

EI-Hub Case Management User Guide – Unit 10 (Provider)



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Revision History

Version Number	Release Date	Author	Revision Summary
v.0.21.0	7.12.2023	Paul Michael Ross	<ul style="list-style-type: none"> • Modify the document styles and footers for a sleeker presentation. • I made edits/added BEI's comments from Unit 1 to Unit 8. • Added Child Transfer popup panel. • I removed the 'Program Details Grid/Table section. • Updated screenshots and fields (grids/tables & panels)for the IFSP and Transition sections • Updated the "Agency Director" panel screenshot to show the label change on page 130. <p>UAT Finding 2126 has been updated with these notes and is currently in a B30-Deferral Requested Status.</p> <ul style="list-style-type: none"> • Reports and lookups do not necessarily use the same logic/code. On page 160 • Users should NOT use lookups to identify providers they (users) wish to assign/recommend kids to. On Page 9 • Users should rely on the Central Directory report to identify providers to whom they wish to assign/recommend kids. On page 158 • The above two bullets need to be made abundantly clear through training materials, job aids, etc. – Take a look at the training resources to make sure that it is clear what PAU should be using and what service coordinators should be using for counties and service providers to identify specific info on page 162. • Concerning catchment areas, DOH acknowledged that "migrated data will be crazy until we get it cleaned up." The text added on pages 10, 12, 105, and 107 is "i NYEIS migrated data may contain inconsistencies." • PMR (6/27/2024): Added a short section, "10.3 Adding a new Vendor."

El-Hub Case Management v0.21.0

El-Hub Version	Release Date
3.90.4.0	10.1.2024

Unit 10. Provider



Different provider roles can view/edit different panels/fields based on permissions.

 The Provider section of EI-Hub Case Management enables DOH-approved providers the ability to view and maintain their provider records in the following comprehensive ways:

1. View approval status in the EI Program,
2. Print a provider profile,
3. View previous applications and amendment requests,
4. Initiate new re-approval and amendment requests.

Approved providers (individuals, agencies, and Municipalities) must maintain approval and an Agreement with NYS DOH. Approval and Agreements are in effect for five (5) years, and approved providers must submit re-approval requests at least 90 days before their current agreement expires to allow processing time. Expired approval/agreements will result in the provider being unavailable for selection for service authorizations and unable to bill for services.

Initiate Re-approval and Amendment requests: Providers may initiate new re-approval and amendment requests in Provider Management in one of two ways.

1. **Status Management tab:** The Status Management panel creates a new request by clicking the add approval request button above the grid/table. The Approval left menu item under the provider also navigates the user to the request screen.

 **Before creating a re-approval or amendment request, please ensure the information in the provider record is current. Changes that can be made to the provider record outside of an amendment request or re-approval are considered minor changes and are located in the “Minor Tabs.” Minor Tabs are Provider Information, Insurance Information, Quality Assurance (Agency Only), Special Pop/Languages, Professional Qualifications (Independent Providers Only), and Documents. You cannot update the provider record during the re-approval or amendment processes or after the request has been submitted for review.**

2. Amendments and re-approvals allow changes only to **Service Logging, Services**, the **Agency Director**, and approved **Service Sites** tabs.
 - Agency Directors and Service sites can only be added/removed through the amendment/re-approval process; information pertaining to the director or site, like addresses, phone numbers, or certifications, can't be updated through amendments or re-approvals and must be updated before the request is initiated, or after the request is approved.
 - Amendments and re-approvals require a series of disclosure panels and agreements to be completed (except for withdrawal from the program).
 - Instructions on the **Provider Approval** tab and **Request Re-Approval** panel help guide the requestor when needed to make changes.

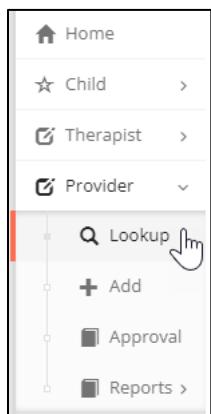
 **When making changes to the information, an approved provider must first update their provider panel, and then they should update the therapist panel to match.**

10.1 Lookup

 The Provider Lookup will only identify providers who have or had DOH approval in the past (EI Provider ID, which was referred to as State ID in the past).

- Providers use the Provider Lookup to navigate to their provider record(s) for re-approvals and amendments (changes).
- DOH Provider Approval Unit (PAU) staff use Provider Lookup to access provider records.
- Service coordination providers and municipalities should use the Central Directory Report (reference sections 10.2.4.2 - 10.2.4.2.2) to search for approved providers when looking to refer/assign children.

 Home / Provider



10.1.1 Provider Lookup Results Panel

 Home / Provider
Lookup

Provider Lookup Results

Report Filters

Select Provider Type (Equal To)	EIP Provider ID (Contains)	Provider Status (Equal To)	Provider Name (Contains)
- Select Item -		Active	
Agency Contact Person First Name (Contains)	Agency Contact Person Last Name (Contains)	Phone Number (Contains)	E-mail (Contains)
Vendor Type (Equal To)	Vendor Service Type (Equal To)	NPI (Contains)	Service Type (Equal To)
- Select Item -	- Select Item -		- Select Item -
Catchment Area (Equal To)	Service Site County (Equal To)	Languages (Equal To)	Specialty Populations (Equal To)
- Select Item -	- Select Item -	- Select Item -	- Select Item -

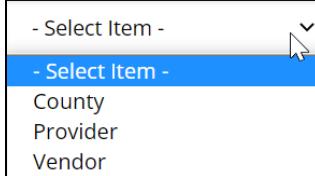
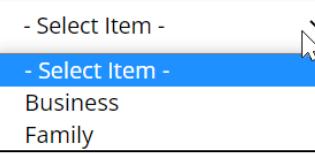
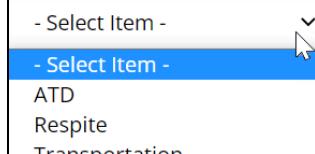
Provider Lookup Results

Search... Rows per page: 10

EIP Provider ID	Provider Status	Provider Name	Agency Contact Person First Name	Agency Contact Person Last Name	Phone Number	E-mail	Provider Type	Vendor Type	Vendor Service Type	NPI	Service Type	Catchment Area	Languages	Specialty Populations	Action
No data available in table															
Showing 0 to 0 of 0 entries															

Excel

Report Filters

FIELD	DESCRIPTION
Select Provider Type (Equal To)	Use the drop-down and select the appropriate provider type from the list. 
EIP Provider ID	Enter the early intervention provider (EIP) identification number (approved provider's "State ID") to narrow your search.
Provider Status (Equal To)	Select the Provider's appropriate status ('Active' or 'Inactive') in the drop-down.
Provider Name (Contains)	To narrow your search, enter the name of the provider.
Agency Contact Person First Name (Contains)	To narrow your search, enter the agency's contact person's first name for the agency.
Agency Contact Person Last Name (Contains)	To narrow your search, enter the agency's contact person's last name for the agency.
Phone Number (Contains)	To narrow your search, enter the agency's phone number.
E-mail (Contains)	To narrow your search, enter the agency's email address.
Vendor Type (Equal To)	Use the drop-down and select the appropriate vendor type from the list. 
Vendor Service Type (Equal To)	Use the drop-down and select the vendor's service type from the list. 

FIELD	DESCRIPTION
NPI (Contains)	Enter the 10-position all-numeric identification number of the provider's National Provider Identifier (NPI) to narrow your search.
Agency Profession (Equal To)	Use the drop-down and select the agency's profession type from the list.
Individual Profession (Equal To)	Use the drop-down and select the individual profession type from the list.
Service Type (Equal To)	Use the drop-down and select the vendor's service type from the list.
Catchment Area (Equal To)	Use the drop-down and select the catchment area from the list. The identified catchment areas should be counties where you can deliver EIP services (or, for agencies, have staff to provide services).  NYEIS migrated data may contain inconsistencies.
Service Site County (Equal To)	Use the drop-down and select the service site county from the list.
Languages (Equal To)	Select the provider's multilanguage support (e.g., Spanish) from the list in the drop-down.
Specialty Population (Equal To)	Use the drop-down and select the provider's specialty population (e.g., Autism/PDD, etc.) from the list.

BUTTON	DESCRIPTION
Search 	When clicked, based on your criteria (fields populated above), the system searches the EI-Hub database and returns the results (an example below shows filtering on 'Vendor' and 'Business').

10.1.1.1 Results Grid/Table

 At the time of the EI-Hub launch, the Results Grid/Table will display all professions, service types, catchment areas, languages, and specialty populations included in a provider's approval (including those that have been ended).

Search...																	Rows per page	10	
EIP Provider ID	Provider Status	Provider Name	Agency Contact Person First Name	Agency Contact Person Last Name	Phone Number	E-mail	Provider Type	Vendor Type	Vendor Service Type	NPI	Agency Profession	Individual Profession	Service Type	Catchment Area	Service Site County	Languages	Specialty Populations	Action	
V63	Active	iRide					Vendor	Business	Transportation	5555125489							<button>Edit</button>		
V698	Active	All County School Bus					Vendor	Business	Transportation	123							<button>Edit</button>		
V70	Active	EI Ulber					Vendor	Business	Transportation	123456789							<button>Edit</button>		
V93	Active	Schoharie Valley Transportation					Vendor	Business	Transportation	9875874251							<button>Edit</button>		

Showing 21 to 24 of 24 entries

Prev | 1 | 2 | 3 | Next

For column sorting, see "ASCENDING / DESCENDING CONTROLLER" in the CM Unit 5 User Guide section Home Tab Controllers; selecting/clicking the '[Home Tab Controllers](#)' hyperlink downloads the Unit 5 User Guide.

FIELD	DESCRIPTION
 Search	To search the results grid/table for a specific record, enter a keyword into this field.  If you can't find a match in the name search, broaden the search criteria (e.g., NPI), then use this to search the results for your entry.

COLUMN	DESCRIPTION
EIP Provider ID	This column displays the identification number of the early intervention provider (EIP).
Provider Status	This column displays the provider's status ('Active' or 'Inactive').
Provider Name	This column displays the provider's name.
Agency Contact Person First Name	This column displays the agency's contact person's first name for the agency.
Agency Contact Person Last Name	This column displays the agency's contact person's last name for the agency.
Phone Number	This column displays the agency's contact person's phone number.
E-mail	This column displays the agency's contact person's email address.

