

Talking Points for Corrective Action Plan/Service Enhancement Plans February Regional Meetings

Introduction:

- On February 1, 2007, Virginia submitted the State Performance Plan/Annual Performance Report to the Office of Special Education Programs (OSEP).
 - These reports outlined the status of Virginia's performance on the State Performance Plan indicators as well as performance on indicators related to multidisciplinary evaluation and assessment on which Virginia has demonstrated re-occurring non-compliance.
 - The information presented in these reports came from data entered by local systems into ITOTS, record reviews completed in early summer 2006, data verification visits completed in early fall, 2006 as well as local systems' correction of issues identified as non-compliance.
 - For indicators on which Virginia demonstrates non-compliance, we must be in compliance as soon as possible but not later than one year from the date of identification of the noncompliance.
- Letters describing your local system's performance with Virginia's indicators were sent to your Executive Director, Supervisor and yourself on February 1 2007. This letter discussed the indicators where you achieved compliance, indicators where you were close to achieving compliance and the indicators where you were out of compliance and would be required to develop a Corrective Action Plan/Service Enhancement Plan. Accompanying the letter was a chart that provided the actual local data for your system.
 - When looking at the chart that contains your local data, there are a few pieces of information to remember:
 1. The information presented in purple means compliance was achieved or exceeded
 2. The information presented in blue means that you were close to achieving the state target. You will not be required to develop a Corrective Action Plan/Service Enhancement Plan, but it is expected that by February 1, 2008 you will be in compliance with this indicator.
 3. The information presented in red means that you are out of compliance and are required to address that area(s) of non-compliance within the local Corrective Action Plan/Service Enhancement Plan. Each local system will develop only one CAP/SEP, although that plan may be addressing multiple areas of non-compliance.
 - The indicators are grouped by "topic/cluster areas" where appropriate in an effort to make the Corrective Action Plans/Service Enhancement Plans more meaningful to the local system.
 - An example of a "topic/cluster area" would be Multidisciplinary Team Evaluation/Assessment. Within this area, we looked at whether all developmental domains were assessed and was there a statement of levels of functioning listed somewhere on the IFSP. If a local system did not achieve compliance in either of these areas or both, their local CAP/SEP must address the issues or barriers that are impacting their local system from achieving 100% compliance with this indicator.

Developing the Corrective Action Plan/Service Enhancement Plan

- Most of you, if not all, have developed Corrective Action Plans for 45-day timelines in the past. Since this is an area of familiarity, we are going to use 45-day timeline as our “example” as we walk-through the discussion of the development of the Corrective Action Plan/Service Enhancement Plan.
- The purpose of the Corrective Action Plan/Service Enhancement Plan is to develop a plan that is going to change aspects of the local system that will enhance the local system’s ability to achieve compliance. The use of strategies/steps will be the system change agents.
- In developing the Corrective Action Plan/Service Enhancement Plan, it may help to think of it as a three (3) step process:
 1. For each area of non-compliance, think about your service system as it currently operates/functions from the time the phone rings with the referral to the time the child transitions out of the early intervention system. What occurs at every step of the process, if you developed a systems pathway, what would it look like?
 - Using the 45-day timeline as an example, think about what you did prior to, during and after data was pulled on the 45-day timeline. Think about your service system as it was at the time the data was pulled; how did you assign evaluation team members, how was it determined which disciplines would be present at the evaluation, how was the location of the evaluations determined, how did you determine if the IFSP occurred after the evaluation or at another date and time, all of the factors that went into the local process from referral to the meeting to develop the initial IFSP.
 2. Think about the barriers within your local system that are prohibiting you from achieving compliance with the monitoring indicator.
 - You do not need to write down the barriers on the Corrective Action Plan/Service Enhancement Plan, but you need to thoroughly think through the obstacles.
 - To assist you in your thinking of obstacles within your system and later in the development of strategies/steps, you should consider how making changes in the following aspects of your local system could address the barriers and assist the local system in achieving compliance:
 1. The Infrastructure of your Local System
 2. Policies and Procedures
 3. Professional Development/Technical Assistance
 4. Daily Practice
 5. Resources
 6. Anything else?
 - More information about each of these categories is provided under #1 under Plan to Achieve Compliance on Page 2 of the Corrective Action Plan/Service Enhancement Plan.
 - Again, using the 45-day timeline as an example, when you and your TA talked about why you were having difficulty achieving the 45-day timeline, think about how you approached the discussion of the identified obstacles. Did you think about the obstacles within your service system at each point in the process from the referral phone call to the point at which the child transitioned out of your system including, but not limited to, how did you assign evaluation team members, how was it determined which disciplines would be present at the evaluation, how was the

