

Illinois Early Intervention
Compliance Verification Review

Child: _____

EI # : _____

Date of Review: _____

Service Coord: _____

SECTION I
INTAKE AND ELIGIBILITY

Reviewer Name: _____

Please comment if N or I was indicated

Y - Yes N - No I - Incomplete N/A - Not Applicable

- | | | | | | | |
|-----|--|----------------------------|----------------------------|----------------------------|------------------------------|----------|
| 1. | Evidence that the family was contacted within two business days of referral. | Y <input type="checkbox"/> | N <input type="checkbox"/> | I <input type="checkbox"/> | N/A <input type="checkbox"/> | Comment: |
| 2. | Evidence that the SC actually met face to face with the family to complete intake activities. | Y <input type="checkbox"/> | N <input type="checkbox"/> | I <input type="checkbox"/> | N/A <input type="checkbox"/> | Comment: |
| 3. | Informed consent and documentation of receipt of rights. | Y <input type="checkbox"/> | N <input type="checkbox"/> | I <input type="checkbox"/> | N/A <input type="checkbox"/> | Comment: |
| 4. | Cornerstone informed consent form. | Y <input type="checkbox"/> | N <input type="checkbox"/> | I <input type="checkbox"/> | N/A <input type="checkbox"/> | Comment: |
| 5. | To/From consent for release of information. | Y <input type="checkbox"/> | N <input type="checkbox"/> | I <input type="checkbox"/> | N/A <input type="checkbox"/> | Comment: |
| 6. | Screening device for determining family fees and eligibility for All Kids/Medicaid and DSCC form. | Y <input type="checkbox"/> | N <input type="checkbox"/> | I <input type="checkbox"/> | N/A <input type="checkbox"/> | Comment: |
| 7. | Insurance affidavit assignment and release. | Y <input type="checkbox"/> | N <input type="checkbox"/> | I <input type="checkbox"/> | N/A <input type="checkbox"/> | Comment: |
| 8. | Copy of Medicaid/All Kids recipient card or PA42 screen, WIC or copy of private insurance card is in the file. | Y <input type="checkbox"/> | N <input type="checkbox"/> | I <input type="checkbox"/> | N/A <input type="checkbox"/> | Comment: |
| 9. | Copy of income information is in the file. | Y <input type="checkbox"/> | N <input type="checkbox"/> | I <input type="checkbox"/> | N/A <input type="checkbox"/> | Comment: |
| 10. | Documentation supports initial eligibility. | Y <input type="checkbox"/> | N <input type="checkbox"/> | I <input type="checkbox"/> | N/A <input type="checkbox"/> | Comment: |
| 11. | Copy of the eligibility letter is in the file. | Y <input type="checkbox"/> | N <input type="checkbox"/> | I <input type="checkbox"/> | N/A <input type="checkbox"/> | Comment: |
| 12. | Documentation supports annual eligibility. | Y <input type="checkbox"/> | N <input type="checkbox"/> | I <input type="checkbox"/> | N/A <input type="checkbox"/> | Comment: |

Additional Comments:

Illinois Early Intervention
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SECTION II
CURRENT IFSP AND REVIEWS

Reviewer Name: _____

Please comment if N or I was indicated

Y - Yes N - No I - Incomplete N/A - Not Applicable

- | | | |
|-----|---|----------|
| 1. | Initial IFSP was conducted within 45 days from referral. | Comment: |
| | Y <input type="checkbox"/> N <input type="checkbox"/> I <input type="checkbox"/> N/A <input type="checkbox"/> | |
| 2. | Physician Authorization for services. | Comment: |
| | Y <input type="checkbox"/> N <input type="checkbox"/> I <input type="checkbox"/> N/A <input type="checkbox"/> | |
| 3. | IFSP services started in a timely manner. | Comment: |
| | Y <input type="checkbox"/> N <input type="checkbox"/> I <input type="checkbox"/> N/A <input type="checkbox"/> | |
| 4. | Services are provided in natural environments or justification form is completed. | Comment: |
| | Y <input type="checkbox"/> N <input type="checkbox"/> I <input type="checkbox"/> N/A <input type="checkbox"/> | |
| 5. | Assessment or Progress Summary reports were requested prior to the 6 month review meeting. | Comment: |
| | Y <input type="checkbox"/> N <input type="checkbox"/> I <input type="checkbox"/> N/A <input type="checkbox"/> | |
| 6. | Reasonable written prior notice was provided to family And other participants of the six month review meeting. | Comment: |
| | Y <input type="checkbox"/> N <input type="checkbox"/> I <input type="checkbox"/> N/A <input type="checkbox"/> | |
| 7. | At the six month review, Section 3 of the IFSP documents any progress made (or lack thereof) toward achieving the identified outcome. | Comment: |
| | Y <input type="checkbox"/> N <input type="checkbox"/> I <input type="checkbox"/> N/A <input type="checkbox"/> | |
| 8. | If changes were made to the IFSP, the full IFSP team was convened before changes were implemented. | Comment: |
| | Y <input type="checkbox"/> N <input type="checkbox"/> I <input type="checkbox"/> N/A <input type="checkbox"/> | |
| 9. | The six month review was carried out by meeting or teleconference. | Comment: |
| | Y <input type="checkbox"/> N <input type="checkbox"/> I <input type="checkbox"/> N/A <input type="checkbox"/> | |
| 10. | Evidence of monthly contact with the family - face to face, telephone, written correspondence. | Comment: |
| | Y <input type="checkbox"/> N <input type="checkbox"/> I <input type="checkbox"/> N/A <input type="checkbox"/> | |
| 11. | Annual IFSP was completed within one year. | Comment: |
| | Y <input type="checkbox"/> N <input type="checkbox"/> I <input type="checkbox"/> N/A <input type="checkbox"/> | |
| 12. | At annual IFSP, family fee, insurance information & Doc. of Informed Consent/Receipt of Rights were updated. | Comment: |
| | Y <input type="checkbox"/> N <input type="checkbox"/> I <input type="checkbox"/> N/A <input type="checkbox"/> | |

Additional Comments:

SECTION III
TRANSITION AND EXIT INFORMATION

Reviewer Name: _____

Please comment if N or I was indicated

Y - Yes N - No I – Incomplete N/A – Not Applicable

1. There is evidence that no later than six months prior to the child's third birthday communication began with the family about transition. Comment:

Y N I N/A

2. With informed parental consent, service coordinator forwarded referral packet to the child's local educational agency. Comment:

Y N I N/A

3. Early Intervention to Early Childhood Tracking Form was completed (PA34) and sent to LEA. Comment:

Y N I N/A

4. Transition Efforts are documented in case notes (CMO4). Comment:

Y N I N/A

5. There is evidence that at least 90 days prior to the child's third birthday a transition conference was held with at least the service coordinator, family and the LEA. Comment:

Y N I N/A

6. There is evidence that the child's IFSP team met as a group to discuss and document progress toward functional outcomes and EI levels of development/child outcomes. Comment:

Y N I N/A

7. There is evidence that child outcome data was captured and entered into the system through questions 8, 9 and 10 of the IFSP within 120 days of child turning 3. Comment:

Y N I N/A

8. When there is evidence that the CFC did not receive the EI to EC tracking form back from the LEA, the CFC followed up with the LEA within one month after the child's 3rd birthday to determine the status of the form. Comment:

Y N I N/A

Additional Comments: