



DEPARTMENT OF ECONOMIC SECURITY

*Your Partner For A Stronger Arizona*



# **AzEIP Programmatic Meeting - Findings Letter**

**April 25, 2023**

**Revised June 30, 2023**

# OSEP and Monitoring

- The Individuals with Disabilities Education Act (IDEA) requires states and other public agencies to implement programs designed to improve results for infants, toddlers, children, and youth with disabilities and their families.
- OSEP monitors AzEP using the Differentiated Monitoring and Support (DMS 2.0).
- OSEP has made a shift from monitoring based solely on compliance with IDEA requirements to monitoring and support focused on both compliance and improving results for infants, toddlers, children with disabilities referred to and/or served under the IDEA).
- During the OSEP Monthly DMS Technical Assistance Call on 2/9/23, they shared that we needed to be
  - Monitoring beyond the SPP/APR indicators
  - Monitor that services are being provided consistent with the IFSP
  - Provide evidence of correction

# Purpose of Findings Letter

- Share results of AzEIP's review and analysis of SPA's FFY 2021 (4/1/2022-6/30/2022)
- Provide SPA with written notification of compliance determination
- Identify timeline for correction of noncompliance

# Results of AzEIP's Review and Analysis

Federal Indicator and IDEA, Part C Citation	Records in Compliance (Numerator)/ Number of Records Reviewed (Denominator)*	Compliance Percentage	Compliance Status	Compliance Type	Corrective Action	# of Consecutive Records Required for Programmatic Correction
<b>1—Timely Services</b> 34 C.F.R. §303.344 (f) (1) and §303.342(a)-(e)	Not Monitored This Round	N/A	Compliant	Compliant	None	N/A
<b>7—45 Day Timeline</b> 34 C.F.R. §303.310(a)	30/30	100%	Compliant	Compliant	None	N/A
<b>8A—Transition Planning Meeting</b> 34 C.F.R. §303.344 (h)	18/19	94.74%	Noncompliant	New Noncompliance	Tier 1	3
<b>8B—LEA Notification</b> 34 C.F.R. §303.209(b) and §303.344(h)(2)(iii)	17/19	89.47%	Noncompliant	Continuing Noncompliance	Tier 2	5
<b>8C—Transition Planning Conference</b> 34 C.F.R. §303.209(c)(1)	47/48	97.92%	Noncompliant	New Noncompliance	Tier 1	3

\*Refer to FFY 2021 Monitoring Dashboard for specific details

# Continuing Noncompliance

If a SPA was unable to correct noncompliance for one or more indicators from FFY 2020:

- The SPA will be identified as having continuing noncompliance for the indicator(s) for FFY 2021
- A tier level will be assigned for each indicator with continuing noncompliance based on FFY 2020 and FFY 2021 data

# Compliance Determination

This letter serves as written notification from ADES/AzEIP that your SPA has been identified as **compliant under IDEA, Part C.**

OR

This letter serves as written notification from ADES/AzEIP that your SPA has been identified as **noncompliant with one or more indicators under IDEA, Part C.**

# Timeline for Correction of Noncompliance

- All ***continuing noncompliance*** must be corrected by the SPA as soon as possible.
- All ***new noncompliance*** must be corrected by the SPA as soon as possible, and no later than one year from the date of your Findings Letter.



# **Tier Levels for Programmatic Correction**



# Programmatic Correction

- A SPA must demonstrate that data subsequent to the FFY 2021 monitoring 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 required actions for programmatic correction.

# Tier 1

## **Tier 1 90-99% Compliance percentage**

1. Correction of identified child-specific noncompliance (as applicable)
2. Analysis of noncompliance within one (1) month of the date of the findings letter
3. Submit a letter of assurance with the analysis of noncompliance attached
4. **Optional** participation in **AzEIP technical assistance**
5. Submission of **3%** (minimum of 2) of consecutive compliant records as verified by AzEIP\*

# Tier 2

## **Tier 2 80-89% Compliance percentage**

1. Correction of identified child-specific noncompliance (as applicable)
2. Analysis of noncompliance within one (1) month of the date of the findings letter
3. Submit a letter of assurance with the analysis of noncompliance attached
4. **Mandatory** participation in **AzEIP technical assistance**
5. Submission of **5%** (minimum of 2) of consecutive compliant records as verified by AzEIP\*

# Tier 3

## Tier 3 Below 80% Compliance percentage

1. Correction of identified child-specific noncompliance (as applicable)
2. Analysis of noncompliance within one (1) month of the date of the findings letter
3. Submit a letter of assurance with the analysis of noncompliance attached
4. **Mandatory** submission of **corrective action plan** within one (1) month of the date of the findings letter using the information identified in the analysis of noncompliance
5. **Mandatory** participation in **AzEIP technical assistance**
6. Submission of **10%** (minimum of 2) of consecutive compliant records as verified by AzEIP\*



# Demonstrating Correction

# Timelines for Corrections

- As soon as possible
- Within a year
- CAP as a consequence for not correcting quickly

# Child Specific Corrections

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:

- Service(s) was provided although late;
- Parents declined service(s); or
- Child left the jurisdiction of the program due to transfer or exit

