

<p><b>Outcome:</b> Initial IFSP’s will be written for eligible families within 45 days of referral</p>	<p><b>So that:</b> children and families receive services in a timely manner</p>
<p><b>Explanation of Data:</b>                  Quarterly Data (July-Sept 14): 699/729, <b>95.9%</b></p> <p>95.9% represents a 2.4% decrease in compliance compared to the most recent previous quarter, and is notably lower than any of the previous four quarters:                  July-Sept 13=98.3%                  Oct-Dec 13=99.3%                  Jan-March 14=97.98%                  April-June 14=97.85%</p> <p>Further analysis of the data shows that a large percentage of the issues (56.7%; 17/30) were in July. August and September had 7 and 6 issues, respectively, and the compliance percentages for those months (Aug=97.2%; Sept=97.5%) are more consistent with the previous quarters’ percentages. This analysis indicates that the current quarter, and specifically the month of July, was an aberration and not a signal of a trend. One likely explanation for the dip in compliance in July was the SPOE’s transition to electronic processes. July was the first month SC’s were required to complete all paperwork and processes electronically, which may have led to temporarily decreased attention to tasks such as scheduling and documentation.</p> <p>Further analysis of the issues of non-compliance this quarter showed the following:</p> <ul style="list-style-type: none"> <li>• 27% (8/30) of the issues of non-compliance were due to an IC or SC scheduling issue. These issues were typically related to the IC not closing a record when multiple contacts were made following a referral, the IC scheduling the intake further than 10 days from referral, or the SC scheduling the IFSP too close to the due date. In some cases the SC was scheduling the</li> </ul>	<p><b>Strategies(Who is responsible/timeline/evaluation):</b></p> <p>If we hypothesize that a majority of issues were caused by the temporarily increased demands associated with transitioning to electronic processes, then we would expect compliance to increase back to the baseline level in subsequent months. Data from August and September appear to support this hypothesis.</p> <p>If we hypothesize that the majority of issues were a result of preventable errors by IC/SC’s , then we need to provide training and increased supervision focused on these issues.</p> <p>During staff meetings in August 2014, supervisors reviewed the following with IC/SC staff members:</p> <ul style="list-style-type: none"> <li>• Detailed contact/closure and scheduling guidelines</li> <li>• Clarification that IFSP’s should not be postponed due to not receiving CP information or waiting for a discipline specific assessment. Supervisors reviewed the options that are available when those issues occur.</li> <li>• Required documentation to support exceptional family circumstances</li> </ul> <p>In addition, SPOE management staff members will continue to sign off on all “Over 45 Day” forms to ensure adequate documentation is present and to address any issues with IC/SC’s as they occur. All completed “Over 45 Day” forms will continue to be submitted to the assistant SPOE director, and she will address widespread training issues as they occur.</p> <p>Evaluation: Progress will be evaluated by reviewing the quarterly data. Preliminary data from October 2014 (the last month for which data are available) show considerable improvement, as there were only two</p>

<p>IFSP close to the due date as a result of the assessment date, but in others there was time to schedule the IFSP sooner.</p> <ul style="list-style-type: none"> <li>• 20% (6/30) of the issues of non-compliance were due to the family re-scheduling the initial assessment. The AT is typically booked at least three weeks out, and we are usually unable to re-schedule an initial assessment within the 45 day timeline unless the assessment is re-scheduled fairly quickly after the intake appointment.</li> <li>• 10% (3/30) of the issues of non-compliance were due to lack of documentation supporting an exceptional family circumstance as the reason for delay. In all three cases, it appears there were EFC's, however, the state provided feedback that the documentation was not sufficient to support that determination.</li> <li>• 10% (3/30) of the issues of non-compliance were due to waiting for a discipline specific assessment to support service planning. In all three cases, eligibility was determined, but the AT opted not to make service recommendations pending the discipline specific assessment (PT in one case; SLP in two cases). In one case it was not clear that PT was warranted at the intake; in the other two, which were siblings, it is not clear why an SLP did not complete the initial assessment.</li> <li>• 7% (2/30) of the issues of non-compliance were due to waiting for cost participation information from families.</li> <li>• The 8 remaining issues were due to other unusual circumstances that are not easily categorized; each of these was isolated and there were no repeat instances.</li> </ul> <p>The analysis above indicates a majority of the instances of non-compliance were due to IC/SC errors (scheduling, documentation, waiting for discipline specific assessments or CP information). We hypothesize that a) a majority of issues were due to the temporarily increased demands of transitioning to electronic processes and b) the IC/SC errors may reflect a need for increased training/reminders of current policies and procedures.</p>	<p>instances of non-compliance attributed to system issues that month.</p>
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<b>List barriers to accomplishing strategies and how to address them:</b>  NA
<b>Resources needed: NA</b> <input type="checkbox"/> State Clarification <input type="checkbox"/> IIDC <input type="checkbox"/> Training <input type="checkbox"/> Mentoring <input type="checkbox"/> Other: _____
<b>Explain:</b>
<b>Stakeholder Collaboration:</b> SPOE management staff met in August 2014 to address July non-compliance; SPOE management staff met with IC/SC staff in August 2014 to address issues from July. SPOE management staff met in December 2014 to review the QIP.