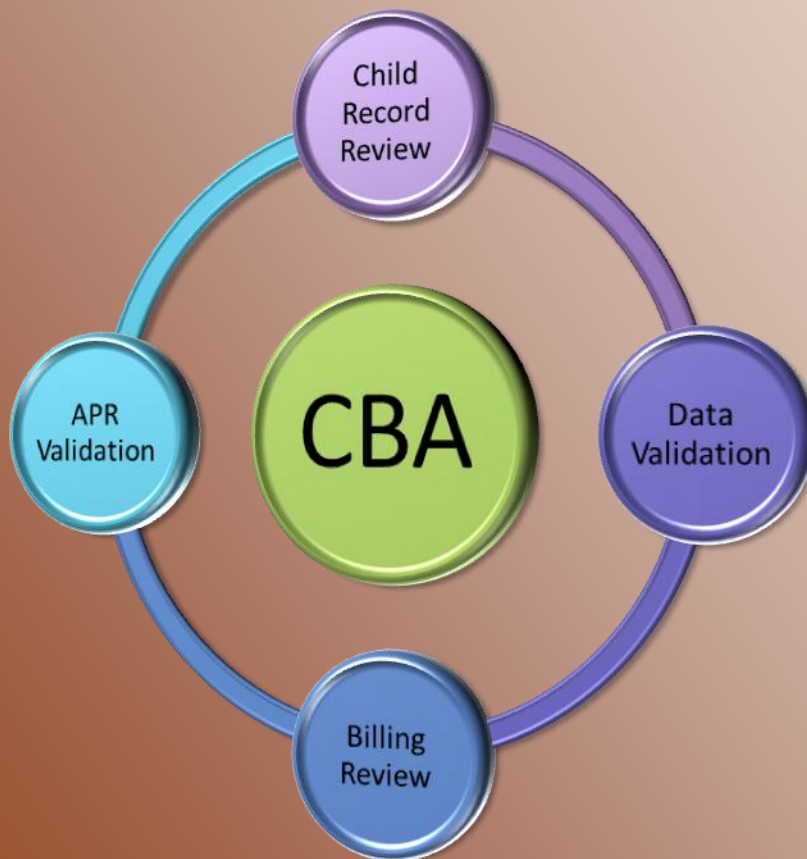


**New Mexico
Family Infant Toddler (FIT) Program
&
Division of Health Improvement (DHI)**

**Community Based Assessment
(Routine Survey) Manual**

Revised August 2011



NEW MEXICO
**Family Infant
Toddler Program**

The following changes have been made to the FIT Community Based Assessment Manual that incorporates new requirements and reflect the current standards effective July 1, 2011.

Please note the following:

- Pg 16 CME now requires use of IDA or other approved tool.
- Pg 19, Billing items 2, 8 and 9. (2) a clarification on what signatures must contain, (8) changes from the term co-treatment to co-visit, and (9) PWN now required for services exceeding 14 hours instead of 19 hours.
- Then in the statute section, the corresponding items now reflect current standards. Changes were made on pages; 24, 33, and 34.

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Introduction:

The Community Based Assessment (CBA)/Routine Surveys are conducted on a two year cycle. Each CBA/Routine Survey lasts approximately 2 days. The CBA/Routine Surveys are conducted by the Division of Health Improvement (DHI) staff as Team Leader and one FIT Program staff, depending on the size of the agency.

Each CBA/Routine Survey includes the following components:



1. Annual Performance Report (APR) Validation:

A review of the methodology used by the provider agency in developing their Annual Performance Report (APR). The review will determine the data collected are accurate and valid.

2. Data Validation:

A review of data entered into the FIT-KIDS database is conducted to determine the data are accurate when compared to the child's record, and the data are valid i.e. the correct data were entered.

3. Review of billing and documentation:

A review of the provider agency's billing to determine there is documentation on file to support the billing claims submitted and billing submitted is in accordance with Developmental Disabilities Supports Division (DDSD) - Service Definitions and Standards.

4. Review of Child Record documentation:

A review of child records to determine documentation is in compliance with IDEA Part C and state regulations (including eligibility determination, IFSP, Transition, etc.).

Preparation for the site visit

Collaborative Planning between DHI and FIT

At least one month prior to the intended CBA/Routine Survey site visit and before any contact with the agency, DHI will discuss with the FIT Program any specific concerns or needs related to the agency's upcoming CBA/Routine Survey. The two entities will agree on the approximate time needed at the agency (usually at least two days) to ensure a quality review.

Additionally, a discussion will occur related to whether additional team members will be needed to conduct the survey. CBAs/Routine Surveys generally require only the DHI representative and the FIT Regional Manager assigned to the provider agency. For large agencies, additional members from DHI may be included.

Contacting the Agency

DHI will contact the provider approximately one month prior to the CBA/Routine Survey to determine specific dates and time for the onsite visit. Letters to the agency from DHI will be copied to the appropriate FIT Regional Manager and to the FIT QA Manager.

Generating Samples

A sample of the Agency's child records will be reviewed during the CBA/Routine Survey for each of the components of the CBA/Routine Survey.

Sample 1: The review of child record documentation, the review of billing and documentation and the Data Validation will all use the same sample.

- Using the following guidelines, DHI will generate this sample approximately 2 weeks prior to the onsite visit.
 - ✓ This sample will be determined at random using the “children with an active IFSP” section of the FITKIDS database.
 - ✓ **10% of files (or a minimum of 10 files)** will be reviewed during a CBA/Routine Survey.
 - **Note:** *The minimum number of children for any agency must be 10 files. Once onsite, if a file on the sample is not appropriate/available for any reason, the agency must select another file to replace it.*
- DHI will share the sample with the FIT Regional Manager and the QA Manager so that they can generate audit summary sheets and other information needed for data validation.

Sample 2: Approximately 2 weeks prior to the onsite visit, the FIT Regional Manager will use the provider agency's most recent APR data to generate a sample for the **APR Validation**. The APR Validation will review a selection of records from the agency's original sample data submitted for their APR. Therefore, this is essentially, a sample of the sample.

This sample will be shared with DHI so it can be included in the list of children for whom the agency must have available the child/family records.

Indicator 1: Use the sample found in the agency's APR audit summary sheet for the tab marked "timely service delivery." Select approximately 10 files, focusing **primarily** on children that did not receive timely services due to a family/exceptional reason.

Indicator 7: Run a report in FIT KIDS of "Initial IFSPs meeting timelines" entering date parameters for the fiscal year of the most recently completed APR. Select approximately 10 files, focusing **entirely** on children that did not complete their IFSP within 45 days due to a family/exceptional reason.

Indicator 8a & c: Use the sample found in the agency's APR audit summary sheet for the tab marked "transition." Select approximately 10 files, focusing **primarily** on children that did not receive a timely transition conference due to a family/exceptional reason.

Once the selections have been made, the sample size will total approximately 30 children (10 files for Indicator 1, 10 files for Indicator 7 and 10 files for Indicator 8)

Preparing Paperwork

- For each child in Sample 1, DHI will print the following to take onsite:
 - Blank child record review forms. Additional blank sheets should also be printed to allow for onsite requests to see additional records.
 - Billing audit forms
 - Data validation forms
- DHI will select three recent months for which billing will be reviewed for the sample 1 children. A list of billed services per child will be generated for the months selected.
- The FIT Regional Manager will copy APR validation forms for each of the three indicators to take onsite. Additionally, a copy of the agency's most recent APR audit summary sheets submitted by the agency will be needed in order to validate the agency's results.
- The FIT Regional Manager will print the child summary form for each child in Sample 1, as well as record enrollment and transition conference information needed for Data Validation.

