Protocol for the
Early Intervention Verification Process

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Introduction to the EI Verification Protocol

This document is to provide guidance on the Early Intervention (EI) Verification process. The reader will find it helpful to read the entire document to learn about all aspects of the EI Verification process.

This protocol and ten data collection tools constitute the EI Verification process. The data collection tools include:

   I.   Verification Required Items
   II.   Procedure Checklists
   III. Child Record Review Forms (Standard and Targeted)
   IV.   Observation Tools, including Family Interviews
   V.   Supervisor Interview Protocol
   VI.   Staff Interview Protocol
   VII. Early Intervention Services Claims Review Form (FO-10)
   VIII. Local Program Worksheet
   IX.   Early Intervention Verification Program Report
   X.   Quality Enhancement Plan

Preparing and Participating in the Early Intervention Verification Process

The Verification chairperson is responsible for:

1. Coordinating the Verification team:
    a) Identifying the Bureau of Early Intervention Services and Family Supports (BEISFS) staff and Early Intervention Technical Assistance (EITA) consultant who will be participating in the EI Verification process.

    b) Identifying a peer geographically close to the program and confirming their availability. A peer will participate when on-site only.

    The Verification team should consist of approximately 4-6 people. The team should include: the chairperson, the assigned EITA consultant, a peer and one to three additional BEISFS advisors/staff, as appropriate depending on the size of the program. If additional EITA staff is needed, the request should go through the Division Chief. If a chairperson needs more than 6 team members, please discuss with the Division Chief.

2. Reviewing Verification data reports and documentation needed for evidence in the EI Verification process. These data reports and documentation include, but not limited to:
    a) Local Program Worksheet for Verification (Complaint Resolution Worksheet) (PS-2)
    b) Restraint Database – Preschool Only (SD-10)

c) Local Program Worksheet for Verification (Provider and Service Coordinator Monitoring Assurance Worksheet) (FO-2)
d) Local Program Worksheet for Verification (Data Management Worksheet) (FO-3)
e) Worksheet for Determination (FO-4)
f) Validation documentation from the Quality Enhancement Plan (FO-7)
g) Standard Contract Documentation (FO-9).

This list is not exhaustive. Additional documentation is outlined in the Fiscal and Organizational System required item.

Monthly data reports should be reviewed prior to going onsite at the local EI program whenever possible.

3. Arranging a Pre-Verification contact with the local EI program. This contact preferably should occur through a phone call or virtual meeting. This contact may occur through an in-person meeting, if necessary. The following should be reviewed:

a) Confirmation the local program received notification of the Verification sent to the program administrator from the BEISFS central office personnel by September 15th. (If there are any changes from when the letter is issued, a new letter to the administrator should be issued).

b) Confirmation the local EI program received the random child records sample sent to the EI coordinator/program supervisor no later than October 7th.
The child record sample will represent 5% (or minimum of 10, maximum of 30) of the program's active (infant toddler) or aggregate (preschool) children. Child records reviewed will also include the records of at least five percent (5%) of the children whose services are funded through the Infants/Toddlers and Family (ITF) Waiver.
A targeted record sample in addition to the above 5% will also be selected and will include numerous variables such as:
   i. children in at-risk tracking (Infant Toddler only)
   ii. children who have been evaluated but found not eligible
   iii. children who have exited the program or no longer eligible
   iv. children who are not receiving services with typically developing peers (Preschool only)
   v. ITF Waiver and Medical Assistance (Infant Toddler only)
   vi. children transitioning to preschool EI or other community services
   vii. children transitioning to school age
   viii. children eligible for services over scheduled breaks (Preschool only).

c) PELICAN-EI access needs provided to the peer (no earlier than one business day prior to being on-site).

d) The schedule of events during the Verification, including times, location and participants and other key activities or logistics. The schedule will be developed in conjunction with the local EI program. A standard Verification agenda is included as Appendix D.

e) Verification activities to be completed prior to going on-site. These activities include observations, interviews, reviews of policies and procedures, targeted record reviews and portions of standard record reviews, and review of Verification data reports and documentation as listed above. **The assigned peer may not complete any reviews off-site.**

f) The types of documentation the local EI program will need to have on-site, including:
   i. session/service delivery and progress monitoring notes (including the specific time periods),
   ii. PRAs/NOREPS,
   iii. records to review for FO-10 (including the specific time periods),
   iv. IFSP/IEP signature sheets,
   v. invitation letters,
   vi. documentation a family's right to waive the ER in 10 days, participant excusal form (PS, if warranted)
   vii. ITF waiver and MA (IT only – will need waiver provider list offered checklist if not noted in SC notes),
   viii. Transition meeting notification letter(s) (IT to PS and PS to school-age).

g) Logistics while on-site, specifically securing a large workroom for the Verification team to use during the time the team is onsite and directions to the Verification team workroom if needed.

h) Information the local EI program should include in the entrance meeting. The entrance meeting should be a high-level overview on the topics listed below and generally should be no longer than one hour in length.
   i. The program's process to review family survey data and how the results are used to support local quality improvement efforts,
      1. Describe how the data is analyzed and used for on-going program improvement,
      2. Describe the strengths identified from the data, as well as areas for improvement,
      3. Describe the activities for improvement and how they were identified,
      4. Describe how the data is reviewed with local stakeholders.
   ii. Information on the program's demographics, including.
      1. Number of children served, including any significant changes to the number of children served over the last 2 years,

2. The different cultures represented within the local community,
3. Three unique demographics about the local program,
4. How the local program is supporting the needs of the children and families in those unique situations,
5. Number of early interventionists, and/or providers available in the local program; including their evaluation process and independent evaluation (IT only) process.
    iii. The program's collaboration with and efforts to support the LICC. This information should include established partnerships with family support programs and other early childhood education programs in their local communities, as well as partnerships they are continuing to build.
    iv. Any updates to their Quality Enhancement Plan if applicable and
    v. Any program identified strengths and concerns.

4. Assigning Verification team members standard and targeted child record reviews. In general, child records will be reviewed back one year from the date of the Verification. Verification team members, except the peer, are responsible for entering their child record information into the EIVT. The Verification team may choose to review more child records to verify a result. Peers may not receive their record assignments until Day 1 of the on-site Verification. Preschool Targeted child record reviews for transition to PS must be completed by BEISFS staff due to the evidence required in TR-6.

5. Assigning Verification team members observations to be completed prior to the Verification when possible. The chairperson must complete at a minimum one of the 6 observations. The following types of observations will be completed:
    i. Two evaluations (initial or re-evaluation)
    ii. Two IFSP/IEP plan development meetings
    iii. Two service delivery sessions

    Parents and evaluator interviews should be conducted following the observations whenever possible. However, there may be circumstances that may not allow these interviews to be completed at this time. Follow-up conversation through phone calls is appropriate.

    Directions and information on other logistics for observations should be sent to team members from the chairperson.

    While direct observations (in-person or virtual) are preferred, alternative forms of recording an observation are allowable. If the local programs choose to record the observation, they need to obtain parent permission prior to recording and submitting to the Verification chairperson.

6. Assigning the review of local program procedures to other BEISFS staff on the team if necessary. (Procedures should be reviewed by BEISFS staff only, not EITA or peers.)

7. Reviewing local program fiscal information.

8. Conducting a brief meeting with the Verification team (prior to going on-site or prior to the entrance meeting while on-site) to address the following:
    a) Providing foundational information on the local EI program. Consider key information on the local EI program that will help the team members have a clear understanding of the program and their local community,
    b) Discussing the completed observations, child record reviews and local program procedure reviews.
    c) Obtaining a list of evidence that is missing from the child record reviews from each team member and discuss with the local EI program to ensure evidence is available while on-site.

