New York City Health Department Bureau of Early Intervention (NYC BEI)
Quality and Compliance Self-Assessment Tool for New York City EIP Providers

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

The first section of this document provides the standards and citations https://www.nyc.gov/site/doh/providers/resources/early-intervention-provider-policies-procedures-forms.page used by the NYC BEI for provider monitoring, by service area. Following that is an explanation of the elements of a self-assessment, and examples of completed self-assessments.

Before conducting the self-assessment

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

INITIAL SERVICE COORDINATION (ISC)

Self-assessment Explanation of Terms Table

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

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

Standards	Examples of Possible Indicators
A face-to-face meeting was held with the family within seven calendar days of the referral.	• Initial telephone call occurred within two days of referral and addressed all pertinent issues. • The initial meeting was face-to-face and held within seven calendar days of referral to EIP.
EIP participation occurred only when consent was given.	• All required consents were in the file and signed by the appropriate person.
Initial service coordination provided the family with a high-quality introduction to the EI program.	• ISC provided parent / caregiver with a comprehensive overview of the NYC EIP and provided copies of all applicable documents. • The family's health insurance (or lack thereof) coverage including Medicaid status were discussed and documented in EI-Hub and service coordination notes. • ISC discussed the role of family's concerns, priorities and resources (CPR) in the EIP including in evaluation, IFSP process and provision of services and documented concerns, priorities and resources in applicable form and service coordination notes.
When referring a family to an evaluation agency, the initial service coordinator proactively addressed applicable issues with the family and ensured that the evaluation site clearly matched the needs identified by the family.	• The ISC reviewed with parents all options for evaluation/screening from the most up-to-date list of approved and contracted evaluators. • Referral was made to evaluation site that clearly matched the developmental concerns and needs identified by parents, and when feasible, had the bilingual capacity to meet the family's needs without interpreter or translator.

	• ISC ensured that the Screening and/or MDE was conducted within 30 days of child's referral to EI.
Once a child was found eligible for EIP, a thorough and timely orientation to the initial IFSP process was completed with family.	• ISC addressed all applicable issues of the IFSP process with the family once eligibility was determined in order to fully prepare parent/caregiver for IFSP meeting. • ISC ensured that the family of an eligible child received full and timely information from the evaluation team AND all concerns and/or questions regarding the MDE results were addressed. • Upon determination of child's eligibility for EI services, ISC addressed notification to Office for People with Developmental Disabilities (OPWDD) of child's potential eligibility for programs/services when applicable.
IFSP meetings were arranged and held in a timely fashion and with full information.	• ISC ensured that the initial IFSP meeting was scheduled and held within 45 days of child's referral to EI. • IFSP team members including parents, evaluation representative and other applicable parties (e.g. foster care worker) were contacted to confirm IFSP meeting attendance. • ISC was able to fully represent the concerns, priorities, and resources of parents at the IFSP meeting. • The ISC attended the IFSP meeting
If child passed screening and/or once non-eligibility was determined by multidisciplinary evaluation (MDE), the families received full and timely information from the evaluation agency (team) regarding evaluation and/or screening results and from the ISC about other service options, including Developmental Monitoring.	• The ISC ensured that the family of non-eligible children received full and timely information about the results of the MDE (and screening when applicable) from the evaluation agency (team). • The ISC ensured that the families of children who passed the screening received full and timely information about the results from the Screening Site.
Dual Eligibility: The families of children who are 30 months or older when referred to EIP were given full information about their options.	• ISC provided full information to family on dual eligibility in order to aid parent in making informed decisions and the family's decision to pursue CPSE instead of/or simultaneously with EI was documented.
Transition: For children entering EI close to their second birthday, ISC introduced transition program options.	• For children entering EIP by their second birthday, SC initiated the transition process in preparation for IFSP where transition plan could be developed by IFSP team.

Transition Planning: For dually eligible children entering EI and children at least twenty-six (26) months old who were deemed eligible on MDE for early intervention services, ISC discussed the process of exiting the EIP with the family in a thorough and timely manner.	• All applicable issues related to transition from the early intervention program were discussed with the family and required documents provided.
Opt Out & CPSE Notification: For children entering EI by their second birthday, initial service coordinator ensured that the family was given full information about the notification to CPSE of child's potential eligibility.	• ISC ensured that full information about notification to the CPSE of child's potential eligibility and the opt-out policy was given to the families of children when appropriate.
Transition Conference: Initial Service Coordinator provided full information on the transition conference and convened one with all applicable participants within required timeframe.	• ISC informed parent about transition conference, obtained parental consent or declination and ensured appropriate steps were taken for children entering EI after their second birthday. • The CPSE Representative and, when applicable, ACS and Foster Care Agency were invited by SC to the transition conference.
Required tasks and timelines for transition were documented in EI-Hub Transition tabs and service coordination notes and forms were uploaded and maintained in case files.	• ISC completed the applicable panels in EI-Hub Transitions tab which document the transition plan, parent's decisions on transition steps and the required forms sent to CPSE and all activities were documented in service coordination notes. • All applicable required forms were uploaded into EI-Hub and found in case file along with email confirmation that applicable forms with sent to CPSE.

