

Quality Assurance and Improvement

Introduction

The Individuals with Disabilities Education Act requires states to develop a comprehensive, coordinated, multidisciplinary, interagency system of services. Federal regulations state that the lead agency in each state is responsible for supervising and monitoring the implementation of the Part C of the Individuals with Disabilities Education Act in that state. In North Carolina, the Early Intervention Branch of the Women's and Children's Health Section in the Division of Public Health is responsible for the supervision and monitoring of the Infant-Toddler Program.

Although service providers involved in the Infant-Toddler Program have internal monitoring processes that focus on provider-specific responsibilities, it is neither possible nor appropriate to review an interagency effort from the perspective of a single provider. Any comprehensive review of Infant-Toddler Program implementation efforts must be conducted from an interagency, collaborative perspective.

Monitoring of the Infant-Toddler Program must focus on both quality assurance and quality improvement. Quality assurance activities verify that the services and supports provided meet all required quality standards. Targeted areas include ensuring that services are minimally adequate, client rights are protected, organizations are fiscally sound, documentation requirements are met, providers comply with established standards, and relevant licensure and certification requirements are in place. Quality improvement activities involve constantly seeking new and improved ways of providing services and conducting business. Aspects of quality improvement include the selection and systematic assessment of performance indicators to guide decision making and aid in the achievement of better outcomes for children and their families, the identification and evaluation of trends, and the gathering of feedback from consumers regarding their satisfaction with service delivery.

Quality assurance and quality improvement occur at multiple levels – interagency, agency-specific, individual practitioner, and consumer. Various aspects of each of these are outlined in this Policy Bulletin. It is anticipated that these elements of Infant-Toddler Program monitoring will be enhanced and expanded in the future.

Interagency

Interagency quality assurance and improvement activities occur at state, regional, and local levels. Providing oversight and support for the planning and implementation of these activities are the Early Intervention Branch of the Women's and Children's Health Section in the Division of Public Health, the Early Intervention Continuous Quality Improvement Planning Committee, the Regional Interagency Coordinating Councils, and the Children's Developmental Services Agencies.

Early Intervention Continuous Quality Improvement Planning Committee

In its role as lead agency, the Division of Public Health has established an Early Intervention Continuous Quality Improvement Planning Committee. This purpose of this interagency advisory group

is to serve as a single structure for coordinating all activities in the area of compliance monitoring, qualitative assessment, and outcome evaluation. The specific functions of this Committee include:

- managing the content, scope, and implementation of the integrated data plan;
- evaluating the content and format of the Infant-Toddler Program component of the North Carolina birth to twenty-one interagency database and making recommendations for changes when appropriate;
- developing a long-range plan for systems qualitative evaluation and outcome studies;
- planning specific statewide qualitative child, family, and systems evaluations and outcomes studies;
- reviewing data from these evaluations and studies and planning and assisting in the dissemination of the findings from such studies;
- evaluating the North Carolina Infant-Toddler Program Community Review Process and recommending modifications when necessary;
- overseeing the development of strategies to address out-of-compliance issues and recommendations from the Community Review Process and the federal Office of Special Education Program's Self-Assessment;
- integrating the scope and focus of the North Carolina Infant-Toddler Program Community Reviews with the qualitative evaluations and outcome studies;
- planning training and technical assistance for Children's Developmental Services Agencies, Regional Interagency Coordinating Councils, and other agencies and organizations related to these continuous improvement planning activities;
- assisting in planning and evaluating applications for federal and private foundation grants, and
- coordinating Infant-Toddler Program continuous improvement planning activities with those of the Department of Public Instruction and early childhood agencies such as the North Carolina Partnership for Children and More at Four.

Early Intervention Branch

The Early Intervention Branch offers support and guidance to the Children's Developmental Services Agencies, the Regional Interagency Coordinating Councils, and the Early Intervention Continuous Quality Improvement Planning Committee. The Early Intervention Branch has developed several means for both ensuring compliance with Infant-Toddler Program requirements and continuous efforts to improve services.

One of these methods that focused on both quality assurance and quality improvement is the *North Carolina Infant-Toddler Program Community Review*, a community-based self-survey of the Infant-Toddler Program. This review, coordinated by the Early Intervention Branch, was designed to evaluate and strengthen early intervention services for infants and toddlers with special needs and their families through interagency and parent-professional collaboration. The Community Review focused on compliance with state and federal requirements as well as the provision of quality, family-centered services. Core areas examined were roles and responsibilities, child and family rights, referral and eligibility, service delivery, and complaint resolution. Reviews occurred on a regular cycle, organized by Children's Developmental Services Agency catchment areas, and included local early intervention providers from each county. A written description of the Community Review and the *North Carolina Infant-Toddler Program Community Review Tool* can be obtained from the Director of the Children's Developmental Service Agency.