The local Early Intervention program is responsible for:

1. Ensuring records for children transitioning to kindergarten are closed in PELICAN in a timely manner, but prior to the random records being selected.
2. Securing a large workroom for the Verification team to use during the time the team is onsite. Provide the Verification chairperson with directions to the workroom if needed.
3. Scheduling events during the Verification, in conjunction with the Verification chairperson, including times, location and participants for the entrance and summary meeting and other key activities.
4. Preparing the Local Program Worksheet for Verification and submitting to the Verification chairperson no later than 30 days prior to the Verification. The Local Program Worksheet for Verification is included as Appendix B. The Local Program Worksheet for Verification includes the following:
    a) Provider and Service Coordinator Monitoring Assurance
    b) Data Management
    c) Complaint Resolution

5. Providing access to PELICAN-EI for team members (e.g., peers and EITA consultants) who will be reviewing child records. Work with the program BP Administrator to ensure timely access, however, access for the peer should not be granted prior to Day 1 of the on-site Verification. Remember that any changes made in Identity Manager require overnight processing and the BP Administrator should plan for this when granting access.

    BEISFS staff and EITA consultants will be reviewing child records electronically in PELICAN-EI. Peer reviewers may only review records in PELICAN-EI when onsite at local EI program. Access for EITA consultants and peer reviewers will need to be provided. This access must be granted by the local infant toddler or preschool EI program.

The role is called the Program Reviewer. In PELICAN-EI, the Program Reviewer roles are listed as:

- PW-HCSIS-ITProgRevrEI (infant toddler) or
- PW-HCSIS-PSProgRevrEI (preschool)

The EITA staff and peer team members on the Verification team will need to provide the EI program with their first name, last name, a phone number and a unique email address. Once this email address has been used in PELICAN-EI, it cannot be used for another role. EITA staff and peers may need to use home email addresses or set up a new email account in Gmail or other free email programs for the Verification.
The local EI program should coordinate the timing of the team's access to PELICAN-EI with the Verification chairperson.

Once the electronic data gathering for the Verification is completed, the local EI program should dismantle Program Reviewer access for the peer. Again, the local EI program should coordinate this timing with the Verification chairperson.

Programs are prohibited from sharing an ID or sharing a computer that has access open to PELICAN-EI.

A signed confidentiality agreement is not needed by the BEISFS. However, local EI programs may have additional requirements for providing PELICAN-EI access.

6. Developing a schedule of observations that can be completed prior to the Verification. Include the type of session to be observed, geographic location of the services, and the name and MCI number of the child. The types of observations that will be completed are:
   a) Two evaluations (initial or re-evaluation)
   b) Two IFSP/IEP meetings
   c) Two service delivery sessions

7. Obtaining parental permission for the observation, notify the providers/service coordinators of the observation, and provide directions and other logistical information to the Verification chairperson.

8. Preparing the child records that will be reviewed.

9. Preparing materials for the entrance meeting listed including personnel needed.

10. The Early Intervention program is responsible for participating in the summary meeting.

The Verification team member is responsible for:

1. Completing tasks as assigned by the Verification chairperson.

2. Sending documentation on assigned tasks to the Verification chairperson or entering into the EIVT as appropriate. EITA staff conducting observations should ensure information is provided to the Chairperson as soon as possible or within 3 working days of the observations.

3. Participating in the Verification team meetings as requested by the Verification chairperson.

Analysis of Evidence

The Verification chairperson is responsible for:

1. Facilitating a meeting with all Verification team members to discuss preliminary findings that will be reviewed during the summary meeting with the local EI program. The purpose of this meeting is to come to consensus on preliminary findings. This meeting can be held on the final day while on-site or at the end of each day on-site.
   The meeting should always focus first on the strengths that are being identified, along with examples. Following the program strengths, begin discussion on areas for improvement and non-compliance. Focusing on the strengths of the program will help support improvement strategies.

