

FFY 2020 CORRECTION OF NONCOMPLIANCE GUIDANCE

A Service Providing Agency (SPA) must demonstrate 100% compliance for each federal indicator with noncompliance by (1) completion of child-specific corrections (as applicable) and (2) verification of programmatic corrections.

For all instances of noncompliance, **correction is required as soon as possible** but no later than one year from the date the Department of Economic Security/Arizona Early Intervention Program (DES/AzEIP) issued written notification of the finding of noncompliance to the SPA.

CHILD-SPECIFIC CORRECTION

A SPA must demonstrate that each case of noncompliance for Indicator 1 (timely services) found during the FFY review period was corrected by providing documentation that:

- Services were received although late;
- Parents declined services; or
- Child left the jurisdiction of the program due to transfer or exit.

To demonstrate correction of child-specific noncompliance for Indicator 1 (timely services), the following must be completed:

- Enter the initial service(s) in I-TEAMS on the service delivery page.
 - The Early Intervention Program (EIP) which includes the Team Based Early Intervention Services (TBEIS) contractor, Division of Developmental Disabilities (DDD), and Arizona State Schools for the Deaf and the Blind (ASDB) works collaboratively to ensure the initial service(s) is entered in I-TEAMS.
- If an Individualized Family Service Plan (IFSP) service has been removed from the IFSP without being provided, upload the contact log(s) that describes the reason(s) that the service was removed without being provided through the [FFY 2020 Corrective Action File Review Google Form](#). Documentation must include:
 - A summary of the conversation the IFSP team, which includes the family, had about removal of the service.
- If the record has been exited, enter the exit date in I-TEAMS.
- If the record has been transferred, upload the Child Transfer Form through the [FFY 2020 Corrective Action File Review Google Form](#).
- To ensure that child specific corrections are completed timely, DES/AzEIP requests that all required child specific corrections be completed **as soon as possible but no later than 8/5/2022**.
 - If child specific corrections are unable to be completed by 8/5/2022, a Corrective Action Plan (CAP) must be submitted by the SPA no later than close of business 8/8/2022.
 - DES/AzEIP will meet with the SPA to review the CAP and next DES/AzEIP Corrective Actions.
- DES/AzEIP will review all submitted documentation and notify the SPA if child specific corrections have been verified or if additional action steps are required.
- If additional documentation is required, please submit it through the Google Form and email AzEIPQualityImprovement@azdes.gov and cc the assigned Continuous Quality Improvement Coordinator (CQIC).

Note: Child-specific corrections have been verified for Indicator 7 (45-day timeline), Indicator 8a (Transition Planning Meeting), Indicator 8b (Public Education Agency Notification), and Indicator 8c (Transition Conference) through the I-TEAMS database. No further child-specific correction is needed by the SPA for these specific indicators.

PROGRAMMATIC CORRECTION

A SPA must demonstrate that data subsequent to the FFY review period data is now 100% compliant for each indicator with noncompliance. A tier level is designated for each monitored indicator based on the SPA's compliance percentage. Tier level defines the percentage of consecutive compliant records to be submitted for verification of compliance.

DEFINITION OF TIERS	
Compliance Percentage	Tier Level (Percentage of consecutive compliant records to be submitted for verification of compliance)
100% (meets compliance requirements)	N/A
99% - 90% (new noncompliance only)	Tier 1 (5%)
89% - 80% (new or continuing noncompliance)	Tier 2 (10%)
79% and Below (new or continuing noncompliance)	Tier 3 (15%)

To ensure that programmatic corrections are completed timely, DES/AzEIP requests that all required consecutive compliant records be submitted **as soon as possible but no later than 8/5/2022**. Upon receipt of submitted records, DES/AzEIP will review the documentation and will provide next steps and updates.

- If compliance is unable to be verified, a CAP must be submitted by the SPA no later than two weeks after notification.
- If the SPA does not meet the 8/5/2022 deadline for document submission, a CAP must be submitted by the SPA no later than close of business 8/8/2022.
- DES/AzEIP will meet with the SPA to review the CAP and next DES/AzEIP Corrective Actions.

Programmatic Correction Spreadsheets

Specific Programmatic Correction Spreadsheets for each indicator (1, 7, 8a, 8b, 8c) in which programmatic correction is required are attached to the email that DES/AzEIP sends to the SPA regarding FFY 2020 findings.

