New Mexico
Family Infant Toddler (FIT) Program

General Supervision Manual

- Effective Dispute Resolution
- Fiscal Management
- State Performance Plan & ICC Strategic plan
- Policies, Procedures & Effective Implementation
- Data on Processes and Results
- Integrated Monitoring Activities
- Improvement, Correction, Incentives & Sanctions
- Targeted Technical Assistance & Professional Development

NEW MEXICO
Family Infant Toddler Program
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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 the New Mexico Part C early intervention general supervision system. Components of this system connect and interact, fitting 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 quality compliance, 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 statutes 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.”

General supervision includes more than the traditional onsite monitoring of local early intervention providers. Moreover, 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. There are at least three explicit expectations for developing an effective system of general supervision. The system:

1. supports practices that improve developmental results and functional outcomes for infants and toddlers with disabilities and their families;
2. uses multiple methods to identify noncompliance and correct it as soon as possible but no later than one year after the noncompliance is identified; and
3. utilizes mechanisms to encourage and support improvement and to enforce compliance

The FIT Program general supervision system is one that is multi-faceted, and data is integrated across the various components, including:
1. State Performance Plan and Strategic Planning
2. Policies, Procedures, and Effective Implementation
3. Data on Processes and Results
4. Targeted Technical Assistance and Professional Development
5. Effective Dispute Resolution
6. Integrated Monitoring Activities
7. Improvement, Correction, Incentives and Sanctions
8. Fiscal Management

Components of this system connect and interact, fitting 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 quality compliance, identifies non-compliance and ensures timely correction.
State Performance Plan
& ICC Strategic Plan:

New Mexico State Performance Plan

The Family Infant Toddler (FIT) Program works in collaboration with the Interagency Coordinating Council (ICC) which includes parents, providers, advocates, and state agencies and other interested stakeholders, to actively and routinely develop the State Performance Plan (SPP). This six (6) year plan is revised as necessary, with ICC input.

The State Performance Plan (SPP) is written as a method to measure the FIT Program’s performance. The SPP addresses fourteen (14) federal indicators (at right).

The ICC sets annual measurable and rigorous targets and details improvement strategies to meet those targets. These strategies guide improvement efforts for the FIT Program and its early intervention provider agencies.

State Performance Plan 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)

Indicator 2 - Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings.

Indicator 3 - Percent of infants and toddlers who demonstrate improved outcomes.

Indicator 4 - Percent of families participating in Part C who report that early intervention services have helped their family

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.

Indicators 8a, 8b & 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; b. Notification to LEA, if child is potentially eligible for Part B; and c. Percent of transition conferences, if child potentially eligible for Part B, held at least 90 days prior to the child’s 3rd birthday

Indicator 9 - General supervision system identifies and corrects noncompliance as soon as possible but in no case later than one year from identification

Indicator 10 - Percent of signed written complaints with reports issued that were resolved within 60-day timeline.

Indicator 11 - Percent of fully adjudicated due process hearing requests that were fully adjudicated within the applicable timeline.

Indicator 12 - Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements

Indicator 13 - Percent of mediations held that resulted in mediation agreements.

Indicator 14 - State reported data (618, State Performance Plan and Annual Performance Report) are timely and accurate.
The SPP is posted on the FIT program’s website at www.fitprogram.org.

**New Mexico Annual Performance Report**

To determine if the FIT Program is meeting its targets set in the State Performance Plan, an Annual Performance Report (APR) is submitted to the US Office of Special Education Programs (OSEP). This report details statewide performance data on each of the SPP indicators, as well as explanation of progress / slippage and improvement activities. The FIT Program’s APR is also posted on its website at www.fitprogram.org

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**Local Annual Performance Reports**

The data for the FIT Program’s Annual Performance Report to OSEP is taken directly from data supplied by Early Intervention Providers statewide. Each Family Infant Toddler (FIT) Program provider agency submits a local Annual Performance Report (APR) by the end of September for the previous fiscal year. The local APR addresses nine (9) federal indicators (Indicators 1 through 8 and Indicator 14). As well as supplying data on these indicators for the state level, the local agency APR functions as a self assessment by provider agencies.

Data gathered as part of the APR is used to determine compliance and selection of providers for focused review. Annually, performance data from each local early intervention provider is posted to the FIT Program’s website at www.fitprogram.org

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)

Each is explained in greater detail below:

**Baseline / current data:**

Data for baseline or current performance are generated primarily from The FIT Program online database known as FIT-KIDS (Key Information Data System). It is anticipated that soon almost all data will be collected and reported from FIT-KIDS. However, at this time, data for several indicators are also collected from provider audits of child records. Data for Indicator 4 is from a survey.