ONGOING SERVICE COORDINATION (OSC)

Self-assessment Explanation of Terms Table

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Standards	Examples of Possible Indicators
Parents expeditiously received a copy of the IFSP documents after an IFSP meeting.	• After an IFSP meeting the OSC ensured that a copy of the IFSP documents was provided to the family expeditiously.
Ongoing Service coordinator arranged for providers to deliver early intervention services authorized and addressed all tasks assigned in IFSP within required timeframes.	• OSC arranged for providers to deliver services authorized at IFSP meeting within required time frames. • When service providers were not identified at the IFSP meeting, or the need for a new service provider arose after IFSP meeting, service coordinator diligently searched for rendering providers to ensure services began timely. • When a supplemental evaluation was approved for child, service coordinator followed up with appropriate parties • When there were tasks and concerns identified in IFSP that the OSC would assist the family with and/or issues noted in service coordination activity log, the OSC addressed them in a timely manner.
Ongoing Service coordinator ensured that services were given at the level specified in the IFSP and reviewed child's health insurance coverage status regularly.	• OSC monitored that each service type was provided at the intensity and duration listed in the IFSP. • OSC reviewed child's health insurance coverage information with the family at least quarterly and updated health insurance information on the required forms and EI-Hub when there were changes.
Ongoing Services coordinator arranged, prepared for and convened six (6)-month review or annual meeting at least two (2) weeks prior to the	• OSC attempts to schedule six-month reviews and annual IFSP meetings occurred timely so a meeting could be held at least two weeks prior to expiration of IFSP period. • Six-month review and annual IFSP meetings were held timely. • Applicable progress notes (from each interventionist for each service type) and any

expiration date of an IFSP.	pertinent information or documents were obtained and submitted to the EI-Hub system at least two (2) weeks prior to the expiration of the IFSP period in preparation for 6-month review meeting or annual meeting. • OSC was able to fully represent the concerns, priorities, and resources of parents at the IFSP meeting.
Transition Introduction: Ongoing Services coordinator introduced transition and the process of exiting the Early Intervention	• By the IFSP closest to the child's second birthday, service coordinator introduced transition out of the EIP in preparation for IFSP where transition options and plans can be discussed by IFSP team.
Transition Planning: A transition plan to exit the early intervention program was developed with the family for a child receiving early intervention services who was at least 26/27 months old.	• All applicable issues related to transition program options were discussed with the family and required documents provided.
Opt Out & CPSE Notification: For children receiving early intervention services who were at least 26/27 months old, service coordinator ensured that the family was given full information about the notification to CPSE of child's potential eligibility.	• OSC ensured that full information about notification to the CPSE of child's potential eligibility and the opt-out policy was given to the families of children receiving early intervention services timely.
Transition Conference: Ongoing Service coordinator provided full information on the transition conference and with consent, convened a meeting with all applicable participants within required timeframe.	• OSC informed parent about transition conference, obtained parental consent or declination and ensured appropriate steps were taken for children receiving early intervention program services including the convening of transition conference. • The CPSE Representative and, when applicable, ACS and Foster Care Agency were invited by SC to the transition conference.
Referral and EIP Record: Ongoing Service coordinator discussed preschool referral process including timelines necessary for completion of evaluation and determination of eligibility and sharing of EI records with CPSE thoroughly and timely with	• OSC reviewed information regarding transition procedures, obtained parent's decision on applicable consent forms for transfer of appropriate evaluations, assessments, IFSP and other pertinent records and referral to CPSE and transmitted forms and documents when applicable.

parents.	
Transition plan was in place for children leaving EIP for any reason before the age of three. (not CPSE)	• When notified that a child was leaving EIP (*in absence of an existing transition plan*), the family was contacted to ensure a transition plan was in place.
Required tasks and timelines for transition were documented in EI-Hub Transition tabs and service coordination notes and forms were uploaded and maintained in case files.	• OSC completed the applicable panels in EI-Hub Transitions tab which document the transition plan, parent's decisions on transition steps and the required forms sent to CPSE and all activities were documented in service coordination notes. • All applicable required forms were uploaded into EI-Hub and found in case file along with email confirmation that applicable forms were sent to CPSE.

