

NEW MEXICO
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HEALTH

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Quality Data New FIT Quarterly APR

FIT Annual Meeting
June 16, 2020

1190 S. St. Francis Drive • Santa Fe, NM 87505 • Phone: 505-827-2613 • Fax: 505-827-2530 • nmhealth.org

Polling Question

What is your primary role?

- Data Entry
- Program Manager/Coordinator
- Quality Assurance
- Practitioner

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Quarterly APR Process

The purpose moving to a quarterly APR is to:

- Make the data more timely and accurate
- Review and make corrections in a more timely manner
- Know FIT expectations regarding documentation of delay reasons in client files

Thanks to Abrazos, Alta Mira, Amplified, DCCP, Los Angelitos, Los Pasitos, PB&J, and MECA for volunteering to help us establish this process.

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Quarterly APR Process - **DRAFT**

- Reports: APR – Indicator 1, Indicator 7 and Indicator 8 a&c.
- Providers are expected to have data entered by the date when the reports for are to be run.
- Providers will get a reminder that reports will be run in 1 week.
- From the reports, 2-6 names per indicator for each provider will be selected by FIT staff for review of documentation
- Names of children selected will be posted to the ftp site by the 25th of the month.



Quarterly APR Process - **DRAFT**

- Providers will post documentation supporting the use of delay reason.
- Documentation will be reviewed by FIT staff and providers will be notified if that documentation is acceptable.
- If the documentation is accepted, the provider is done.
- If the documentation is not accepted, then the provider has 24 hours to submit additional documentation.



Quarterly APR Process - **DRAFT**

- If additional documentation is not submitted or accepted, the reason will need to be changed.
- Narratives are required for the 3rd quarter.
- The 4th quarter is used to demonstrate compliance, as needed.



Indicator 1 Documentation

Was the service delivered within 30 days of the IFSP or the service being added to the IFSP?

- FSC logs from the IFSP meeting date to the service delivery date
- Contact logs noting cancellations, no shows, problems scheduling



Indicator 7 Documentation

Was the IFSP completed within 45 days of referral?

- Referral form
- FSC notes from referral to IFSP meeting



Indicator 8 a&c Documentation

Was the Transition Conference held at least 90 days prior to the child's 3rd birthday?

- FSC logs 6 months prior to the required date for the Transition Conference through the Transition Conference
- Transition Plan: Part 1, Part 2, Part 3



Quarterly APR Process

Indicators 1, 7, 8c

Quarter	Dates	Report run on
1 st Quarter	July 1 – Sept 30	November 15
2 nd Quarter	Oct 1 – Dec 31	February 15
3 rd Quarter	Jan 1 – March 31	May 15
4 th Quarter	April 1 – June 30	Aug 15





Mega Child Evaluation Report

Eligibility Category	Eligibility Determination Date	Primary Diagnosis	Evaluation completed on Date	Evaluation Type	Gross/Fine Motor Skills	Communication Skills	Cognitive Skills	Social/Emotional Skills	Self Help/Adaptive Skills	Hearing Test Date	Hearing Test Results	Vision Test Date	Vision Test Results
At Risk, Environmental	2/4/2020	F88	2/4/2020	Initial	Age appropriate / within Typical Age Range	Age appropriate / within Typical Age Range	Age appropriate / within Typical Age Range	Age appropriate / within Typical Age Range	Age appropriate / within Typical Age Range	2/4/2020	Unable to screen	2/4/2020	Pass
Developmental Delay	12/17/2019	F88											
Developmental Delay	1/13/2020	F88	9/27/2017	Initial	Age appropriate / within Typical Age Range	Age appropriate / within Typical Age Range	Age appropriate / within Typical Age Range	Age appropriate / within Typical Age Range	Age appropriate / within Typical Age Range	8/28/2017	Pass		
Developmental Delay	1/13/2020	F88	1/13/2020	Initial	25% or greater Delay	25% or greater Delay	25% or greater Delay	25% or greater Delay	Less than 25% Delay	2/20/2020	Pass	1/13/2020	Pass



Polling Question

A child with exit ECO scores of 6, 7, 7 will not be eligible for Part B.

True

False

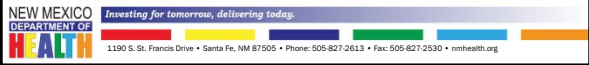


Polling Question

A child enters the program with ECO scores of 4,5,4 and exits the program with the scores of 5,5,5.

How would you answer the progress statements:

1. Yes, Yes, Yes
2. Yes, No, Yes
3. No, No, No



INDICATOR 3- EARLY CHILDHOOD OUTCOMES

Eligibility	Primary Diagnosis	Secondary Diagnosis	Third Diagnosis	Initial ECO Date	Outcome 1	Outcome 2	Outcome 3	Exit ECO Date	Exit Outcome 1	Progress 1	Exit Outcome 2	Progress 2	Exit Outcome 3	Progress 3
At Risk, Medical/Biological, Developmental Delay		P07.36	P84	11/12/19	2	2	2	03/18/20	6	Yes	6	Yes	5	Yes
	F88			9/9/19	1	1	1	02/06/20	1	Yes	1	Yes	1	Yes
Developmental Delay	F88			12/7/17	3	2	2	02/19/20	1	Yes	2	Yes	2	Yes
At Risk, Medical/Biological	P07.34			4/19/18	1	1	1	03/09/20	3	Yes	3	Yes	3	Yes
At Risk, Medical/Biological, Developmental Delay	F88			9/13/18	6	4	1	02/27/20	3	Yes	1	Yes	3	Yes
At Risk, Environmental	Z63.72	Z81.8		10/18/19	2	2	2	03/18/20	3	Yes	3	Yes	3	Yes



Polling Question

Which of the following exit reasons should not be used because it is no longer valid?