The chart below illustrates the current method used to collect data for local APRs.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Description</th>
<th>Data collection method</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Timely service delivery</td>
<td>Provider audit</td>
</tr>
<tr>
<td>2</td>
<td>Natural environments</td>
<td>FIT-KIDS</td>
</tr>
<tr>
<td>3</td>
<td>Improved child outcomes</td>
<td>FIT-KIDS</td>
</tr>
<tr>
<td>4</td>
<td>Family outcomes</td>
<td>Statewide Survey</td>
</tr>
<tr>
<td>5</td>
<td>Children served birth to age 1</td>
<td>FIT-KIDS</td>
</tr>
<tr>
<td>6</td>
<td>Children served birth to age 3</td>
<td>FIT-KIDS</td>
</tr>
<tr>
<td>7</td>
<td>Initial IFSP within timeline</td>
<td>FIT-KIDS</td>
</tr>
<tr>
<td>Indicator</td>
<td>Description</td>
<td>Data collection method</td>
</tr>
<tr>
<td>-----------</td>
<td>----------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>8</td>
<td>Timely Transition</td>
<td>Provider audit</td>
</tr>
<tr>
<td>14</td>
<td>Accurate Data</td>
<td>Provider audit</td>
</tr>
</tbody>
</table>

When data is taken from the FIT Program database, all data for the specified period (annual or Dec. 01st) is included. When data is collected via provider self audits, a random selection of files is generated by the FIT Program and provided to agencies. This ensures an accurate random selection of the entire fiscal year.

The validity of baseline/current data is reviewed during the Community Based Assessment (CBA) process (see Monitoring section), through site visits and through desk audits. If reported data is found to be inaccurate or incomplete, the agency will be issued a finding under Indicator 14, accurate data.

**Analysis of baseline / current data:**
Analysis of data is designed to discern root causes of performance issues. While a thorough examination is conducted and reported when performance is below expectations, provider agencies also examine their data to determine the strategies that improved performance or maintained high performance.

**Annual targets:**
Four of the indicators for which local provider agencies report are compliance indicators. Targets for these indicators (1, 7, 8 and 14) are federally mandated to be set at 100%. Other targets are based on current performance and are expected to be rigorous. Rigorous definitions are included in the APR guidance documents which are distributed to FIT providers each year in preparation for the APR.

**Plan of Correction to meet targets:**
Local provider agencies develop strategies with timelines and resources needed to improve performance or maintain high performance. If provider agencies have not reached their 100% targets set for compliance indicators, they must demonstrate in their plan of correction how they will reach 100% compliance within one year. More information on correction of noncompliance can be found in *Improvement, Correction, Incentives and Sanctions* of this document.
**State Performance Plan/ICC Strategic Plan Critical Elements:**

The above illustration demonstrates the interaction of each of the steps involved in the development and ongoing revision of New Mexico FIT Program’s State Performance Plan.

**Local Provider Agency Annual Performance Reports**

Forms, self calculating spreadsheets and detailed guidelines are provided to FIT Provider agencies to ensure accurate calculation of percentages and to provide the FIT Program with the raw numbers. This usually occurs in mid September.

The FIT Program generates a random selection of 10% or at least 10 child records for each provider agency for indicators that require agency audits. Depending on the indicator, the random selection is taken from events occurring in the last fiscal year, either:

- children with an IFSP,
- children determined eligible,
- or children with an IFSP who turned 3.

Training and technical assistance is provided to ensure that provider agencies understand how to complete the APR. Data elements are clearly defined in the accompanying guidelines.

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.

- Within 90 days of receipt of the local APRs, provider agencies are issued a detailed response table indicating each finding and requirements of correction of noncompliance, if applicable. Additionally, the provider is notified of a determination of either “meets compliance”, “needs assistance” “needs intervention” or “needs substantial intervention”. (See FIT Program Provider Determinations on next page.)
- 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 at www.fitprogram.org and includes a report card for each provider, as well a listing of each provider for each indicator.
FIT Program Provider Determinations

Provider Determinations are made based on a two step process, illustrated below.

1. Indicators 1, 2, 7, 8a, 8c & 14, will each be assigned an individual determination based on the following criteria and definitions:

<table>
<thead>
<tr>
<th>Determination Hierarchy</th>
<th>Criteria</th>
<th>Definitions and General Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meets Requirements</td>
<td>&gt;95%</td>
<td>Provider is at 100% compliance or has demonstrated that they can easily reach 100% compliance within one year using the improvement steps noted in their APR.</td>
</tr>
<tr>
<td>Needs Assistance</td>
<td>90% - 95%</td>
<td>Provider needs assistance to reach 100% compliance within one year using the improvement steps noted in their APR. State will provide ongoing monitoring and TA.</td>
</tr>
<tr>
<td>Needs Intervention</td>
<td>80% - 89%</td>
<td>Based on provider performance, the FIT Program will require a directed Plan of Correction to ensure that the agency reaches 100% compliance within one year. The State will provide frequent monitoring and TA. The provider will be required to conduct and report the results of quarterly audits to determine performance throughout the year. Additional sanctions may be applied, as necessary.</td>
</tr>
<tr>
<td>Needs Substantial Intervention</td>
<td>&lt; 80%</td>
<td>The provider agency must enter into a “compliance agreement” with the State which includes a directed plan of correction to come into compliance within one year. Frequent state desk and onsite monitoring will occur. Provider agency will be required to conduct and report the results of monthly self audits to determine progress toward compliance. Additional sanctions may be applied, as necessary.</td>
</tr>
</tbody>
</table>

2. Providers will receive an Overall Provider Determination, as required by OSEP. This determination is based on the 2 lowest indicator determinations and therefore gives an overall rating for the agency’s performance across the indicators.
• The methodology for calculating an agency’s determination was developed by the FIT Program in collaboration with the ICC and sanctioned by the Office of Special Education Programs.
• Additionally, an agency can receive a determination of “Needs Substantial Intervention” after 3 consecutive years of needs intervention.
• On-site visits and desk monitoring are conducted by the FIT Program to verify accurate data collection and reporting in the APR.
• FIT staff monitors the agency’s implementation of the APR Plan of Correction and review data reports to determine that progress is being made toward correction of noncompliance. These correction activities ensure that the agency is complying with regulatory requirements and all instances of individual child noncompliance has been corrected, unless the child is no longer enrolled in FIT Program services.
• If data indicates that compliance has been met, the agency receives a letter stating that compliance has been achieved and that the APR Plan of correction is completed.

Statewide APR

• Once all data has been collected from the local APR’s, the FIT Program begins a process of validating and verifying data, working with individual providers to improve performance and correct noncompliance.
• In addition to these activities, the FIT Program uses locally reported data to develop the statewide annual performance plan which will be submitted to Office of Special Education Programs (OSEP) in February of the following year.
• Data from statewide APR is shared with ICC.
• Previous fiscal year monitoring activities are reviewed and results compiled to address General Supervision sections of the APR, which require reporting and follow-up activities to ensure correction.
• Correction of noncompliance activities for the previous year are reviewed to ensure that all providers who did not reach 100% compliance on specific indicators did correct noncompliance within one year of the finding being issued.

Analysis of Barriers to Performance

• As statewide data are calculated and analyzed, the FIT Program, in coordination with the ICC, reviews the data and assists in determining barriers that prevent compliance.

State Performance Plan

• The ICC adds or revises improvement activities in the State Performance Plan based on Annual Performance Report data and analysis of results.
ICC Strategic Plan

- The ICC develops a 3-year strategic plan that focuses on systems issues and other areas of improvement for the FIT Program. It establishes annual goals and strategies, utilizing the SPP and APR, as well as other fiscal and performance data, in determining the priority areas strategic plan.
- 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.

Program & System Quality Improvement

- Improvement activities added to the State Performance Plan guide training and technical assistance and overall systems change initiatives.
- Provider agencies receive targeted technical assistance and participate in stringent correction of noncompliance activities to ensure performance improvement and compliance with state and federal regulations.
Policies, Procedures, and Effective Implementation

The FIT Program has policies and procedures that are designed to improve early intervention results and functional outcomes for all infants and toddlers with disabilities.

Specifically, these policies and procedures:

1) are aligned with Part C of the IDEA;
2) are in effect statewide, and;
3) ensure that appropriate early intervention services are available for infants and toddlers with disabilities and their families.

These policies and procedures take the form of:
- New Mexico Administrative Code 7.30.8.
- Department of Health Developmental Disabilities Supports Division Definitions and Standards,
- General Supervision Manual
- Contract/Provider Agreements
- Medicaid rules
- FIT Program Family Handbook
- Memorandums of Understanding with related State Agencies, and
- Various guidance and technical assistance documents developed by or under the authority of the FIT Program.

Each of these formats is discussed briefly next.

**Title 7, Chapter 30, Part 8, New Mexico Administrative Code (NMAC codes)**

The NMAC codes contain comprehensive rules and requirements for providing early intervention services in New Mexico. These codes are closely aligned with Part C of the IDEA. NMAC codes and IDEA regulations are consistent references for FIT Program guidance. While these codes are comprehensive, they specifically include:

- **7.30.8.09 NMAC - PERSONNEL** requires all personnel providing early intervention services to be qualified and supervised.
- **7.30.8.10 NMAC - CHILD IDENTIFICATION** includes requirements to ensure that all infants and toddlers in New Mexico who are eligible for early intervention services are identified, referred, evaluated and their eligibility determined.
- **7.30.8.11 NMAC - IFSP** includes requirements to ensure that early intervention services are
individualized for each infant and toddler and with disabilities and their families, and are provided in the child’s natural environment.

- **7.30.8.12 NMAC - SERVICE DELIVERY** describes each early intervention service and issues requirements related to directing services toward meeting child and family outcomes and delivering services in accordance with the IFSP.

- **7.30.8.13 TRANSITION** requires specific steps, actions and timelines for ensuring a smooth and effective transition from early intervention services.

- **7.30.8.14 PROCEDURAL SAFEGUARDS** 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.

- **7.30.8.15 DISPUTE RESOLUTION PROCESS** ensures the family access to an array of options for resolving disputes.

**General Supervision Manual**

The *Improvement, Correction, Incentives and Sanctions* of this General Supervision Manual, describes the methods the FIT Program uses to identify and correct noncompliance with Part C requirements. Policies and procedures related to correction activities are regularly enforced. Additionally, the manual addresses program improvement and continuous follow up. Finally, when necessary, the FIT Program has a sanction matrix which can also be found in this section.

**Contract/Provider Agreements**

The FIT Program develops provider agreements between the State of New Mexico Department of Health and individual provider agencies. These agreements specify compliance with FIT Program regulations and standards in order to maintain compliance. Provider agreements ensure the provision of early intervention services and that fiscal responsibility for those services are in place, current and being implemented effectively.

Provider agreements specify the geographical area of the state each provider agency must serve to avoid disputes between agencies and to ensure clear responsibility for service provision of all eligible children in the designated areas.

**FIT Program Family Handbook**

FIT Program providers are required to distribute the FIT Program Family Handbook to every family at intake. This document describes the early intervention activities from intake.

**Department of Health Developmental Disabilities Supports Division Definitions and Standards**

Service definitions and standards are reviewed and, if necessary, revised each year to clarify policies and provide specific detailed guidance. Definitions and Standards also routinely address mechanisms related to financial and service provision responsibility.
through transition. It offers suggestions to parents/caregivers on how they can effectively participate in the activities, as well as instructing them on the responsibilities of the provider agency.

While this document is written in family friendly terms, it clearly instructs families on the process of making complaints and the methods and timelines for resolving disputes.

**Family Rights and Procedural Safeguards**

As required Written prior notice must be given to families within a reasonable time (five (5) calendar days) before the Early Intervention agency/provider proposes to or refuses to:

- initiate or change the eligibility of the child
- initiate or change the evaluation of the child
- initiate or change the placement of the child
- initiate or change the provision of appropriate early intervention services to the child family.

Each time prior written notice is provided, the family is given a copy of the Family Rights and Safeguards, which reinforces these requirements. Additionally, parents/caregivers must sign the prior written notice form to acknowledge that they have received the accompanying “Notice of Child and Family Safeguards within the FIT Program.” This 8 page document reminds families of their rights and safeguards while receiving early intervention services.

**Medicaid rules**

Adherence to Medicaid guidelines is required of all provider agencies. Medicaid rules generally include billing and documentation areas.

**Memorandums of Understanding with related State Agencies and Interagency Agreements**

The FIT Program has a number of agreements with other state agencies, most notably, the Public Education Department and the Human Services Department (Medicaid). Agreements which impact FIT Program service delivery are published for provider agencies and compliance with those agreements is required.

**Various guidance and technical assistance documents developed by or under the authority of the FIT Program**

A number of guidance documents, Technical Assistance manuals and presentations are available to FIT Providers that outline specific steps in ensuring effective practice. These are further described in the Targeted Technical Assistance and Professional Development section of this manual.

The FIT Program has developed technical assistance documents to assist provider agencies with requirements surrounding important events in early intervention. TA documents are available for the following:

- Comprehensive Multidisciplinary Evaluation
Explicit guidance documents have been developed for
- Comprehensive System of Personnel Development and policies and procedures to ensure that early intervention personnel are qualified, and appropriately and adequately prepared;
- Transition from Part C to Part B; and
- Local Annual Performance Report (guidance updated annually)

All documents are routinely reviewed and updated, as necessary. Data from local APRs and monitoring results are used to determine necessary revisions.

Revisions may be made to strengthen guidance or, if necessary, revise guidance to better improve early intervention results and outcomes for all infants and toddlers with disabilities and their families.

All policies are enforceable and allow for the use of sanctions when necessary.

Through the local agency APR process and ongoing monitoring, the FIT Program ensures that provider agencies are implementing effective practice in accordance with state policies.
Effective Dispute Resolution

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

- Written complaints are investigated and a decision is derived within 60 days.
- Families with complaints are offered a process to resolve the dispute informally and immediately, if possible. This informal mediation is conducted by FIT Program Regional Managers.
- Mediation is made available within 30 days 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. Mediation does not deny the family the right to request a due process hearing.
- Due process hearings are carried out at a time and place that is convenient to those involved. A pool of Hearing Officers is accessed through the Public Education Agency, as they have been trained and have experience in IDEA. A written decision is mailed to each person involved within 30 days from the day a request for a hearing is filed.
- 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.

The FIT Program provides all parents with a Family Handbook that includes dispute resolution options as well as a procedural safeguards document that is given when the family receives a Prior Written Notice of the initiation or change to early intervention services.

Local provider agencies are monitored to ensure that families served are regularly reminded and understand their rights to access dispute resolution.

Annually the FIT Program reviews dispute resolution activities to determine any trends that require system change or other improvement activities and to determine the effectiveness of the dispute resolution system. These trends are reported to the ICC for recommendations regarding follow-up actions.

Dispute resolution data are used to inform the FIT Program’s monitoring system.
Data on Processes and Results

Data are used for decision-making about the FIT Program’s management and improvement.

Data events are processed as follows:
1) Collection and validation;
2) Examination and analysis;
3) Reporting of data;
4) Status determination; and
5) Improvement.

