Monitoring and Quality Assurance

Monitoring by the Early Interventionist occurs through activities to review and evaluate services and supports provided to the child and family or intended to be provided to the child and family. The purpose of monitoring is to determine the continued appropriateness and effectiveness of services and supports in meeting the needs, desires, and goals of the child and family as documented in the current FSP. Assessment of service quality and family satisfaction are important elements of monitoring. Monitoring may best be accomplished by using a variety of methods. These may include observation of services, in-person interview, mail correspondence, telephone calls, e-mail, and fax correspondence with the legal guardian, family, providers of services and supports received and appropriate others.

**DDSN Specific Roles and Responsibilities related to Monitoring and Quality Assurance:**

- DDSN contracts with an independent entity to conduct Contract Compliance reviews of all providers on an annual basis. Each provider receives a score in the areas of Administration, General Agency and Early Intervention.

- SCDDSN Children’s Service staff will conduct onsite reviews based on data collected at the state level. This data may show concerns about patterns of service delivery, extremely high and low service delivery hours, etc.

**Provider Specific Roles and Responsibilities related to Monitoring and Quality Assurance:**

- Services and supports must be monitored based upon the needs of each child/family to ensure that services are delivered as outlined in the child’s plan. The frequency and intensity of monitoring should be based on the individual needs of the child and family, particularly those, which support the health and safety of the child. (Note: The ID/RD, PDD and HASCI waivers have specific monitoring requirements related to waiver funded services).

- For children receiving primary Service Coordination from South Carolina School for the Deaf and Blind (SCSDB) contacts with the child and family should occur at least monthly.

- Monitoring must be documented in service notes including the name and/or title of the person with whom the monitoring contact occurred.
Monitorship schedules must be updated on a continuous basis as services are monitored. For example, if a child’s annual plan date is December 20, 2005 and their six-month review is due on June 16, 2006, but the six-month review was completed on June 1, 2006, the next annual plan is due before December 1, 2006.

While monitoring, if concerns are noted regarding a specific provider, the Early Interventionist should follow up with the provider. If the situation is not resolved, the Early Interventionist should bring these concerns to the attention of his/her supervisor.

Services that are identified on the child’s plan are adequate to meet the needs of the child and family.

Monitoring a child’s progress by performing periodic reviews (at least every 6 months) and reassessment of the needs of the child and family.

The child’s access to a primary health care provider and other health care providers is monitored as needed based on the child’s healthcare needs.

Coordinating and monitoring other health care needs by arranging appointments for medical services with follow up and documentation.