Another means employed by the Infant-Toddler Program is the on-going collection of data from families whose children are enrolled in the Infant-Toddler Program. Parents are asked to complete the *Early Intervention Services Assessment Scale*, which is a set of recommended early intervention practice indicators. The results are used to identify areas where improvements are needed and where technical assistance and training should be targeted.

Children's Developmental Services Agencies

The Children's Developmental Services Agencies have an on-going responsibility to monitor implementation of the Infant-Toddler Program at the local level. In addition to conducting other quality assurance and quality improvement activities, the Children's Developmental Services Agency must ensure that all service providers, including Children's Developmental Services Agency staff and enrolled Infant-Toddler Program service providers, give written evidence to support service provision. This is accomplished through implementation of *Infant-Toddler Program Quality Assurance Plan*, which is outlined below.

Quality Assurance Plan Requirements

Each Children's Developmental Services Agency must provide a mechanism to ensure that all service providers, Children's Developmental Services Agency staff as well as enrolled Infant-Toddler Program service providers, give written evidence to support service provision. Quality assurance activities related to this aspect of service delivery are designed to:

- promote clear communication and continuity of service provision among multiple service providers;
- encourage consistency in record-keeping practices;
- review service authorization and utilization practices;
- avoid paybacks by reviewing documentation to ensure that the correct service and level of service were billed for an encounter;

- educate service providers in recommended documentation practices;
- examine and review the quality of services rendered to a child and his family;
- assist service providers in showing evidence that Medicaid covered services are medically necessary and that the documentation of these services is consistent with Medicaid requirements;
- promote quality, comprehensiveness, and appropriateness, and
- promote compliance with existing federal and state early intervention record requirements.

Each Children's Developmental Services Agency must form a Quality Assurance Committee of approximately eight to ten (8-10) people to function as a client record review team for all children enrolled in the Infant-Toddler Program. This Committee must be comprised of a representative group of both internal Children's Developmental Services Agency staff, as well as a representative number of enrolled Infant-Toddler Program service providers, the latter of whom should comprise approximately no less than twenty-five per cent of the Committee membership. Composition should include various clinical, management, and reimbursement positions, whose members will rotate off at different times, or as appropriate. The Children's Developmental Services Agency Director must appoint a Quality Assurance Committee Chairperson to manage this Committee, its membership, and its activities. Enrolled Infant-Toddler Program service providers authorized to participate in Infant-Toddler Program quality assurance and quality improvement activities may have access to client information for the purpose of these activities without a parent's prior written authorization.

The Quality Assurance Committee must conduct monthly quality assurance reviews by randomly selecting four percent (4%) of the active Infant-Toddler Program records and auditing the documentation in those records following established guidelines. Record information audited includes documentation of both Children's Developmental Services staff and enrolled Infant-Toddler Program service providers. The Quality Assurance Committee may design a record review checklist or use an existing tool in reviewing the selected records. The Committee is strongly encouraged to use the North Carolina Infant-Toddler Program Record Review Checklist created by the Early Intervention Branch for external audits. This checklist may be obtained from the Early Intervention Branch, Division of Public Health, 1916 Mail Service Center, Raleigh, NC 27699-1916. Telephone: (919) 707-5520.

The Quality Assurance Committee must develop procedures for the monthly review of records described above and for the follow-up of deficiencies noted from the reviews in order to ensure that service providers correct any deficiencies found from the previous month within the designated timelines. Minutes taken at each Quality Assurance Committee meeting must be made available to all Children's Developmental Services Agency staff and enrolled Infant-Toddler Program service providers. In addition, an on-going accounting of records reviewed, deficiencies found, and confirmation of the correction of those deficiencies must be made available to Committee members, the Children's Developmental Services Agency Director, and the appropriate service providers. A record of all Quality Assurance activities, such as those described above, must be maintained in a Quality Assurance Committee File.

In the event that questionable patterns emerge revealing certain types of record deficiencies, or if repeated problems or unacceptable documentation methods are found in the records of an individual service provider, then a Quality Improvement Plan must be developed with appropriate action steps and timelines to improve or rectify the problem. The Quality Assurance Committee may arrange for the review of a greater number of service notes. A copy of the Quality Improvement Plan must be maintained as part of the Quality Assurance Committee File and shared with management and reimbursement staff of the Children's Developmental Services Agency and the appropriate service provider, as well as with the Quality Assurance/Reimbursement Manager of the Early Intervention Branch.

Regional Interagency Coordinating Councils

The Regional Interagency Coordinating Councils are charged with developing a regional early intervention plan in collaboration with the Children's Developmental Services Agencies. One aspect that must be addressed in the plan is the establishment of methods for compliance monitoring and qualitative evaluation of service delivery. These regional plans are coordinated with other monitoring efforts developed and implemented by the Early Intervention Branch.