1. Completion of IFSP prior to reaching the maximum age for Part C
2. Did not complete eligibility process
3. Eligible for IDEA, Part B
4. Not eligible for Part B, exit with no referrals
5. Not eligible for Part B, exit with referrals to other programs
6. Not eligible for Part C services
7. Part B eligible, continuing in Part c
8. Part B eligibility no determined



REASON FOR CHILDREN EXITING REPORT DETAIL

Row Labels	Count of Inactivation Date
Attempts to contact the parent and/or child were unsuccessful	1
Completion of IFSP prior to reaching maximum age for Part C	1313
Deceased	393
Did not complete eligibility determination process	18
Eligible for IDEA, Part B	774
Moved out of state	1026
Moved to another FIT Program provider	362
Not eligible for Part B, exit with no referrals	702
Not eligible for Part B, exit with referrals to other programs	244
Not eligible for Part C services	166
Not inactivated/exited in the system by provider agency	594
Part B eligibility not determined	187
Part B eligible, continuing in Part C	594
Withdrawal by parent (or guardian)	54
Grand Total	1567
	7955



INDICATOR 8C - TRANSITION CONFERENCE DETAIL

Date of Third Birthday	Transition Plan Required	Transition Plan Initiated	Transition Plan Finalized	Date of Transition Conference	Conference Held at least 90 Days from third birthday?	Delay Reason	Inactivation Date	Inactivation Reason
10/14/2019	7/16/2019	5/1/2019			No			
9/20/2019	6/22/2019	5/8/2018	8/7/2019		No	Family: Schedule		
1/9/2020	10/11/2019	6/7/2018			No			
8/20/2019	5/22/2019				No			
3/28/2020	12/29/2019	6/19/2017			No		3/28/2020	Part B eligibility not determined
2/15/2020	11/17/2019	1/5/2018	11/6/2019		No		1/4/2020	Eligible for IDEA, Part B



Active Caseload Transition Planning Report

Eligibility	Third Party Birth Date	Planned Transition Date	Transition Plan Initiated	Transition Plan Completed	Transition Plan to LEAR Date	LEAR Date Sent	LEAR Date Received	Assessment Summary Date	Assessment Summary Sent Date	Transition Conference Invited	Transition Conference Held	Transition Conference Sent By	Transition Conference Held Date	Reason
At Risk - Developmental Delay - Suspended Condition	11/16/2019	11/16/2019	1/22/2020	6/16/2019	6/16/2019	6/17/2019	6/18/2019	10/20/2019	6/18/2019	9/17/2019	6/18/2019	6/18/2019	6/18/2019	
At Risk - Developmental Delay - Suspended Condition	11/16/2019	11/16/2019	1/22/2020	6/16/2019	6/16/2019	6/17/2019	6/18/2019	10/20/2019	6/18/2019	9/17/2019	6/18/2019	6/18/2019	6/18/2019	

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IFSP v. Delivered Services

Service Coordinator	IFSP Start	IFSP End	Service	Service Type	Method	Service Start	Service End	Period	Intensity	Freq	Planned Min.	Delivered Min.	%	Partial Period																		
	10/4/2019	10/3/2020	Speech Language Pathology	OS	Individual	10/4/2019	10/3/2020	Month	60	1	60	40	66.67%	No																		
<table border="1" style="width: 100%;"> <thead> <tr> <th>Location</th> <th>Method</th> <th>Staff</th> <th>Minutes</th> <th>Cancellation</th> <th>Cancellation Reason</th> </tr> </thead> <tbody> <tr> <td>Community-based</td> <td>Individual</td> <td></td> <td></td> <td>0</td> <td>Yes - Family Medical</td> </tr> <tr> <td>Home</td> <td>Individual</td> <td></td> <td>40</td> <td>No</td> <td></td> </tr> </tbody> </table>															Location	Method	Staff	Minutes	Cancellation	Cancellation Reason	Community-based	Individual			0	Yes - Family Medical	Home	Individual		40	No	
Location	Method	Staff	Minutes	Cancellation	Cancellation Reason																											
Community-based	Individual			0	Yes - Family Medical																											
Home	Individual		40	No																												
	10/4/2019	10/3/2020	Developmental Instruction	OS	Individual	10/4/2019	2/14/2020	Month	60	2	120	125	104.17%	No																		
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Location	Method	Staff	Minutes	Cancellation	Cancellation Reason																											
Home	Individual		75	No																												
Home	Individual		50	No																												

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