



General Supervision Manual

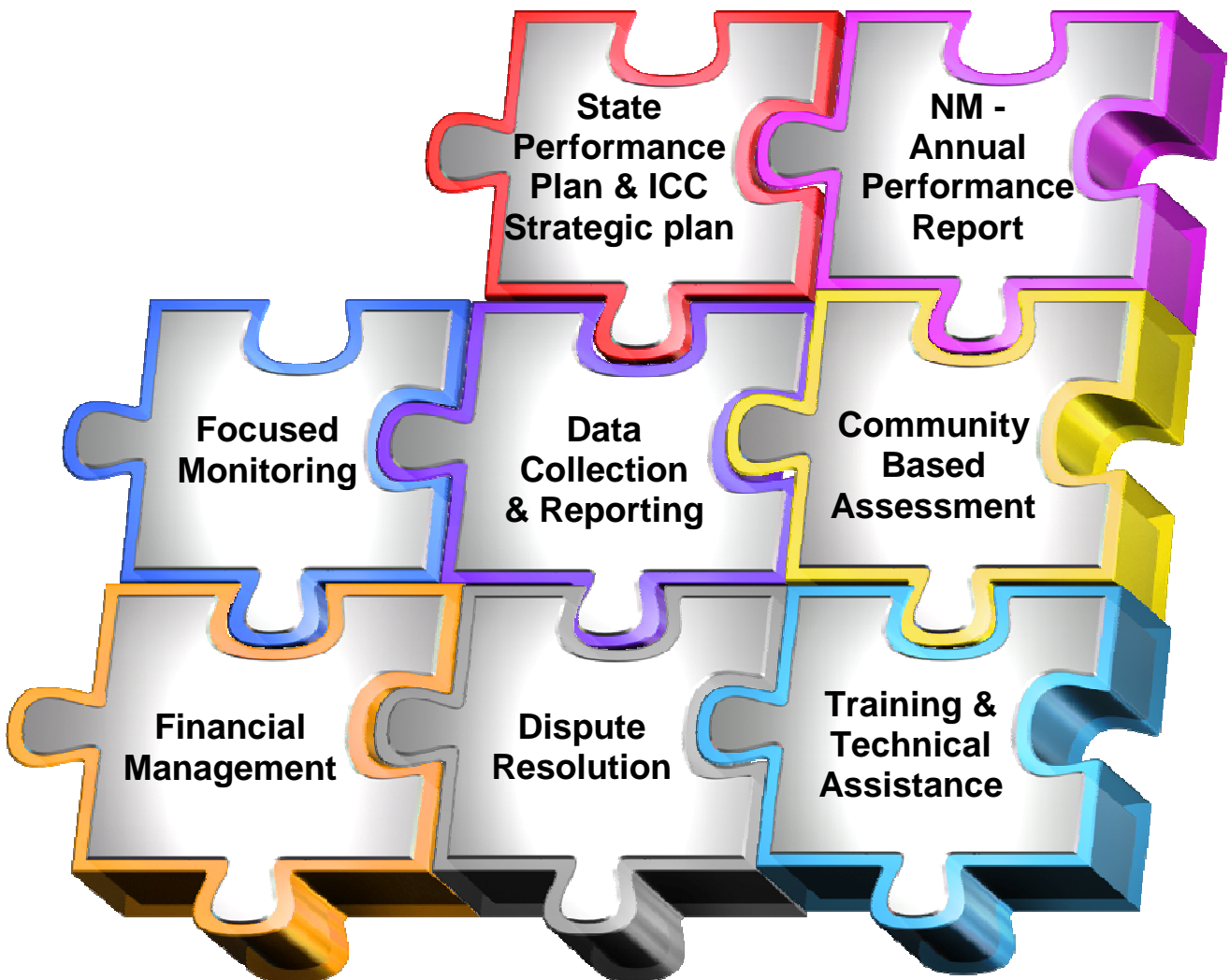


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Introduction:

This General Supervision manual has been developed to assist providers; training and technical staff; the Interagency Coordinating Council (ICC); and other interested parties, to understand how the pieces of the New Mexico Part C early intervention general supervision system fit together like pieces in a jigsaw puzzle. Collectively the pieces of the puzzle constitute the way in which the Family Infant Toddler (FIT) Program monitors for compliance and quality, identifies non-compliance and ensures timely correction.

The Office of Special Education (OSEP) and the Individuals with Disabilities Education Act (IDEA), Part C requires that each state develops a system of general supervision to ensure compliance with the Federal statute and regulations. The IDEA Part C statute states in Section 635 (a) (10) (A) that each state shall have a statewide system that includes a component for “the general administration and supervision of program and activities receiving assistance under section 633, and the monitoring of program and activities used by the State to carry out this part, whether or not such programs or activities are receiving assistance under section 633, to ensure that the State Complies with this part.

Over the past few years OSEP has made it clear to states that general supervision includes more than the traditional onsite monitoring of local early intervention providers. Moreover, that general supervision includes a range of functions that together make up a comprehensive approach to ensuring compliance with IDEA and promoting improved outcomes for children and their families in the early intervention system.

The FIT Program general supervision system is one that is multi-faceted and where data is integrated across the various components, including:

- i. **Data Collection and Reporting** – through a web-based data system
- ii. **Annual Performance Reports** – Submitted year by provider agencies
- iii. **Community Based Assessment** – Providers reviewed on a 3-year cycle
- iv. **Focused monitoring** – targeted to provider with low performance
- v. **Dispute Resolution** – including complaints and due process hearings
- vi. **Fiscal management** – including provider agreements and audits
- vii. **Technical assistance** – both as needed and prescribed
- viii. **Annual Performance Report / State Performance Plan** – submitted to OSEP

Components i. – v. are used to identify non-compliance. As delineated in this manual the FIT Program utilizes system of technical assistance to help provider agencies meet compliance, as well a defined matrix of sanctions to ensure that compliance is met.

1. State Performance Plan & Strategic Planning:

Definition:

The Family Infant Toddler (FIT) Program in collaboration with the Interagency Coordinating Council (ICC) develops and revises, as necessary, a six (6) year State Performance Plan (SPP). The SPP addresses the fourteen (14) federal indicators and sets annual targets and details improvement strategies to meet those targets.



An Annual Performance Report (APR) is submitted to the US Office of Special Education Programs (OSEP) that details statewide performance data on each of the SPP indicators, as well as explanation of progress / slippage and improvement activities.

Additionally, the ICC develops a three year Strategic plan that focuses on systems issues and other areas of improvement for the FIT Program.

Process:

- The FIT Program develops the State Performance Plan (SPP) at a meeting with the Interagency Coordinating Council (ICC), which includes parents, providers, advocates, and state agencies and other interested stakeholders.
- Revisions to the State Performance Plan are made annually at a scheduled ICC meeting prior to submission to the Office of Special Education Programs (OSEP) by February 01st of each year.
- Data for the Annual Performance Report (APR) are gathered through a number of means including: the FIT database; monitoring; self-assessment (NM-APR); and review of dispute resolution.
- The APR is produced annually and is submitted to the Office of Special Education Programs (OSEP) by February 01st of each year. The ICC is involved with the development of improvement activities and review of the overall document.
- The ICC develops a 3-year strategic plan at its retreat and establishes annual goals and strategies. The ICC utilizes the SPP and APR, as well as other fiscal and performance data, in determining the priority areas strategic plan.

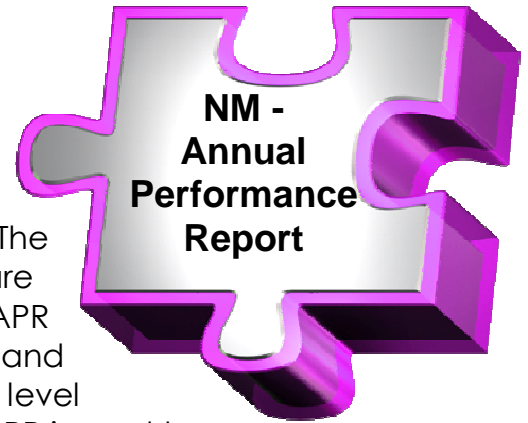
Critical elements:

- The SPP improvement strategies establish the actions for the FIT Program to undertake in order to meet the annual targets. Strategies are reviewed annually with both the ICC and the training and technical assistance team to determine if revisions need to be made.
- The SPP and APR are distributed to stakeholders and are posted on the FIT website www.state.nm.us/ddsd/fit . Both reports are posted as soon as possible after they are submitted to OSEP in February each year. A press release is issued to advertise the availability of these documents.
- The ICC establishes committees to work on strategies outlined in the strategic plan. The FIT Program assigns staff to assist in the work of the committees and prioritizes resources to meet the strategic plan goals.
- Several FIT staff are assigned to oversee work on SPP indicators.

2. NM - Annual Performance Report (APR):

Definition:

Each Family Infant Toddler (FIT) Program provider agency submits an Annual Performance Report (APR) by end of September for previous fiscal year. The APR addresses eight (8) indicators, seven of which are federal indicators and one is a State indicator. The APR functions as a self assessment by provider agencies and also supplies data on several indicators for the state level APR (see section 1). Data gathered as part of the APR is used to determine compliance and selection of providers for focused monitoring.



Process:

- For each indicator the provider agency completes the following:
 - Baseline / current data;
 - Analysis of baseline / current data;
 - Rigorous annual targets;
 - Plan of Correction to meet targets (which includes: improvement activities; timelines; and resources / technical assistance / training needed)
- Data are generated from the FIT database for the following Indicators:
 - Indicator 2 – Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings.
 - Indicators 5 & 6 – Percent of infants and toddlers birth to 1 and birth to 3 with IFSPs
 - Indicator 7 – Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45 day timeline.
- Data are generated through provider audit of child records for the following Indicators:
 - Indicator 1 – Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner (within 30 days of parental consent)
 - Indicators 8a & 8c - Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool services and other appropriate community services by their third birthday including: a. IFSPs with transition steps and services; and b. Percent of transition conferences, if child potentially eligible for Part B, held at least 90 days prior to the child's 3rd birthday
 - Indicator 14. – data reported is timely and accurate

- Indicator NM1. – children receive a Comprehensive Multidisciplinary Evaluation and are appropriately determined eligible.

Critical elements:

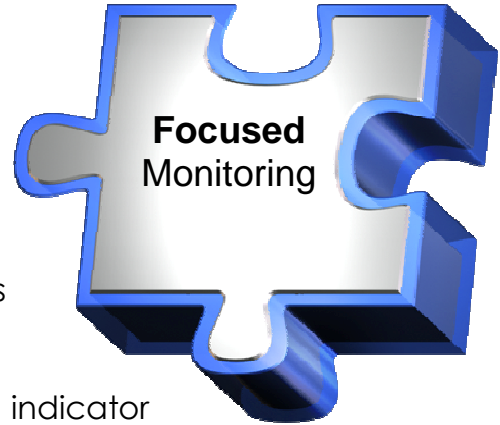
- On-site visits are conducted by the FIT Program to verify accurate data collection and reporting in the APR (see page 12. CBA).
- Forms and spreadsheets are provided to FIT Provider agencies to ensure accurate calculation of percentages and to provide the FIT Program with the raw numbers.
- Each provider agency audits a random sample of 10% or at least 10 child records for indicators that require agency audits. Depending on the indicator, the random sample is taken from either children with an IFSP, children determined eligible within the past year, or children who turned 3 within the past year.
- Training and technical assistance is provided to ensure that provider agencies understand how to complete the APR.
- Managers of FIT Provider agencies are encouraged to conduct the audits and complete the APR with their staff to promote “buy-in” regarding improvement strategies.
- A public report is generated that compares each provider agency’s performance compared to statewide performance and statewide targets. The public APR report is posted on the FIT website www.state.nm.us/ddsd/fit and includes a report card for each provider, as well a listing of each provider for each indicator.
- Provider agencies are issued a determination of either “meets compliance”, “needs assistance” “needs intervention” or “needs substantial intervention”.
- The methodology for calculating an agency’s determination was developed by the FIT Program in collaboration with the ICC.
- The Determination matrix (see appendix D.) calculates an average percentage across five indicators and then compares that percentage to the following scale:

Meets Requirements	>95%
Needs Assistance	75% – 94%
Needs Intervention	50% – 74%
Needs Substantial Intervention	< 49%
- Additionally, an agency can receive a determination of “Needs Substantial Intervention” after 3 consecutive years of needs intervention.
- FIT staff monitor the agency’s implementation of the APR Plan of Correction and review data reports to determine that progress is being made.
- If data indicates that compliance is has been met, the agency receives a letter stating that compliance has been achieved and that the APR Plan of correction is completed.

3. Focused Monitoring:

Definition:

Focused monitoring is conducted in partnership with Division of Health Improvement (DHI). The priority areas chosen by the stakeholder group (ICC) are currently: Indicator 1) Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner (within 30 days of parental consent) and indicator 7) Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted with Part C's 45 day timeline.