2. Conducting a meeting to summarize preliminary findings with the local EI program. The purpose of the summary meeting is to ensure there are no unexpected findings by the local EI program when they receive their Early Intervention Verification Report.
   a) The Verification chairperson and local EI coordinator/program supervisor determine who participates in the summary meeting,
   b) The meeting should be held on the last day of on-site,
   c) Items to be discussed may include strengths and concerns of overall program management, systemic noncompliance issues, and a summary of findings from observations and parent interviews.

The Verification team members are responsible for:

1. Reviewing records and documentation as assigned.

2. Participating in meetings conducted by the chairperson to discuss preliminary findings as discussed above. Team members should reframe from multiple discussions on their review of documents, child records, etc. while on-site. The meeting at the conclusion of each day should be used to discuss findings unless additional information is needed to complete reviews throughout the day.

3. Discussing with the chairperson any issues or concerns that are identified. The chairperson is the lead for all Verification questions. Issues or concerns should be discussed with the chairperson first, before approaching the local EI program contact.

4. Participating in the summary meeting with the local EI program as requested by the chairperson.

Reporting of Findings and Completion of the Quality Enhancement Plan (QEP) Addendum

The Verification chairperson is responsible for:

1. Completing the Early Intervention Verification Report to be sent to the local EI program within 45 days of the last day of the Verification OR from the last submission of evidence or data from the local EI program. The report will include:
   a. Cover Letter
   b. Child Records Sample
   c. Early Intervention Verification Report

2. Drafting the QEP Addendum with the noncompliance identified in the Verification Report. The QEP Addendum will include the child's MCI to be corrected or if it cannot be corrected, a number of additional records for validation of correction. Please ensure the QEP Addendum is part of the program's current QEP document.

3. Participating in the development of the QEP Addendum,

4. Assisting with the prioritization of QEP Addendum outcomes as needed, and

5. Reviewing and approving the QEP Addendum within 15 days of receipt from the local EI program (using the QEP Addendum approval letter template). If the QEP Addendum is not approved, the Verification chairperson and EITA consultant should work with the local EI program to make the necessary changes for the QEP Addendum to be approved.

   The QEP is a fluid document where additional outcomes and activities can be added throughout the year. The Verification chairperson does not need to approve additions or changes after initial approval. However, the local EI program should provide a copy of any additions or changes to the QEP to the assigned BEISFS advisor and EITA consultant. Revised QEPs should be sent for filing in DocuShare.

The local Early Intervention program is responsible for:

1. Developing the QEP Addendum by
   a) Coordinating a team of program staff and stakeholders to participate in the development of the QEP Addendum. The Verification chairperson and EITA consultant should be part of the planning based on the level of support needed for the program.
   b) Leading the identification and prioritization of outcomes in the QEP Addendum based on results of the Verification findings and local EI program priorities.
   c) Addressing all areas of noncompliance, including activities to correct noncompliance within one year of identification (the issuance date of the Early Intervention Verification Report).

2. Submitting the QEP Addendum, to the Verification chairperson, with a copy to the EITA consultant within 30 days of receipt of the Early Intervention Verification Report, unless the Verification chairperson has granted a later timeline.

3. Implementing QEP Addendum activities once the plan is reviewed and approved by the Verification chairperson.

4. Reviewing data collected through plan strategies and evaluating the effectiveness of the implementation plan.

The EITA consultant is responsible for:

1. Facilitating the development of the QEP Addendum,

2. Assisting with the prioritization of QEP Addendum outcomes,

3. Identifying evidence-based practices for quality enhancement,

4. Providing information on statewide initiatives,

5. Assisting with writing of the QEP Addendum,

6. Assisting with the implementation of the QEP Addendum,

7. Providing training, technical assistance and resources to meet QEP Addendum outcomes, and

8. Maintaining contact with the EI program to support current and future closure/validation of the QEP Addendum.

Validating Correction of Noncompliance

The Verification chairperson is responsible for:

1. Ensuring all noncompliance are validated and corrected within one year from issuance of the Early Intervention Verification Report. Validation is an on-going process and as the program provides documentation/evidence of correction, the Verification chairperson documents this on the QEP Addendum. It is recommended validation is coordinated at the 9 month point to assure correction of noncompliance is achieved within timelines.