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SCREENING AND MULTIDISCIPLINARY EVALUATIONS (MDEs)

Self-assessment Explanation of Terms Table

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

Standards	Examples of Possible Indicators
Evaluation site determined whether child was suspected of having a developmental disability/delay and required a multidisciplinary evaluation.	• Evaluation site assessed child's developmental status to indicate what type of evaluation, if any, was warranted to determine eligibility for early intervention services. • Screening / Evaluation Site addressed method for conducting Screening/MDE with parent.
Evaluation site discussed parent's developmental concerns to determine composition of an evaluation team in order to yield accurate eligibility determination.	• Children with suspected or diagnosed condition with a high probability of leading to a developmental delay/disability.
MDE was conducted in a professional, objective manner within the required timeframe.	• Appropriate instruments were employed for assessments, difference in functional abilities noted by evaluators were reconciled and significant differences between evaluations related to age, functioning, gender, and language [or cultural and linguistic background of family] were addressed and integrated. • Individual evaluations provided acceptable justification regarding the use of telehealth to conduct assessment. • Evaluation site submitted complete MDE package within 30 days of referral to EIP.
Screening / MDE summary and consents followed best practices and reached defensible conclusions related to the need for further evaluation and/or eligibility for early intervention services	• The Screening and/or MDE summary contained all information needed. • Health related information / documentation and the Completed Consent for Evaluation or Screening form was included with the MDE and/or Screening package.
Families received full and timely information about	• Evaluation site sent Screening and/or MDE packet to parents and screener

the results of the Screening and/or MDE.	and/or evaluation team or a designated member of the team provided families with information about the results of the Screening and/or MDE and any subsequent reviews of the eligibility determination. • The Screening and/or MDE summary was provided to the family in their dominant language and in parent friendly terms.

SERVICE PROVISION

Self-assessment Explanation of Terms Table

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

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

Standards	Examples of Possible Indicators
Services started within 14 calendar days of the IFSP service authorization date.	• Services started within 14 calendar days of the start date of the service authorization. • Documentation showed that the SC was notified of the late start in services by the provider and/or the interventionist and given the reason.
Children received the services as authorized.	• Type, frequency, and duration of the services were delivered as per the IFSP and if not, there was appropriate documentation that the reason was family driven, or an event outside the provider's control.
Services were given as authorized with no gaps of more than 3 consecutive missed sessions.	• Services were given as authorized with no gaps, or there was a family driven reason that was documented. • If documented gap in service, documentation shows that the service coordinator was notified of the gap and the reasons.
Family and SC were notified at least 5 business days prior to any planned or scheduled absence of interventionist.	• Child's parent and SC were notified at least five days prior to a scheduled absence. • Service coordinator and family were notified of the dates of absence and the date on which services would be resumed.
Prescriptions, orders, medical clearance and/or speech recommendation from approved medical providers and/or speech therapist were in the child's file.	• Medical providers and/or speech therapist wrote prescriptions, orders, medical clearance and recommendations for service after reviewing IFSP that was valid for the frequency, duration and current IFSP.
Progress notes were sent to the service coordinator timely and contained all required information.	• The appropriate progress notes were forwarded to the service coordinator at least 2 weeks prior to the expiration of the IFSP period. • Progress notes summarized the effectiveness of the services, and the progress that the child made towards the outcomes in the IFSP.

	• When applicable the interventionist created complete proposed IFSP outcomes.
Session notes and service logs were completed timely by qualified personnel and contained all required information.	• Provider maintained sessions notes and service logs that documented the performance of authorized activities. • Session notes demonstrated that the interventionist worked collaboratively with the family.

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Organization name:

Date self-assessment completed:

The Elements of the Self-Assessment

Standard: The NYC EIP monitoring standard.
Notes from review of the citations: What the citations tell you about the expectations for meeting the standard, and how the standard will be measured.
Criteria for meeting the standard: What information, facts or data will tell you whether or not you have met the standard.
Data sources: Where and how that information, facts or data can be found – typically in a review of children's files.
Results: How closely your results come to meeting the standard.
Problem analysis: The reasons that you do not meet a standard, such as practice that doesn't adhere to policy, lack of management oversight, policies or practices that are not compliant with the standard, etc.
Next steps: Plan of action to address the problems identified in the analysis.

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SERVICE PROVISION

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

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

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ONGOING SERVICE COORDINATION

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

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SCREENING AND MULTIDISCIPLINARY EVALUATIONS

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

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