Agency-Specific

Individual agencies conduct periodic reviews of compliance with agency specific requirements and of the quality of service delivery from the perspective of the consumer. Enrolled Infant-Toddler Program service providers are required to conduct internal quality assurance and utilization review practices within the organization and provide evidence of the review to the Children's Developmental Services Agency upon request.

Individual Practitioners

In addition to internal self-monitoring procedures, quality of service may be assured through several external safeguards that establish standards for individual service providers. Examples of such standards include:

- professional positions that require expertise from both education and experience;
- professional disciplines that have certification, or licensing requirements, and
- professional groups that have ethical standards to which professionals are expected to adhere.

Consumers

Reviews of the Infant-Toddler Program must include input from consumers (i.e., the parents of children served). As mentioned previously, the Children's Developmental Services Agencies and enrolled Infant-Toddler Program service providers use the *Early Intervention Services Assessment Scale* to collect input from parents of children enrolled in the Infant-Toddler Program. The feedback provided by parents is provided to the Early Intervention Branch, the Early Intervention Continuous Quality

Improvement Planning Committee, the Regional Interagency Coordinating Councils, and the Children's Developmental Services Agencies to use in their evaluation and monitoring efforts.

In addition, parents provide input through their involvement as active participants in state, regional, and local quality assurance and monitoring activities by serving on the Early Intervention Continuous Quality Improvement Planning Committee and the Regional Interagency Coordinating Councils.

Individual families may call for a review of certain components of the system through their due process rights. (*For additional information, see Policy Bulletin #78 - Complaint Resolution-Individual Child.*) Additionally, parents, organizations, and concerned citizens can request a review of certain components of the Infant-Toddler Program by following the Complaint Resolution - Infant-Toddler Program System process. (*For additional information, see Policy Bulletin #33 - Complaint Resolution-Infant -Toddler Program System.*)

Data Collection

Data collection is an important aspect of the Infant-Toddler Program's continuous improvement monitoring system. Data is submitted to both state and federal agencies and influences decisions regarding funding, planning for new and expanded programs and services, personnel needs, and service delivery. Infant-Toddler Program data is derived from a variety of sources and is the only way to reflect what happens locally; therefore, it is critical that information be submitted in a timely and accurate fashion. Data used by the Infant-Toddler Program comes from a variety of sources including, but not limited to, the integrated database, family surveys, client record reviews, provider surveys, and training and technical assistance summaries.

The Children's Developmental Services Agencies is responsible for publishing and making data available for system planning and monitoring at the regional and local level. The Early Intervention Branch is responsible for publishing and making data available for system planning and monitoring at the state level. Statewide reports are generated on a periodic basis and shared with the Children's Developmental Services Agencies, the North Carolina Interagency Coordinating Council, Regional Interagency Coordinating Councils, Local Interagency Coordinating Councils, local service providers, and department and division management. Meaningful information gathered from data analysis may be used in a variety of ways to improve services and results for infants and toddlers and their families. Examples include:

- identifying and defining areas of strength and areas needing improvement;
- developing improvement strategies;
- showing the relationship between areas of performance and issues of compliance;
- making comparisons;
- informing the monitoring process;

- helping to determine the root cause of problems and making appropriate systemic changes, and
- tracking progress.

The Early Intervention Branch of the Women's and Children's Health Section in the Division of Public Health, Department of Health and Human Services collaborated with the Department of Public Instruction, Division for Exceptional Children in the development of a statewide case management and data analysis system for children with special needs. This system is completely outsourced and web-delivered and is a commercial, off-the-shelf application. It is capable of collecting, tracking, managing, and analyzing data for children with special needs from birth until the age of twenty-one or until they exit the public school system. This comprehensive application allows the state to have a fully integrated database with the capability of carrying out longitudinal studies as well as providing data for required federal reports. The Department of Public Instruction application called Comprehensive Exceptional Children Accountability System (CECAS) was implemented in the public schools in the fall of 2004. The Infant-Toddler Program module of the system was implemented in early 2005.

The Early Intervention Branch provides management of the integrated database for the Infant-Toddler Program. The Children's Developmental Services Agencies are responsible for entering information into this database. All providers of early intervention services under the Infant-Toddler Program are responsible for accurate submission of information to the Children's Developmental Services Agency. The Service Coordinator is responsible for the completion and submission of the *North Carolina Infant-Toddler Program Data Form* to the Children's Developmental Services Agency at all required times. The Children's Developmental Services Agency is responsible for overseeing the submission of these forms and monitoring the flow of data within the catchment area.