2. Advising the program if the validation will be onsite or if the validation will occur using other methods, such a sharing of evidence electronically and/or meeting virtually. Various methods may be considered when completing validations of the programs. Not all programs will need to be validated by an onsite visit. The EITA consultant may participate in validation activities as requested by the Verification chairperson.

3. Issuing a closure letter to the local EI program, (using the validation letter template and attaching the QEP Addendum), indicating the correction of noncompliance.

   If the local EI program does not correct noncompliance within timelines, the Verification chairperson shall:

4. Discuss outstanding issues with the Division Chief and determine necessary actions needed by the local EI program.

5. Discuss with the local EI program the actions that need to occur, along with specific target dates for completion so the correction of noncompliance occurs as soon as possible. Documentation on these discussions and the needed activities will be determined by the Verification chairperson, Division Chief, and the local EI program.

6. Schedule a follow-up meeting (either onsite or through a virtual meeting) with the local EI program to ensure the correction of noncompliance has occurred. Documentation on the final correction will be determined by the Verification chairperson, Division Chief, and the local EI program.

7. If no improvement or correction occurs, the Verification chairperson will notify the Division Chief and the following may occur:
   a. another Verification review may be scheduled,
   b. rigorous reporting on a monthly basis may be required, and/or
   c. sanctions may be imposed.

The local Early Intervention program staff is responsible for:

1. Correcting all findings of noncompliance and completing all activities on the QEP Addendum according to timelines.

2. Participating in validation activities as asked by the Verification chairperson.

Correcting all findings of noncompliance as soon as possible and in no case, more than 364 days from the issuance of the Early Intervention Verification Report.

Appendices

Monthly Reports

Local program monthly reports can be found in DocuShare: OCDEL >> Bureau of Early Intervention Services >> Infant/Toddler & Preschool General Information >> [LOCAL PROGRAM FOLDER] >> FY [YEAR]

Local Program Worksheet

Local Program Worksheet for Verification

Provider and Service Coordinator Monitoring Assurance Worksheet

Item FO-2: Does the infant toddler or preschool Early Intervention program implement a process for monitoring their Early Intervention staff, contracted providers, and service coordinators, according to programmatic and fiscal requirements?

Directions: Use data from when providers were monitored in FY 2022-2023 and noncompliance corrected by FY 2023-2024.

Question	Answer
A. Total number of contracted agencies and providers/service coordination entities	
B. Number of contracted agencies and providers/ service coordination entities who are required to be monitored FY 2022-2023.	
C. Number of contracted agencies and providers/ service coordination entities who were monitored in FY 2022-2023.	
D. Percentage of contracts/entities who were monitored (B/A) in FY 2021-2022	
E. Number of contracted agencies and providers/ service coordination entities who were required to submit an improvement plan in FY 2022-2023.	
F. Number of contracted agencies and providers/ service coordination entities who submitted an improvement plan on time in FY 2022-2023.	
G. Percentage of improvement plans submitted on time (F/E).	
H. Number of contracted agencies and providers/ service coordination entities who corrected areas of noncompliance within agreed upon timelines (not to exceed one year) in FY 2022-2023.	
I. Percentage of contracted agencies and providers/ service coordination entities who corrected areas of noncompliance within agreed upon timelines FY 2022-2023 (H/E).	

Please provide explanation on why agencies or providers were not monitored:

Data Management Worksheet

Item FO-3: Does the infant toddler or preschool early intervention have a system in place for data management in order to ensure accurate, valid, reliable and timely data entry?