Focused monitoring investigates the underlying causes of the non-compliance / low performance by the local FIT Provider agency.

Note: see the Focused Monitoring Manual for more information

Process:

- Providers are rank ordered for each priority area (indicator 1. and indicator 7.) using data from the FIT database. Providers are ranked twice a year to ensure that the most current data is used.
- The providers that have the most potential for improvement (i.e. those at the bottom of the list) are selected for a focused monitoring visit. 10 - 12 providers are selected each year to receive a focused monitoring visit.
- The focused monitoring team includes: parents; early childhood specialist, FIT staff person and a DHI staff person (team leader). Other team members are added as necessary based on the size of the provider agency and to meet the primary language needs of families served in that community. All Focused Monitoring team members receive training and sign a code of conduct that includes a confidentiality statement.
- The focused monitoring visit typically lasts three days and includes interviews with administrators, staff, parents and community partners as well as review of child records, policies and procedures and other pertinent documents.

Critical elements:

- As a result of the Focused Monitoring, a Directed Plan of Correction (POC) is developed jointly with the provider agency at the focused monitoring exit meeting. The Directed POC has prescribed actions that must occur

within specified timelines. The majority of activities in the POC must be completed within 45 days.

- If other related requirements are found to be non-compliant during the Focused Monitoring visit, the provider agency has to develop a POC to address these findings also.
- Training and Technical Assistance staff from the University of New Mexico – Early Childhood Network are invited to participate in the focused monitoring exit meetings and is assigned to support the agency in meeting compliance.
- Provider agencies receive a written Focused Monitoring report that includes the Directed POC.
- A follow-up visit is conducted after 45 days by DHI and FIT staff to ensure that the activities on the Plan of Correction have been completed or that appropriate steps have been taken towards completing them.
- Other sanctions may be applied to the provider agency if they fail to implement the activities in the POC (see Sanctions Matrix Page 20)
- Providers must correct non-compliance as soon as possible, but no longer than one year from the written notification of the finding.
- FIT staff monitors the progress that is made by each provider agency towards meeting compliance through a review of monthly data and / or onsite visits. The Plan of Correction is revised if data does not indicate progress towards compliance.

4. Data collection and reporting

Definition:

The FIT Program uses an online database to gather data for the Federal 618 reporting, for the Annual Performance Report and for a variety of management functions.



In addition to the APR public reporting, the FIT Program also publishes an annual statewide data report that is distributed to stakeholders and published on the FIT website www.health.state.nm.us/ddsd/fit

Process:

- The FIT Program currently utilizes a statewide database known as FIT-KIDS (Key Information Data System). This application is an online data and billing system that allows real time reporting at the local and state level.
- Validity and accuracy of the data is ensured through “rules” that have been programmed into the application and data is validated at the time of billing in order to generate a claim
- Data reports are currently run annually for the Annual Performance Reports and twice a year to rank providers in order to determine which provider agencies will receive a focused monitoring visit. Reports are also generated prior to validation and audit visits and ad hoc reports are run throughout the year as needed.
- Reports are also generated through the FIT database for the federally required “618 data” tables and are submitted to meet the February and November deadlines. These data are also published on the FIT website www.health.state.nm.us/ddsd/fit , as required.
- The FIT Program also publishes a data report that looks at trends across a number of data elements for a number of years. Trend reports include performance indicators as well as other factors such as number of referrals and referral sources, age at referral, exit reasons, etc.

Critical elements:

- The FIT-KIDS (Key Information Data System), database includes demographic, IFSP, early childhood outcomes data, delivered services data, and billing data. This allows for a wide array of performance and management reports to be generated at the state and local level. FIT-KIDS includes both standard and ad-hoc reporting capabilities.

- FIT Providers are required to conduct a validation audit of data in the FIT database by reviewing a random sample of 10% or at least 10 child records to determine if the fields entered in the database match those in the child's record
- The FIT Program staff also conducts a validation of data entered into the FIT database when on-site as part Community Based Assessment.

5. Community Based Assessment **(formally known as Verification Visits & Audits)**

Definition:

The FIT program conducts random Community Based Assessments of provider agencies to i) determine validity of data entered into the electronic FIT database; ii) verification of the Annual Performance Report data collection methodology; iii) audit of billing and documentation in accordance with Service Definitions and Standards and iv) conduct a review of child records to determine compliance with IDEA Part C and state regulations and v) family interviews.



