

Early Intervention Monitoring Exit Interview Report

Provider: _____

Date On-Site
Monitoring Completed: _____

Review Completed by: Stacy D. Barno, Chester County EI Coordinator
(sbarno@chesco.org) _____

Wrap Up Participants:

Immediate Concerns: _____ Follow-Up Due By: _____

Stacy D. Barno, Chester County EI
Coordinator

Provider Contact Name/Title

Date

Date

Early Intervention Provider Monitoring-CODI Feedback Tool

17/18 _____ Date: _____ Completed By: _____

□ Child Records

- Chester County will select 5 random records or 5 % of the current number of children you are presently serving (whichever is greater) to ensure that the sample size is reflective of the number of children being served by a provider. This number will not exceed 15 records. If a provider has served less than 5 children, then all records will be reviewed.

*****You will be notified one week prior to your scheduled monitoring date via e-mail of the child records selected*****

- Documentation being reviewed will be primarily from FY 16/17 but information from FY 17/18 should be available for review upon request as needed.

Files should include: quarterly reports, session summaries, evaluations, medical authorization, releases, and any correspondence with the family.

□ Interventionists Records

- Each provider completed and submitted the ***EI Provider Qualification and Training*** Log spreadsheet for FY 16/17. This log will be reviewed prior to the on-site provider monitoring. All new interventionist (hired during FY 16/17) and at least five veteran interventionist training and qualification records will be reviewed during the on-site visit.

*****You will be notified one week prior to your scheduled monitoring date via e-mail of the child records selected*****

The following information will need to be available on site to validate the information documented on the EI Provider Qualification and Training spreadsheet:

- 3 Certifications (PA Criminal Background Check, Child Abuse Clearance Check, FBI Background Check)
- Copy of Professional License (if applicable)
- Copy of Contract (If contractor)
- Copy of Professional Liability Insurance (If contractor)
- Verification of Initial Pre-Service
- Verification of State Mandated Reporter Training
- Verification that the following CORE EI Training is completed annually: Emergency Evacuation & Fire Safety; Mediation & Procedural Safeguards; Universal Health Pre-Cautions; Cultural Competency & Sensitivity; Mandated Reporting; and Transition. For new staff, Fire Safety and Emergency Evacuation, BHRS, and Writing Meaningful Outcomes must be completed within 120 days,
- CPR and First Aide (Copies of Card and must be completed within 120 days for new staff)
- 24 Training Hours Annually (Copies of certificates with total training hours obtained, Staff Training Agenda with times and sign-in sheets)

*****As a reminder, the New-Contractor or Staff to EI Clearance and Training Provider Validation Spreadsheet is to be completed and sent via e-mail to Stacy Barno (sbarno@chesco.org) by the 120th day after being hired*****

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Policy/Procedure on Assurance that Suspended/Debarred Staff are not employed or terminated if employed per OMAP Bulletin #99-11-05 (CODI and OCDEL)

- Verification that provider accesses listing of suspended and debarred providers through www.dpw.state.pa.us.

Provider should have policy/procedures of how they will ensure that this requirement is met in their agency /if a 3rd party is used.

Print-Outs to verify this monthly checking should kept and available for review.

Evidenced By:
Additional Feedback:
Corrective Action Needed:

Drug-Free Workplace, Americans With Disabilities, and Federal Regulations Related to Lobbying Activities

- Policy/ Procedure for the above topics

Evidenced by: Copy of Policy for Drug-Free Workplace or view Certification of Drug-Free Workplace posting; Copy of Policy/Procedure for Americans With Disabilities Act and Policy Physically Posted. Program Monitor to provide guidance/education at time of monitoring re: Federal Regulations Related to Lobbying Activities.

Evidenced By:
Additional Feedback:
Corrective Action Needed:

HIPAA Policy and Procedures (CODI)

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- Verification that the provider has policy/procedure that demonstrates how agency will comply with HIPAA requirement. This policy should include who is the agency privacy officer, copy of notice provided, and procedures of handling request.

Evidenced By: Policy/Procedures that includes the above topics with reference to the federal/state regulations along with how they will handle as an agency. This additionally should include a copy of any forms that are signed/handed to families

Evidenced By:
Additional Feedback:
Corrective Action Needed:

Policy/ Procedure for LEP (Limited English Proficiency) (CODI)

- Verification that the provider has a Limited English Proficiency (LEP) policy/procedures in place and it is used to ensure that children and their families have meaningful access to services in their primary language.

Evidenced By: Policy/Procedures for LEP and how handled by agency and how families are notified regarding having an interpreter available.

Evidenced By:
Additional Feedback:
Corrective Action Needed:

Confidentiality (CODI)

- Copy of Policy/Procedures of Confidentiality and verification that employee/contractor has reviewed policy. This should include how agency trains/ notifies staff of EI requirements under HIPPA and FERPA.

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Evidenced by: Copy of Policy/Procedure that references all areas covered in the Chester County Confidentiality Training. Copies/verification that confidentiality post-test was taken should be included in employee/contractor file along with acknowledgment that they are aware and will follow established agency Confidentiality Policy.

Evidenced By:
Additional Feedback:
Corrective Action Needed:

Policy on Access to Records (CODI)

- Access to Records- Maintains Provisions for Security of Records/Protection of Individual Privacy.