Checklist for Preparation Activities

Activity	Timeline	Entity Responsible
<input type="checkbox"/> DHI and FIT Collaborate on specific needs of agency, length of time needed to conduct survey, and need for additional team members to conduct survey.	At least one month prior to anticipated site visit	DHI & FIT
<input type="checkbox"/> Agency contacted one month prior to intended site visit. <u>The letter will indicate the areas of review, including child records, billing, APR validation and data validation.</u> <ul style="list-style-type: none"> <input type="checkbox"/> Notification letter to agency copied to <ul style="list-style-type: none"> ○ FIT QA Manager and ○ FIT Regional Manager 	One month prior to anticipated site visit	DHI
<input type="checkbox"/> Sample 2 generated for APR validation <ul style="list-style-type: none"> <input type="checkbox"/> Sample shared with DHI so that the list can be included with the Sample 1 list of files that the agency will supply for the audit <input type="checkbox"/> APR validation forms printed for each child <input type="checkbox"/> Copy of agency's audit summary sheets from most recent APR 	Two weeks prior to site visit	FIT
<input type="checkbox"/> Sample 1 generated for child record review, billing and data validation. <ul style="list-style-type: none"> <input type="checkbox"/> Sample shared with <ul style="list-style-type: none"> ○ FIT Regional Manager and ○ QA Manager <input type="checkbox"/> Child record review forms printed for children in sample, plus extras in case needed onsite. <input type="checkbox"/> Billed Services list generated for specified months being reviewed for each child in the above sample <input type="checkbox"/> Billing audit forms printed for children in sample <input type="checkbox"/> Data Validation forms printed for each child in sample 1 	Two weeks prior to site visit	DHI
<input type="checkbox"/> Child Summary form generated from FIT KIDS for each child in Sample 1 (for data validation). <i>Be sure to record enrollment and transition conference information needed from other sections of FIT KIDS</i> <ul style="list-style-type: none"> <input type="checkbox"/> Review FIT-KIDS for enrollment and eligibility data needed to conduct data validation and record for each child. 	Prior to site visit	FIT
<input type="checkbox"/> Confirmation sent to agency via e-mail or phone call.	Prior to site visit	DHI

Onsite Activity:

Data
Validation

Child
Record
Review

Billing
Review

APR
Validation

The Entrance Conference

Once onsite, DHI will conduct an entrance meeting with the CBA/Routine Survey team, agency directors and appropriate staff to outline the process of the CBA/Routine Survey. It is helpful at this meeting to ask an agency representative to briefly review their family records in order to help the CBA/Routine Survey team locate required documents. Finally, an approximate date and time for an exit conference will be discussed with the agency at this meeting. The DHI Team Leader will let the agency know the ECLN consultant will be notified of the exit time in order to arrange for their representation at the exit conference.

Reviewing the Data

Once the entrance meeting has ended, the CBA/Routine Survey team begins the actual survey. The charts are separated into the ones needed for the child record reviews, billing audits and data validation (Sample 1) and the files needed for the APR Validation (Sample 2).

□ CBA/Routine Survey Team Roles

- All CBA/Routine Survey team members conduct the APR Validation. Careful notes should be kept related to the number of files reviewed and any issues found, as these will be added to the final report of findings for the agency.

- All CBA/Routine Survey team members conduct the child record reviews, billing audits and data validation. All three of these activities occur with each child in Sample 1.

• Record of Findings/Concerns

When items are missing, inaccuracies are noted, and/or concerns are raised, these should be carefully recorded on a “request for documentation” form designated by DHI. The child’s name should be listed followed by specific accounts of the missing documentation or errors. This form will be used for two purposes. First, the provider agency will have an opportunity to review the form and make possible corrections prior to a finding being issued and second, the unresolved items on the form will be the basis of the written report of findings.

Note: While the CBA/Routine Survey field tools are used to explore records and other data for specific elements, if additional deficiencies are found that are not specifically reviewed on the CBA/Routine Survey field tools they still must be recorded and a finding issued. Office of Special Education Programs requires that any noncompliance with the IDEA must be identified and a written finding issued to the agency.

Regardless of the specific level of noncompliance, if a state finds

noncompliance in an LEA or EIS program, it must notify the LEA or EIS program in writing of the noncompliance, and of the requirement that the non compliance be corrected as soon as possible, and in no case more than one year after the State's identification.

OSEP Memo 09-02

With this in mind, if deficiencies are noted that are not listed on the CBA/Routine Survey field tools, the FIT Regional Manager will provide DHI with the applicable standard, regulation or code so that it may be included in the final written report of findings to the agency.

- **Sample Adjustment**

- As mentioned earlier, if for any reason one of the files for the children in Sample 1 is not available/appropriate, another file will be chosen to replace it. The minimum sample size must be maintained.
- Because Sample 1 is selected from children with an active IFSP, it may not contain enough children (at least 10) who are old enough to adequately determine if transition activities are occurring according to requirements.

If any of Sample 1 files contained children for whom a transition plan and conference were not required, the provider will be asked to select additional files of recently transitioned children (transitioned within the last year), whether open or closed to ensure that transition activities apply to at least 10 children. **If additional files are required, the monitor need only complete the transition**

section of the CBA/Routine Survey child record review for those children.

(e.g. if the original sample size is 14 and only 5 of those files were for children for whom a transition plan and conference were not required, the agency would need to provide the CBA/Routine Survey team with another 5 files of children who have recently transitioned. In those 5 additional files, the CBA/Routine Survey team would only complete the “transition” section of the child record review. When done, the team will have completed full child record reviews for the original 14 files, and 5 additional record reviews with only the transition requirements reviewed.)

Note: In instances of extremely small agencies, it may not be possible to obtain the necessary files without reviewing quite old closed cases. Files should not be older than one year. If an adequate sample cannot be generated within this time period, it will be noted in the report.

- **Clarification of Initial Findings**

Again, all accounts of errors and missing or incomplete documents are noted on DHI’s “documentation request form” form. At the end of each day of data review, DHI will supply the agency representative with a copy of the form so the agency can correct (when possible) or supply missing documentation or proof of due diligence within a time frame prior to a formal finding being issued.

The Exit Conference

The exit conference will not occur until all four components of the CBA/Routine Survey have been completed.

Prior to the exit conference, DHI and FIT team members will privately discuss any findings and how the findings for each of the four components will be presented at the exit conference. As the time for the exit conference is finalized, the agency will be informed, and the FIT Regional Manager will notify the ECLN consultant of the specific time.

The exit conference will occur at the arranged time with the appropriate agency personnel present. A discussion of findings and concerns will occur. DHI will outline the timelines for

Report of Findings and Required Follow-up

Upon completion of the CBA/Routine Survey, the provider will receive a written report of findings.

DHI will list any findings related to the APR validation, child record review, billing and data validation (suggested “deficiency” language can be found beginning on page 21 of this manual) and send the draft report to the FIT Regional Manager for approval. Within 48 hours, any changes must be submitted to DHI.

Once the final report is ready to be sent to the provider agency, a copy will be e-mailed to the FIT Regional Manager and the QA Manager. Additionally, any child specific instances of noncompliance will be in the final written report of findings.

Agencies submitting plans of correction to DHI must also copy the FIT QA Manager.

Checklist for Reporting Findings and Required Follow-up

Activity	Timeline	Entity Responsible
<input type="checkbox"/> DHI develops written draft report for agency findings (including the APR validation) to FIT Regional Manager.	Within 15 working days of CBA/Routine Survey exit	DHI
<input type="checkbox"/> FIT reviews written draft report and provides feedback to DHI within 48 hours of receipt of report.	48 hours after receipt of report draft	FIT Reg. Mgr.
<input type="checkbox"/> Written report is e-mailed to provider agency and <input type="checkbox"/> copied to FIT Regional Manager and QA Manager	Within 20 working days of CBA/Routine Survey exit	DHI
<input type="checkbox"/> Provider agency responds with written POC to DHI and FIT QA Manager	Within 10 days of receipt of DHI's report	Agency
<input type="checkbox"/> FIT Regional Manager provides DHI with feedback related to agency POC.	Within 48 hours from receipt of POC	FIT Reg. Mgr.
<input type="checkbox"/> DHI approves or denies POC		DHI
<input type="checkbox"/> DHI sends written approval of POC to the agency and copies to FIT QA Manager		DHI
<input type="checkbox"/> Agency re-submits POC (if necessary)		
<input type="checkbox"/> Agency sends documentation of completion of all activities on POC	Within 45 days of DHI receipt of report of findings	Agency
<input type="checkbox"/> DHI closes the POC		DHI
<input type="checkbox"/> FIT QA Manager and Regional Manager follow up with agency to ensure correction of noncompliance.	Within 90 days of receipt of DHI's report	FIT QA Mgr. and Reg. Mgr.