Process:

- Providers are reviewed on a 3-year cycle. 10-12 FIT provider agencies are selected per year to receive a Community Based Assessment (CBA).
- Each CBA lasts 1 day and may include 1-2 FIT Program staff and / or Division of Health Improvement (DHI) staff – the entity responsible for monitoring at the New Mexico Department of Health.
- A random sample of at least 10 records will be reviewed during each Community Based Assessment
- The provider receives a written report and will be required to develop a Plan of Correction if a finding of non compliance is made.

Critical elements:

- The fiscal audit utilizes a tool that addresses billing issues related to: utilization of services; State general Funds and Medicaid billing; service delivery and documentation in accordance with FIT Program Service Definitions and Standards.
- A tool is utilized to determine that the correct data has been entered into the FIT database.
- An additional tool is utilized to verify that the correct methodology has been used to collect data for the Annual Performance Report.
- A checklist is utilized to review child records to ensure compliance with IDEA Part C and state regulations that includes: a review of the child's evaluation and eligibility determination; the IFSP, including the transition plan, etc.
- A family survey will be conducted (in person or via the telephone) with 5+ families to determine if the findings of the Community Based Assessment are corroborated by the families

6. Financial Management:

Definition:

The FIT program works with the Interagency Coordinating Council (ICC) to promote the interagency funding of early intervention services in New Mexico.



The FIT Program prepares the annual application and budget to the US Office of Special Education Programs (OSEP) and ensures proper accounting of funds expended under the IDEA Part C Grant.

Process:

- The FIT Program works with the ICC to periodically review interagency agreements to ensure that they are current and that responsibilities regarding funding and disputes that may arise are clear in each agreement.
- The FIT Program along with the Administrative Service Bureau of the Developmental Disabilities Supports Division (DDSD) and the Grants Management Office ensure that IDEA Part C funds are drawn down and expended for appropriate activities.
- The FIT Program, as well as the Office of Internal Audit, conduct audits of providers to ensure that they billing appropriately for services rendered.

Critical elements:

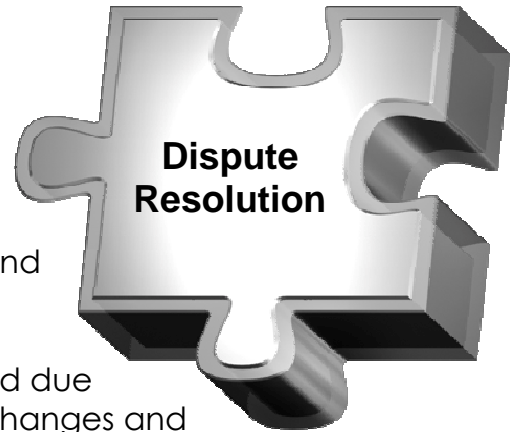
- The FIT Program has provider agreements in place with thirty-four (34) provider agencies to provide a full array of early intervention services. Provider Agreements detail the provision of services in accordance with the Individuals with Disabilities Education Act (IDEA) Part C that are funded with State General Funds, Medicaid and the IDEA grant.
- Early intervention services are funded on a fee-for-service basis and utilization review is conducted throughout the year and random audits are conducted each year.
- An agreement is in place with the Human Services Department for the funding of early intervention services under EPSDT (Early Periodic Screening, Diagnosis and Treatment) through Medicaid.
- An agreement is in place with the Public Education Department to jointly fund diagnostic evaluations of young children through the University of New Mexico – Early Childhood Evaluation Program (ECEP).

- Agreements are also in place with the New Mexico School for the Deaf and the New Mexico School for the Blind and Visually Impaired to serve children with sensory delays and disabilities.
- The State Interagency Coordinating Council (ICC) receives federal funds in order to reimburse members for travel and associated costs of participating in ICC meeting and other ICC meeting costs (including space, public notice in newspapers etc.).
- New Mexico passed legislation (Senate Bill 589) that mandates that private insurance companies fund early intervention services, with an annual cap of \$3,500. The use of insurance cannot affect the child's lifetime therapy benefit and no co-pay or deductible is levied on the family. A Public and Private Insurance Form is utilized in order to collect information on the family's insurance (private health plan or Medicaid).
- The FIT Program invoices private health insurance companies on a pay and chase model (i.e. the FIT Program reimburses the FIT provider agency and then "chases" the third party payment).
- The Department of Health has decided to not charge fees to families whose children receive early intervention through the FIT Program at this time. Evaluation, development of the IFSP, Service Coordination and Dispute Resolution are provided at no cost.