1. The SPA must use the appropriate Programmatic Correction Spreadsheet to identify the required consecutive compliant records per indicator. Refer to 'FFY 2020 Findings of Noncompliance' letter for additional details.
 - a. The Indicator 7 Programmatic Correction Spreadsheets were created using the 45-Day Timeline Report. Multiple contracts may be listed for a child record; a record may be included in the consecutive compliant count if the SPA/Region completed the IFSP.
 - b. The Indicator 8 Programmatic Correction Spreadsheets were created using the Transition Compliance Report. If a compliance decision has not been entered in I-TEAMS by DES/AzEIP, the compliance decision cell will be blank. A record may still be submitted as part of the consecutive compliant count if after SPA review of the record it is determined the record is compliant.
2. Within the consecutive records, a record may be excluded and the consecutive compliant count continues if the SPA identifies a record that was not the responsibility of the SPA at the time the activity was completed (see 4b).
3. Follow the steps below to identify consecutive compliant records to be submitted:
 - a. Identify the required number of consecutive records from the Programmatic Correction Spreadsheet that was provided by DES/AzEIP.
 - b. Complete a 'Child File Review Form' for each identified record and verify:
 - i. All supporting documentation meets AzEIP Policies and Procedures in effect at the time the activity was completed (2022 AzEIP Policy and Procedure took effect 4/1/2022).
 - ii. Is accurately reflected in I-TEAMS.
 - iii. Dates on child records, 'Child File Review Form' and I-TEAMS match.
 - iv. All fields and detailed explanations are entered as appropriate.

4. Once the required number of consecutive compliant records have been determined for submittal, highlight only the rows below as indicated:
 - a. Highlight the row of each consecutive compliant record in **YELLOW**.
 - b. Highlight any row that was not the responsibility of the SPA at the time of the activity in **GRAY** and include the date range the child was assigned to your SPA in the Comments column.
 - c. Highlight any row that was excluded for any other reason in **ORANGE** and include a detailed explanation in the Comments column.
 - i. Excluded records should be rare occurrences.
 - ii. If unsure if a record may be excluded, please refer to AzEIP Policy and Procedure Manuals for assistance.
 - iii. Adequate documentation must be available upon request.
 - iv. If additional guidance is needed, SPA leadership can email AzEIPQualityImprovement@azdes.gov and cc the assigned CQIC.
5. Once the consecutive records have been highlighted, save a copy of the Programmatic Correction Spreadsheet with its original file name.
6. Upload the 'Child File Review Form' and all supporting documentation for each consecutive compliant record through the [FFY 2020 Corrective Action File Review Google Form](#).
7. Once all file reviews and supporting documentation have been submitted, email the highlighted Programmatic Correction Spreadsheet to AzEIPQualityImprovement@azdes.gov and cc the assigned CQIC.
8. The SPA is encouraged to submit the documentation above as each indicator is ready for review.
9. For DES/AzEIP to review submitted records, all above steps must be successfully followed and completed.
 - a. Files will be reviewed in consecutive order as identified on the Programmatic Correction Spreadsheet.
 - b. If a file is determined to be noncompliant (incomplete, inaccurate, or inconsistent), the file verification process will halt.
 - c. The SPA will be notified to begin the process again.
 - d. All required consecutive compliant records must be submitted **as soon as possible but no later than 8/5/2022**.
10. DES/AzEIP will issue a 'Status of Correction' Letter once programmatic and child-specific correction (as applicable) have been verified for all indicators.

CORRECTIVE ACTIONS

DES/AzEIP will implement corrective actions for any SPA that is unable to demonstrate successful correction of noncompliance. The corrective actions may include:

- Required submission of additional documentation and/or increased reporting of the area(s) of noncompliance and strategies to improve compliance
- Focused monitoring activities that may occur on site or remotely to review files, meet with staff, identify strategies for improvement and prepare a plan to address areas of noncompliance
- Developing a corrective action plan (CAP), including timelines for implementation and periodic progress reporting
- Revising contract terms and provisions of the SPA when necessary and with appropriate notice
- Requiring the SPA to revise its contractual terms or procurement methods when necessary, and with appropriate notice
- Adjustment or withholding of whole or partial payment until satisfactory resolution of noncompliance
- Suspending all or part of the SPA's contract or service provision responsibilities
- Termination of the SPA's contract or service provision responsibilities in whole or in part