New Mexico Family Infant Toddler Program Data Validation

Provider Agency: _____ Surveyor: _____ Date of Review: _____

Child's Name: _____ Date of Birth: _____

Use Sample 1

Please compare the data found on the FIT-KIDS **Child Summary Report** and in FIT-KIDS Child Records with the information that you find in the agency's written records.

	FIT Database Information from Child Information Report matches information in chart/family record.	Data matches	Data does not match	
Can be found on <u>child summary sheet</u>	Child's DOB	<input type="checkbox"/>	<input type="checkbox"/>	
	Child's race	<input type="checkbox"/>	<input type="checkbox"/>	
	Date of referral	<input type="checkbox"/>	<input type="checkbox"/>	
	Eligibility category	<input type="checkbox"/>	<input type="checkbox"/>	
	Current IFSP start date	<input type="checkbox"/>	<input type="checkbox"/>	
	Current IFSP end date	<input type="checkbox"/>	<input type="checkbox"/>	
	Primary location of services on IFSP	<input type="checkbox"/>	<input type="checkbox"/>	
The following areas are not listed on the child summary sheet. In FIT KIDS, search for the child and obtain the information from the following pages/tabs.		Data matches	Data does not match	N/A
On Enrollment Page	Exit / termination date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Reason for exiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ON IFSP Page:	Transition conference date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Issues:				
Comments:				

New Mexico Family Infant Toddler Program Child Record Review

Provider Agency: _____ Child's Name: _____

Surveyor: _____ Date of Birth: _____

Date of Review: _____

Use Sample 1 Note: When reviewing documents, ensure they are complete, accurate and (as applicable) timely. If not, a finding must be assigned.

Monitoring Element	YES	NO	N/A	Comments:
Referral and Intake				
1. Referral date clearly documented (on intake / referral form)				
2. If county is served by more than one provider, freedom of choice form is signed and in file.				
3. Family received rights / procedural safeguards - FIT Family Handbook given to family & discussed (SC case notes) -Also count as "yes" if family received rights and safeguards in a format other than FIT Family Handbook.				
4. Written parental consent for Evaluation, (Prior Written Notice)				
5. Documentation that "family assessment" (a.k.a. Our Family Life/ERAP) was conducted or that the family declined				
6. Public and Private Insurance Form completed. (If family has private insurance, it private ins form is completed?)				
Evaluation & eligibility determination				
7. Evaluation Report demonstrates that CME was conducted by at least 2 qualified professionals				
8. Evaluation Report includes child's level of functioning in <u>each</u> developmental area			<input type="checkbox"/> - cognitive <input type="checkbox"/> - communication <input type="checkbox"/> - social and emotional	<input type="checkbox"/> - adaptive <input type="checkbox"/> - physical (vision & hearing)
9. Evaluation report includes multiple & appropriate procedures used to determine developmental levels (at least one instrument) Beginning July 2011, <ul style="list-style-type: none"> • For children 4 months of age and older, the <u>Infant-Toddler Developmental Assessment (IDA) must be used.</u> Other tools, such as domain specific tools, may be used in addition. • For infants over one (>1) month of age (adjusted) and under four (<4) months of age (adjusted) the IDA shall be used in conjunction with one of the approved tools: • For infants under one (< 1) month of age (adjusted) the IDA will not be used. Instead one of the approved tools (right) shall be used together with informed clinical opinion. 			Approved tools for infants include: <ul style="list-style-type: none"> <input type="checkbox"/> AIMS (Alberta Infant Motor Scale) <input type="checkbox"/> TIMP (Test of Infant Motor Performance) <input type="checkbox"/> Infant Toddler Sensory Profile <input type="checkbox"/> Peabody Developmental Motor Scale (PDMS-2) <input type="checkbox"/> Motor Skills Acquisition Checklist <input type="checkbox"/> Other tools as approved by the FIT Program 	Other domain specific tools may be used in addition to the IDA as part of the Comprehensive Multidisciplinary Evaluation (CME). If the IDA does not indicate a 25% delay, a domain specific tool can be used to determine eligibility under developmental delay.

10. Child's correct eligibility is documented (on the evaluation report / IFSP)				
11. If child's eligibility is environmental risk, evaluation report includes information from ERA tool and completed tool is in file.				
12. Interim IFSP only used if services need to begin prior to the initial IFSP				
Initial IFSP	Yes	No	N/A	Comments:
13. Reason documented if the initial IFSP meeting is not held within 45 days of the referral				
14. Prior Written Notice of the IFSP Meeting (Prior Written Notice form)				
15. IFSP meeting included at least parent(s), SC, and EI provider				
16. The IFSP outcomes are reflective of the concerns, priorities and resources of the family & the child's present levels of functioning				
17. Services relate to the outcomes for the child and family				
18. Frequency and intensity are listed at the lowest denominator (e.g. 1 x week rather than 12 x quarter)				
19. A strategy is listed under one of the outcomes if consultation is listed on the services page				
20. Justification provided if service will not be provided in natural environment (home / community setting)				
21. <u>Initial</u> Early Childhood Outcomes (ECO) summary form is completed				
Ongoing services	Yes	No	N/A	Comments:
22. Reason documented if all services are not provided within 30 days (<i>except consultations, E&A, service coordination, respite, or non-FIT services that may be listed on the IFSP, such as child care, Early Head Start, etc., or services that are delivered at a lesser frequency than once a month (e.g., once a quarter, twice a year, etc.)</i>)				
23. Written Prior Notice is given if the services / location / frequency of service(s) are changed				
24. Six month review held within correct timeframe				
25. Six month review included at least parent(s) and Service Coordinator				
26. (For children eligible under Biological/medical Risk or Environmental Risk) services are limited to 24 hours of early intervention (direct service or consultation) per year (from one IFSP to next annual IFSP) <i>Participation in IFSP meetings or transition conferences is not included in 24 hours</i>				
Annual IFSP (if applicable)	Yes	No	N/A	Comments:

27. Written Prior Notice of the Annual IFSP meeting is provided				
28. Annual IFSP meeting held within correct timeframe				
29. Annual IFSP meeting included at least parent(s), SC, and EI provider				
30. <u>Annual</u> Early Childhood Outcomes (ECO) summary form is completed				
Transition Planning (if child is age 2):				
Date Child Turns Three:				
Date transition plan required:		by 24 months of age or at least 6 months prior to school year in which the child turns three, whichever comes first		
Date transition conference required:		at least 90 days prior to child's 3 rd birthday (or 90 days prior to school year if parents choose for child to transition at beginning of school year).		
Notes: A transition plan and conference are required for all children. Families cannot "choose" to not have a transition plan and/or conference.				
	Yes	No	N/A	Comments:
31. The IFSP includes <u>completed</u> individualized transition plan by 24 months of age or at least 6 months prior to school year in which the child turns three, whichever comes first.				
32. Referral sent to LEA (or other preschool providers) at least 60 days prior to transition conference.				
33. Transition Assessment Summary sent at least 30 days prior to transition conference.				
34. Invitation to LEA sent at least 30 days prior to transition conference.				
35. Transition conference held at least 90 days prior to child's 3 rd birthday (or 90 days prior to school year if parents choose for child to transition at beginning of school year).				
36. (for children eligible under Est. Condition or DD) Consent for Preschool (Part B) Evaluation was signed.				
37. (For children older than age 3) Pre-readiness, including; literacy, language, and numeracy skills are added to the outcomes or strategies in the IFSP.				
38. (For children eligible under Est. Condition or DD) documentation of Part B Evaluation Eligibility is on file by child's 3 rd birthday.				
39. (For children eligible under Biological/Medical Risk or Environmental Risk) all early intervention services terminated at the end of the month in which the child turned three.				

References to Deficiencies for APR VALIDATION

One of the components of a General Supervision System is to have “data on processes and results.” An important consideration in collecting and verifying the data is the extent to which the FIT Program can ensure the data collected for local early intervention provider agencies are accurate. The National Center for Special Education Accountability Monitoring, March 2007, states, “Accuracy has multiple levels including that the data follow rules of entry or submission and that they reflect actual practice at the program level. This requires the state lead agency to develop multiple methods of verifying data accuracy.”