7. Dispute Resolution:

Definition:

The FIT program makes available an array of dispute resolution options for families including complaint investigations, due process hearings and mediation.



The FIT program analyses trends in complaints and due process hearings to determine need for system changes and improvements.

Process:

- If a complaint is substantiated or if a hearing officer rules against a local FIT provider agency a finding will be issued to that agency. The provider agency will have to correct the action for the particular child and family in the dispute, but also submit a Plan of Correction to prevent the non-compliance from occurring again.
- Annually the FIT Program conducts a review of any dispute resolution activities to determine any trends that require system change or other improvement activities. These trends are reported to the ICC for recommendations regarding follow-up actions.

Critical elements:

- The FIT Program provides all parents with a Family Handbook that includes dispute resolution options as well as procedural safeguards document that is given when the family receives a Prior Written Notice of the initiation or change to early intervention services.
- Complaints are investigated within 60 days and due process hearings are conducted within 30 days of receipt.
- Mediation is made available to parents who submit a complaint or request a due process hearing; however parents may also access mediation without having to submit a complaint or request due process hearing.

8. Training and Technical Assistance:

Definition:

The FIT program publishes and distributes Regulations, Service Definitions and Standards, as well as Technical Assistance documents in order to clarify requirements under IDEA Part C and promote promising and recommended practices.



The FIT program also contracts with the University of New Mexico – Center for Development and Disability – Early Childhood Network to provide training and technical assistance to FIT Provider agencies statewide.

Process:

- The FIT Program promulgates regulations as necessary to ensure alignment with the Individuals with Disabilities Education Act (IDEA).
- FIT Program Service Definitions and Standards are revised and published annually. Changes are reviewed with the ICC and go out for public comment.
- The FIT Program has produced four Technical Assistance Documents to address aspects of the early intervention process and to promote effective and evidence-based early intervention practices. Current TA documents include: the IFSP; Natural Environments; Autism; and Evaluation and Assessment.
- The FIT Program contracts with the University of New Mexico – Center for Development and Disability (UNM-CDD) – Early Childhood Network to provide training and technical assistance statewide. The EC-Network has a team of consultants that are assigned to support each FIT Provider agency.
- The FIT Program contracts with Parents Reaching Out (PRO) who provides parent co-trainers and can support providers in providing parent training and other family support services.

Critical elements:

- A training and technical assistance team that includes the UNM-CDD staff, Parent Training & Information staff, and FIT Program staff meet quarterly. Prioritization regarding which provider agencies will receive technical assistance is made jointly through a review of data and focused monitoring reports.
- Training is provided to accompany the launch of each technical assistance documents.

- Four core training modules are delivered at least twice a year and include: IFSP; Evaluation and Assessment, Family visiting, providing early intervention in everyday routines activities and places.
- Service coordinators must complete five service coordination modules (one of which is a self study) within the first year of hire.
- Developmental Specialist (DS) certification includes a competency assessment that is completed with the supervisor. Each DS is required to have an annual professional development plan that details the learning activities they will complete to achieve the identified competencies. DS's are required to complete 25 hours of training / self study per year for re-certification.

Appendix A

Corrective Action / Sanctions Matrix

Findings:

- A finding of non-compliance in one of the federal / state indicator may be made as result of a review of data submitted as part of the Annual Performance Report (APR).
- Additionally non-compliance on a related regulation / requirement may be as part of a:
 - Focused monitoring visit;
 - Community Based Assessment;
 - Data review; or
 - Complaints / due process hearings
- A finding will only be made once in a 12 month period for each indicator or related regulation / requirement.
- The provider will receive notice of the finding(s) in writing.

Correction of Non-compliance:

- In accordance with IDEA (2004) correction of non-compliance must occur as soon as possible, but no longer than one year from the written notice of the finding.
- Corrective action will be incorporated into each agency's Annual Performance Report.
- Technical Assistance is made available through the FIT staff and the UNM-CDD – Early Childhood Network in order to assist the provider agency in meeting compliance.
- The FIT Program and the Division of Health Improvement (DHI) monitors progress made towards meeting compliance, which may include requesting documentation to be submitted, onsite visits (that may include interviews and file reviews) and review of data.
- Once the FIT Program has determined that the provider agency meets compliance, the agency will receive a letter stating that compliance has been met and that reporting on the Plan of Correction is no longer required.
- Sanctions may be utilized to ensure compliance in accordance ADM 02:58 "Imposing Administrative Actions and Sanctions for Department of Health Contractors".
- The sanctions matrix (see below) may be used in order to enforce compliance. While the sanctions are listed in a hierarchy of least to most severe, the Department of Health may choose to utilize the sanction deemed most appropriate to ensure compliance.
- All sanctions above a 1. or 2. are reviewed by the DDSD - DHI Internal Review Committee (IRC) prior to being implemented. The IRC will be

able to utilize sanctions appropriate to the level of non-compliance and the effort or lack thereof of the provider agency to correct non-compliance.

- Sanctions that involve a monetary cost to the provider agency will be only when absolutely necessary.
- Providers receiving a "meets requirements" determination will receive a gold certificate as recognition of their high level of performance.

Sanctions Matrix:

Sanction		Examples of when sanction may be used
<p>Hierarchy of sanctions - from least to most severe. (DOH may choose to utilize the sanction deemed most appropriate to ensure compliance)</p>	<p>1. Plan of Correction (POC):</p> <ul style="list-style-type: none"> Completed by the provider and includes actions steps, timelines and resources needed. 	<p>As a result of a finding(s) from:</p> <ul style="list-style-type: none"> APR data; Dispute Resolution; Community Based Assessment; or Finding made on a related requirement (e.g. as part of Focused Monitoring / CBA)
	<p>2. Directed Plan of Correction (POC):</p> <ul style="list-style-type: none"> Developed by FIT / DHI staff with the provider agency; Includes required action steps that may include required technical assistance. 	<p>As a result of receiving a:</p> <ul style="list-style-type: none"> Focused Monitoring on one of the priority indicators; Determination of "needs intervention".
	<p>3. Compliance Agreement: Includes a Directed Plan of Correction with quarterly reporting requirements.</p>	<p>As a result of receiving a:</p> <ul style="list-style-type: none"> Determination of "Needs Substantial Intervention"
	<p>4. Withhold payment: Payments from Medicaid or State General Funds may be withheld until the provider agency follows through.</p>	<p>As a result of:</p> <ul style="list-style-type: none"> Not implementing action items on a plan of correction or providing requested information.
	<p>5. Recoup funds: Funds may be recouped for a specified period of time.</p>	<p>As a result of:</p> <ul style="list-style-type: none"> An Office of Internal Audit (OIA) report.
	<p>6. Civil Monetary Penalty (fines): Made in accordance with written DDSD / DHI guidelines.</p>	<p>As the result of:</p> <ul style="list-style-type: none"> Significant non-compliance; Substantial failure to correct.
	<p>7. Community Monitor assigned: Onsite consultant selected by DDSD, that the provider agency is required to fund for a specified period of time.</p>	<p>As a result of:</p> <ul style="list-style-type: none"> Widespread non-compliance; Determination of "Substantial Needs intervention" for 2 years
	<p>8. Provider Agreement modification: e.g.</p> <ul style="list-style-type: none"> Reduction in term; and / or Modify scope of Provider Agreement (e.g. geographical area). 	<p>As the result of:</p> <ul style="list-style-type: none"> Pattern of non-compliance; Pattern of failure to correct.
	<p>9. Receivership / temporary management: Placing the provider or part of the provider under receivership or temporary management.</p>	<p>As a result of:</p> <ul style="list-style-type: none"> Fraud; Substantive failure to meet provider agreement requirements.
	<p>10. Termination of Provider Agreement: Provider agreements can be ended with 30 days notice.</p>	<p>As a result of:</p> <ul style="list-style-type: none"> Substantial and longstanding failure to correct. Determination of "Substantial Needs intervention" for 3 years

Appendix B

Definitions:

Annual Performance Report (APR): is the report submitted to the US Office of Special Education Programs (OSEP) on the fourteen federal indicators. The APR includes performance data for each indicator, explanation of improvement or slippage, and improvement activities to meet the annual targets established in the State Performance Plan (SPP).

Correction of Noncompliance: The FIT Program requires that provider agencies correct non-compliance as soon as possible but no more than one year from when they are notified of the finding of non-compliance. Provider agencies are required to correct any noncompliant policies, procedures, or and/or practices and the FIT Program verifies through follow-up visits, review of data, other documentation and/or interviews that the noncompliant policies, procedures and/or practices have been revised and the noncompliance has been corrected. The FIT Program notifies the provider agency in writing when the noncompliance is corrected.