COLUMN	DESCRIPTION
Provider Type	This column displays the provider type (e.g., Vendor).
Vendor Type	This column displays the provider type (e.g., Business or Family).
Vendor Service Type	Use the drop-down and select the vendor's service type (e.g., Transportation from the list).
Vendor Type	This column displays the vendor type.
NPI	This column displays the 10-position all-numeric identification number of the provider's National Provider Identifier (NPI).
Agency Profession	This column displays the agency's profession type.
Individual Profession	This column displays the individual profession type.
Service Type (Equal To)	This column displays the vendor's service type.
Catchment Area (Equal To)	This column displays the catchment area.  NYEIS migrated data may contain inconsistencies.
Service Site County	This column displays the service site county.
Languages	This column displays the provider's multilanguage support (e.g., Spanish).
Specialty Population	This column displays the provider's specialty population (e.g., Autism/PDD).
Action	This column displays the corresponding action buttons (Edit) (if applicable and based on the user's role).

BUTTON	DESCRIPTION
Edit	Click this button adjacent to a provider record/row to edit an existing provider record. When clicked, eleven (11) multi-tabbed/panels appear.

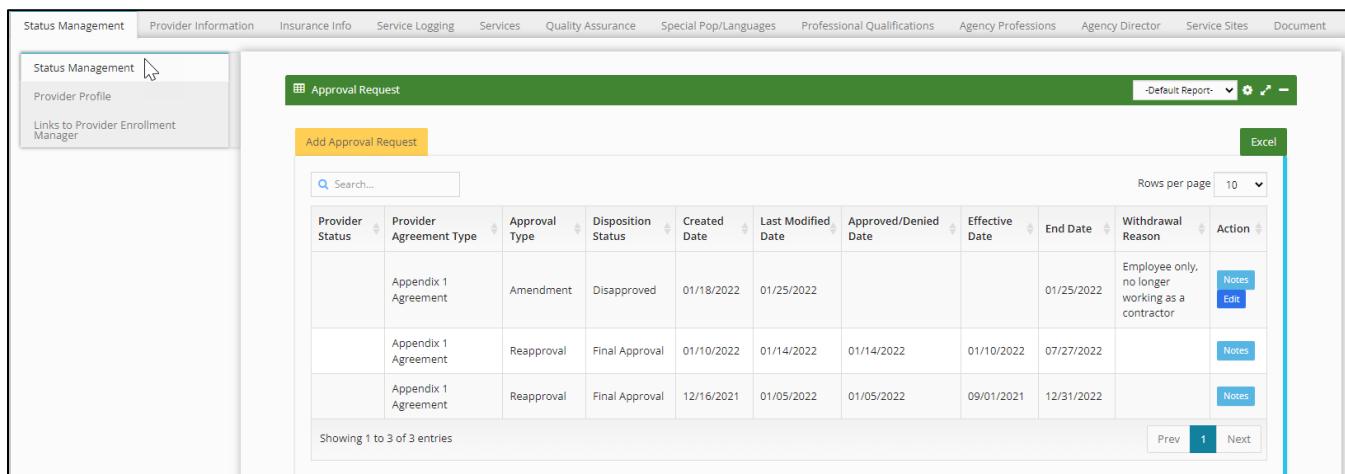
BUTTON	DESCRIPTION
Excel 	<p>Click this button to export your results (based on the criteria you entered) to an MS Excel spreadsheet.</p> <p>(i) Leaving all the Report Filters fields blank will show "all" results.</p> <p>(i) The Excel export option is helpful if you have a lot of data to examine; this function helps perform data analysis tasks outside the El-Hub system.</p>

10.2 Status Management Tab

10.2.1 Status Management Grid/Table

 The Status Management panel displays the provider's approval status with the EI program, including the provider agreement type and the agreement's end date (when the provider is due for re-approval). In-progress re-approval and amendment requests are also displayed here.

(i) If a record has 'In Process' or 'Conditional' and the 'End Date' is greater than the current date, the "Edit" button will display, but the 'Add Approval Request' button will not. If all the 'End Dates' have passed and there is a record with 'In Process' or 'Conditional,' display the 'Add Approval Request' button.



The screenshot shows the Status Management grid for 'Approval Request'. The grid includes columns for Provider Status, Provider Agreement Type, Approval Type, Disposition Status, Created Date, Last Modified Date, Approved/Denied Date, Effective Date, End Date, Withdrawal Reason, and Action. There are three entries:

Provider Status	Provider Agreement Type	Approval Type	Disposition Status	Created Date	Last Modified Date	Approved/Denied Date	Effective Date	End Date	Withdrawal Reason	Action
Appendix 1 Agreement	Amendment	Disapproved	01/18/2022	01/25/2022			01/25/2022	Employee only, no longer working as a contractor	 	
Appendix 1 Agreement	Reapproval	Final Approval	01/10/2022	01/14/2022	01/14/2022	01/10/2022	07/27/2022			
Appendix 1 Agreement	Reapproval	Final Approval	12/16/2021	01/05/2022	01/05/2022	09/01/2021	12/31/2022			

Showing 1 to 3 of 3 entries

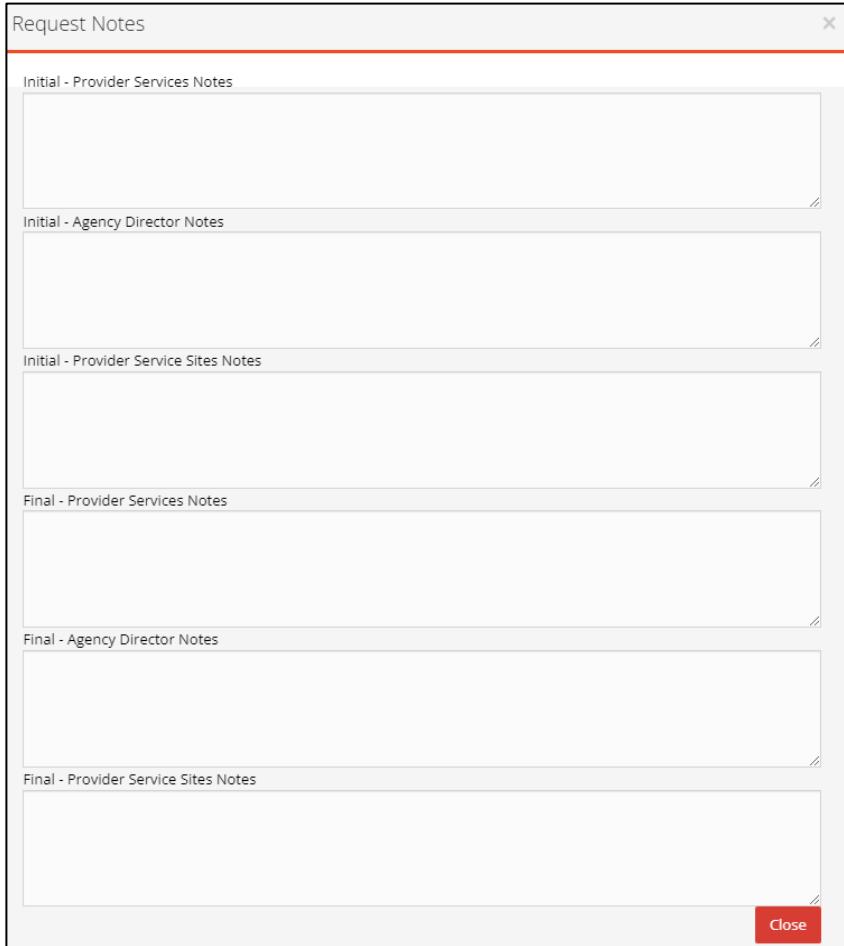
For column sorting, see "ASCENDING / DESCENDING CONTROLLER" in the CM Unit 5 User Guide section Home Tab Controllers; selecting/clicking the '[Home Tab Controllers](#)' hyperlink downloads the Unit 5 User Guide.

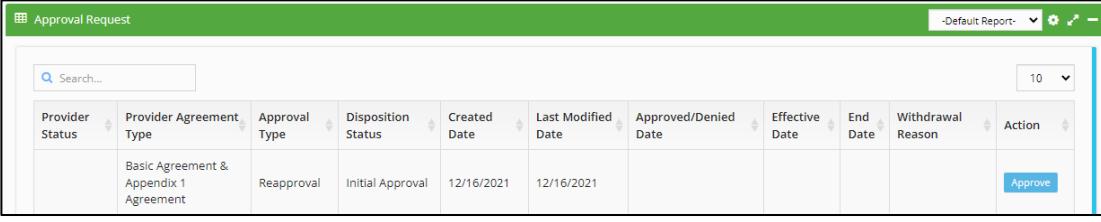
FIELD	DESCRIPTION
 Search	To search the results grid/table for a specific record, enter a keyword into this field.

