



## Attachment A

### PROVIDER OF EARLY INTERVENTION PROGRAM SERVICES SUBMISSION REQUIREMENTS FOR A CORRECTIVE ACTION PLAN Agency

This monitoring report indicates that your agency received Regulation Finding(s) which require the development of a Corrective Action Plan (CAP). Your CAP 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 CAP is accepted or if additional detail or response to the plan is required.

Your CAP must be **electronically** submitted by completing the “*Attachment B Corrective Action Plan (CAP)*” (provided to you as part of your monitoring report) along with a cover letter and any supporting documentation such as updated policies and other documentation as required.

Instructions on developing and submitting your CAP are referenced below. **The CAP must be submitted within forty-five (45) calendar days of receipt of your monitoring report.**

**Please ensure you do not include any Personally Identifiable Information (PII) or Protected Health Information (PHI) in your CAP.** This would be any information that when used alone or in combination could identify a child or family.

#### Issue of Immediate Remediation Identified During the Monitoring Review:

**Wherever the statement “Requires immediate remediation” is included 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 subcontract with an agency, you must send a copy of your immediate remediation response to the agency, as well as any municipalities in which the children you serve reside.** Directions regarding immediate remediation requirements are 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 also be submitted with this CAP.



**INSTRUCTIONS FOR DEVELOPING YOUR CAP**

**Complete Attachment B Corrective Action Plan (CAP).** This document has been prefilled with the indicator(s) and criteria specifically identified as Regulation Finding(s) in Exhibit B of your monitoring report. Additionally, indicator specific technical assistance is provided and can assist you in preparation of your CAP. The CAP must be thorough and specific to establish an understanding that the plan will, in fact, correct the identified non-compliance for Regulation Findings.

To develop your CAP please review your specific Attachment B Corrective Action Plan (CAP) before proceeding. You will need to then complete (fill in) the **Action Steps** (see chart below for further instructions on specific steps), identify the **Responsible Person** (Name & title of agency employee with authority to develop and complete the actions steps) and develop the appropriate **Timeline** (specific dates when each of the action steps will be fully implemented).

Action Steps	Instructions/Description
<b>ROOT CAUSE</b>	Describe the specific reason (root cause(s)) that caused the finding of noncompliance to occur, i.e., provider did not know where to call to report child abuse.
<b>PROCEDURES</b>	Describe any changes that will be made to the procedures used or the way things are done, in order to correct the noncompliance.
<b>ORGANIZATION STRUCTURE</b>	Describe any changes needed, (staffing, lines of supervision, organizational structure)
<b>TRAINING</b>	Describe training that will take place to correct this finding and prevent any future findings of this nature, i.e., provider will participate in mandatory reporting training.
<b>SUPERVISION/ OVERSIGHT</b>	Procedures that will occur to ensure staff will carry out correct procedures.
<b>DOCUMENTATION</b>	Describe documentation that will be maintained to provide evidence of corrected practice. <u>*Additionally, any revised form(s) must be attached.</u>
<b>QUALITY ASSURANCE</b>	Methods that will be used to ensure corrections are being implemented (i.e. records to be checked, data tracking and frequency)
<b>WRITTEN POLICY</b>	<u>Your written policy is required</u> for any findings in indicators PI-42, PI-45, PI-46, PI-47, PI-50, PI-52, and PI-81) Your written policy should describe the entire procedure for your agency’s implementation of the above indicator, in addition to the specific criteria that did not meet the standard.

Person with authority and responsibility to implement the corrective action plan:

Signature: *John Doe*

Date: 1-19-17

Print Name: John Doe

Title: Executive Director

This section designates the person identified as responsible for overall implementation of the CAP and must be an employee of the agency - the responsibility for correction cannot be delegated to an outside entity (e.g., contractor, advisory committee, etc.).



**Complete a Cover Letter:** A letter by the authorized agency representative 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 (see your monitoring report cover page),
- Monitoring review name (see your monitoring report cover page),
- 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.

### **INSTRUCTIONS FOR SUBMITTING YOUR CAP**

**You must submit the following within forty-five (45) calendar days of receipt of this monitoring report:**

- Cover letter
- Completed: *Attachment B Corrective Action Plan (CAP)*
- If required: Any written policy or other documentation as indicated in the CAP
- If required: A copy of the written response you submitted to the Department of Health as well as municipality(ies) you provide services in.

**Submissions must be made by any one of the following methods:**

- By e-mail, include your EI State ID and “CAP” in the ‘subject’ line, to [gim@ipro.org](mailto:gim@ipro.org) (Attach your completed documents) OR
- By fax, include your EI State ID and identification that the FAX is a “CAP” on your fax cover sheet, to: **516-304-3768**
- In addition:
  - If you do not subcontract to an agency, it will be your responsibility to submit a copy of your CAP to IPRO and to each municipality in which the children you serve reside. A list of Municipal/County Contacts for the Early Intervention Program 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 to an agency, you must send a copy of your CAP to each agency with which you have a contract.