



## Attachment A

### **PROVIDER OF EARLY INTERVENTION PROGRAM SERVICES SUBMISSION REQUIREMENTS FOR A CORRECTIVE ACTION PLAN AND REQUIRED EVIDENCE OF CORRECTION**

This monitoring report indicates that you/your agency received Regulation Finding(s) which require the development of a Corrective Action Plan (CAP). Select Finding(s) related to requirements of the Individuals with Disabilities Education Act (IDEA) and federal regulation will also require the submission of Required Evidence of Correction (REC). If you directly contract with a provider agency, a copy of the monitoring report will be sent to each agency with which you contract. If you do not contract with a provider agency, a copy of the monitoring report will be sent to each municipality in which children to whom you directly render services reside.

Your plan for correction will be reviewed by IPRO and by the New York State Department of Health (Department), Bureau of Early Intervention. You will be notified in writing when the plan is accepted or if additional details to the plan are required. You will need to submit a REC for select Findings which will be reviewed by the Department to verify that the corrections described in your CAP have been effectively implemented.

Your CAP must be **electronically** submitted **within forty-five (45) calendar days of receipt of this monitoring report**. Please ensure you do not include any Personally Identifiable Information (PII) or Protected Health Information (PHI) in your CAP that would identify a child or family.

- When you are also required to submit a REC, and it consists of written policy for PI-42, it must be submitted **with your CAP within forty-five (45) calendar days of receipt of this monitoring report**.

#### **INSTRUCTIONS FOR DEVELOPING THE CORRECTIVE ACTION PLAN (Attachment B)**

The CAP must be thorough and specific to establish an understanding that the plan will, in fact, correct the identified non-compliance.

#### **Attachment B**

You must use the table in Attachment B to submit your CAP. An electronic template can be downloaded at <http://ipro.org/for-provider/early-intervention>. You will need one complete table for each Finding in your monitoring report.

#### **Regulation Finding(s)**

Regulation Findings are found in Exhibit B in your monitoring report. Your CAP must address each component of the Regulation Finding described in Exhibit B. Each Regulation Finding should be addressed on a separate page(s) of the CAP table. You must provide the information requested in bold in each box of the CAP table (Attachment B).

#### **Repeat Findings**

If a regulatory violation was found during this monitoring review and determined to be the same Finding from a previous review, you should examine your procedures to determine why the previous CAP did not correct the problem. Please note, your CAP will not be approved if changes in your procedures are not evident when compared to your previously submitted CAP.



### **Improvement Opportunity(ies)**

Improvement Opportunities are found in Exhibit C and are for informational and quality improvement purposes only. Improvement Opportunities do not require a CAP.

### **Immediate Remediation**

**Wherever you receive the statement “Requires immediate remediation” in your monitoring report, an immediate written response must be submitted to the Department as well as any municipalities in which the children you serve reside if you do not subcontract. If you do subcontract with an agency, you must send a copy of your immediate remediation response to them.** Direction regarding immediate remediation requirements is sent to you under separate cover directly from the Department. You may already have been contacted by the Department regarding these requirements. If you have been contacted by the Department and have not yet submitted a written response to correct the deficiency, please submit this to:

Andrea Fair  
Bureau of Early Intervention  
New York State Department of Health  
Corning Tower, Room 287  
Empire State Plaza  
Albany, NY 12237

Your immediate remediation written response must be attached to your CAP when this is submitted.

### **CAP Elements and Format**

#### **COVER LETTER:**

\* A letter signed by the individual provider or authorized representative (if an agency provider) must be included with the CAP, specifying:

- ◆ complete name of the provider,
- ◆ address of the main office,
- ◆ name of the contact person for the purpose of discussing the monitoring report or CAP,
- ◆ telephone number for the contact person,
- ◆ date(s) of the monitoring review,
- ◆ monitoring review name (located on the cover page of the monitoring report),
- ◆ State ID (located on the cover page of the monitoring report).

\* Any comments regarding the monitoring report should be included here, as well as other noteworthy information that would assist in the evaluation of the CAP.

#### **HEADER (Attachment B):**

\* Fill in these **3** pieces of information on the lines provided in the header of the CAP table:

- ◆ complete provider name,
- ◆ monitoring review name (located on the cover page of the monitoring report),
- ◆ State ID number (located on the cover page of the monitoring report).

#### **INDICATOR NUMBER:**



\* Fill in the indicator number of the Finding you are addressing on each page of the CAP table. The indicator number can be found at the top of each Exhibit B in your monitoring report. Please complete one table for each indicator/Finding.

ROOT CAUSE(S) OF NON-COMPLIANCE (Attachment B, First Row)

\* Briefly describe the factor(s) or reason(s) which you think contributed to the Finding of non-compliance.

ACTION STEPS/STRATEGIES COLUMN (Attachment B, 2<sup>nd</sup> Column):

- \* Briefly describe the steps that you will take to correct and resolve the Finding.
- \* Address **each component** of the Finding (i.e., each hollow bullet on the Exhibit B page).
- \* If you are an individual provider, you do not need action steps for INFRASTRUCTURE or SUPERVISION/OVERSIGHT, which are marked as **not applicable for individual providers**.
- \* Action steps can be brief.
- \* Follow the directions in the CAP table for submission of written policy and other documentation with your CAP.
- \* Written policy is required for the following Findings:
  - ◆ **PI-42:** A complete written confidentiality policy is required to be submitted by all providers.
  - ◆ **PI-45, PI-46, PI-47, PI-49, PI-50, PI-52, PI-63, PI-66, PI-81:** Written health and safety policy is required to be submitted by all providers.

RESPONSIBLE PERSON COLUMN (Attachment B, 3<sup>rd</sup> Column):

- \* List the **name and title** of the individual responsible to ensure each action step is carried out. There should be **one** individual with appropriate authority named as responsible person to ensure successful completion of each major action step.
- \* The person identified as responsible person must be an employee of the agency or the individual provider him/herself - the responsibility for correction cannot be delegated to an outside entity (e.g., contractor, advisory committee, etc.).

TIMELINE FOR IMPLEMENTATION COLUMN (Attachment B, 4<sup>th</sup> Column):

\* The overall timeline must be as short as possible. Terms such as “frequently,” “periodically,” “as needed”, and “on-going” are not acceptable, as they lack specificity. An end date that identifies when the CAP will be fully implemented is preferred.

SIGNATURE

\* The cover letter and each page of the CAP table (Attachment B) should contain the signature of the individual provider, or authorized representative (if an agency provider).

INSTRUCTIONS FOR SUBMITTING YOUR CAP

**Please submit your cover letter and CAP (with written policy or other documentation as indicated in the table) within forty-five (45) calendar days of receipt of this monitoring report, by one of the following methods:**

- E-mail, including your EI State ID in the ‘subject’ line, to [gim@ipro.org](mailto:gim@ipro.org)
- Fax, including your EI State ID on your fax cover sheet, to 516-304-3768

*If you do not subcontract with an agency, it will be your responsibility to submit a copy of your CAP to each municipality in which the children you serve reside at the same time you provide your CAP to IPRO. A list of municipality Early Intervention Managers is located at*



[http://www.health.ny.gov/community/infants\\_children/early\\_intervention/county\\_eip.htm](http://www.health.ny.gov/community/infants_children/early_intervention/county_eip.htm). If you subcontract, you must send a copy of your CAP to the agencies with which you have a contract.

## **INSTRUCTIONS FOR SUBMITTING THE REQUIRED EVIDENCE OF CORRECTION**

Federal statute and regulation require verification that correction has occurred within a year for activities that are mandated by federal law and regulation. In keeping with this requirement, you/your agency will need to submit evidence, for select indicators related to IDEA requirements, that non-compliance has been corrected through implementation of the action steps described in your CAP. REC submissions will consist of written policy or documentation from child records.

- **REC to be Submitted with Your CAP**

If you received a finding for **PI-42**, you must submit a complete written confidentiality policy **with your CAP** within forty-five (45) calendar days of receipt of this monitoring report.

- **REC to be Submitted After CAP Acceptance**

If you received a finding for any of the following indicators, you will need to submit documentation from child records to demonstrate correction of the non-compliance. The indicators which will require this record submission are **PI-14, PI-15, PI-25, PI-27, PI-36, and PI-41**. You may be directed to submit additional documentation as well.

Child record submissions will be due to the Department **within one hundred (100) calendar days after receipt of your CAP acceptance letter from the Department.**

Identification of the specific records required, and instructions for their submission, will be provided to you by letter once your CAP has been accepted by the Department.