COLUMN	DESCRIPTION														
Provider Status	This column displays the provider's status ('Active' or 'Inactive').														
Provider Agreement Type	This column displays the provider's agreement type (basic or appendix 1).														
Approval Type	This column displays the provider's approval type (e.g., Amendment, Re-approval).														
Disposition Status	<p>This column displays the provider's disposition status (shown below). Disposition status can represent both the request's status and the provider's status. Generally, if the request is being processed, it shows the request status. However, once approved, it refers to the provider's status.</p> <p>Description Status Descriptions:</p> <table border="1"> <thead> <tr> <th>Disposition Status</th><th>Description</th></tr> </thead> <tbody> <tr> <td>Withdrawn</td><td>The applicant has withdrawn their submission.</td></tr> <tr> <td>Submitted</td><td> <p>The applicant has submitted the PAU for review. The request will stay in this status until initial approval or disapproval. The applicant can make no edits while the application is in the submitted status.</p> <p> If the Final Approver disapproves an application, the application will return to the Submitted status.</p> </td></tr> <tr> <td>In Process</td><td> <p>The provider has started a new amendment or re-approval request that still needs to be submitted. The applicant can continue to make edits.</p> </td></tr> <tr> <td>Disapproved</td><td> <p>The application has been disapproved by either the <i>initial</i> or <i>final</i> approver and returned to the applicant for edits. If the initial approver disapproves the application, there will be no date in the Approved/Denied Date. If the final approver is the person who disapproves the application, the date they submitted the disapproval will be shown in the Approved/Denied Date. This date will clear when the initial approver enters a new decision and will re-populate when the final approver enters another decision for the applicant.</p> </td></tr> <tr> <td>Initial Approval</td><td> <p>The initial approver has approved the application and handed it off to the final approver for review/approval. The applicant cannot make additional edits.</p> <p> This status is only viewable by PAU.</p> </td></tr> <tr> <td>Final Approval</td><td> <p>The initial and final approvers have approved the application, and the provider may now provide services. The final approval issued by the final approver will result in this status and the date of the</p> </td></tr> </tbody> </table>	Disposition Status	Description	Withdrawn	The applicant has withdrawn their submission.	Submitted	<p>The applicant has submitted the PAU for review. The request will stay in this status until initial approval or disapproval. The applicant can make no edits while the application is in the submitted status.</p> <p> If the Final Approver disapproves an application, the application will return to the Submitted status.</p>	In Process	<p>The provider has started a new amendment or re-approval request that still needs to be submitted. The applicant can continue to make edits.</p>	Disapproved	<p>The application has been disapproved by either the <i>initial</i> or <i>final</i> approver and returned to the applicant for edits. If the initial approver disapproves the application, there will be no date in the Approved/Denied Date. If the final approver is the person who disapproves the application, the date they submitted the disapproval will be shown in the Approved/Denied Date. This date will clear when the initial approver enters a new decision and will re-populate when the final approver enters another decision for the applicant.</p>	Initial Approval	<p>The initial approver has approved the application and handed it off to the final approver for review/approval. The applicant cannot make additional edits.</p> <p> This status is only viewable by PAU.</p>	Final Approval	<p>The initial and final approvers have approved the application, and the provider may now provide services. The final approval issued by the final approver will result in this status and the date of the</p>
Disposition Status	Description														
Withdrawn	The applicant has withdrawn their submission.														
Submitted	<p>The applicant has submitted the PAU for review. The request will stay in this status until initial approval or disapproval. The applicant can make no edits while the application is in the submitted status.</p> <p> If the Final Approver disapproves an application, the application will return to the Submitted status.</p>														
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Initial Approval	<p>The initial approver has approved the application and handed it off to the final approver for review/approval. The applicant cannot make additional edits.</p> <p> This status is only viewable by PAU.</p>														
Final Approval	<p>The initial and final approvers have approved the application, and the provider may now provide services. The final approval issued by the final approver will result in this status and the date of the</p>														

COLUMN	DESCRIPTION
	Approved/Denied Date field being populated. No additional edits can be made to the application; any changes will require an amendment.
Migrated	The approval was migrated from NYEIS.
Conditional	Conditional Approvals should not be issued at this time.
	<p>(i) Data migrated from NYEIS without a status shows as 'Migrated;' otherwise, their NYEIS approval status will display as the related Hub status (initial approval, final approval, etc).</p>
Created Date	This column displays the date the user created the application, amended it, or reapproved it.
Last Modified Date	This column displays the provider's approval on the last modified date.
Approved/Denial Date	This column displays the provider's approval or denial date.
Effective Date	This column displays the date the information on this row became effective.
End Date	This column displays the last day; the information on this row applies.
Withdrawal Reason	If a provider initiates an amendment request to withdraw from the program, the reason for withdrawing is displayed here.
Action	This column displays (if applicable and based on the user's role) corresponding action buttons (Edit, Delete, and Notes).

BUTTON	DESCRIPTION
Add Approval Request Add Approval Request	<p>To add an 'Approval Request,' click this button. The Provider Approval multi-tabs/panels appear (shown above in section 10.2.2).</p> <p>If you attempt to add an additional 'approval request' when one is active, you will receive an error.</p>

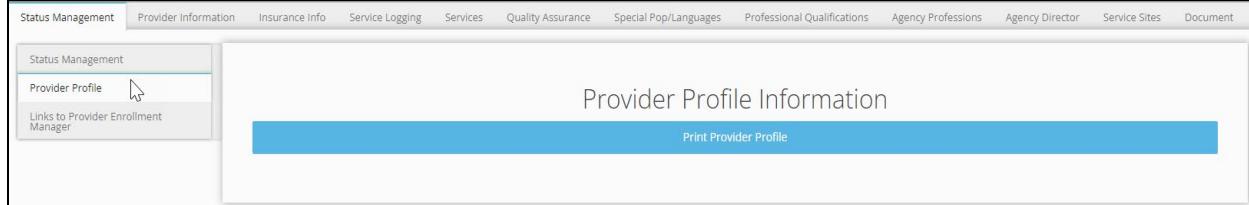
BUTTON	DESCRIPTION
Notes 	Click this button adjacent to the appropriate provider's row to review/add any request notes/comments about the provider. When clicked, the Request Notes popup panel appears (shown below).  <p>(i) The notes button will display any external notes left by the Provider Approval Unit (PAU) staff (entered via the initial/final approver panels) for the provider. Providers should view these note fields for any communications from PAU. The provider cannot save/update any info here.</p>
Edit 	Click this button to view or edit an existing 'Approval Request' record. The Provider Approval multi-tabs/panels appear when clicked.

BUTTON	DESCRIPTION
Excel 	<p>Click this button to export your results (based on the criteria you entered) to an MS Excel spreadsheet.</p> <p>(i) Leaving all the Report Filters fields blank will show "all" results.</p> <p>(i) The Excel export option is helpful if you have a lot of data to examine; this function helps perform data analysis tasks outside the EI-Hub system.</p>
Approve 	 <p>The provider is ready to approve when the Approve button appears in the 'Action' column. When clicked, the Provider Approval tab with the associated panels (left pane) and the following tabs and panels (shown below).</p> <p>(i) The approve button only appears for certain roles when the request is in a specific Disposition Status. Once the provider request has been successfully submitted, the approve button is available to the provider approver roles.</p>

10.2.1.1 Provider Profile Panel

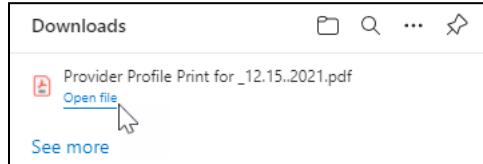
 The Provider Profile panel allows the provider to download and print a summary of important information about the provider for distribution to (potential) clients.

The Provider Profile PDF Printout prioritizes which address is displayed first based on the status, looking for an Active address. Next, the system looks at the priority, preferring the address, which is the Primary. So, suppose you have a Primary Address, which is inactive, but a Secondary Address, which is active. In that case, the Secondary Address is displayed on the Printout. **The status and priority are linked to the display of the provider profile report. Providers can edit their address and the priority in EI-Hub if updates are needed to the address.**



Step / Action

1. Select/click the **Provider** panel as shown above.
2. Select/click the **Print Provider Profile** button bar. A popup dialog box appears on your browser page (MS Edge example shown below).



- Next, click the **Open File** hyperlink in the popup dialog box to launch the PDF file (you must have Adobe Reader installed on your PC). You can also use your PC file explorer to navigate your default directory (e.g., 'Downloads').

 Agencies are encouraged to use the Provider Look Up Job Aid steps to use the Central Directory Report to identify providers to contract or subcontract with. The Provider Profile PDF Printout will include a listing of all services with start and end dates for the provider's entire history with the Early Intervention Program. This can result in lengthy printed documents that may be difficult to read.

10.2.1.2 Links to Provider Enrollment Manager Grid/Table

 Providers who applied through the new EI-Hub Provider Enrollment tool can view historical PAST and PAT submissions using the Links to Provider Enrollment Manager panel. In addition, existing providers can view submitted amendment and re-approval requests created in Provider Management.

 Initiate new re-approval and amendment requests in the Status Management panel.

For column sorting, see "ASCENDING / DESCENDING CONTROLLER" in the CM Unit 5 User Guide section Home Tab Controllers; selecting/clicking the '[Home Tab Controllers](#)' hyperlink downloads the Unit 5 User Guide.

FIELD	DESCRIPTION
 Search	To search the results grid/table for a specific record, enter a keyword into this field.

COLUMN	DESCRIPTION
User Name	This column displays the EI-Hub user's name.
Provider Name	This column displays the provider's name.
Submission Date	This column displays the provider's submission date.
Approval Date	This column displays the provider's approval date.
Form Type	This column displays the provider's form type.
Action	This column displays the corresponding action buttons (View and Edit) (if applicable and based on the user's role).

BUTTON	DESCRIPTION
Excel 	Click this button to export your results (based on the criteria you entered) to an MS Excel spreadsheet.  Leaving all the Report Filters fields blank will show "all" results.  The Excel export option is helpful if you have a lot of data to examine; this function helps perform data analysis tasks outside the EI-Hub system.
Link 	Click this button to link the provider's information to the provider's application within the Provider Enrollment external application (see the example below).

El-Hub Case Management v0.21.0

NYS Provider Enrollment external user ▾

Agency Application

Basic Information Director Agency Background Disclosures Seeking to Provide Uploads Agreements

Congratulations on the successful submission of your PAST. The information you entered in the PAST has been transferred to the PAT, eliminating the need to reenter the same information. Please review each tab and panel, completing all appropriate fields, including all required fields. Screen navigation is the same as in the PAST.

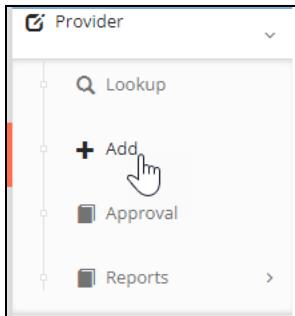
Contact Info

Applicant ID	1046
Agency Legal Name *	PeterParker Provider
Doing Business As	New Agency Provider
FEIN *	23-4234234
National Provider Identifier (NPI) *	1467993964
Website	
Agency Primary Phone Number *	(234) 234-2342
Agency Fax Number	
Mailing Address * <small>Enter the address where mail is actually delivered.</small>	Line1: 460 W 34TH ST Line2: 11th floor Line3: Line 3
Physical Location Address * <small>Location where files and records are maintained</small>	Zip Code: 10001-2320 City/Town: NEW YORK State: New York
County/Borough *	Albany
Does your Billing/Claiming address match one of the addresses previously entered? *	Physical
Billing Address * <small>Address to which all claims payments are to be sent</small>	Line1: 460 W 34TH ST Line2: 11th floor Line3: Line 3
Agency Main Contact Person Salutation *	Ms.
Agency Main Contact Person First Name *	Hillary
Agency Main Contact Person Middle Name/Initial	Sim
Agency Main Contact Person Last Name *	Kram
Main Contact Person AKA/Maiden name	Nice
Agency Main Contact Person Title *	Manager
Main Contact Person's Primary Email * <small>Re-enter the same email for verification.</small>	Email: pkhanduja@pcgus.com Email (verify): pkhanduja@pcgus.com
Main Contact Person Primary Phone Number *	(983) 234-3243
Main Contact Person Fax Number	
Changed By	NYEI-Approver
Changed Date	1/6/2022
QA Approval? *	Approve
QA: Internal Comments	
QA: Internal Comments (Super User)	

Please save your progress often and remember that you can only save if all required fields on the page have been completed and there are no errors to be resolved. The submit application button will initiate a system review of your application and report any errors. Successful submission of the PAT will result in your application being reviewed for approval by the BEI Provider Approval Unit.

[Next Tab](#)

10.3 Adding a New Vendor



 County users may need to add a new vendor to the system. Counties must use their **municipality** role to add the vendor and then switch to their **provider** role to associate the vendor with their county.

 The county must only make the association if the vendor is already in the system (Refer to section [10.4.1.2.1.5 Contracted Vendors Grid/Table](#)).

Step / Action

1. Access the **EI-Hub** Landing page.
2. Select/click the **Case Management Module** component.
3. Next, select/click your **municipality** role.
4. On the **Home** page, expand (elect/click) the Provider menu on the left menu, and select **+Add** (between Lookup and Approval).
5. Navigate from the Status Management tab to the **Provider Information** tab.
6. Complete the **Basic Demographics** panel: at minimum, populate all required fields (*) and select/click the **Submit** button.
7. Add any relevant information to the following optional panels (adding any information to the panels listed below, please ensure all required fields are complete).
 - a. Contact/Identifying Information
 - b. Provider Address
 - c. Phone Number
8. Follow the steps to associate the vendor with your county ([10.4.1.2.1.5 Contracted Vendors Grid/Table](#)).).

10.4 Provider Approval Tab

 When creating an amendment or re-approval request, the provider **must** start on the Provider Approval tab and utilize the “Request Amendment or Re-Approval” panel. Then, after saving a page (message pad: “Success—Your Changes were saved”), the provider must navigate to the other tabs/panels to make any necessary changes. Once created, the request will display the provider’s name and amendment date on the ribbon above the tabs.

Use the “Provider Amendments, Re-Approvals, and Minor Changes” job aid for specific details on how to navigate through these Tabs and Panels.

 Once an amendment or re-approval request is approved, the provider must navigate to the Therapist panels to make the corresponding updates. Providers must maintain their records in both Provider and Therapist tabs/panels.

 During the amendment or re-approval process, providers should not select ATD, Respite, or Transportation services, which are appropriate only for vendors. The provider agreement panel contains dropdowns and text fields to indicate and describe the changes requested in the panel.

Provider Approval Multi-tab



10.4.1.1 Request Amendment or Re-Approval Panel

 Existing providers use this panel to submit an amendment to their approval and to apply for re-approval. Re-approval is required every five (5) years for standard approval or every six months if conditional approval is granted. Note that at the time of the EI-Hub launch, conditional approval can not be used due to system limitations. The top of this panel includes instructions about which changes can be made with an amendment request and which changes require a new application. Please review this information very carefully.

A new application is only required of an existing EI Provider if any of the following apply:

1. Change in FEIN (Agency or an Individual with a DBA) or
2. Provider is Withdrawn, Disqualified, or Disapproved (Agency or Individual); or
3. Agency Ownership Changes; or
4. If the information has already been provided through the Amendment process in Provider Management, the denial indicates that a new application is required.

If any of the above situations pertain to you, you must submit a new application via the [**Provider Enrollment Tool**](#).

Existing providers may update license dates, contact information, and continuing education without approval and make the appropriate updates in the correlating Provider Management pages. However, you must submit any changes to services offered, adding a business name to your approval, service sites, agency director, or amending your approval agreement type for approval here.

Withdrawal Instructions: If you would like to initiate withdrawing from the EI program, please create an amendment, select your current agreement type, and select a withdrawal reason. Once you submit the request, PAU will work with you regarding the next steps.

Attention: Providers submitting an amendment or re-approval request should review their provider profile and make minor changes to their records before initiating it. Minor changes include addresses, phone numbers, and email addresses; accurate information in the amendment helps streamline processing. Use the "Provider Amendments, Re-Approvals, and Minor Changes" job aid for instructions on making these minor changes. Minor changes initiated once a re-approval or amendment request has been started **should not update the amendment request information, which** should be avoided. If you have already begun an amendment or re-approval request and now require a minor change (address, email, etc.), please get in touch with the Bureau of Early Intervention Provider Approval Unit (PAU).

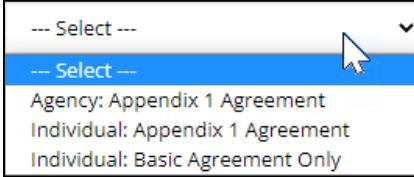
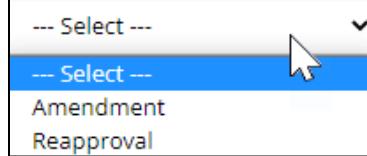
Review the provider profile and make minor changes before opening an amendment or re-approval application. Changes outside of an amendment, such as addresses or phone numbers, should not be made once an amendment has been opened. However, any of these types of updates are made to the Provider after an amendment has been opened, while these changes will not be reflected in the amendment. In that case, there is no risk of the changes reverting after the amendment is approved. For example, if an address is added after an amendment has been opened, while the new address is not displayed in the amendment, the address will remain after the amendment has been approved. Providers should contact the PAU for further guidance if minor changes are needed while the application is open.

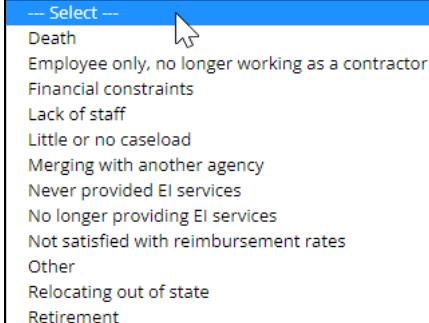
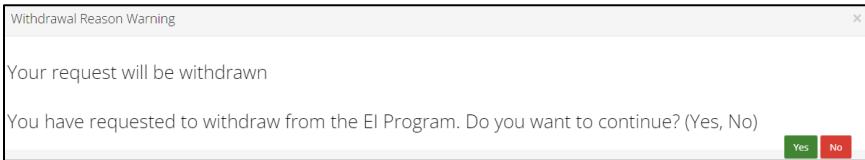
 **The provider 'Status' field drop-down must be changed to "Inactive" when PAU deactivates a provider.**

 **Some of this information will be locked down and can only be changed with an official amendment request. Others can be edited by the provider.**

(i) An indicator that you have initiated an amendment or re-approval is the Provider's Name followed by (Amendment or Re-approval) in parenthesis.

(i) An asterisk (*) adjacent to a field name/label means it is a required field for you to populate.

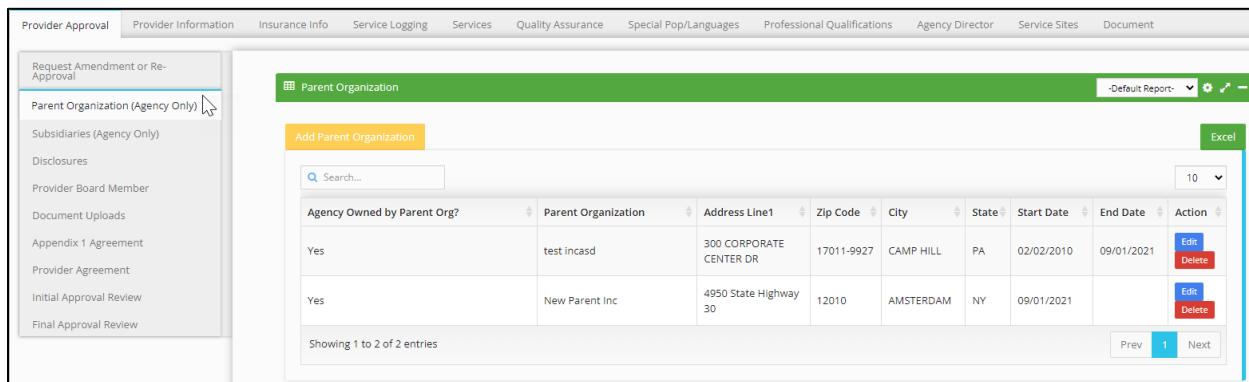
FIELD	DESCRIPTION
*Provider Agreement Type	Use this drop-down and select the appropriate agreement type from the list (shown below). 
*Are you requesting an amendment or re-approval?	This field requests either an amendment or re-approval. Use the drop-down menu to select the appropriate item from the list (shown below). 

FIELD	DESCRIPTION
Provider Withdrawal Reason	<p>When a provider desires to withdraw from the program, they will initiate an amendment request and select the appropriate reason for the withdrawal here. Use this drop-down and select the appropriate provider withdrawal reason from the list (shown below).</p>  <p>(i) If you populate this field and, after selecting/clicking the 'Submit' button, the system prompts the following message below.</p> 

BUTTON	DESCRIPTION
Submit 	To save your entry, click this button. When clicked, the system keeps the information in the EI-Hub database and updates the record in the Request Amendment or Re-Approval panel.

10.4.1.1.1 Parent Organization (Agency Only) Grid/Table

 When an agency is going through an amendment or re-approval process and is owned by another entity, this grid/table is where it lists that information.

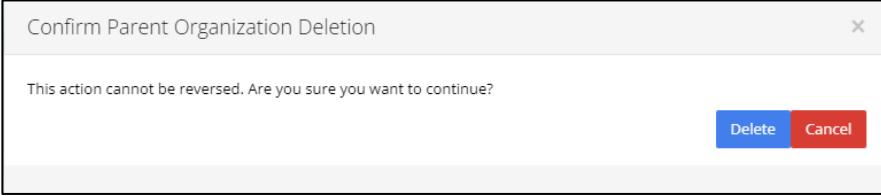


Agency Owned by Parent Org?	Parent Organization	Address Line 1	Zip Code	City	State	Start Date	End Date	Action
Yes	test incasd	300 CORPORATE CENTER DR	17011-9927	CAMP HILL	PA	02/02/2010	09/01/2021	Edit Delete
Yes	New Parent Inc	4950 State Highway 30	12010	AMSTERDAM	NY	09/01/2021		Edit Delete

For column sorting, see "ASCENDING / DESCENDING CONTROLLER" in the CM Unit 5 User Guide section Home Tab Controllers; selecting/clicking the '[Home Tab Controllers](#)' hyperlink downloads the Unit 5 User Guide.