# Analysis of Noncompliance

SPAs should use the FFY 2021 Monitoring Dashboard to identify:

- Noncompliant records
- Reason/root cause(s) for noncompliance
- Contributing factor area(s) of noncompliance

SPAs should then:

- Determine needed programmatic corrections
- Execute programmatic corrections
- Self monitor for implementation and effectiveness



# Letter of Assurance

SPA will submit to AzEIP the **analysis of noncompliance** with a **letter of assurance** that includes:

- a. A summary of the reason(s)/root cause(s) of noncompliance
- b. A statement assuring that programmatic corrections are being implemented to prevent future noncompliance
- c. Acknowledgment of the SPA's responsibility to correct the noncompliance as soon as possible and no later than one (1) year from the date of the findings letter

# AzEIP Technical Assistance (TA)

Participation is optional for Tier 1 but required for Tier 2 and Tier 3

TA may include:

- Review of programmatic meeting presentations and TA Bulletins
- Completion of the Transition Process Training (DEAEIP1905) (if noncompliant for Indicator 8)
- Meeting with the TA Specialist and the CQIC

# # of Consecutive Records Required for Programmatic Correction

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# Identifying Compliant Records

A compliant record:

- Meets all AzEIP Policy & Procedure requirements
- Contains verifying documentation for each step in the process
- Includes accurate data accordant to the documentation

# AzEIP's Process for Verifying Compliance

## Confirm:

- Programmatic Correction Spreadsheet identifies consecutive compliant records
- Activity was completed in accordance with AzEIP regulations
- All required documentation:
  - Has been provided through the Google form
  - Supports the data entered into I-TEAMS
  - Dates match what has been entered in I-TEAMS
  - Utilizes current forms in effect at the time of the activity
  - Is complete, including a valid signature

# AzEIP's Verification Decision

- Determine if compliance can be verified through the provided documentation
- Identified noncompliant records are elevated for second level review before final compliance verification decision

# Corrective Action Plans are intended to

- Assist the SPA in identifying the strategies needed to correct noncompliance
- Ensure systems of measurement are in place to evaluate the implementation and effectiveness of strategies
- Make sustainable programmatic corrections

# Findings Letter and Programmatic Correction Reminders

Please review FFY 2021 guidance for updates:

- Correction of Noncompliance Guidance
- Child File Review Forms
- Child File Review Form (Guidance)

Child File Review Form must contain detailed description

SPAs who would like additional support may:



- Submit questions to [AzEIPQualityImprovement@azdes.gov](mailto:AzEIPQualityImprovement@azdes.gov) and CQIC
- Request a meeting with the Quality Improvement Team



# Compliance Requires Collaboration

SPAs should support one another and work together to ensure:

- Open and responsive communication
- Activities are completed timely and documented accurately
- Data entered in I-TEAMS matches documentation
- Records are shared with team members timely
- SC, IFSP team members, and SPA leadership have access to the complete child's record
- The child's record is stored securely (physically in locked cabinet and/or electronically with password protection)
- They are continuously working together to identify and correct noncompliance through the year.

# Reminders from the QI Team

- DDD Eligibility Application should only be signed by the parent/guardian if the child has been identified as meeting AzEIP Eligibility Criteria.
- Informed Clinical Opinion must be used as appropriate in identifying children eligible for AzEIP (please refer to AzEIP policy and procedure manuals for additional information).
- In-person meetings (initial visits, IFSPs, transition conferences, etc.) are the expectation- all should be in person unless the family requests otherwise.
- Transition Reminders:
  - PEA Notification/Referral forms should not be sent to the school district and ADE prior to the child turning 2 years 3 months of age
  - Use the PEA Update Section(s) of the original PEA Notification/Referral form to communicate changes in the PEA decision, family address, etc.
  - Please share transition resources ([Transition Guide](#) and [Transition Video](#)) with families
- SPAs must have internal processes in place to continuously monitor that all staff understand and are implementing services and supports in accordance with AzEIP Policy and Procedure.

# Resources we would like to share

- [IDEA, Part C](#)
- [AzEIP TBEIS Policy Manual](#)
- [AzEIP TBEIS Procedure Manual](#)
- [AZEIP TBEIS Billing Manual](#)
- [AzEIP I-TEAMS Manual](#)
- [Google Form](#)
- [Delay Reasons Guide](#)
- [Local Contributing Factors Tool](#)
- [Resources and Tools for AzEIP Service Providers](#)

# Thank you for attending!

## **AzEIP Quality Improvement Team**

- **Erica Melies**, AzEIP Quality Improvement Manager
- **Tanya Goitia**, AzEIP Continuous Quality Improvement Coordinator
- **Lidia Gonzales**, AzEIP Continuous Quality Improvement Coordinator
- **Pamela Meurer**, AzEIP Continuous Quality Improvement Coordinator
- **Anissa Albert**, AzEIP Technical Assistance Specialist
- **Amanda Tipotsch**, AzEIP Technical Assistance Specialist
- **Chantelle Curtis**, AzEIP Professional Development Coordinator
- **Amanda Honeywood**, AzEIP Administrative Assistant