

North Dakota General Supervision System

February 18, 2014

Stage	Description
Local Programs	<p>North Dakota has eight regions of service delivery for Early Intervention. There is one service coordinator, or DD Program Management unit, within each of those regions; however there can be multiple Early Intervention Service (EIS) or Infant Development providers within a region. Also there are some Infant Development providers that have programs in multiple regions. Monitoring reports and findings are issued to both the Infant Development program and the applicable Developmental Disabilities Program Management Unit. These reports should be considered reflective of both the local Infant Development program and the DD Program Management unit.</p>
Types of Monitoring	<p>Program findings can be issued for noncompliance identified from a variety of sources including:</p> <ul style="list-style-type: none"> • APR Indicator information: Each year, North Dakota must complete a review of data in preparation for the filing of the federal Annual Performance Report (APR); • A structured examination of the electronic file via the “case review process”; • Results of formal complaint proceedings; and • Other monitoring methods <p>Through these processes, any noncompliance identified will result in the issuance of a finding. In any instance of a finding being issued, the state must ensure timely correction of the finding and verification of the correction.</p>
Collection of Data for Annual Performance Report (APR) Indicators	<p>Information for the APR is collected a variety of ways. In some cases, data are pulled from the entire state caseload and then examined for a number of indicators. It is through this examination that findings are determined for a particular program. In some instances a random sample of cases are examined and again findings occur from this review as well.</p>
Program Findings	<p>In accordance with federal requirements, the program is notified of the finding through a letter from the Part C Coordinator. This notification is sent to both the DD Program Management unit and the specific Infant Development program. The letters contain specific case references, percentage of noncompliance, and requirements for correction.</p>
Correction of Findings	<p>The correction of the noncompliance must be made within the timeline set forth in the Letter of Finding. It is the responsibility of the state monitoring team to verify the completion of this correction by a review of the state electronic file and other data as necessary.</p> <p><u>Prong 1 of Correction</u></p> <p>Prong 1 exists to assure that the programs have corrected the incidences of</p>

noncompliance related to an individual child.

Programs use the following actions for correcting findings of noncompliance:

- If a child is no longer in services, the IFSP can no longer be revised. Therefore, the program documents the child has left the jurisdiction of the program.
- If the child is still in services, corrections must be completed and documented *as soon as possible*. Programs should check to see if the correction has occurred and is documented. If so, this documentation can serve as the correction.
- If correction of the individual finding has not already occurred, complete and document the required action. This may require the IFSP team to be reconvened. If an IFSP meeting is necessary, the team membership needs to be a minimum of those individuals indicated in the IFSP for a Review meeting, but depending on the issue, other team members may need to be included.
- Documentation regarding any of the above actions will be submitted in accordance with the directions included with the letter of finding. Prong 1 will be considered met after the action has been verified by a designated member of the state monitoring team. Once Prong 1 is verified, the program moves into the Prong 2 phase of verification of correction.

Prong 2 of correction

The Prong 2 process is mandated through federal requirements, as outlined in the OSEP Memo 09-02, to ensure that the program is correctly implementing the regulatory requirements. This is done through a review of subsequent data to ensure 100% compliance with the requirement. The following formula is used to implement Prong 2:

- For programs that have 30 or fewer children on their roster, 3 child records are reviewed per finding.
- For programs that have 31 or more children, 5 child records are reviewed per finding.

Procedure: More recently developed or updated cases are selected; so that compliant implementation can be demonstrated. It is the responsibility of the local programs to obtain and document the required data for Prong 2. The program submits documentation to the state monitoring team to verify that all

	<p>selected records are compliant in the area of the finding.</p> <p>This information is submitted to and verified by the state monitoring team. If all records are found to be compliant, Prong 2 is closed. If any records are found to be non-compliant, the finding is not closed and additional records will be reviewed at a later date. The state monitoring team works with the local program to ensure correct implementation of the relevant regulatory requirement. This process continues until 100% of the records selected meet compliance. In some instances, the state Part C Coordinator may determine that additional sanctions are necessary to ensure correction.</p>
<p>Closing Findings</p>	<p>Once Prong 1 and Prong 2 are successfully met, the program will receive a letter from the Part C Coordinator informing them of closure of the specific finding. If prong 2 is not verified in a timely manner, the RAP process is initiated.</p>
<p>RAP Development</p>	<p>At the discretion of the Part C Coordinator, or if prong 2 is not timely corrected, a regional program (both DD & ID) enters into the Regional Action Plan (RAP) process with representatives of the state monitoring team to assure that correction is verified in a timely manner and performance improves. This decision is based on variables, such as:</p> <ul style="list-style-type: none"> • Current performance • Timely correction of previous non-compliance • Systemic issues • Data quality <p>Members of the RAP team include designated state monitoring team members, the regional DDPA, ID program coordinator, and an experienced parent. The RAP process will be started within 90 days of the issuance of the finding to identify corrective action steps and ensure timely correction or at the Part C Coordinators discretion.</p> <p>The RAP includes a list of the areas for improvement and agreed upon strategies to ensure correction. The strategies developed by the team provide detailed information about what the region will do, and the strategies will include how technical assistance is used to aid ongoing assessment processes during the year. The plan also includes the supports and resources the region accesses from their community stakeholders. The RAP identifies the timelines for each of the strategies. The regional program has the opportunity to meet</p>

	<p>with state staff to review the available data, explain what will be necessary to achieve compliance as defined in letter of findings, and review the evidence of change that will be necessary to demonstrate correction. If a regional program already has an active RAP, the findings and plans for verification of correction will be added to the plan.</p> <p>A regional program can request a RAP, at any time, to address a variety of reasons, by contacting the Part C Coordinator.</p>
<p>Public Reporting</p>	<p>On an annual basis, the state publishes individual program performance on each indicator in the APR as compared to state targets and state performance.</p>
<p>Program Level of Determination</p>	<p>On an annual basis, following the completion of the federal APR, local programs will be issued a Program Level of Determination (LoD). On an annual basis, the state monitoring team, with stakeholder involvement from the North Dakota Interagency Coordinating Council, will develop the criteria for the LoD. Programs will be issued one of the following determinations based on their performance on the selected criteria:</p> <ul style="list-style-type: none"> • Meets Requirements • Needs Assistance • Needs Intervention • Needs Substantial Intervention <p>Based on a program's determination, program sanctions may be issued.</p>