified the service coordinator (SC) in the event of a late start in services.</li> </ul>
Children receive the services as authorized	<ul> <li>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.</li> </ul>
Services are given with no inappropriate gap in services of more than three consecutive missed sessions.	<ul> <li>Services were provided as authorized with no gaps, or there was a documented family driven reason.</li> <li>If there was a documented gap in service, documentation showed that the SC was notified of the gap and the reason.</li> </ul>
Families and SCs are notified at least five business days prior to any scheduled absence of the interventionist.	<ul> <li>The child's parents and SC were notified at least five days prior to a scheduled absence.</li> <li>The SC was notified of the dates of absence and the date on which services would resume.</li> </ul>
Prescriptions, orders or recommendations from approved medical providers are in the child's file if required.	<ul> <li>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.</li> </ul>
Progress notes are sent to the SC.	• 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> <li>Session notes were complete.</li> <li>Claims made for billing were supported by valid documentation in the child's file.</li> <li>Session notes were a true and accurate accounting of the session.</li> </ul>



#### **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.

Standards	<b>Examples of Possible Indicators</b>
The families of children who are 30 months or older when referred to EIP (dually age-eligible) are given full information about their options.	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> <li>The SC had a discussion with the family about transition prior to the IFSP meeting closest to child's second birthday.</li> <li>All applicable issues were discussed with the family.</li> </ul>
The SC ensures that parents are given full information about the consent to notify CPSE of eligibility.	<ul> <li>The family signed a "Consent for CPSE Notification" form prior to the child's 25th month, or upon entry into the EI Program.</li> <li>When applicable, the RO was notified within two business days of the parental decision to decline CPSE.</li> </ul>
The SC prepares for a transition conference, including the appropriate parties.	<ul> <li>If consent was given for a transition conference, all parties (e.g., EI staff) were notified.</li> <li>The CPSE Administrator and ACS (if necessary) were notified of the request for a transition conference.</li> </ul>
Transition plan is in place for children leaving EIP for any reason before the age of three (not CPSE).	<ul> <li>Transition screens were completed in NYEIS.</li> <li>The family was contacted to ensure a transition plan was in place upon notification that the child was leaving EIP.</li> </ul>



### **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.



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

Standard	Notes from review	Criteria for	Data	Results	Problem	Next steps
	of the citations	meeting the standard	sources		analysis	
Services start	Services start	From our Agency	25 files of	Some of the	Of the ones	Immediate
within 14 calendar	within 14 days	Policy and	children	files complied	that started late	retraining of
days of the IFSP	unless there is a	Procedures Manual	who started	and some did	with no	Jane Doe and
Service	documented reason	and this year's	service in	not – this is a	documented	her supervisor.
Authorization date.	for delay that is	interventionist	the last three	concern we	reason, all but	
	based on family	training materials:	months	must address.	one were	Monitoring
	need.	Services must start			served by Jane	Jane Doe on a
		within two weeks,		About half	Doe.	weekly basis
	Service provision	but if not, there		started on time		for 6 months.
	notes document	must be a		and some	Other files	
	notification of	documented (and		started late but	from Jane Doe	Addressing the
	service coordinator.	acceptable) reason		had a	show the same	issue at the
		in the child's file –		documented	problem.	next all-staff
		and documentation		reason based on		meeting and
		from the		the family.	Jane Doe has	having
		interventionist			missed many of	managers
		showing that the		But several	her supervision	reinforce the
		service coordinator		started late and	sessions.	importance of
		was notified of the		have no reason.		service
		late start and the			Jane Doe's	timelines and
		reasons why.		Of those that	supervisor	documentation
				started late, all	failed to take	at each
				but one shows	action.	quarterly
				that the SC was		meeting.
				notified so we		
				are ok on this		



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



### New York City Department of Health and Mental Hygiene Early Intervention Program Quality and Compliance Self-Assessment Tool for New York City EIP Providers ONGOING SERVICE COORDINATION

Standard	Notes from	Criteria for meeting	Data sources	Results	Problem analysis	Next steps
	review of the	the standard				
	citations					
OSCs ensure	Services are	Our Agency Policies	Three child	A little over	Frequency	Immediate
that services	delivered or if	and Procedures require	files for each	half of the	problems were	retraining of all
are given at	not, there is a	OSCs to take action if a	of the OSCs,	files had no	mostly connected	OSCs by their
the level	documented	service provider is	looking for	gap in	to the files with	supervisors.
specified in	reason that is	unreachable or	gaps in	service, and	gaps.	Include issues of
the IFSP.	based on family	uncooperative: they are	services and	services		notifying
	need.	supposed to notify their	for IFSP	matched the	Looking at which	supervisor and
		supervisor who should	frequency and	IFSP.	OSCs were	documenting
	Services are	call the EIP Regional	duration.		assigned to the files	family reasons for
	provided at the	Office.		For the other	with a gap in	gaps.
	frequency and			half, the	service, almost	
	duration listed			biggest	every OSC had one	Check again in
	in the IFSP.			problem was	or two cases of	three months; three
				with gaps.	gaps in service with	files for each OSC.
					no documented	
				About one-	family need.	
				third had		
				frequency	OSCs are not	
				problems	contacting their	
				(duration was	supervisors for	
				ok).	help.	

EXAMPLE EXAMPLE EXAMPLE



### New York City Department of Health and Mental Hygiene Early Intervention Program Quality and Compliance Self-Assessment Tool for New York City EIP Providers EVALUATIONS AND MDE'S

Standard	Notes from review	Criteria for meeting the standard	Data sources	Results	Problem	Next
	of the citations				analysis	steps
The MDE shall	There should be no	Our contract with evaluators includes	The results of	Only one	Looks like	None
be conducted in a	unexplained	expectations related to integration of	the reviews by	evaluator	there is no	
professional,	discrepancies	findings and collaboration with all	the EI	had more	problem, so	
objective manner.	between the	evaluators, and specifies that	Program	than one	long as we	
	different reports.	explanation of any discrepancies are	Director or	problem in	continue to	
		a shared responsibility.	the Evaluation	the past six	do the	
	The level of		Supervisor,	months.	review of	
	functioning is	Our EI Program Director or the	sorted by	That	all MDEs.	
	consistent with	Evaluation Supervisor looks over	evaluator, for	evaluator is		
	delay.	every MDE to ensure that:	the last six	no longer in		
		the level of functioning matches the	months.	contract		
	The clinical	degree of delay that the MDE claims;		with us.		
	opinion is	the narrative has a clear clinical				
	supported by	opinion and is well				
	sufficient	integrated/supported by the MDE;				
	information.	there is enough detail to demonstrate				
		how the child meets/does not meet				
		the eligibility criterion; and there are				
		enough clinical clues or predictors				
		included.				

EXAMPLE EXAMPLE EXAMPLE