Evidenced by: Policy/Procedure on who and how records can be accessed (paper and electronic). Access to Records to be kept in each record which includes the following information: Name of Individual Accessing, Title, Date, and Reason.

Evidenced By:
Additional Feedback:
Corrective Action Needed:

Policy Addressing Affirmative Action/Non-Discrimination – Civil Rights Act of 1964 Compliance (CODI)

- Policy/ Procedure that provider complies with current Civil Rights laws for employees, job applicants, and recipients of service. Should include the following language: “Does not discriminate against any employee, applicant for employment, independent contractor, recipient of services, or any other person because of age, race, color, religious creed, ancestry, natural origin, gender, familial status or handicap”

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Evidenced by:

- Copy of Policy/Procedure for Non-Discrimination
- Non-Discrimination Notice issued by Commonwealth of PA. Physically Posted in Office in areas to be viewed by Public
- Inclusion of Non-Discrimination Clause in contract for sub-contractors.
- Copy of contract for sub-contractors that includes the above listed clause in contract language.

Evidenced By:
Additional Feedback:
Corrective Action Needed:

Policy on Positive Approaches, Behavior Management, or Restrictive Practice

- o Policy/Procedure on Behaviors/FBA/Restraint Fee/Restrictive Practices that addresses the EI philosophy on addressing challenging behaviors. Policy should include agency practices in accordance to OCDEL Announcements: EI-10-#08 Amended Behavior Supports Announcement for Young Children and EI- 13-#07 Positive Behavior Supports

Evidenced by: Copy of provider policy/procedure regarding challenging behavior and how they are handled by interventionist in the home; Parent and Employee Handbooks.

Evidenced By:
Additional Feedback:
Corrective Action Needed:

Disaster Planning (CODI)

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- Disaster Response Plan in place by provider in compliance with county and state requirements. Audit tool to be provided.

Evidenced by: Copy of provider's individualized Disaster Response Plan. Key components to address people, work space, technology/data/records, and suppliers/dependencies.

Evidenced By:
Additional Feedback:
Corrective Action Needed:

Policy on Relationships and Sexuality (CODI)

- Policy and Procedure to address boundaries of contact with children and families

Evidenced by: Copy of provider's policy/procedure on relationships/sexuality that addresses ethical and appropriate relationships between staff and children/families.

Evidenced By:
Additional Feedback:
Corrective Action Needed:

Quality Management (CODI)

- Provider has quality management (QM) policy and procedure
- Provider will have mechanism to design, manage, and evaluate its program and services to achieve maximum benefit.
- Provider will develop and implement annual QI (Quality Improvement) Plan which will include an assessment of all standards and goals for current year.

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- Provider submits an annual self-evaluation based on QM plan. Due 45 days after close of fiscal year.

Evidenced by: Copy of QM Plan and Policy/Procedures Addressing QM Plan regarding it's creation, review, and how information will be reported/used.

Evidenced By:
Additional Feedback:
Corrective Action Needed:

- **Refer Web- Information viewed with EI Coordinator during on-site monitoring visit**

Evidenced By:
Additional Feedback:
Corrective Action Needed:

- **Agency Organization/Governance (CODI)**

- Provider will have organization structure/chart to indicate key plays and administration of their organization agency.
- Provider will provide copy of mission/vision statement
- Provider will provide copy of current advisory board (if applicable) indicating name, contact information and terms
- Provider will provide copy of advisory board meeting/minutes (if applicable)

Evidenced by: Copy of Provider Agency Structure/Organization Chart; Advisory Board Members/Term/Contact; and Advisory Board Meeting Minutes.

Evidenced By:
Additional Feedback:

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Corrective Action Needed:

Consumer/Family Satisfaction (CODI)

- Provider will have policy/procedure on consumer/family satisfaction of services being received through Early Intervention that indicates how this information is collected and reviewed.
- **Evidenced by:** Copy of Provider Policy/Procedure; Copies of Satisfaction Survey, Results of Satisfaction Survey's; etc.

Evidenced By:
Additional Feedback:
Corrective Action Needed:

Incident Management (CODI) and Mandated Reporting (CODI and OCDEL)

- Provider will have policy and procedure regarding mandated reporting as required per OCDEL Announcement. Provider will verify that all staff are trained annually regarding Mandated Reporter requirement.
 - Provider will have policy/procedure of the reporting and handling of other incidents (other than mandated reporting) that occur and how they are investigated.
- Evidenced by:** Copy of provider's policy/procedure on Incident Reporting and Mandated Reporting. Verification that all staff/contractors are trained annually in Mandated Reporting.

Evidenced By:
Additional Feedback:

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Corrective Action Needed:

Complaint/ Procedural Safeguards (CODI and OCDEL)

- Provider will have policy/procedures addressing the following:
 - How complaints are received and addressed when reported?
 - Notification to family of procedural safeguards available under EI as well as County MH/IDD Offices.

Evidenced by: Copy of policy/procedures of Complaint/GrievanceProcess and any forms provided to families to ensure that they are aware of their rights and how to make a complaint.

Evidenced By:
Additional Feedback:
Corrective Action Needed: