



**New York State Department of Health Early Intervention Program  
Quality Improvement Monitoring Review  
Self-Assessment Tool | Home and Community-Based Providers**

**Instructions:** If the service type listed in the left column, "Section" is provided by you/your agency, the indicator may apply to your practice. If the item is marked "N/A" (Not Applicable), written policy, documentation or observation will not apply to the monitoring review.

**Key:** ISC – Initial Service Coordinator                      MDE – Multidisciplinary Evaluator  
 OSC – Ongoing Service Coordinator                      Supplemental – Supplemental Evaluator  
 All – Indicator applies to all provider types.              Service Provider – Provides services such as Special Instruction, OT, PT, etc.

Section	Indicator	Practice/Procedures are in Place	Written Policy is in Place	Documentation Found in Child Records	Other Documentation	Observation
ISC	<b>PI-4</b> At the initial contact with the parent, the initial service coordinator ensures that the parent has a copy of "The Early Intervention Program: A Parent's Guide," reviews this guide with the parent, and documents this review in the child's record.	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	N/A
ISC	<b>PI-5</b> The initial service coordinator assists the parent in identifying and applying for benefit programs for which the family may be eligible.	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	N/A
ISC	<b>PI-6</b> The initial service coordinator (ISC) reviews all options for evaluations and screenings from the list of approved evaluators. The ISC assists the family in selecting an evaluator or screener by providing objective information regarding all options including location, types of evaluations performed, and settings for evaluations.	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	N/A
ISC	<b>PI-7</b> The initial service coordinator provides parents with information regarding the funding of EIP services including services at no cost to	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	N/A
ISC	<b>PI-8A</b> The initial service coordinator collects insurance policy information from family using the Department Collection of Insurance Information form. The child's insurance information is entered into NYEIS. <i>The Child Insurance Information</i> form is in the child's record and the Parent Attestation of No Insurance section is completed by the parent if the child does not have health insurance coverage.	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	N/A



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OSC	<b>PI-8B</b> The ongoing service coordinator collects insurance policy information from family using the Department Collection of Insurance Information form. The child's insurance information is entered into NYEIS. <i>The Child Insurance Information</i> form is in the child's record and the Parent Attestation of No Insurance section is completed by the parent if the child does not have health insurance coverage.	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	N/A
MDE	<b>PI-13</b> The multidisciplinary evaluation team includes at least two qualified personnel from different disciplines with at least one specialist in the area of suspected delay or disability.	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	N/A
MDE	<b>PI-15A</b> The multidisciplinary evaluation includes an evaluation of the child's functioning in all five developmental domains using informed clinical opinion and age-appropriate instruments and procedures. Evaluation procedures consider the dominant language or mode of communication normally used by the child, which is documented within the evaluation report.	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	N/A
Supplemental	<b>PI-15B</b> Tests and other supplemental evaluation materials shall be administered in the dominant language or other mode of communication of the child unless clearly not feasible to do so. The dominant language is documented within the evaluation report.	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	N/A
MDE	<b>PI-16</b> The multidisciplinary evaluation includes a health assessment, including a physical examination, vision and hearing screening.	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A
MDE	<b>PI-19A</b> The multidisciplinary evaluation report includes a statement of the child's eligibility based on regulatory criteria.	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	N/A
Supplemental	<b>PI-19B</b> The supplemental evaluation report includes Diagnosis code or ICD code.	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	N/A
MDE	<b>PI-20A</b> The evaluation report and summary are written in accordance with EIP regulations.	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	N/A



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Supplemental	<b>PI-20B</b> The supplemental evaluation report is written in accordance with EIP regulations.	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	N/A
MDE	<b>PI-21A</b> The results of the evaluation are discussed with parents by the evaluator.	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	N/A
Supplemental	<b>PI-21B</b> The results of the supplemental evaluation are discussed with parents by the evaluator.	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	N/A
OSC	<b>PI-25</b> The ongoing service coordinator coordinates and monitors the delivery of services.	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	N/A
OSC	<b>PI-27</b> The ongoing service coordinator completes required transition activities.	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	N/A
Service Provider	<b>PI-29</b> Prescriptions/orders for all services are obtained.	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	N/A
Service Provider	<b>PI-31</b> The provider delivers services that are family-centered.	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	N/A
ISC, OSC, Service Provider	<b>PI-32</b> The provider maintains original session/service coordination notes that include minimum content requirements. The provider maintains original service logs signed by the parent or caregiver which document that services were received by the child on the date and during the period of time as recorded by the provider, for all Early Intervention services provided with the exception of service coordination.	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	N/A
ISC	<b>PI-36A</b> Service coordinators assist parents and children to receive the rights, procedural safeguards and services that are authorized to be provided under State and federal law.	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	N/A
OSC	<b>PI-36B</b> Service coordinators assist parents and children to receive the rights, procedural safeguards and services that are authorized to be provided under State and federal law.	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	N/A
All	<b>PI-38</b> The provider maintains documentation for each service provided.	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	N/A



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ISC and OSC	<b>PI-39</b> Service coordinators bill for reimbursable activities according to EIP regulations.	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	N/A
Service Provider	<b>PI-41</b> The provider delivers services as authorized in the IFSP.	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	N/A
All	<b>PI-42</b> Requirements of Title 34 of the Code of Federal Regulations and other applicable legal requirements for confidentiality are followed.	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	N/A	N/A	N/A
All	<b>PI-42B</b> All records containing personally identifiable information are maintained in secure locations and disposed of appropriately.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO
All	<b>PI-42C</b> All records containing personally identifiable information are maintained securely when stored off-site.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	N/A	N/A
All	<b>PI-42E</b> Confidentiality of electronic records that are stored on computer is maintained.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	N/A	N/A
All	<b>PI-42F</b> Confidentiality is maintained when e-mail and texting is used.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A
All	<b>PI-42G</b> Confidentiality of faxed information is maintained.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	N/A	N/A
All	<b>PI-42I</b> A record is kept of any individual, other than authorized individuals, who access a child's record, along with the date and purpose for which the record was accessed.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A
All	<b>PI-42J</b> Parents are notified, by the rendering provider, of the process that they must follow to inspect and review all records pertaining to their child.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A
All	<b>PI-42K</b> Parental access to their child's record is ensured, by the rendering provider, including review, and upon request an explanation and interpretation of material and copies of records.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	N/A	N/A



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All	<b>PI-42M</b> The procedure to address amendment of the child's record including the parent making the request to the rendering provider, informing the service coordinator when the rendering provider agrees to amend the record, and notifying the Early Intervention Official (EIO) when the rendering provider declines to amend the record so the EIO can inform the parent of their right to a hearing.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	N/A	N/A
All	<b>PI-42O</b> Written parental consent is obtained before any disclosure of personally identifiable information is disclosed to anyone other than authorized individuals.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A
All	<b>PI-42Q</b> Provider adheres to all legal requirements that protect records containing sensitive information.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	N/A	N/A
All	<b>PI-42S</b> When electronic records are used documentation is maintained in a manner that demonstrates the provider's right to receive payment under the Medicaid program.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	NA	NA	NA
All (Agencies Only)	<b>PI-42T</b> Provider assures that all employees, independent contractors, consultants, and volunteers with access to personally identifiable information are informed of and are required to adhere to all confidentiality requirements related to this information.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A
All	<b>PI-43</b> The provider has State approval status and a Basic or Appendix agreement for services delivered.	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A
All (Individual Providers Only)	<b>PI-44</b> Individual providers maintain documentation of current licensure, certification, or registration, as appropriate, and are qualified to deliver EIP services, including service coordination.	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A
All (Agencies Only)	<b>PI-45</b> Agency provider employees and contractors have current licensure, certification, or registration, as appropriate, and are qualified to deliver EIP services, including service	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A



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All (Agencies Only)	<b>PI-46</b> Agency providers maintain policies/procedures to screen employee and subcontracted individuals through the New York State (NYS) Central Register of Child Abuse and Maltreatment (SCR) and the NYS Justice Center for the Protection of People with Special Needs (Staff Exclusion List (SEL)), as appropriate.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A
All	<b>PI-47</b> All providers have procedures in place to report suspected child abuse and maltreatment, including notification either directly to the SCR or to an appropriate authority.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	N/A	N/A
All	<b>PI-49</b> Current standard precautions are utilized when EI services are delivered.	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	N/A	N/A	N/A
All	<b>PI-50</b> Appropriate procedures are in place to address behavior which is injurious to the child or others. Corporal punishment, abuse, and the use of aversive interventions in any form are prohibited when providing EIP services.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A
All	<b>PI-52</b> Providers have policies and procedures to address child and provider illness and emergencies.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
All	<b>PI-80</b> Providers protect the general health and safety of children with respect to illness, injury, and emergencies while receiving EI services in a community setting.	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A
All	<b>PI-81</b> The provider has procedures in place to address unsafe conditions encountered in the home environment.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	N/A	N/A
All	<b>PI-82</b> Providers adhere to requirements as outlined in the provider agreement and regulation.	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A
All (Agencies Only)	<b>PI-83</b> The agency implements a quality assurance plan for each type of profession/service offered by the agency, including evaluations and service coordination.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A