FIELD	DESCRIPTION
 Search	To search the results grid/table for a specific record, enter a keyword into this field.

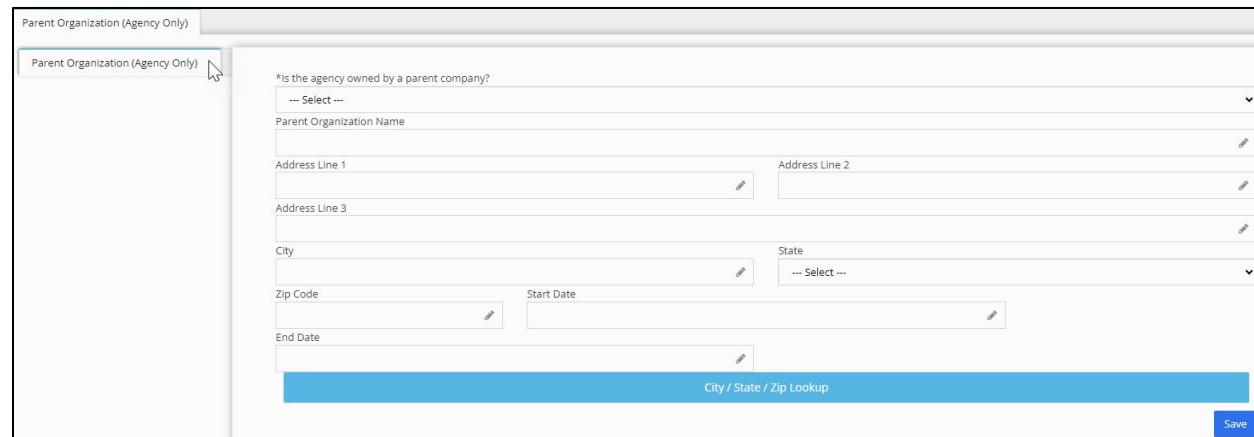
COLUMN	DESCRIPTION
Agency Owned by Parent Org?	This column displays 'Yes' or 'No' to the question.
Parent Organization	This column displays the name of the parent organization.
Address Line 1	This column displays the organization's address.
Zip Code	This column displays the organization's zip code.
City	This column displays the city where the organization resides.
State	This column displays the state where the organization resides.
Start Date	This column displays the organization's start date.
End Date	This column displays the organization's end date.
Action	This column displays the corresponding action buttons (Edit and Delete) (if applicable and based on the user's role).

BUTTON	DESCRIPTION
Add Parent Organization 	Click this button to add a parent organization record to the EI-Hub database. When clicked, the Parent Organization (Agencies Only) tab/panel appears (shown below).
Excel 	Click this button to export your results (based on the criteria you entered) to an MS Excel spreadsheet. (i) Leaving all the Report Filters fields blank will show “all” results. (i) The Excel export option is helpful if you have a lot of data to examine; this function helps perform data analysis tasks outside the EI-Hub system.
Edit 	Click this button to view or edit an existing Parent Organization record. When clicked, the Parent Organization (Agency Only) panel appears. (i) The fields and descriptions for editing the Parent Organization (Agency Only) panel are the same as those for adding a Parent Organization (Agency Only).
Delete 	Deletions are appropriate ONLY when incorrect data is entered into the system in error. For changes, providers would add an End Date to outdated information and create a new record with current information through the edit function. To delete an existing parent organization, click this button adjacent to the appropriate record/row. When clicked, the system prompts a confirmation message pad popup (shown below); click the Delete button to proceed or select/click the Cancel button to retract.  (i) PAU staff can delete information. Providers can only edit information.

10.4.1.1.1.1 Parent Organization (Agencies Only) Tab/Panel

 If another entity owns or has a majority interest in the agency, you must include this information in this panel.

 Selecting “Yes” in the first field requires the other fields (see the example below). If choosing “No” in the first field, no other fields are required.



The screenshot shows the 'Parent Organization (Agency Only)' tab. At the top left is a back arrow. Below it is a title bar with the tab name. The main area contains several input fields: a dropdown for ownership status (*Is the agency owned by a parent company?), a text input for Parent Organization Name, and three address lines (Address Line 1, Address Line 2, Address Line 3). There are also fields for City, State, Zip Code, Start Date, and End Date. A blue 'City / State / Zip Lookup' button is located at the bottom of the form. A 'Save' button is at the bottom right.

 An asterisk (*) adjacent to a field name/label means it is a required field for you to populate.

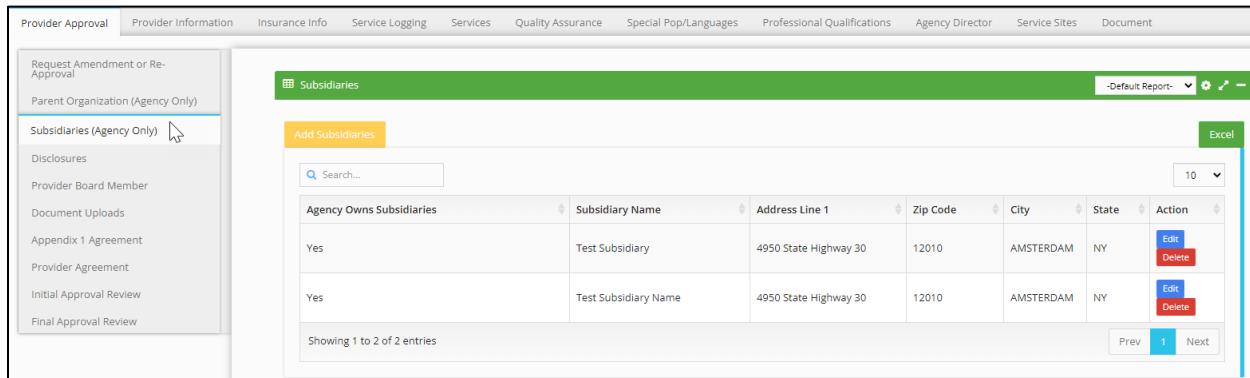
FIELD	DESCRIPTION
*Is the agency owned by a parent company?	Use this drop-down and select the appropriate answer, ‘Yes’ or ‘No,’ from the list.  If you select "Yes," the *Parent Organization Name, *Address Line 1, *City, *State, and *Zip Code fields become mandatory.
*Parent Organization Name	Enter the name of the parent organization.
*Address Line 1	Enter the primary parent organization address line 1.
Address Line 2	If applicable, enter the parent organization address line 2 (e.g., Suite#)
Address Line 3	If applicable, enter the organization address line 3.
*City	Enter the city/town where the parent organization resides.
*State	Use this drop-down and select the parent organization state abbreviation from the list.
*Zip Code	Enter the zip code where the parent organization resides.

FIELD	DESCRIPTION
*Start Date	Manually enter the start date or use the calendar picker (invoked by clicking this field) for the parent organization.
End Date	Manually enter the end date or use the calendar picker (invoked by clicking this field) for the parent organization.

BUTTON	DESCRIPTION
City/State/Zip Lookup City / State / Zip Lookup	If you do not know the zip code for the parent organization entered, leave the “Zip Code” field blank and click this button. The system then populates the Zip Code field with the correct zip code.  If you enter the address, city, and state and leave the zip code blank, click the Zip Code Lookup button; the process will look up the zip code.
Save Save	To save your entry, click this button. When clicked, the system keeps the information in the El-Hub database and records updates in the subsidiaries panel (grid/table).

10.4.1.1.1.2 Subsidiaries (Agency Only) Grid/Table

 Use this grid/table for an agency going through an amendment or re-approval request to list other entities owned by this agency.

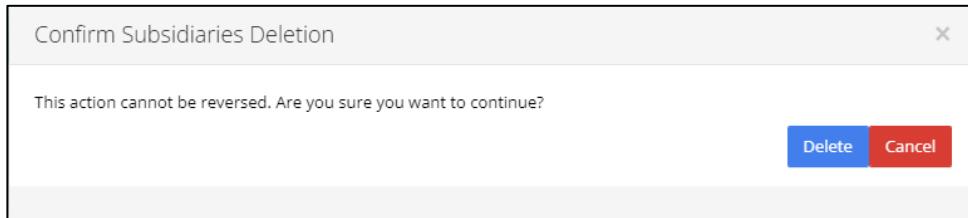


Agency Owns Subsidiaries	Subsidiary Name	Address Line 1	Zip Code	City	State	Action
Yes	Test Subsidiary	4950 State Highway 30	12010	AMSTERDAM	NY	Edit Delete
Yes	Test Subsidiary Name	4950 State Highway 30	12010	AMSTERDAM	NY	Edit Delete

 See "ASCENDING / DESCENDING CONTROLLER" for column sorting listed in the CM Unit 5 User Guide section Home Tab Controllers; selecting/clicking the '[Home Tab Controllers](#)' hyperlink downloads the Unit 5 User Guide.

FIELD	DESCRIPTION
 Search	To search the results grid/table for a specific record, enter a keyword into this field.

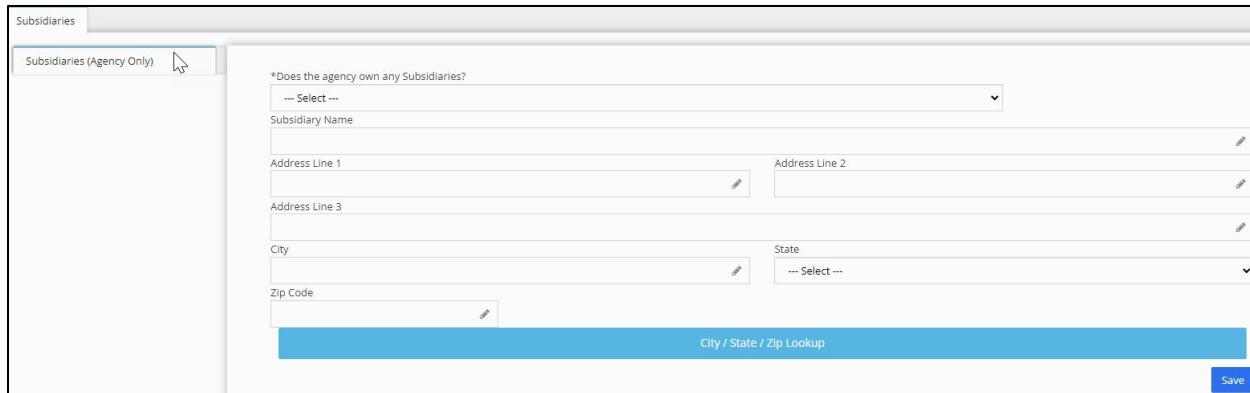
COLUMN	DESCRIPTION
Agency Owns Subsidiaries?	This column displays 'Yes' or 'No' to the question.
Subsidiary Name	This column displays the subsidiary name.
Address Line 1	This column displays the subsidiary address.
Zip Code	This column displays the subsidiary zip code.
City	This column displays the city where the subsidiary resides.
State	This column displays the state where the subsidiary resides.
Action	This column displays (if applicable and based on the user's role) corresponding action buttons (Edit and Delete).