Directions: List any statistical reports that are used on a weekly, monthly, or quarterly basis and describe how the data is used.

Report	How Report is Used

Complaint Resolution Worksheet

Item PS-2: Does the infant toddler or preschool Early Intervention program track all complaints, follow procedural safeguard timelines, identify systemic issues, and use data to implement quality improvements?

Directions: Use data for the most recent **completed** fiscal year (FY 2023-2024)

Question	Answer
A. Number of local conflict resolution administrative meetings requested (any conflict that was raised above the level of an Early Intervention coordinator or preschool supervisor).	
B. Number of local conflict resolution administrative meetings that were held according to timelines.	
C. **Percentage of local conflict resolution administrative meetings that were held according to timelines (B / A)**	

Mediation Data for FY _____

Question	Answer
Total number of mediation requests	
Total number of mediations held/cancelled	
Total number of mediation agreements	
Total number of mediation agreements implemented	

Due Process Data for FY _____

Question	Answer
Total number of due process requests	
Total number of due process meetings held	
Total number of due process cases that required action by the program	
Total number of due process cases with required action by the program that were resolved	

Resolution Meeting Data for FY _____

Question	Answer
Total number of resolution meetings held	
Total number of resolution meetings declined	
Total number of resolution meetings held within required timelines	

Number of Child Records Reviewed

Type of Child Record Data	Infant Toddler Programs			Preschool Programs		
	# of Required Items Scored	Smallest # Records	Largest # Records	# of Required Items Scored	Smallest # Records	Largest # Records
Standard	21	10	30	20	10	30
Targeted Data Pulls	8	30	75	9	20	45
At Risk Tracking (CF-4)	1	10	30	0	0	0
Ineligible for EI (EE-9)	1	5	10	1	5	10
No Longer Meets Eligibility (EE-12)	1	5	10	1	5	10
Not in NE/LRE (PI-13)	0	0	0	1	5	10
Services during scheduled breaks (PI-4) **PS ONLY**	0	0	0	1	5	10
ITF Waiver (EE-8 – Level of Care Timelines) ITF Waiver (PS-5 – Choice)	2	5	10	0	0	0
Transition (TR-4 – Notification) Transition (TR-5 – Meeting by Feb 1) **PS ONLY** (TR-6 – Conference required participants) Transition TR-7 – Plan according to timelines) **PS ONLY** Transition (TR-8 – Individualized plan)	3	5	15	5	5	15
TOTAL # POTENTIAL RECORDS REVIEWED	29	40	105	29	35	80

(Program Name) Verification
(Date of Verification)

Verification Team Members:

Chairperson	(Name)	(Contact – phone or email)
BEIS Advisor/s	(Name)	(Contact – phone or email)
EITA	(Name)	(Contact – phone or email)

Local Program Information

EI Coordinator	(Name)	(Contact – phone or email)
Location	(Address)	(Phone number)

The dates listed in the schedule below are firm. The activities and times are tentative for planning purposes and subject to change.

(Day 1 Date)

Time	Verification team arrives
Time	Entrance meeting with Local EI Program
Time	Review documentation or conduct interviews that were not completed prior to the start of the verification (Standard and targeted record reviews, review of procedure checklists, review PELICAN-EI reports, review fiscal information, review program worksheets, etc)
Time	Verification team meeting – status report

(Day 2 Date)

Time	Verification team arrives
Time	Review documentation or conduct interviews that were not completed prior to the start of the verification (Standard and targeted record reviews, review of procedure checklists, review PELICAN-EI reports, review fiscal information, review program worksheets, etc)
Time	Organize and summarize information from documentation reviews/interviews
Time	Verification team meeting – status report; finalize verification information with team if verification is only 2 days)
Time	Exit meeting with local program representatives (if verification is only 2 days)

(Day 3 Date), if applicable

Time	Verification team arrives
Time	Finalize verification information with team
Time	Exit meeting with local program representatives

Lodging Recommendations: