

North Dakota Part C General Supervision

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Local Program: North Dakota has eight regions of service delivery for Early Intervention. There is one service coordinator (SC), or Developmental Disability Program Management (DDPM) unit, within each of those regions; however, there can be multiple Early Intervention Service (EIS) or Infant Development providers within a region. Also, there are some Infant Development providers that have programs in multiple regions. Monitoring reports and findings are issued to both the Infant Development program and the applicable Developmental Disabilities Program Management Unit. These reports should be considered reflective of both the local Infant Development program and the DD Program Management unit.

Types of Monitoring: Program findings can be issued for noncompliance identified from a variety of sources including:

- APR Indicator information is completed through a review of data in preparation for the filing of the federal Annual Performance Report (APR)
- Quality Monitoring Indicators are identified yearly
- Regional Action Plan (RAP) data reviews, including use of the Case Review Tool (CRT) for self-assessment
- Formal complaint proceedings results
- Other monitoring methods

Through these processes, any noncompliance identified will result in the issuance of a finding within three months of its discovery and verification. In any instance of a finding being issued, the state must ensure timely correction of the finding and verification of the correction within one year.

Collection of Data for Annual Performance Report (APR) Indicators: Information for the APR is collected in a variety of ways. Through the state's electronic database, Therap, data are pulled from the entire state caseload and then examined for Indicators 1 and 7. In this examination, findings are determined for each program based on the data. For indicators 8A, 8B, and 8C, a random sample of cases are examined annually, and findings are determined through this data review. Specific process information for each indicator is within the annual Data Guidance document.

Collection of Data for Quality Monitoring Indicators: Quality monitoring indicators are identified yearly through data review and stakeholder feedback. Dependent on the quality indicator, data are pulled from the entire state caseload or a random sample and then examined for each program. Quality indicator findings are determined through this data review and may impact yearly regional program level determination. Specific process information for each quality monitoring indicator is within the annual Data Guidance document.

Data Guidance: The Data Guidance is reviewed by stakeholders annually at the Statewide Early Intervention Meeting for feedback and discussion. The Part C Coordinator releases a Data Guidance table by July 1 of each year. The Data Guidance identifies the Indicators, Data Documentation, Data Review, and Regional Data Deadline collection process for the upcoming year. Specific process information for each indicator is within the annual Data Guidance document.

Program Findings: In accordance with federal requirements, the program is notified of the finding through a formal letter from the Part C Coordinator within three months of discovery and verification. This notification is sent to both the DD Program Management unit and the specific Infant Development program. The letters contain specific case references, percentage of noncompliance, and requirements for correction.

Correction of Findings: The correction of the noncompliance must be made within the timeline set forth in the Letter of Finding, not to exceed one year from date of issuance. It is the responsibility of the state monitoring team to verify the completion of this correction through a review of current data submitted by the program, the state electronic file, and other data as necessary.

Correction, Compliance, and Closure Process (C3P) Phase 1

The Correction, Compliance, and Closure Process (C3P) exists to assure that the programs have corrected the incidences of noncompliance related to an individual child. Programs use the following actions for correcting findings of noncompliance:

- If a child is no longer in services, the IFSP can no longer be revised. Therefore, the program documents the child has left the jurisdiction of the program.
- If the child is still in services, corrections must be completed and documented as soon as possible. Programs should check to see if the correction has occurred and is documented. If so, this documentation can serve as the correction.
- If correction of the individual finding has not already occurred, complete and document the required action. This may require the IFSP team to be reconvened. If an IFSP meeting is necessary, the team membership needs to be a minimum of those individuals indicated in the IFSP for a Review meeting, but depending on the issue, other team members may need to be included.
- Documentation regarding any of the above actions will be submitted in accordance with the directions included with the letter of finding. C3P Phase 1 will be considered met after the action has been verified by a designated member of the state monitoring team. Once C3P Phase 1 is verified, the program moves into the C3P Phase 2 of verification of correction.

Correction, Compliance, and Closure Process (C3P) Phase 2

The Correction, Compliance, and Closure Process (C3P) Phase 2 process is mandated through federal requirements, as outlined in the OSEP Memo 09-02, to ensure that the program is correctly implementing the regulatory requirements. This is done through a

review of subsequent data to ensure 100% compliance with the requirement. The following formula is used to implement C3P Phase 2:

- For programs that have 31 or more children, 5 child records are reviewed per finding.
- For programs that have 30 or fewer children on their roster, 3 child records are reviewed per finding.
- For programs that have 5 or fewer children on their roster, all child records are reviewed per finding.
 - If no child records are available for review of a specific indicator, an individualized indicator-specific procedure action plan document approved by the Part C Coordinator is required.

Procedure: The most recently developed or updated cases are selected for the C3P Phase 2 so compliance is demonstrated. It is the responsibility of the local programs to obtain and document the required data for C3P Phase 2. The program submits documentation to the state monitoring team to verify that all selected records are compliant in the area of the finding. This information is submitted to and verified by the state monitoring team.

- If all records are found to be compliant, C3P Phase 2 is closed.
- If any records are found to be non-compliant, the finding is not closed. The C3P continues with additional record review of current cases following the Phase 2 procedure. The state monitoring team works with the local program to ensure correct implementation of the relevant regulatory requirement. This process continues until 100% of the records selected meet compliance. In some instances, the state Part C Coordinator may determine that additional sanctions are necessary to ensure correction.

Closing Findings: Once C3P Phase 1 and C3P Phase 2 are successfully met, the program will receive a letter from the Part C Coordinator informing them of closure of the specific finding. If C3P Phase 2 is not verified in a timely manner, the Regional Action Plan (RAP) process is initiated or continued if currently in progress.

Regional Action Plan (RAP) Development: A Regional Action Plan (RAP) is North Dakota's process for assuring that correction happens in a timely manner with improved performance. At the discretion of the Part C Coordinator, non-timely correction of Phase 2 and/or the program's level of determination, discussed further below, a regional program (both DD/Service Coordination & ID) enters into the Regional Action Plan (RAP) process with representatives of the state monitoring team.

This decision to enter a RAP is based on variables, such as:

- Current performance
- Timely correction of previous non-compliance
- Systemic issues

- Data quality
- Adherence to Part C regulations

Members of the RAP team include designated state monitoring team members, the regional DDPA, ID program coordinator, and an experienced parent (when available). The RAP process is started within 90 days of the issuance of the finding to identify corrective action steps and ensure timely correction or sooner at the Part C Coordinators discretion.

The RAP includes a minimum of quarterly data collection, a review of the areas for improvement, and agreed upon strategies to ensure correction. The strategies developed by the team provide detailed information about regional action steps and planning. Technical assistance is used to support the regional program throughout the RAP process. The RAP also includes a review of the supports and resources the region will access. In addition, community stakeholder involvement is encouraged. The RAP identifies the timelines for each of the strategies and data submission.

The regional program is required to meet quarterly with state staff to review the available data, explain what will be necessary to achieve compliance as defined in the letter of findings or defined by the Part C Coordinator, and review the evidence of change that will be necessary to demonstrate correction. If a regional program already has an active RAP, the findings and plans for verification of correction will be added to the plan. A regional program can request a RAP, at any time to support the adherence of Part C regulations and compliance by contacting the Part C Coordinator.

Public Reporting: On an annual basis, the state publishes individual program performance on each indicator in the APR as compared to state targets and state performance on the state website.

Program Level of Determination: On an annual basis, following the completion of the federal APR, local programs will be issued a Program Level of Determination (LoD). On an annual basis, the state monitoring team, with stakeholder involvement from the North Dakota Interagency Coordinating Council, will develop the criteria for the LoD. Programs will be issued one of the following determinations based on their performance on the selected criteria:

- Meets Requirements
- Needs Assistance
- Needs Intervention
- Needs Substantial Intervention

Based on a program's determination, program sanctions may be issued.

Enforcement Actions: Enforcement actions are used to correct persistent deficiencies related to compliance. Persistent deficiencies are defined as substantial noncompliance issues identified by the state team either through data reports or on-site review, parent complaints or other accountability and monitoring activities, that have continued after being identified and noticed in writing to the provider for at least six months without significant improvement as determined by the Part C Coordinator.

Enforcement actions under this section may include:

- Withholding, denying, or recouping payment for service for which non-compliance is documented
- Halting all new referrals until the deficiency is substantially remediated by the provider
- Issuing special conditions which must be met if the agreement is to continue and/or
- Cancellation, termination for cause, or non-renewal of the provider's purchase of service agreement in accordance with Department of Health and Human Services (DHHS) policies.