Collection and Validation

- **FIT Database**: 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 for real time reporting at the local and state level and allows the FIT Program to routinely examine the collected data.

FIT-KIDS is used to gather data for the Federal 618 reporting, for many indicators for the Annual Performance Report and for a variety of management functions. Reports are also generated prior to validation and audit visits and ad hoc reports are run throughout the year, as needed.

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.

FIT-KIDS is also used to validate reported agency self audit data.

- **Agency Self-Audits**: Data on processes and results is also collected through agency self audits. Provider agencies are routinely provided a state derived random selection of children’s records to audit, most often for APR data or follow up.

- **Onsite Monitoring**: Data collected during onsite monitoring provides information on results and processes that could be collected in no other manner. Only by looking at actual agency forms and documentation can a true understanding be gained related to agency processes.

During onsite monitoring, data collected through the database and through agency self audit are validated as accurate and reflective of the actual practice at the program level.
All of these data are used in selecting provider agencies for a focused review based on performance, especially when these data can be compared across indicators, as it is for the APR.

**Examination and Analyses**

At least annually, data for all providers are examined to determine patterns and trends. APR indicator data are rank ordered among all providers. Data are compared to previous year’s data. Results are examined in relation to other indicators which may be impacted by common issues. Improvement strategies are developed for the local agency and for the statewide performance plan.

Local APRs and other sources of data are used by teams conducting on-site monitoring visits.

**Reporting of Data**

Annually, the FIT Program publically reports data on the federal 618 tables, local APR data, and the state’s performance on SPP/APR data overall. New Mexico’s Annual Performance Report to the Public provides data on each provider agency and compares their performance to statewide data.

This functions like a “report card” on each agency. Viewers can also search the report by indicator in order to compare across agencies for particular indicators.

All reports to the public are posted and kept current on the FIT program’s website at fitprogram.org.

**Status Determinations**

Data on the performance of each provider agency on the APR indicators, as well as from previous monitoring data, are used to make determinations of the status of each provider agency. Provider agencies are categorized as meets requirements, needs assistance, needs intervention, or needs substantial intervention. Further information on status determinations may be found in the State Performance Plan/ICC Strategic Plan Critical Elements section of this document.

**Improvement**

Data collected through the processes discussed above are used to determine technical assistance needs. Data results inform plans of correction, whether developed solely by the agency or directed by the FIT Program. Finally, data are carefully tracked to determine effectiveness of correction activities and overall improvement.
Integrated Monitoring Activities

The FIT Program integrates monitoring strategies across all components of the general supervision system.

- Multiple data sources and methods are used to monitor every FIT provider agency.
- When noncompliance is discovered, the FIT Program provides continuous examination of performance to ensure correction.

Monitoring activities are conducted both on-site and off-site.

Off-site Monitoring

- **FIT-KIDS (Key Information Data System)**: The FIT Program currently utilizes a statewide database known as FIT-KIDS. This application is an online data and billing system that allows real time reporting at the local and state level. This system assists the FIT Program in efficiently and effectively conducting offsite monitoring data on specific areas.

- **Submission of documentation**: As questions arise, providers may be asked to submit documentation to the FIT Program for review.

- **Agency self audit/analysis**: Provider agencies routinely conduct self audits and report results to the FIT Program. These audits usually surround activities related to the local APRs or correction of noncompliance activities.

On-site Monitoring

Onsite monitoring occurs informally on an ongoing basis as the FIT Program provides routine technical assistance. However, there are currently two more formal methods of monitoring described below:

- **Community Based Assessment**

  The FIT Program conducts random Community Based Assessments of provider agencies to
  1) determine validity of data entered into the electronic FIT database.
2) validate the Annual Performance Report data and collection methodology;
3) audit billing and documentation in accordance with Service Definitions and Standards and
4) conduct a review of child records to determine compliance with IDEA Part C and state regulations.

Under the Community Based Assessment (CBA) process, providers are reviewed on a 2-year cycle. 18 FIT provider agencies are selected per year to receive a CBA.

Each CBA lasts 2 to 3 days and may include 1-2 FIT Program staff and Division of Health Improvement (DHI) staff - the entity responsible for monitoring at the New Mexico Department of Health. All staff receives training and written guidance to ensure consistency in conducting the CBA. Additionally, CBA materials and the instruction manual are posted on the FIT Program’s website at fitprogram.org. These tools are accessible for provider agency’s use for conducting their own quality assessment activities.

Each CBA includes a thorough review of a random selection of 10% of child files to determine compliance with state and federal requirements related to intake, procedural safeguards, evaluation and assessment, IFSP development, ongoing service provision and transition.

The provider receives a written CBA report and is required to develop a Plan of Correction if a finding of non compliance is made.

**Focused Reviews:**

A Focused Review involves “focusing in” on priority focus areas that the state identifies as needing improvement and then “focusing in” on those providers that are identified as being non compliant or low performing in those priority focus areas.

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).

- **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.

- **Indicator 8)** Percent of 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; and
C. Transition conference, if child potentially eligible for Part B.