location of the evaluations determined, how did you determine if the IFSP occurred after the evaluation or at another date and time, all of the factors that went into the local process from referral to the meeting to develop the initial IFSP.

- As you began to identify these obstacles, think about the discussions you and your TA had possible changes that could be made or alternative ways of doing business that would positively impact your ability to achieve compliance with the 45-day timeline. Some of these discussions may have been considered “out of the box” thinking for your local system.
3. Once you have identified the barriers that have kept you from achieving the 45-day timeline, now it’s time to look at developing steps/strategies that you can implement to achieve compliance.
- Use of the 6 categories listed under #1 under the Plan to Achieve Compliance will be very beneficial in the development of these steps/strategies.
 - If you have more than one area of non-compliance that must be addressed through your local CAP/SEP, it is possible that one strategy will address more than one area of non-compliance. The CAP/SEP form allows you to easily document that.
 - Every local system’s CAP/SEP must include a strategy(ies)/step(s) that addresses how the local system will monitor and supervise progress and achievement of compliance (Examples: regular review of data in ITOTS reports, regular record reviews, etc.).
 - Using the 45-day timeline as an example, think about how you documented the discussions you and your TA had the possible changes or alternative ways of doing business on your Corrective Action Plan. The documentation will be similar on the CAP/SEP form.

Follow-up

- Do we want to add a statement here as to why we have to follow-up (OSEP visit etc.)?
- A plan for follow-up will be developed as part of the CAP/SEP:
 - As a collaborative process between the local system and the Part C Office;
 - Based on the individual needs of the local system; some follow-up may be frequent (i.e. monthly), others may be infrequent (i.e. every 4-6 months);
 - Developed during the phone call you will have with your TA and Monitoring Consultant.
- Additional Technical Assistance in this area is forthcoming.

How the Local Systems and Part C Office Work Together to Get the Corrective Action Plan/Service Enhancement Plan Developed

- The TA’s and Monitors will collaborate on pulling together mutually available dates and times for a call between TA, monitor, and LSM and contact local systems to set up a date for the call.
- Prior to the call, it is expected that the Local System Manager will have given thought to the current practices used within the local system, barriers impeding the local systems’ compliance and potential strategies to achieve compliance.
 - A draft Corrective Action Plan/Service Enhancement Plan must be submitted to the TA and Monitor prior to the phone call allowing enough time for their

review. Some systems may not have very much time to do this between the regional meeting and their call from the TA & monitor?????

- During the call with your TA and Monitor, discussion will center on:
 - Identified areas of non-compliance
 - Using the draft Correction Action Plan/Service Enhance Plan provided by the Local System Manager as a starting point of discussion,
 - Discuss current practices used within the local system as they relate to the identified area of non-compliance.
 - Discuss barriers/challenges the local system faces with the identified areas of non-compliance
 - Discuss strategies/steps to assist the local system to achieve compliance.
- Following this discussion, you will have until April 2, 2007 to complete and finalize the CAP/SEP and submit via e-mail to Mary Ann Discenza with a copy to both the TA and Monitor.
 - As part of the contract deliverables “timely submission of requested data” and monitoring data for FFY 06’s Indicator # 10 which speaks to timely and accurate data, we will be tracking when the Part C office receives the CAP/SEP
- The Part C office will notify the local system no later than April 6, 2007 (or within 5 calendar days of receipt of the Corrective Action Plan/Service Enhancement Plan), that the CAP/SEP has been received at the Part C Office.
- Part C office will notify the local system in writing by April 16, 2007 of the approval/disapproval of the CAP/SEP.

Questions and Answer Period