Because APR Validation activities all relate to ensuring data reported to the FIT Program is accurate, any findings (regardless of whether the inaccuracy occurred while validating Indicator 1, 7 or 8 data) must be reported as a finding under Indicator 14, Accurate Data.

Statute

[20 U.S.C. 1418, 1442; 34 CFR §303.540] State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate

Question	Deficiency
1. Indicator 1 - Timely delivery: Correct method used to determine compliance (<i>see exceptions</i>).	Based on record review conducted to validate APR data, documentation did not support the data reported by the agency for X of Y recipients Agency did not use the correct method to determine compliance for data reported for Indicator 1 (services delivered within 30 days of the IFSP start date) (#)
2. Indicator 1 - Timely delivery: Correct use of family exception reasons (<i>documentation of family reason in child record</i>)	Agency did not document an exceptional family circumstance in the child’s record for Indicator 1 (timely services), when service delivery exceeded 30 days from IFSP start date. (#)
3. Indicator 7 - Eligible children receive initial IFSP within 45 days of date of referral: Correct use of family exception reasons (<i>documentation of family reason in child record</i>)	Agency did not document an exception family circumstance in the child’s record for Indicator 7 (initial IFSP), when the IFSP exceeded 45 days from the child’s date of referral. (#)
4. Indicator 8 - Transition Correct method used to determine compliance for ✓ 8a: Transition Plan ✓ 8c: Transition Conference	Agency did not use the correct method to determine compliance for data reported for Indicator 8a (completion of transition plan) (#) And /or Agency did not use the correct method to determine compliance for data reported for Indicator 8c (transition conference at least 90 days prior to the child’s third birthday) (#)
5. Indicator 8c - Transition Conference: Correct use of family exception reasons Transition Conference timeline was exceeded (<i>documentation of family reason in child record</i>).	Agency did not document an exception family circumstance in the child’s record for Indicator 8c (transition conference), when the transition conference timeline was exceeded. (#)

References to Deficiencies for Data VALIDATION

Data Validation	Statute	Deficiency
<p>Please compare the data found on the FIT-KIDS Child Summary Report and in FIT-KIDS Child Records with the information that you find in the agency's written records.</p>	<p><i>State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate.</i> (20 U.S.C .1416(a)(3)(b) and 1442)</p>	<p>Based on record review, the Agency entered the information incorrectly into the FIT-KIDS database for X of Y files reviewed. (#)</p> <ul style="list-style-type: none"> • Child's DOB (#) • Child's race (#) • Date of referral (#) • Eligibility category (#) • Current IFSP start date (#) • Current IFSP end date (#) • Primary location of services on IFSP (#) • Exit / termination date (#) • Reason for exiting (#) • Transition conference date (#)

References to SD&S and NMAC for CHILD RECORD REVIEW

Intake	Statute	Deficiency Based on record review, the Agency failed to maintain the required documentation relating to intake and referral in the agency records as required for X of Y recipients.
1. Referral date clearly documented (on intake / referral form)	7.30.8.10 (D6) NMAC <i>The service coordinator shall ensure that within forty-five (45) days of referral to the FIT Program for early intervention services, that with parental consent a child shall receive a comprehensive evaluation and assessment and with parental consent, an IFSP shall be developed for those families of children found to be eligible.</i>	Referral date was not clearly documented (on intake / referral form). (#)
2. If county is served by more than one provider, freedom of choice form is signed and in file.	DDSD Service Definitions & Standards, Service Coordination, Service Requirements During the intake process the service coordinator will have the family complete a "Freedom of Choice Form" to select a FIT Provider in counties where there is more than one provider agency. The Freedom of Choice Form will also be used when a family is transferring into a county where there is more than one FIT Provider agency.	Freedom of choice form was not signed and in file, as required when more than one provider serves a county. (#)
3. Family received rights / procedural safeguards - FIT Family Handbook given to family & discussed (SC case notes) -Also count as "yes" if family received rights and safeguards in a format other than FIT Family Handbook.	7.30.8.10 (D4) NMAC <i>The service coordinator shall contact the family and arrange a meeting(s) at the earliest possible time that is convenient for the family in order to:</i> (a) Inform the family about early intervention services and the IFSP process; <i>(Note: Review of FIT Family Handbook is used for this purpose)</i> (b) Explain the family's rights and procedural safeguards; (c) Provide information about evaluation options; and (d) With parental consent, arrange the evaluation. Furthermore, 7.30.8.14 (A) NMAC, <i>Procedural safeguards are the requirements set forth by IDEA, as amended, and established and implemented by the New Mexico Department of Health that specify family's rights and protections relating to the provision of early intervention services and the process for resolving individual complaints related to services for a child and family. The service coordinator at the first visit with the family, shall provide the family with a written overview of these rights and shall also explain all the procedural safeguards.</i>	Service Coordinator did not inform the family about the family's rights and procedural safeguards. (#)
4. Written parental consent for Evaluation, (Prior Written Notice)	7.30.8.14 (D) NMAC <i>Written prior notice shall be given to the parents of a child at least five working days before an early intervention provider proposes or refuses to initiate or change identification, evaluation, or provision of appropriate services. Written prior notice shall include information about the action undertaken by the early intervention provider, the reasons, and the procedural safeguards available to the parent(s).</i>	Service Coordinator did not obtain parental consent (signed prior written notice) to conduct the evaluation. (#)
5. Documentation that "family assessment" (a.k.a. Our Family Life/ERAP) was conducted or that the family declined	7.30.8.11 (B) NMAC <i>The IFSP shall contain: (5) With the concurrence of the family, a statement of the family's concern, priorities and resources that relate to enhancing the development of the infant or toddler</i>	Documentation was not present to demonstrate the "family assessment" (a.k.a. Our Family Life/ERAP) was conducted or that the family declined (#)

Intake	Statute	Deficiency Based on record review, the Agency failed to maintain the required documentation relating to intake and referral in the agency records as required for X of Y recipients.
6. Public and Private Insurance Form completed	DDSD Service Definitions & Standards, Service Coordination, Service Requirements <i>The Service Coordinator will complete the Public and Private Insurance form with each family at intake and at least annually to determine if the child is or may be eligible for Medicaid or if they are covered under a private insurance plan.</i>	Service Coordinator did not complete the Public and Private Insurance form with the family at intake and at least annually. (#)

Evaluation & Eligibility Determination	Statute	Deficiency Based on record review, the Agency failed to maintain the required documentation relating to evaluation in the agency records as required for X of Y recipients
7. Evaluation Report demonstrates that CME was conducted by at least 2 qualified professionals	DDSD Service Definitions & Standards, Comprehensive Multidisciplinary Evaluation, Staffing Requirements <i>The Multidisciplinary evaluation team shall include personnel from two or more of the following disciplines: (list of disciplines and required qualifications)</i> Furthermore, 7.30.8.10 (E3) NMAC <i>A comprehensive evaluation, conducted by an interdisciplinary team consisting of at least two professionals from different disciplines and family member(s), is carried out to inform eligibility determination</i>	Evaluation Report did not demonstrate CME was conducted by at least 2 qualified professionals (#)
8. Evaluation Report includes child's level of functioning in <u>each</u> developmental area	DDSD Service Definitions & Standards, Comprehensive Multidisciplinary Evaluation <i>The evaluation is designed to determine the developmental status of the child and must cover the following developmental areas:</i> <ul style="list-style-type: none"> • Cognitive • Physical/ motor (including vision and hearing) • Communication • Social or emotional • Adaptive behavior Under the Scope of Service on the same page, it goes on to say, <i>Activities required include:</i> <ul style="list-style-type: none"> • <i>The use of multiple and appropriate procedures and activities to determine the child's functioning in all developmental domains and</i> • <i>The completion of a comprehensive evaluation report that summarizes the child's functioning in each developmental domain,...</i> 7.30.8.10 (E3) NMAC <i>An assessment of the child's strengths and needs and a determination of the developmental status of the child in the following developmental areas:</i> (a) physical/motor development (including vision and hearing); (b) cognitive development; (c) communication development; (d) social or emotional development; and (e) adaptive development	Evaluation Report did not include child's level of functioning in each developmental area (#)

Evaluation & Eligibility Determination	Statute	Deficiency Based on record review, the Agency failed to maintain the required documentation relating to evaluation in the agency records as required for X of Y recipients
<p>9. Evaluation report includes multiple & appropriate procedures used to determine developmental levels (at least one instrument)</p> <p>Beginning July 2011,</p> <ul style="list-style-type: none"> For children 4 months of age and older, the <u>Infant-Toddler Developmental Assessment (IDA) must be used.</u> Other tools, such as domain specific tools, may be used in addition. For infants over one (>1) month of age (adjusted) and under four (<4) months of age (adjusted) the IDA shall be used in conjunction with one of the approved tools: For infants under one (< 1) month of age (adjusted) the IDA will not be used. Instead one of the approved tools (right) shall be used together with informed clinical opinion. 	<p>DDSD Service Definitions & Standards, Comprehensive Multidisciplinary Evaluation, Scope of service</p> <p>Activities required include: <i>The use of multiple and appropriate procedures and activities to determine the child's functioning in all developmental domains</i></p> <ul style="list-style-type: none"> <i>The team shall use all phases of the Infant-Toddler Developmental Assessment (IDA) as the approved statewide tool as part of the Comprehensive Multidisciplinary Evaluation.</i> <i>Given the unique characteristics of infants and the challenges of determining their developmental levels:</i> <ul style="list-style-type: none"> <i>For infants under one (< 1) month of age (adjusted) the IDA will not be used. Instead one of the approved tools below shall be used together with informed clinical opinion.</i> <i>For infants over one (>1) month of age (adjusted) and under four (<4) months of age (adjusted) the IDA shall be used in conjunction with one of the following approved tools:</i> <ul style="list-style-type: none"> <i>Approved tools for infants include:</i> <ul style="list-style-type: none"> <i>AIMS (Alberta Infant Motor Scale)</i> <i>TIMP (Test of Infant Motor Performance)</i> <i>Infant Toddler Sensory Profile</i> <i>Peabody Developmental Motor Scale (PDMS-2)</i> <i>Motor Skills Acquisition Checklist</i> <i>Other tools as approved by the FIT Program.</i> <i>Other domain specific tools may be used in addition to the IDA as part of the Comprehensive Multidisciplinary Evaluation (CME). If the IDA does not indicate a 25% delay, a domain specific tool can be used to determine eligibility under developmental delay.</i> <p>7.30.8.10 (E5) NMAC <i>Each evaluation shall include the use of multiple and appropriate procedures and activities to determine a child's developmental level and eligibility to receive early intervention services. Any instruments shall be reliable, valid, used only for their intended purposes, and administered in the child's native language or other mode of communication unless it is clearly not feasible to do so. Instruments used in an evaluation shall be administered by qualified personnel trained and/or licensed to do so.</i></p> 	<p>Evaluation report did not include multiple & appropriate procedures used to determine developmental levels (at least one instrument) (#)</p> <p>(Or)</p> <p>Evaluation report did not include information from state approved tool required for determining eligibility.</p>

Evaluation & Eligibility Determination	Statute	Deficiency Based on record review, the Agency failed to maintain the required documentation relating to evaluation in the agency records as required for X of Y recipients
<p>10. Child's correct eligibility is documented (on the evaluation report / IFSP)</p> <p>In CME Report? (Note: CME report should include recommendations on eligibility.)</p> <p>On the IFSP?</p> <p>Note: eligibility categories and criteria for assigning can be found in NMAC 7.30.8.10 (F)</p>	<p>DDSD Service Definitions & Standards, Comprehensive Multidisciplinary Evaluation, Scope of service Activities required include <i>The completion of a comprehensive evaluation report that summarizes the child's functioning in each developmental domain, gives a picture of the child's overall functioning and ability to participate in family and community life, makes recommendations regarding the child's eligibility and recommends approaches and strategies to be considered by the IFSP team when developing outcomes.</i></p> <p>DDSD Service Definitions & Standards, Comprehensive Multidisciplinary Evaluation, Service Requirements <i>The contractor is responsible for determining eligibility for early intervention services, and maintaining documentation of eligibility status on file</i></p> <p>7.30.8.10 (E 6) NMAC <i>An evaluation report shall be generated that summarizes the findings of the interdisciplinary evaluation team. The report shall summarize the child's level of functioning in each developmental area based on assessments conducted and give a picture of the child's overall functioning and ability to participate in family and community life. The report shall include recommendations regarding the child's eligibility for the Family Infant Toddler Program. The report shall include recommendations regarding approaches and strategies to be considered when developing IFSP outcomes.</i></p> <p>7.30.8.11 (E6) NMAC <i>The annual IFSP review shall include a determination of the child's continuing eligibility...</i></p>	<p>Child's correct eligibility is not documented on the evaluation report / IFSP (#)</p>
<p>11. If child's eligibility is environmental risk, evaluation report includes information from a ERA tool.</p>	<p>DDSD Service Definitions & Standards, Early Intervention, Service Requirements <i>Children are eligible for (early intervention services) who are between the ages of birth to three years old, and who meet one of the following definition:</i></p> <p>4. <i>At risk for developmental delay due to environmental risk factors, in accordance with the complete Environmental Risk Assessment (ERA)Tool. Information for the ERA tools can be gathered from the family and from other community providers (CYFD; shelter staff, etc.)</i></p>	<p>Evaluation report did not include information from the Environmental Risk Assessment Tool when the child's eligibility is environmental risk</p>
<p>12. Interim IFSP only used if services need to begin prior to the initial IFSP</p>	<p>7.30.8.11 (C1) NMAC <i>With parental consent an interim IFSP shall be developed and implemented, when an eligible child and/or family has an immediate need for early intervention services prior to the completion of the evaluation and assessment</i></p>	<p>Interim IFSP not used when services need to begin prior to the initial IFSP (#)</p> <p><u>Or</u></p> <p>Interim IFSP used when services did not need to begin prior to the initial IFSP (#)</p>

Initial IFSP	Statute	Deficiency Based on record review, the Agency failed to maintain the required documentation in the agency records as required for X of Y recipients
13. Reason documented if the initial IFSP meeting is not held within 45 days of the referral	<p>7.30.8.10 (D6) NMAC <i>The service coordinator shall ensure that within forty-five (45) days of referral to the FIT Program for early intervention services, that with parental consent a child shall receive a comprehensive evaluation and assessment and with parental consent, an IFSP shall be developed for those families of children found to be eligible.</i></p> <p>The Regional Resource & Federal Center Network at rrfcnetwork.org/content/view/409/47/#c1, offers the following guidance from OSEP. <i>States should include in their calculation (both in the numerator and the denominator) those children for whom delays are attributable under Indicators 1, 7 and 8C to documented exceptional family or other circumstances outside of the lead agency's control. States must also include in their narrative for these indicators the number of children for whom such factors were identified and how the State ensured documentation was available for such circumstances. (The SPP/APR package will be revised accordingly)</i></p> <p><i>Rules of reasonableness for documented exceptional circumstances can include: family circumstances, a child is sick, or a natural disaster. A State needs to ensure that it is documenting exceptional circumstances</i></p>	Reason not documented when the initial IFSP meeting was not held within 45 days of the referral (#)
14. Prior Written Notice of the IFSP Meeting (Prior Written Notice form)	<p>7.30.8.14 (D) NMAC <i>Written prior notice shall be given to the parents of a child at least five working days before an early intervention provider proposes or refuses to initiate or change identification, evaluation, or provision of appropriate services. Written prior notice shall include information about the action undertaken by the early intervention provider, the reasons, and the procedural safeguards available to the parent(s).</i></p>	Prior Written Notice of the IFSP Meeting (Prior Written Notice form) was not present (#)

Initial IFSP	Statute	Deficiency Based on record review, the Agency failed to maintain the required documentation in the agency records as required for X of Y recipients
15. IFSP meeting included at least parent(s), SC, and EI provider	<p>7.30.8.11 (A3) NMAC <i>The initial IFSP and annual IFSP review shall include:</i> (a) the parent(s). (b) other family members, as requested by the parent(s). (c) an advocate or person outside of the family, as requested by the parent(s) (d) the service coordinator. (e) a person or persons directly involved in conducting evaluations and assessments. (f) personnel who will be providing services to the child and family. (Note: e & f can be the same person)</p> <p>This is further clarified by IDEA regs. Sec. 303.343 Participants in IFSP meetings and periodic reviews. (a) Initial and annual IFSP meetings. (1) Each initial meeting and each annual meeting to evaluate the IFSP must include the following participants: (i) <u>The parent or parents of the child. (Person 1)</u> (ii) Other family members, as requested by the parent, if feasible to do so; (iii) An advocate or person outside of the family, if the parent requests that the person participate. (iv) <u>The service coordinator who has been working with the family (Person 2) since the initial referral of the child for evaluation, or who has been designated by the public agency to be responsible for implementation of the IFSP.</u> (v) <u>A person or persons directly involved in conducting the evaluations and assessments in Sec. 303.322.</u> (vi) <u>As appropriate, persons who will be providing services to the child or family. (Person 3)</u> (2) <u>If a person listed in paragraph (a)(1)(v) of this section is unable to attend a meeting, arrangements must be made for the person's involvement through other means, including--</u> (i) Participating in a telephone conference call; (ii) Having a knowledgeable authorized representative attend the meeting; or (iii) Making pertinent records available at the meeting. (b) Periodic review. Each periodic review must provide for the participation of persons in paragraphs (a)(1)(i) through (a)(1)(iv) of this section. If conditions warrant, provisions must be made for the participation of other representatives identified in paragraph (a) of this section. (Approved by the Office of Management and Budget under control number 1820-0550)</p>	IFSP meeting did not include at least parent(s), SC, and EI provider (#)
16. The IFSP outcomes are reflective of the concerns, priorities and resources of the family & the child's present levels of functioning	<p>7.30.8.11 (B) NMAC <i>The IFSP shall contain:</i> (5) With the concurrence of the family, a statement of the family's concern, priorities and resources that relate to enhancing the development of the infant or toddler (6) The desired child and family outcomes identified by the family as well as timelines, procedures and criteria necessary to measure progress toward those outcomes.</p>	The IFSP outcomes are not reflective of the concerns, priorities and resources of the family & the child's present levels of functioning (#)

Initial IFSP	Statute	Deficiency Based on record review, the Agency failed to maintain the required documentation in the agency records as required for X of Y recipients
17. Services relate to the outcomes for the child and family	<p>7.30.8.11 (B) NMAC <i>The IFSP shall contain:</i> (5) <i>With the concurrence of the family, a statement of the family's concern, priorities and resources that relate to enhancing the development of the infant or toddler</i> (6) <i>The desired child and family outcomes identified by the family as well as timelines, procedures and criteria necessary to measure progress toward those outcomes.</i> (7) <i>A statement of specific early intervention services required and the frequency, intensity, location and the method of delivering services in order to achieve the expected outcomes.</i></p>	Services were not related to the outcomes for the child and family(#)
18. Frequency and intensity are listed at the lowest denominator (e.g. 1 x week rather than 12 x quarter)	<p>DDSD Service Definitions & Standards, Early Intervention, Service Requirements <i>All services must be delivered in accordance with the frequency and intensity indication on the IFSP/</i></p> <ul style="list-style-type: none"> <i>IFSP frequency and intensity must be written at smallest denominator reasonable, e.g. 6- minutes per week, rather than 240 minutes per month.</i> 	Frequency and intensity were not listed at the lowest denominator (e.g. 1 x week rather than 12 x quarter) (#)
19. A strategy is listed under one of the outcomes if consultation is listed on the services page	<p>DDSD Service Definitions & Standards, Early Intervention, Reimbursement <i>Consultation between early intervention personnel allows for discussion (usually without the family present) for the purposes of planning effective early intervention strategies. This activity is reimbursable for up to twelve (12) hours a year for each service listed on the IFSP. These hours may be provided flexibly according to family needs and need not be provided consecutively each month. All consultation time must be planned and included on the supports and services page in the IFSP. Additionally, it must be documented as one of the strategies that will be used to meet the child/ family outcome(s).</i></p>	A strategy is not listed under one of the outcomes when consultation was listed on the services page(#)
20. Justification provided if service will not be provided in natural environment (home / community setting)	<p>7.30.8.11 (B) NMAC <i>The IFSP shall contain:</i> (12) <i>A statement about the natural environments in which early intervention services shall be provided. If services cannot be satisfactorily provided or IFSP outcomes cannot be achieved in natural environments, then documentation for this determination and a statement of where services will be provided and what steps will be taken to enable early intervention services to be delivered in the natural environment must be included.</i></p>	Justification not provided when services were provided outside of a natural environment (home / community setting) (#)
21. Initial Early Childhood Outcomes (ECO) summary form is completed	<p>DDSD Service Definitions & Standards, Service Coordination, Scope of Service: <i>Service coordination includes but is not limited to the following: Facilitating and participating in the initial, annual and exit ratings for the Early Childhood Outcomes.</i></p>	Initial Early Childhood Outcomes (ECO) summary form was not completed (#)

Ongoing services	Statute	Deficiency Based on record review, the Agency failed to maintain the required documentation in the agency records as required for X of Y recipients
22. Reason documented if all applicable services are not provided within 30 days (except consultations, service coordination, respite, or non-FIT services that may be listed on the IFSP, such as child care, Early Head Start, etc., or services that are delivered at a lesser frequency than once a month (e.g., once a quarter, twice a year, etc.)	<p>DDSD Service Definitions & Standards, Early Intervention, Service Requirements</p> <p><i>Each Early Intervention service must be delivered within 30 days of the parents' or guardian's consent to the IFSP.</i></p> <p>The Regional Resource & Federal Center Network at rrfcnetwork.org/content/view/409/47/#c1, offers the following guidance from OSEP.</p> <p><i>States should include in their calculation (both in the numerator and the denominator) those children for whom delays are attributable under Indicators 1, 7 and 8C to documented exceptional family or other circumstances outside of the lead agency's control. States must also include in their narrative for these indicators the number of children for whom such factors were identified and how the State ensured documentation was available for such circumstances. (The SPP/APR package will be revised accordingly)</i></p> <p><i>Rules of reasonableness for documented exceptional circumstances can include: family circumstances, a child is sick, or a natural disaster. A State needs to ensure that it is documenting exceptional circumstances</i></p>	Reason was not documented when all applicable services were not provided within 30 days
23. Written Prior Notice is given if the services / location / frequency of service(s) are changed	<p>DDSD Service Definitions & Standards, Early Intervention, Service Requirements</p> <p><i>All services must be delivered in accordance with the frequency and intensity indicated on the IFSP. Service provision in any given week / month may exceed the amount on the IFSP (e.g. if an IFSP meeting is held that month OR special instruction is provided twice in a week in order to make up for services missed OR if the early intervention session goes beyond the amount planned for on the IFSP). An addendum to the IFSP should only be made, along with prior written notice to the family, if there is an ongoing change in the frequency and intensity (e.g. Speech Therapy is changed from 1x a month to 2x a month).</i></p> <p>7.30.8.14 (D) NMAC</p> <p><i>Written prior notice shall be given to the parents of a child at least five working days before an early intervention provider proposes or refuses to initiate or change identification, evaluation, or provision of appropriate services. Written prior notice shall include information about the action undertaken by the early intervention provider, the reasons, and the procedural safeguards available to the parent(s).</i></p>	Prior Written Notice for changes in service provision (Prior Written Notice form) was not present in file (#)
24. Six month review held within correct timeframe	<p>7.30.8.11 (E 1) NMAC</p> <p><i>A review of the IFSP shall occur at a minimum every six months and shall include a determination of progress toward outcomes and the need for modification of outcomes or services.</i></p>	The 6 month IFSP review was not held within the correct timeframe
25. Six month review included at least parent(s) and SC.	<p>7.30.8. 11 (E 2) NMAC</p> <p><i>The parent(s) and the service coordinator and others as appropriate, shall participate in these reviews</i></p>	The 6 month IFSP review did not include the appropriate participation in the review (#)
26. (For children eligible under Biological/medical Risk or Environmental Risk) services are limited to 24 hours of early intervention per year	<p>DDSD Service Definitions & Standards, Early Intervention, Service Requirements</p> <p><i>Families of children eligible under Biological/Medical Risk or Environmental Risk are limited to receive up to 24 hours of early intervention (direct service or consultation) per year. The year is from one IFSP to the next annual IFSP. Participation at an IFSP meeting or transition conference is not included in the 24 hours.</i></p>	Services for a child eligible under Biological/medical Risk or Environmental Risk were not limited to 24 hours of early intervention per year

Annual IFSPs	Statute	Deficiency Based on record review, the Agency failed to maintain the required documentation in the agency records as required for X of Y recipients
27. Written Prior Notice of the Annual IFSP meeting is provided	7.30.8.14 (D) NMAC <i>Written prior notice shall be given to the parents of a child at least five working days before an early intervention provider proposes or refuses to initiate or change identification, evaluation, or provision of appropriate services. Written prior notice shall include information about the action undertaken by the early intervention provider, the reasons, and the procedural safeguards available to the parent(s).</i>	Prior Written Notice of the annual IFSP Meeting (Prior Written Notice form) was not present (#)
28. Annual IFSP meeting held within correct timeframe	7.30.8.11 (E 4) NMAC <i>At least annually, the service coordinator shall convene the IFSP team and conduct a meeting to review the IFSP and revise its provisions as appropriate.</i>	Annual IFSP meeting was not held within the correct timeframe. (#)
29. Annual IFSP meeting included at least parent(s), SC, and EI provider	7.30.8.11 (E 4) NMAC <i>At least annually, the service coordinator shall convene the IFSP team and conduct a meeting to review the IFSP and revise its provisions as appropriate.</i> <i>Note: the IFSP team refers to the team makeup of the initial IFSP</i> (see Item #14 for additional clarification)	IFSP meeting did not include at least parent(s), SC, and EI provider (#)
30. Annual Early Childhood Outcomes (ECO) summary form is completed	DDSD Service Definitions & Standards, Service Coordination, Scope of Service <i>Service coordination includes but is not limited to the following: Facilitating and participating in the initial, annual and exit ratings for the Early Childhood Outcomes</i>	Annual Early Childhood Outcomes (ECO) summary form was not completed (#)

Transition Planning	Statute	Deficiency Based on record review, the Agency failed to maintain the required documentation relating to transition planning in the agency records as required for X of Y recipients.
<p>31. The IFSP includes <u>completed</u> individualized transition plan by 24 months of age or at least 6 months prior to school year in which the child turns three, whichever comes first.</p>	<p>Content: 7.30.8.13 (C 1-4) NMAC <i>Steps/actions shall be identified and included in the IFSP that support the child and family and ensure a smooth and effective transition. With involvement of the parents, such steps/actions shall include, at a minimum:</i> (1) Discussions with the parents regarding future program/service options to include preschool special education services and other community services that may be available and appropriate; representatives from these programs and services shall be included in these discussions to ensure an informed decision; (2) Preparing the child and family for the changes and adjustments to a new setting; (3) With parental consent and in accordance with regulation, the transmission of information, including evaluation and assessment information and copies of IFSPs to ensure continuity of services. (4) Assisting parents/families to develop the skills and acquire the information needed for continued advocacy of their child's needs. (Note: if all items on the transition plan developed by the FIT Program are completed appropriately, they will have met this regulation.)</p> <p>Timing: NM Guidance: Children Transitioning from IDEA Part C to IDEA Part B (Jan 2010) <i>By 24 months of age, but at least 6 months prior to the beginning of the school year in which the child turns three, the service coordinator meets with the family to identify and document the specific steps and actions that will support the child and family through the transition process. These individualized steps and actions are documented on the transition plan and are included in the IFSP</i></p>	<p>IFSP did not include individualized transition plan by 24 months of age or at least 6 months prior to school year in which the child turns three, whichever came first). (#)</p>
<p>32. Referral sent to LEA (or other preschool providers) at least 60 days prior to transition conference.</p>	<p>New Mexico Guidance: Children Transitioning from IDEA Part C to IDEA Part B <i>The Service Coordinator, with parental permission, will complete and submit the State Transition Referral Form to the LEA... The Transition Referral Form should be sent at least 60 days prior to the Transition Conference, and if possible at least six months prior to the child's third birthday for all children eligible for Part C under "Established Condition" or "Developmental Delay". Children eligible under the "at risk categories" may be referred if they are showing greater concern at the time of referral.</i></p>	<p>Referral was not sent to LEA (or other preschool providers) at least 60 days prior to transition conference.(#)</p>
<p>33. Transition Assessment Summary sent at least 30 days prior to transition conference.</p>	<p>New Mexico Guidance: Children Transitioning from IDEA Part C to IDEA Part B <i>To support the use of Part C information in determining Part B eligibility, the FIT Transition Assessment Summary Form will be completed and sent to the LEA at least 30 days prior to the Transition Conference.</i></p>	<p>Transition Assessment Summary was not sent at least 30 days prior to transition conference. (#)</p>

Transition Planning	Statute	Deficiency Based on record review, the Agency failed to maintain the required documentation relating to transition planning in the agency records as required for X of Y recipients.
34. Invitation to LEA sent at least 30 days prior to transition conference.	<p>New Mexico Guidance: Children Transitioning from IDEA Part C to IDEA Part B <i>With parent consent, the Service Coordinator will send a written invitation to the LEA and any other potential preschool providers with the details about the conference (e.g. Head Start, child care, NM School for the Deaf, and NM School for the Blind and Visually Impaired).</i></p> <p>Incentive Grant Application approved by OSEP <i>The Service Coordinator will send a written invitation to the LEA and other potential preschool providers, (e.g. child care; Head Start; NM School for the Deaf; NM School for the Blind & Visually Impaired) to participate in the Transition Conference. The invitation will be sent at least 30 days prior to the Transition Conference.</i></p>	Invitation to LEA was not sent at least 30 days prior to transition conference. . (#)
35. Transition conference held at least 90 days prior to child's 3 rd birthday (or 90 days prior to school year if parents choose for child to transition at beginning of school year).	<p>7.30.8.13 (F) TRANSITION NMAC <i>With approval of the parents, a transition conference shall be convened at least 90 days prior to the anticipated date of transition from early intervention services but no later than 90 days prior to the child's third birthday.</i></p>	Transition conference was not held at least 90 days prior to child's 3 rd birthday (or 90 days prior to school year if parents choose for child to transition at beginning of school year). (#)
36. (for children eligible under Est. Condition or DD) Consent for Preschool (Part B) Evaluation was signed.	<p>34 CFR § 300.300 NMAC Parental consent. <i>(a) Parental consent for initial evaluation. (1)(i) The public agency proposing to conduct an initial evaluation to determine if a child qualifies as a child with a disability under § 300.8 must, after providing notice consistent with §§ 300.503 and 300.504, obtain informed consent, consistent with § 300.9, from the parent of the child before conducting the evaluation.</i></p>	Consent for Preschool (Part B) Evaluation was not signed. (for children eligible under Est. Condition or DD) (#)
37. (For children older than age 3) Pre-readiness, including; literacy, language, and numeracy skills are added to the outcomes or strategies in the IFSP.	<p>New Mexico Guidance: Children Transitioning from IDEA Part C to IDEA Part B <i>If the child remains in Part C beyond their third birthday, the IFSP will be updated and revised to include an educational component that promotes preschool readiness, including addressing preliteracy, language, and numeracy skills</i></p>	Pre-readiness, including; literacy, language, and numeracy skills were not added to the outcomes or strategies in the IFSP. (For children older than age 3) (#)
38. (For children eligible under Est. Condition or DD) documentation of Part B Evaluation Eligibility is on file by child's 3 rd birthday.	<p>New Mexico Guidance: Children Transitioning from IDEA Part C to IDEA Part B <i>FIT providers will receive a copy of the evaluation report and the documentation of eligibility from the LEA with parental consent</i></p>	Documentation of Part B Evaluation eligibility is not on file by child's 3 rd birthday. (For children eligible under Est. Condition or DD) (#)
39. (For children eligible under Biological/medical Risk or Environmental Risk) all early intervention services terminated at the end of the month in which the child turned three.	<p>DDSD Service Definitions & Standards, Early Intervention, Service Requirements <i>For any child eligible under the Bi9ological/Medical Risk or Environmental Risk category, early intervention services will end at the end of the month in which the child turns three. Note: through appropriate assessments the IFSP team should determine that the child is not eligible under the established condition or developmental delay category before ending services.</i></p>	Early intervention services were not discontinued the end of the month in which the child turned three (For children eligible under Biological/medical Risk or Environmental Risk)

References to SD&S and NMAC for BILLING REVIEW

Billing Review/Audit	Statute	Deficiency
<p>1. Time-in /out or length of time documented on contact sheet for <u>all</u> services billed</p> <p style="color: red;">Beginning July 2011, <u>time in and time out</u> documentation is required.</p>	<p>DDSD Service Definitions & Standards, Service Coordination, Agency Requirements Service Coordination: Under Agency Requirements states:</p> <ul style="list-style-type: none"> • <i>Establish and maintain a confidential record for each family served which includes the following: signed consent and release forms; current evaluation and assessment results; documentation of eligibility determination; Medical and other appropriate records; IFSP documents; progress notes and contact notes (which include date and amount of time service was provided).</i> • <i>Contact notes / case notes must include date, time in/time out, a brief description of the service provided and the first initial and last name of the Service Coordinator. Documentation must include <u>all</u> time spent with the family and work done on behalf of the family, regardless of the length of time required for billing purposes.</i> <p>DDSD Service Definitions & Standards, Early Intervention, Agency Requirements</p> <ul style="list-style-type: none"> • <i>The provider shall keep ‘contact logs’/ ‘encounter sheets’ that must include: date; time in/ time out; a brief description of service provided; the first initial and last name of the person providing the service; and their discipline / qualification. A separate ‘contact log’/ ‘encounter sheet’ must be completed for each discipline providing a service, including co-visits. For group services time in/ time out shall be recorded for all attendees including staff.</i> <p>DDSD Service Definitions & Standards, Early Intervention, Service Requirements All services must be delivered in accordance with the frequency and intensity indicated on the IFSP.</p>	<p>Based on record review of agency documents, the agency failed to accurately/appropriately bill for services for X of Y recipients. (#)</p> <p>Month, Year The agency billed for XXX units, but documentation provided accounted for only XXX units (#)</p> <p>Files contained no contact logs/encounter sheets that record time in/time out for the month (s) of X, 2010. (#)</p>
<p>2. Name and title of the provider is on contact sheets</p>		
<p>3. Description of services provided is on contact sheets</p>	<p>DDSD Service Definitions & Standards, Early Intervention, Agency Requirements: <i>The contractor shall keep ‘Contact logs’/ ‘encounter sheets’ that record time in/ time out or length of time and a brief description of service provided. For group services time in/ time out shall be recorded for all attendees including staff. The written report shall serve as documentation for Comprehensive Multidisciplinary Evaluation.</i></p>	<p>Files contained no contact logs/encounter sheets that record description of service provided for the month (s) of X, 201X (#).</p>
<p>4. All services billed are listed on the child’s IFSP</p>	<p>DDSD Service Definitions & Standards, Early Intervention, Service Requirements: All services must be delivered in accordance with the frequency and intensity indicated on the IFSP.</p>	<p>Billed services were not listed on the child’s IFSP.</p>

Billing Review/Audit	Statute	Deficiency Based on record review of agency documents, the agency failed to accurately/appropriately bill for services for X of Y recipients. (#)
5. Documentation of at least 60 minutes of service coordination (if billed)	DDSD Service Definitions & Standards, Service Coordination, Reimbursement <i>A minimum of one (1) accumulated hour of service coordination must occur in order to be reimbursed for that month. Documentation must include <u>all</u> time spent with the family and work done on behalf of the family, including work beyond the one hour minimum. Travel time may not be included.</i>	Service Coordination was billed, but documentation of at least 60 minutes of service coordination during the month was not present in the file.
6. Correct location code used for direct EI services billed	DDSD Service Definitions & Standards, Early Intervention, Reimbursement Reimbursement is for the direct intervention time (face-to-face) with the child and family (with the exception of consultation). Reimbursement for this service is based on where the activity occurred.	The location code was not used correctly for early intervention services billed.
7. Correct location code used for consultation services billed	DDSD Service Definitions & Standards, Early Intervention, Reimbursement: <i>Consultation between early intervention staff or subcontractors is always reimbursed at <u>the center based (individual) rate</u>. If consultation must occur with another entity (Head Start, child care, medical provider, etc.) and the EI staff have to travel to that location - then the home and community based rate may be billed</i>	Based on the record review, the Agency failed to use the correct location code for billing consultation services.
8. Co-visit justified as a strategy in the child's IFSP, if billed	DDSD Service Definitions & Standards, Early Intervention, Reimbursement: Co-visit: <ul style="list-style-type: none"> • <i>Is used when more than one early intervention personnel provide intervention to the child/ family at the same time to allow for transdisciplinary and interdisciplinary practice to occur enhancing the integration of services and supporting a primary service provider approach.</i> • <i>Must be documented in the IFSP as one of the strategies to be used to meet the child/ family outcome(s) but does not need to be listed on the IFSP Supports and Services page</i> 	Based on the record review, the Agency failed to justify co-visit as a strategy in the child's IFSP when it was billed.
9. Prior authorization requested if services on the IFSP exceed 14 hours per month	DDSD Service Definitions & Standards, Early Intervention, Reimbursement: <i>Prior authorization is required, in accordance with Developmental Disabilities Supports Division policy, when ongoing early intervention services (excluding service coordination and respite) listed on the IFSP exceed 14 hours per month. Services should be provided at the level indicated on the IFSP while prior authorization is being sought.</i>	Based on the record review, the Agency failed to obtain prior authorization when services on the IFSP exceeded 14 hours per month.
10. Billing for child eligible under "at-risk" terminate the end of month when child turns 3	DDSD Service Definitions & Standards, Early Intervention, Service Requirements <i>For any child eligible under the Bi9ological/Medical Risk or Environmental Risk category, early intervention services will end at the end of the month in which the child turns three. Note: through appropriate assessments the IFSP team should determine that the child is not eligible under the established condition or developmental delay category before ending services.</i>	Based on the record review, the Agency failed to end services for child eligible due to an "at risk" category at the end of the month in which the child turned three.

Billing Review/Audit	Statute	Deficiency Based on record review of agency documents, the agency failed to accurately/appropriately bill for services for X of Y recipients. (#)
11. Follow-up EI services of <4 hours within 3 months after transition	DDSD Service Definitions & Standards, Early Intervention, Reimbursement: <i>Consultation after transition is reimbursable for up to four (4) hours, across all services on the IFSP, in order for intervention personnel to provide consultation to the Local Education Agency, Head Start or other early childhood staff regarding the child's intervention needs. Consultation after transition must be provided within 3 months of the child's transition. The need for this consultation must be documented in the transition plan within the IFSP, and all consultation activities must be recorded in the progress notes. Consultation is reimbursed based on the location where the activity occurred.</i>	Based on the record review, the Agency exceeded the maximum of 4 hours billed for follow up consultation services within 3 months after transition.
12. Follow-up Service Coordination <3 months after transition	DDSD Service Definitions & Standards, Service Coordination, Reimbursement: <i>Service coordination may be reimbursed for up to three (3) months after the child has successfully transitioned to preschool or another appropriate setting. This option is available to ensure that the transition process is smooth and effective and must be agreed upon by the family and documented in the IFSP transition plan. In order to be reimbursed a minimum of one hour per month must be provided.</i>	Based on the record review, the Agency exceeded the maximum billing of 3 months of service coordination after transition