Using the results of the APR for the priority indicators, providers are rank ordered for each priority area (indicator 1, 7 and indicator 8a & 8c.) 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 review visit. Six to seven providers are selected each year to receive a focused review visit.

The focused review team includes: parents, early childhood specialist, and FIT staff person. 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 review team members receive training and sign a code of conduct that includes a confidentiality statement.

This form of monitoring investigates the underlying causes of the non-compliance by the local FIT Provider agency.

**Components of The FIT Program’s Focused Review**

**Policy & Procedure Reviews**

**QA Procedure Reviews**

**Family Interviews**

**Community Partner Interviews**

**Child Record Reviews**

**Staff Interviews**

Root Causes

_This diagram illustrates the intense investigation involved in determining root causes of performance issues during a FIT Program Focused Review._
Focused reviews begin with a review of all data related to the priority area. The focused review team develops a root cause hypothesis prior to going onsite, and this hypothesis may be proved or revised as the onsite monitoring is conducted. The focused review 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.

As a result of the focused review, a Directed Plan of Correction (POC) is developed jointly with the provider agency at the focused review exit meeting. The Directed POC has prescribed actions that must occur within specified timelines. POC activities identify solutions and activities to enhance and improve performance as well as correcting noncompliance. Training and Technical Assistance staff from the University of New Mexico - Early Childhood Learning Network are invited to participate in the focused review exit meetings and are assigned to support the agency in meeting compliance.

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 review visit, the provider agency has to develop a POC to address these findings also.

**Correction Activities**

Whether a plan of correction is the result of an onsite or offsite monitoring activity, providers must correct non-compliance as soon as possible, but no longer than one year from the written notification of the finding.

Other sanctions may be applied to the provider agency if they fail to implement the activities in the POC (see Sanctions Matrix in the Improvement, Correction, Incentives and Sanctions section of this manual.)

More details of correction of noncompliance activities can be found in this manual under the Improvement, Correction, Incentives and Sanctions section. However, FIT staff monitor 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.

All findings of noncompliance and correction of noncompliance resulting from FIT integrated monitoring activities are reported in the Federal APR under Indicator 9, General Supervision. This report becomes public and is posted each year at fitprogram.org.
Targeted Technical Assistance & Professional Development

All provider agencies have access to a multitude of technical assistance and professional development options provided by or through the FIT Program. Provider agencies, at times, are required by the FIT Program to receive technical assistance. Technical assistance serves to assist provider agencies to meet compliance and to improve results for children and families served.

Training and Technical Assistance Team

The FIT Program staff provides regular training and technical assistance. In addition, the FIT program contracts with the University of New Mexico - Center for Development and Disability - Early Childhood Learning Network (ECLN) to provide training and technical assistance to FIT Provider agencies statewide. This network has a team of consultants that are assigned to support each FIT Provider agency.

The FIT Program contracts with Parents Reaching Out (PRO) and Education for Parents of Indian Children with Special Needs (EPICS) who provide parent co-trainers and can support providers in providing parent training and other family support services.

A training and technical assistance team that includes the UNM-Early Childhood Learning Network staff, the UNM-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 review reports.

Training and Technical Assistance Available

Technical Assistance Documents: In addition to the Regulations and Annual Service Definitions and Standards, the FIT program publishes and distributes Technical Assistance documents in order to clarify requirements under IDEA Part C and promote promising and recommended practices. 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:

- IFSP
- Natural Environments
• Autism
• Evaluation and Assessment.

Training is provided to accompany the launch of each technical assistance document.

**Service Coordination Training:**
Service coordinators must complete four service coordination modules within the first year of hire. These face to face trainings are supported also by online components.

**FIT-KIDS Training**
Online training is available 24/7 which addresses
• overall data collection
• data entry
• billing
• reporting

Increasingly, the development of online trainings and presentations is being used to provide “on demand” information without the need for provider agency staff to travel. Technical assistance is now being provided via secure chat rooms, blogs, Wiki sites, and weekly targeted audience phone discussions. These formats are designed to provide information for hard to reach audiences.

Four core training modules are delivered on location at least twice a year and include: IFSP, family visiting, and providing early intervention in everyday routines activities and places.

**Provider Staff Competencies:**
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 recertification.

All trainings with “live” staff are evaluated at the end of the session. These evaluations are used to improve future trainings to better meet the needs of provider agency staff.

The FIT Program has also developed curriculum for the Family Infant Toddlers degree at the AA and the BA level.
Improvement, Correction, Incentives & Sanctions

The enforcement of regulations, policies, and procedures is required by IDEA, New Mexico Administrative Codes, and Developmental Disabilities Supports Division Service Definitions and Standards. When noncompliance is identified, corrective actions must occur immediately. Most often, this correction is the result of a well considered analysis of root causes of noncompliance and a plan of activities that utilizes all appropriate resources and is scheduled in a timely manner to ensure immediate, consistent and long lasting compliance.

As delineated in this manual the FIT Program utilizes a system of technical assistance to help provider agencies meet compliance, as well a defined matrix of sanctions to ensure that compliance is met.

Identifying Noncompliance

The components of the FIT Program’s general supervision system used to identify noncompliance are:

- Local Annual Performance Reports
- Data on Processes and Results
- Effective Dispute Resolution, including complaints and hearing process
- Integrated Monitoring Activities

Integrated monitoring activities leading to noncompliance findings include:

- **Focused review visit:** Focused reviews occur because noncompliance has already been identified; however, if noncompliance on other requirements is found while conducting a focused review, the FIT Program will issue a finding for noncompliance on that requirement.
- **Community Based Assessment:** CBAs are done on a cyclical basis and look very broadly at all requirements. Findings may be issued on any requirement from intake through transition.
- **FIT-KIDS Data reviews:** Data reviews through the FIT-KIDS database occur frequently for a variety of reasons. However, data reviews for the purpose of determining compliance are limited to once per year.
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 within 30 days of the identification of noncompliance.

**Correction of Noncompliance**

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. Correction activities involve two primary components, analysis of root causes of noncompliance and a plan of correction.

(1) **Root Cause Analysis**

Depending on the level of noncompliance, provider agencies conduct a root analysis to determine causes of poor performance. This may be done informally or formally with specific questions and a written response submission to the FIT Program. The examination for root causes falls into the following general areas:

- Policies and Procedures
- Training and Technical Assistance
- Quality Assurance
- Infrastructure/Staffing
- Other

(2) **Plan of Correction**

Based on this analysis, appropriate levels of assistance (targeted training, technical assistance, and support) will be provided along with reviews of the agency policies and procedures and QA manual. Upon notification of the finding, provider agencies must submit a plan of correction describing strategies for improvement (related to their root cause analysis), resources needed, and amount of time necessary to complete the strategies and correct noncompliance.

Corrective action is incorporated into each agency’s Annual Performance Report. Additionally, corrective action is required for any finding from monitoring activities.

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.

An important distinction exists between the DHI and the FIT Program related to plans of correction. DHI usually “closes” a plan of correction when documentation demonstrates that all activities on the plan of correction have been completed. This is not the same as the correction of noncompliance, which will not occur until the provider agency has adequately demonstrated that it is (1) meeting regulatory requirements and (2) ensuring that in each instance of noncompliance, the agency has provided a required activity, although late, for any child whose service was impacted by noncompliance unless the child is no longer within the jurisdiction of the FIT program.

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.

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.

Successful completion of corrective actions and improvement activities means that the FIT Provider has corrected noncompliance and made significant progress toward reaching established targets on performance indicators. This is monitored through data analysis, documentation of evidence of change and other methods.

Verification of Correction of Noncompliance

The FIT Program has a two pronged verification process to ensure that each local early intervention provider agency with a previous finding of noncompliance is (1) meeting regulatory requirements and (2) ensuring that in each instance of noncompliance, the agency has provided a required activity, although late, for any child whose service was impacted by noncompliance unless the child is no longer within the jurisdiction of the FIT program.

(1) The FIT Program verifies that each provider agency with noncompliance is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on subsequently collected data.

When noncompliance has been found, agencies are required to report regularly to the FIT Program the results of self audits based on subsequently collected data. Agencies must also submit narrative reports accounting for each specific instance of noncompliance and provide steps to ensure that the reasons for noncompliance are being addressed in order to prevent future recurrences. Providers demonstrate correction of noncompliance by performing at 100% for all children for at least one month.

By conducting ongoing monitoring, the FIT Program further verifies that each provider program with noncompliance under this indicator is correctly implementing the specific regulatory requirements.

(2) For identified children/families impacted by noncompliance, the FIT Program verifies that the agency has provided the required activity, although late, for any child whose service was impacted by noncompliance unless the child is no longer within the jurisdiction of the FIT program, consistent with OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02)

Sanctions

Sanctions may be utilized to ensure compliance in accordance ADM 02:58 “Imposing Administrative Actions and Sanctions for Department of Health Contractors”.

Rev: August 2011
The sanctions matrix (see Appendix D) 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 Developmental Disabilities Supports Division and the Division of Health Improvement 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 monitory cost to the provider agency will be used only when absolutely necessary. Providers receiving a “meets requirements” determination will receive a gold certificate as recognition of their high level of performance.
Fiscal Management

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.

Working with the ICC, the FIT Program periodically reviews 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/liquidated and expended for appropriate activities.

The Office of Internal Audit as well as the FIT Program conducts audits of providers to ensure that they are billing appropriately for services rendered.

Fiscal Agreements

- The FIT Program has provider agreements in place with thirty-six (36) 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. 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 does 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.
Appendix A: 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 review; 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 (9) 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 monitory 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 establish annual targets and improvement activities for fourteen (14) federal indicators.
## Appendix B: Local Provider Annual Performance Report (APR) Indicators

<table>
<thead>
<tr>
<th></th>
<th>Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Percent of infants and toddlers with IFSPs who receive all early intervention services on their IFSPs in a timely manner (within 30 days).</td>
</tr>
<tr>
<td>2</td>
<td>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).</td>
</tr>
<tr>
<td>3</td>
<td>Percent of infants and toddlers with IFSPs who demonstrate improved:</td>
</tr>
<tr>
<td></td>
<td>A. Positive social-emotional skills (including social relationships);</td>
</tr>
<tr>
<td></td>
<td>B. Acquisition and use of knowledge and skills (including early language/communication); and</td>
</tr>
<tr>
<td></td>
<td>C. Use of appropriate behaviors to meet their needs.</td>
</tr>
<tr>
<td>4</td>
<td>Percent of families participating in Part C who report that early intervention services have helped the family:</td>
</tr>
<tr>
<td></td>
<td>A. Know their rights;</td>
</tr>
<tr>
<td></td>
<td>B. Effectively communicate their children's needs; and</td>
</tr>
<tr>
<td></td>
<td>C. Help their children develop and learn.</td>
</tr>
<tr>
<td>5</td>
<td>Percent of infants and toddlers birth to 1 with IFSPs</td>
</tr>
<tr>
<td>6</td>
<td>Percent of infants and toddlers birth to 3 with IFSPs</td>
</tr>
<tr>
<td>7</td>
<td>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.</td>
</tr>
<tr>
<td>8</td>
<td>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:</td>
</tr>
<tr>
<td></td>
<td>A. IFSPs with transition steps and services;</td>
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<tr>
<td></td>
<td>B. Notification to LEA, if child potentially eligible for Part B; and</td>
</tr>
<tr>
<td></td>
<td>C. Transition conference, if child potentially eligible for Part B.</td>
</tr>
<tr>
<td>14</td>
<td>Data are timely and accurate</td>
</tr>
<tr>
<td></td>
<td>A. Percent of data entered into the FIT Database that is accurate using the FIT Database validation tool.</td>
</tr>
<tr>
<td></td>
<td>B. Number of FIT Database Quarterly Data Updates that have been submitted to the FIT Program on time.</td>
</tr>
</tbody>
</table>
Appendix C: Determination Scale

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:

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. ____%

8a. Percent of IFSPs with transition steps and services ____%

8c. Percent of transition conferences held with the family and appropriate receiving agency personnel at least 90 days prior to the child’s third birthday. ____%

14a. 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 90% - 94%
- Needs Intervention 80% - 90%
- Needs Substantial Intervention < 80%

Additionally, an agency can receive a determination of “Needs Substantial Intervention” after 3 consecutive years of needs intervention.
# Appendix D: Sanction Matrix

Hierarchy of sanctions - from least to most severe. (DOH may choose to utilize the sanction deemed most appropriate to ensure compliance)

<table>
<thead>
<tr>
<th>Sanction</th>
<th>Examples of when sanction may be used</th>
</tr>
</thead>
</table>
| 1. Plan of Correction (POC): | As a result of a finding(s) from:  
  • APR data;  
  • Dispute Resolution;  
  • Community Based Assessment; or  
  • Finding made on a related requirement (e.g. as part of Focused review / CBA) |
|   1. Completed by the provider and includes actions steps, timelines and resources needed. |  |
| 2. Directed Plan of Correction (POC): | As a result of receiving a:  
  • Focused review on one of the priority indicators;  
  • Determination of “needs intervention”. |
|   1. Developed by FIT / DHI staff with the provider agency;  
   2. Includes required action steps that may include required technical assistance and quarterly reporting. |  |
| 3. Compliance Agreement: | As a result of receiving a:  
  • Determination of “Needs Substantial Intervention” |
|   • Includes a Directed Plan of Correction with monthly reporting requirements. |  |
| 4. Withhold payment: | As a result of:  
  • Not implementing action items on a plan of correction or providing requested information. |
|   • Payments from Medicaid or State General Funds may be withheld until the provider agency follows through. |  |
| 5. Recoup funds: | As a result of:  
  • An Office of Internal Audit (OIA) report. |
|   • Funds may be recouped for a specified period of time. |  |
| 6. Civil Monetary Penalty (fines): | As the result of:  
  • Significant non-compliance;  
  • Substantial failure to correct. |
|   • Made in accordance with written DDSD / DHI guidelines. |  |
| 7. Community Monitor assigned: | As a result of:  
  • Widespread non-compliance;  
  • Determination of “Substantial Needs intervention” for 2 years |
|   • Onsite consultant selected by DDSD, that the provider agency is required to fund for a specified period of time. |  |
| 8. Provider Agreement modification: e.g. | As the result of:  
  • Pattern of non-compliance;  
  • Pattern of failure to correct. |
|   • Reduction in term; and / or  
   • Modify scope of Provider Agreement (e.g. geographical area). |  |
| 9. Receivership / temporary management: | As a result of:  
  • Fraud;  
  • Substantive failure to meet provider agreement requirements. |
|   • Placing the provider or part of the provider under receivership or temporary management. |  |
| 10. Termination of Provider Agreement: | As a result of:  
  • Substantial and longstanding failure to correct.  
  • Determination of “Substantial Needs intervention” for 3 years |
|   • Provider agreements can be ended with 30 days notice. |  |