DHI – Division of Health Improvement – The division at the Department of Health that is responsible for licensing, background checks, incident report investigations, monitoring and enforcement.

Family Infant Toddler (FIT) Program – the lead agency for the administration of a statewide system of early intervention in accordance with the Individuals with Disabilities Education Act (IDEA) Part C.

Finding: A written conclusion that a provider agency is non-compliant with a regulation or performance indicator. The finding includes the citation in writing of the regulation/requirement and a description of the quantitative and/or qualitative data supporting a decision of compliance or noncompliance with that regulation/requirement.

General Supervision: A range of activities and functions carried out by the FIT Program to ensure that early intervention services are provided in accordance with the Individuals with Disabilities Education Act (IDEA) Part C. General Supervision activities include but are not limited to: Annual Performance Report by each provider agencies, review of data; focused monitoring; Community Based Assessment, etc. for the purpose of accountability.

Interagency Coordinating Council (ICC): is the federally mandated body that advises and assists the FIT Program in the administration of a statewide system of early intervention.

NM - Annual Performance Report (APR): Is the report submitted annually by each FIT Provider agency on (8) performance indicators. The report includes annual performance data, analysis of the data; annual targets and improvement activities.

Sanctions: A sanction matrix includes a range on enforceable actions that the Department of Health may take to ensure compliance by FIT Provider agencies. Sanctions range from Plan of Corrections, civil and monetary penalties to termination of Provider Agreement.

State Performance Plan (SPP): A six-year plan that is developed by the FIT Program, the ICC and other stakeholders that establishes annual targets and improvement activities for fourteen (14) federal indicators.

Appendix C.

Provider Annual Performance Report (APR) Indicators

1	Percent of infants and toddlers with IFSPs who receive all early intervention services on their IFSPs in a timely manner (within 30 days).
2	Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community based settings (including programs for typically developing children).
3	Percent of infants and toddlers with IFSPs who demonstrate improved: A. Positive social-emotional skills (including social relationships); B. Acquisition and use of knowledge and skills (including early language/ communication); and C. Use of appropriate behaviors to meet their needs.
4	Percent of families participating in Part C who report that early intervention services have helped the family: A. Know their rights; B. Effectively communicate their children's needs; and C. Help their children develop and learn.
5	Percent of infants and toddlers birth to 1 with IFSPs
6	Percent of infants and toddlers birth to 3 with IFSPs
7	Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.
8	Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: A. IFSPs with transition steps and services; B. Notification to LEA, if child potentially eligible for Part B; and C. Transition conference, if child potentially eligible for Part B.

14	<p>14. Data are timely and accurate</p> <ul style="list-style-type: none"> A. Percent of data entered into the FIT Database that is accurate using the FIT Database validation tool. B. Number of FIT Database Quarterly Data Updates that have been submitted to the FIT Program on time.
NM1	<p>Children receive a Comprehensive Multidisciplinary Evaluation and are appropriately determined eligible.</p> <ul style="list-style-type: none"> A. Percent of initial Comprehensive Multidisciplinary Evaluations completed in accordance with regulations. B. Percent of children appropriately determined eligible in accordance with regulations.

Appendix D.



Family Infant Toddler (FIT) Program
 Provider "Determination" of Performance

Annual Performance Report (APR) data will be entered into a determination calculations table for the following indicators:

Indicator:	APR data
1. Percent of children / families who receive services on their IFSP within 30 calendar days of the IFSP.	____ %
2. Percent of children and families who primarily receive services in the home or community-based settings.	____ %
7. Percent of initial IFSPs held within 45 days of the referral.	____ %
8.a Percent of IFSPs with transition steps and services	____ %
8.b Percent of transition conferences held with the family and appropriate receiving agency personnel at least 90 days prior to the child's third birthday.	____ %
14.a . Percent of data entered into the FIT Database that is accurate using the FIT Database validation tool.	____ %
Average performance data	____ %

Determinations scale:

- Meets Requirements >95%
- Needs Assistance 75% – 94%
- Needs Intervention 50% – 74%
- Needs Substantial Intervention < 49%

Additionally, an agency can receive a determination of "Needs Substantial Intervention" after 3 consecutive years of needs intervention