BUTTON	DESCRIPTION
Add Subsidiaries 	To add a subsidiary record to the EI-Hub database, click this button. When clicked, the Subsidiaries (Agencies Only) tab/panel appears (shown below).
Excel 	Click this button to export your results (based on the criteria you entered) to an MS Excel spreadsheet. (i) Leaving all the Report Filters fields blank will show “all” results. (i) The Excel export option is helpful if you have a lot of data to examine; this function helps perform data analysis tasks outside the EI-Hub system.
Edit 	Click this button to view or edit an existing ‘Subsidiaries’ record. When clicked, the Subsidiaries (Agency Only) panel appears. (i) The fields and descriptions for editing the Subsidiaries (Agency Only) panel are the same for adding Subsidiaries (Agency Only).
Delete 	To delete an existing subsidiary record, click this button adjacent to the appropriate record/row. When clicked, the system prompts a confirmation message pad popup (shown below); click the Delete button to proceed or select/click the Cancel button to retract.  (i) PAU staff can delete information, and providers can only edit information.

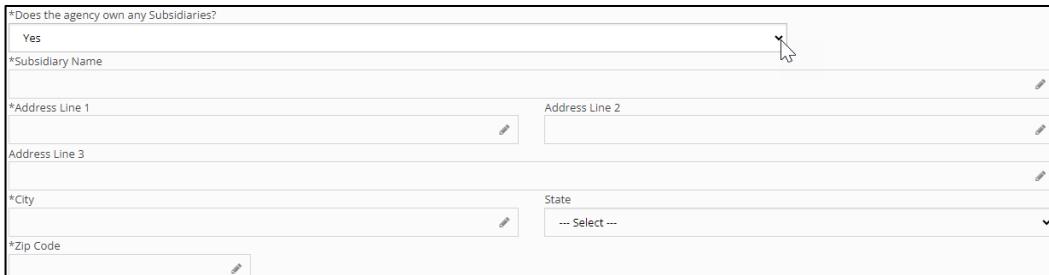
10.4.1.1.1.2.1 Subsidiaries (Agencies Only) Tab/Panel

 If the agency owns or has a controlling interest in other entities, enter those entities in this panel.

 Selecting “Yes” in the 1st field requires the other fields (example below). If choosing “No” in the 1st field, no other fields are required.



 An asterisk (*) adjacent to a field name/label means it is a required field for you to populate.

FIELD	DESCRIPTION
*Does the agency own any Subsidiaries?	<p>Use this drop-down and select the appropriate answer, ‘Yes’ or ‘No,’ from the list.</p> <p> If you select "Yes," the *Subsidiary Name, *Address Line 1, *City, and *Zip Code fields become mandatory.</p> 
Subsidiary Name	Enter the name of the subsidiary.
Address Line 1	Enter the primary subsidiary address line 1.
Address Line 2	Enter, if applicable, the subsidiary address line 2 (e.g., Suite#).

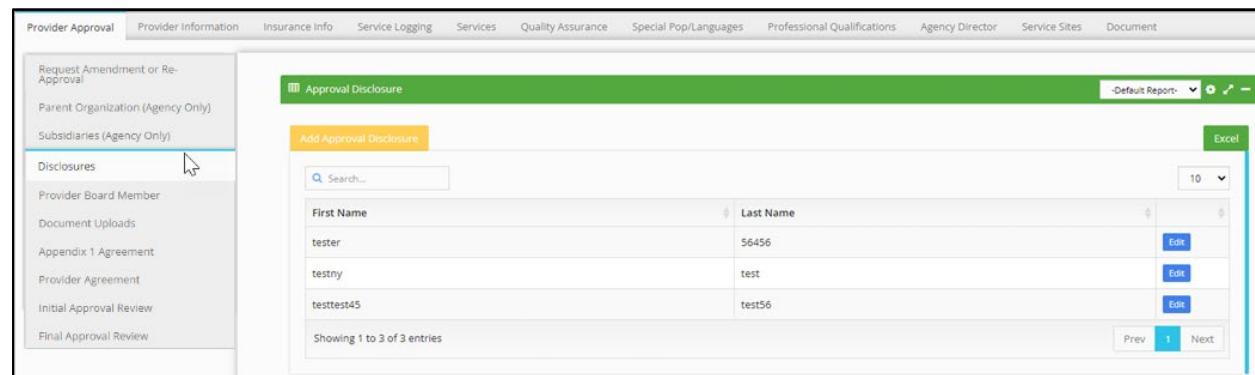
FIELD	DESCRIPTION
Address Line 3	Enter, if applicable, the subsidiary address line 3.
City	Enter the city/town where the subsidiary resides.
State	Use this drop-down and select the subsidiary state abbreviation from the list.
Zip Code	Enter the zip code where the subsidiary resides.

BUTTON	DESCRIPTION
City/State/Zip Lookup <input type="button" value="City / State / Zip Lookup"/>	<p>If you do not know the zip code for the subsidiary entered, leave the "Zip Code" field blank and click this button. The system then populates the Zip Code field with the correct zip code.</p> <p>(i) If you enter the address, city, and state and leave the zip code blank, click the Zip Code Lookup button; the process will look up the zip code.</p>
Save <input type="button" value="Save"/>	To save your entry, click this button. When clicked, the system keeps the information in the EI-Hub database and records updates in the subsidiaries panel (grid/table).

10.4.1.1.1.3 Disclosures Grid/Table

 When there is re-approval (and, in some instances, amendments), the provider must complete all the sub-tabs in this section. An individual provider, individuals would disclose information about themselves. Provider agencies will include agency directors, board members, etc., based on the type of ownership.

 With withdrawals, less information is required during this process.



First Name	Last Name	Action
tester	56456	Edit
testny	test	Edit
testte45	test56	Edit

For column sorting, see "ASCENDING / DESCENDING CONTROLLER" in the CM Unit 5 User Guide section Home Tab Controllers; selecting/clicking the '[Home Tab Controllers](#)' hyperlink downloads the Unit 5 User Guide.

FIELD	DESCRIPTION
 Search	To search the results grid/table for a specific record, enter a keyword into this field.

COLUMN	DESCRIPTION
First Name	This column displays the approval disclosure's first name.
Last Name	This column displays the approval disclosure's last name.

BUTTON	DESCRIPTION
Add Approval Disclosure 	Click this button to add an 'Approval Disclosure' record in the EI-Hub database. The Approval Disclosure tab and sub-panels appear (shown below). You will enter an Approval Disclosure for agency providers for each required individual.

BUTTON	DESCRIPTION
Excel 	Click this button to export your results (based on the criteria you entered) to an MS Excel spreadsheet.  Leaving all the Report Filters fields blank will show “all” results.  The Excel export option is helpful if you have a lot of data to examine; this function helps perform data analysis tasks outside the EI-Hub system.
Edit 	Click this button to view or edit an existing approval disclosure in the EI-Hub database. The Approval Disclosure tab and sub-panels appear (see Approval Disclosure tab and sub-panels below for fields/descriptions).

10.4.1.1.1.3.1 Approval Disclosures Tab

10.4.1.1.1.3.1.1 Identifying Info Panel

 Use this panel to review each provider; you will fill out disclosures to capture basic demographics. If an agency director has done this, the system pre-fills the information. All others will need to enter the data manually.

 The Identifying Info Panel **must** be completed before moving on to the remaining panels of the Approval Disclosures Tab.

Instructional Guidance

Agencies will need to complete the following Instructions:

- **Agency Type of Ownership:** Who needs to complete the disclosures?
- **Sole Proprietor:** The sole proprietor and program director.
- **Partnership:** Each partner and the program director.
- **Professional Limited Liability Company:** The Board Members provide the names and dates of birth of each officer, program director, and all PLLC members.
- **Limited Liability Partnership:** Each partner and the program director.
- **Not-for-profit corporation:** The Board Members provide the names and dates of birth of each officer and the program director, as well as all board members.
- **Business Corporation:** Each officer, principal stockholder (10% or more), and the program director. All board members' names and dates of birth are provided in the Board Members.
- **Professional Corporation:** The Board Members provide each officer and the program director, as well as all board members' names and dates of birth.
- **Limited Liability Company:** The Board Members list includes the names and dates of birth of each LLC officer, the program director, and all board members.
- **Government Subdivision:** An authorized individual and the program director.

Approval Disclosures

Identifying Info

Agencies will need to complete the following Instructions:

- Agency Type of Ownership: Who needs to complete the disclosures
- Sole Proprietor: the sole proprietor and program director
- Partnership: each partner and the program director
- Professional Limited Liability Company: each officer of the PLLC and program director, also all PLLC's members' names and dates of birth are provided in the Board Members
- Limited Liability Partnership: each partner and the program director
- Not for Profit Corporation: each officer and the program director, also all board members' names and dates of birth are provided in the Board Members
- Business Corporation: each officer and principal stockholder (10% or more), and the program director. All board members' names and dates of birth are provided in the Board Members
- Professional Corporation: each officer and the program director, also all board members' names and dates of birth are provided in the Board Members
- Limited Liability Company: each officer of the LLC and program director, also all board members' names and dates of birth are provided in the Board Members
- Government Subdivision: an authorized individual and the program director

*Is this Person the Agency Director?

... Select ...

Agency Director

... Select ...

Identifying Information

Salutation

... Select ...

* First Name

Middle Name

* Last Name

Suffix

... Select ...

* DOB

Title (Agency Only)

* Personal Phone Number

Fax Number

* Personal Email

* Re-Enter Email

Home Mailing Address

* Address Line 1

Address Line 2

Address Line 3

* Zip Code

* City

State

... Select ...

Social Security Number

Social Security Number (Masked)

Save



An asterisk (*) adjacent to a field name/label means it is a required field for you to populate.

FIELD	DESCRIPTION
*Is this Person the Agency Director?	Use this drop-down and select the appropriate answer, 'Yes' or 'No,' from the list.  Selecting "Yes" enables the 'Agency Director' field. Selecting "No" disables the field.
Agency Director	Use this drop-down and select the appropriate agency director from the list.

Identifying Information

FIELD	DESCRIPTION
Salutation	Enter the appropriate salutation/greeting from the list.
*First Name	Enter the individual's first name.
Middle Name	If applicable, enter the individual's middle name.
*Last Name	Enter the individual's last name.
Suffix	Use this drop-down and select the appropriate individual's suffix (Jr., Sr., etc.) from the list.
*DOB	Manually enter the individual's date of birth or use the calendar picker (invoked by clicking this field).
Title (Agency Only)	Enter the agency title of the individual.  Agencies and individual providers handle disclosures differently. Disclosures are tabs with a series of yes/no questions for individuals. Agencies have a grid that captures disclosures for multiple people. Each individual starts with this page to identify the person. The director's info gets prefilled if the provider selects that option.
*Personal Phone Number	Enter the individual's phone number.
Fax Number	Enter the individual's fax number.
*Personal Email	Enter the individual's email address.
*Re-Enter Email	Re-enter the individual's email address.

Home Mailing Address

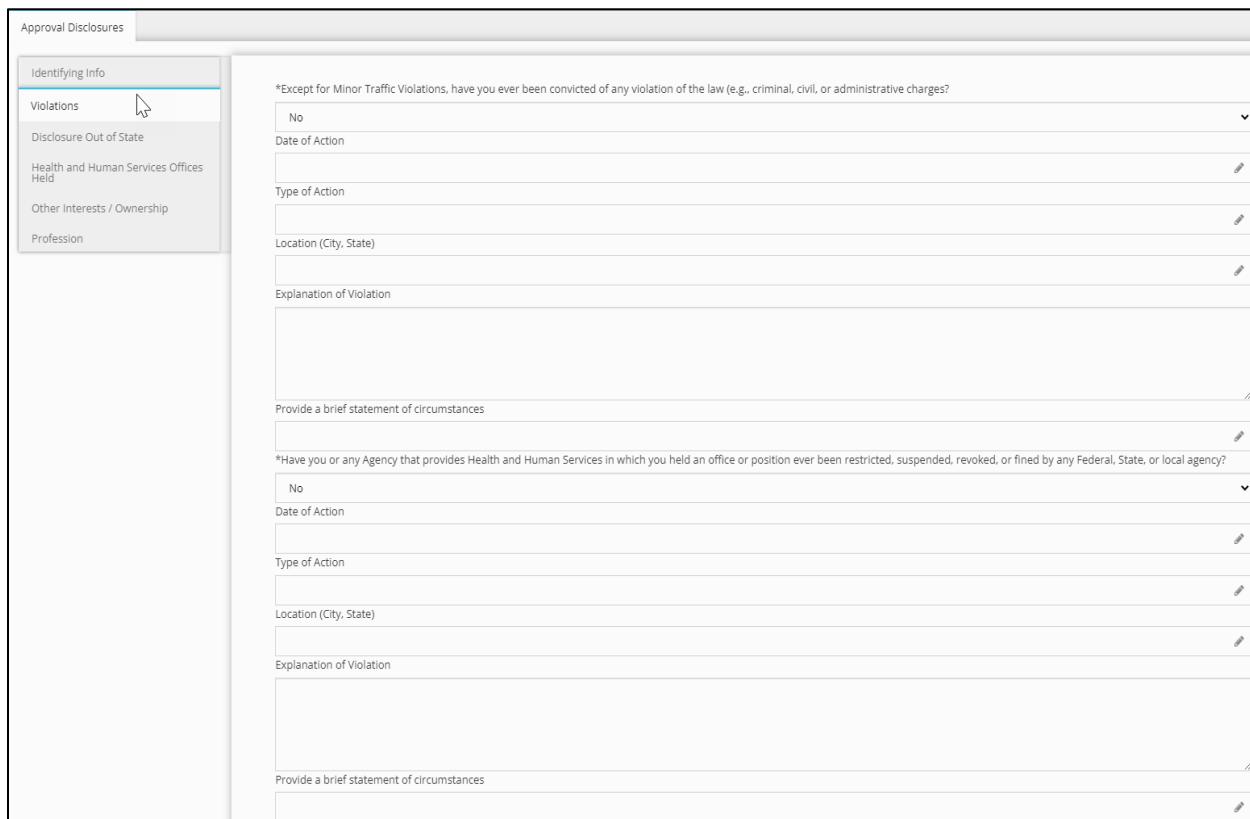
FIELD	DESCRIPTION
*Address Line 1	Enter the individual's primary address. If entering a PO Box, please do not enter the periods(.)
Address Line 2	If applicable, enter the individual's second address.
Address Line 3	If applicable, enter the individual's third address.
*Zip Code	Enter the individual's zip code.
*City	Enter the individual's city name.
*State	Select the individual's state abbreviation from the list using this drop-down.
Social Security Number	Enter the individual's social security number.
Social Security Number (Masked)	A read-only field that displays the masked social security number.

BUTTON	DESCRIPTION
Save	To save your entry, click this button. When clicked, the system keeps the information in the EI-Hub database, and the record updates in the Identifying Info panel. 

10.4.1.1.3.1.2 Violations Panel

 The person disclosing a violation must disclose this information here. Then, describe the situation and add the appropriate documentation using the Document Uploads panel (not shown).

 Due to the large Violations Panel size, the following pages display sections of this panel.



 An asterisk (*) adjacent to a field name/label means it is a required field for you to populate.

FIELD	DESCRIPTION
*Except for Minor Traffic Violations, have you ever been convicted of any violation of the law (e.g., criminal, civil, or administrative charges?)	Use this drop-down and select the appropriate answer, 'Yes' or 'No,' from the list.

FIELD	DESCRIPTION
Date of Action	Manually enter the action date or use the calendar picker (invoked by clicking this field) for the appeal process.
Type of Action	Enter the type of action that occurred in a violation.
Location (City, State)	Enter the site where the violation occurred.
Explanation of Violation	Provide a brief explanation of the violation.
Provide a brief statement of circumstances.	Enter a brief statement of the circumstances of the violation.
*Have you or any Agency that provides Health and Human Services in which you held an office or position ever been restricted, suspended, revoked, or fined by any Federal, State, or local agency?	Use this drop-down and select the appropriate answer, 'Yes' or 'No,' from the list.
Date of Action	Manually enter the action date or use the calendar picker (invoked by clicking this field) for the appeal process.
Type of Action	Enter the type of action that occurred in a violation.
Location (City, State)	Enter the site where the violation occurred.
Explanation of Violation	Provide a brief explanation of the violation that occurred.
Provide a brief statement of circumstances.	Enter a brief statement of the circumstances of the violation.
*Have you or any Agency that provides Health and Human Services in which you held an office or position ever been subject to an audit that resulted in recoupment?	Use this drop-down and select the appropriate answer, 'Yes' or 'No,' from the list.
Date of Action	Manually enter the action date or use the calendar picker (invoked by clicking this field) for the appeal process.
Type of Action	Enter the type of action that occurred in a violation.
Location (City, State)	Enter the site where the violation occurred.
Explanation of Violation	Provide a brief explanation of the violation that occurred.

FIELD	DESCRIPTION
Provide a brief statement of circumstances.	Enter a brief statement of the circumstances of the violation.

*Have you or any Agency that provides Health and Human Services in which you held an office or position ever been subject to an audit that resulted in recoupment?

No
Date of Action
Type of Action
Location (City, State)
Explanation of Violation
Provide a brief statement of circumstances

*Have you or any Agency that provides Health and Human Services in which you held an office or position ever had a contract terminated, suspended, or restricted for failure to perform or for any other reason?

No
Date of Action
Type of Action
Location (City, State)
Explanation of Violation
Provide a brief statement of circumstances



An asterisk (*) adjacent to a field name/label means it is a required field for you to populate.

FIELD	DESCRIPTION
Have you or any Agency that provides Health and Human Services in which you held an office or position ever had a contract terminated, suspended, or restricted for failure to perform or for any other reason?	<p>Use this drop-down and select the appropriate answer, 'Yes' or 'No,' from the list.</p> <p> This would include any Early Intervention Program agencies, NYS DOH Bureau of Early Intervention, etc.</p>

FIELD	DESCRIPTION
Date of Action	Manually enter the action date or use the calendar picker (invoked by clicking this field) for the appeal process.
Type of Action	Enter the type of action that occurred in a violation.
Location (City, State)	Enter the site where the violation occurred.
Explanation of Violation	Provide a brief explanation of the violation that occurred.
Provide a brief statement of circumstances.	Enter a brief statement of the circumstances of the violation.

*Has the applicant Agency ever been the subject of any Childcare Enforcement Actions (e.g., fines, sanctions, etc.) or had its approval, certification, or licensure restricted, revoked or suspended by the Office of Children and Family Services?

No

Date of Action

Type of Action

Location (City, State)

Explanation of Violation

Provide a brief statement of circumstances

*Have you ever been restricted, suspended, or excluded from participation as a Medicaid Provider?

No

Date of Action

Type of Action

Location (City, State)

Explanation of Violation

Provide a brief statement of circumstances

*Are there any criminal, civil or administrative charges pending against you?

No

Date of Action

Type of Action

Location (City, State)

Explanation of Violation

Provide a brief statement of circumstances

Save



An asterisk (*) adjacent to a field name/label means it is a required field for you to populate.

FIELD	DESCRIPTION
*Has the applicant Agency ever been the subject of any Childcare Enforcement Actions (e.g., fines, sanctions, etc.) or had its approval, certification, or licensure restricted, revoked, or suspended by the Office of Children and Family Services?	Use this drop-down and select the appropriate answer, 'Yes' or 'No,' from the list.
Date of Action	Manually enter the action date or use the calendar picker (invoked by clicking this field) for the appeal process.
Type of Action	Enter the type of action that occurred in a violation.
Location (City, State)	Enter the site where the violation occurred.
Explanation of Violation	Provide a brief explanation of the violation that occurred.
Provide a brief statement of circumstances.	Enter a brief statement of the circumstances of the violation.
*Have you ever been restricted, suspended, or excluded from participation as a Medicaid Provider?	Use this drop-down and select the appropriate answer, 'Yes' or 'No,' from the list.
Date of Action	Manually enter the action date or use the calendar picker (invoked by clicking this field) for the appeal process.
Type of Action	Enter the type of action that occurred in a violation.
Location (City, State)	Enter the site where the violation occurred.
Explanation of Violation	Provide a brief explanation of the violation that occurred.
Provide a brief statement of circumstances.	Enter a brief statement of the circumstances of the violation.
*Are there any criminal, civil, or administrative charges pending against you?	Use this drop-down and select the appropriate answer, 'Yes' or 'No,' from the list.

FIELD	DESCRIPTION
Date of Action	Manually enter the action date or use the calendar picker (invoked by clicking this field) for the appeal process.
Type of Action	Enter the type of action that occurred in a violation.
Location (City, State)	Enter the site where the violation occurred.
Explanation of Violation	Provide a brief explanation of the violation that occurred.
Provide a brief statement of circumstances.	Enter a brief statement of the circumstances of the violation.

BUTTON	DESCRIPTION
Save 	To save your entry, click this button. When clicked, the system keeps the information in the EI-Hub database, and the record updates in the Violations panel.

10.4.1.1.3.1.3 Disclosure Out of State Grid/Table

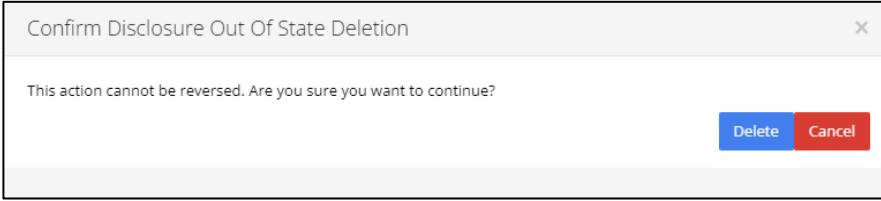
 Use this grid/table to disclose if the person has lived outside of NY in the last 5- years. This information is for background purposes.



For column sorting, see "ASCENDING / DESCENDING CONTROLLER" in the CM Unit 5 User Guide section Home Tab Controllers; selecting/clicking the '[Home Tab Controllers](#)' hyperlink downloads the Unit 5 User Guide.

FIELD	DESCRIPTION
 Search	To search the results grid/table for a specific record, enter a keyword into this field.

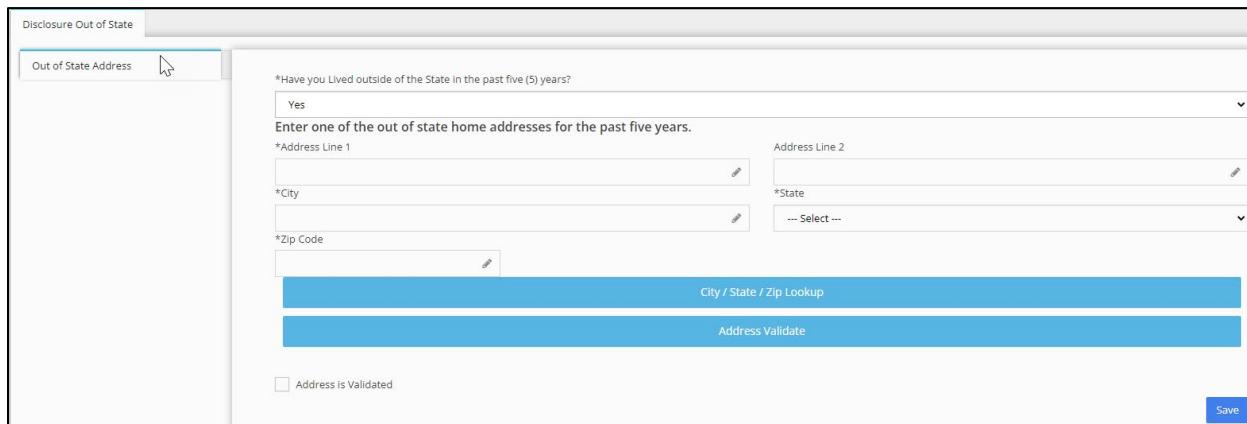
COLUMN	DESCRIPTION
Have you Lived outside of the State?	This column displays 'Yes' or 'No.'
Address 1	This column displays address line 1.
Address 2	If applicable, this column displays address line 2.
City	This column displays the city name.
State	This column displays the state name.
Zip Code	This column displays the zip code.
Action	This column displays the corresponding action buttons (Edit and Delete) (if applicable and based on the user's role).

BUTTON	DESCRIPTION
Add Disclosure Out Of State 	Click this button to add a ‘Disclosure Out-Of-State’ record in the El-Hub database. The Disclosure Out of State tab and Out of State Address panel appear (shown below).
Excel 	Click this button to export your results (based on the criteria you entered) to an MS Excel spreadsheet. (i) Leaving all the Report Filters fields blank will show “all” results. (i) The Excel export option is helpful if you have a lot of data to examine; this function helps perform data analysis tasks outside the El-Hub system.
Edit 	Click this button to view or edit an existing ‘Disclosure Out-Of-State’ record. The Disclosure Out of State tab and Out of State Address panel appear when clicked. (i) The fields and descriptions for editing the Disclosure Out of State panel are the same as those for adding a Disclosure Out of State.
Delete 	To delete an existing ‘Disclosure Out-Of-State’ record, click this button adjacent to the appropriate record/row. When clicked, the system prompts a confirmation message pad popup (shown below); click the Delete button to proceed or select/click the Cancel button to retract. 

10.4.1.1.3.1.3.1 Disclosure Out of State Tab/Out of State Address Panel

 Record the addresses here if the person whose information is being disclosed has lived in any other state during the past five years.

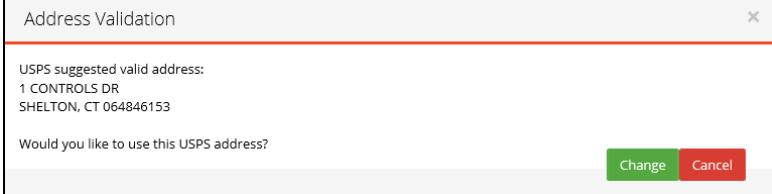
 Selecting “Yes” in the first field requires the other fields (see the example below). If choosing “No” in the first field, no other fields are required.



 An asterisk (*) adjacent to a field name/label means it is a required field for you to populate.

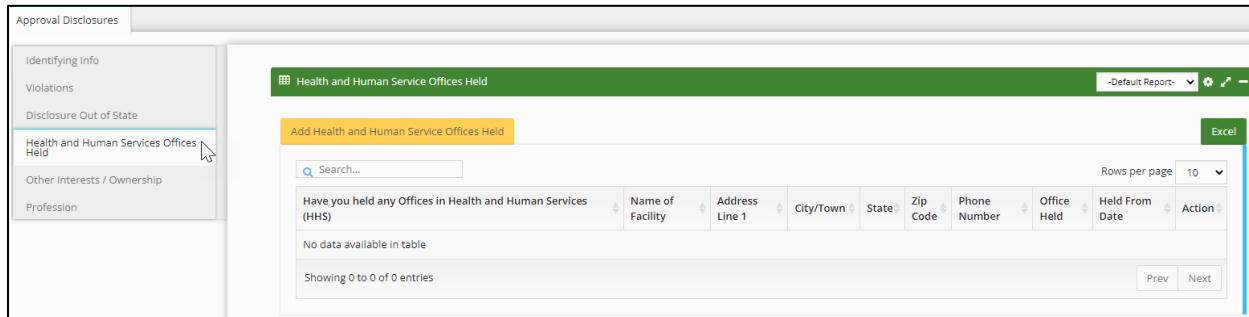
FIELD	DESCRIPTION
*Have you Lived outside of the State in the past five (5) years?	Use this drop-down and select the appropriate answer, ‘Yes’ or ‘No,’ from the list.  If you select "Yes," the *Address Line 1, *City, *State, and *Zip Code fields become mandatory.
	Enter one of the out-of-state home addresses for the past five years.
*Address Line 1	Enter the primary organization address line 1, where the physician resides.
Address Line 2	Enter (if applicable) the organization address line 2 (e.g., Suite#) where the physician resides.
*City	Enter the city/town where the organization resides.
*State	Use this drop-down and select the organization state abbreviation from the list.
*Zip Code	Enter the zip code where the physician resides.
<input type="checkbox"/> Address is Validated	Select/tick this checkbox if you're confident in the correct address or AFTER running the system' Address Validate' check (shown below).

FIELD	DESCRIPTION
	The system automatically selects this checkbox after clicking the ‘Change’ button (shown below).

BUTTON	DESCRIPTION
City/State/Zip Lookup 	If you do not know the zip code for the out-of-state entry, leave the “Zip Code” field blank and click this button. The system will then populate the Zip Code field with the correct zip code.  If you enter the address, city, and state and leave the zip code blank, click the Zip Code Lookup button; the process will look up the zip code.
Address Validate 	Address Validate: To validate the address entered, click this button. When clicked, the system prompts an “Address Validation” message pad (example below).  •  - Change: Click this button to accept/change the USPS address validation suggestion. •  - Cancel: Click this button to cancel the USPS address validation suggestion.
Save 	To save your entry, click this button. When clicked, the system keeps the information in the EI-Hub database and records updates in the Out of State Address panel.

10.4.1.1.3.1.4 Health and Human Services Offices Held Grid/Table

 You would use this grid/table if the person whose information was disclosed held an office in Health and Human Services and revealed that information and their previous positions.

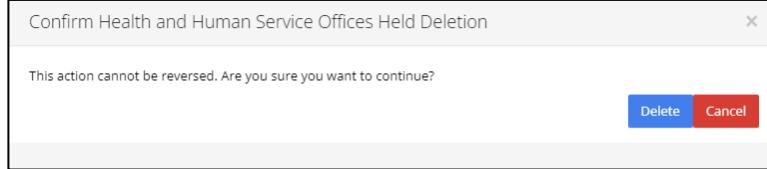


For column sorting, see "ASCENDING / DESCENDING CONTROLLER" in the CM Unit 5 User Guide section Home Tab Controllers; selecting/clicking the '[Home Tab Controllers](#)' hyperlink downloads the Unit 5 User Guide.

FIELD	DESCRIPTION
 Search	To search the results grid/table for a specific record, enter a keyword into this field.

COLUMN	DESCRIPTION
Have you held any Offices in Health and Human Services (HHS)?	This column displays 'Yes' or 'No.'
Name of Facility	This column displays the name of the facility.
Address 1	This column displays address line 1.
Address 2	This column displays address line 2.
City/Town	This column displays the city name.
State	This column displays the state name.
Zip Code	This column displays the zip code.
Office Held	This column displays the name of the office held.
Held From Date	This column displays the date when the office was held.

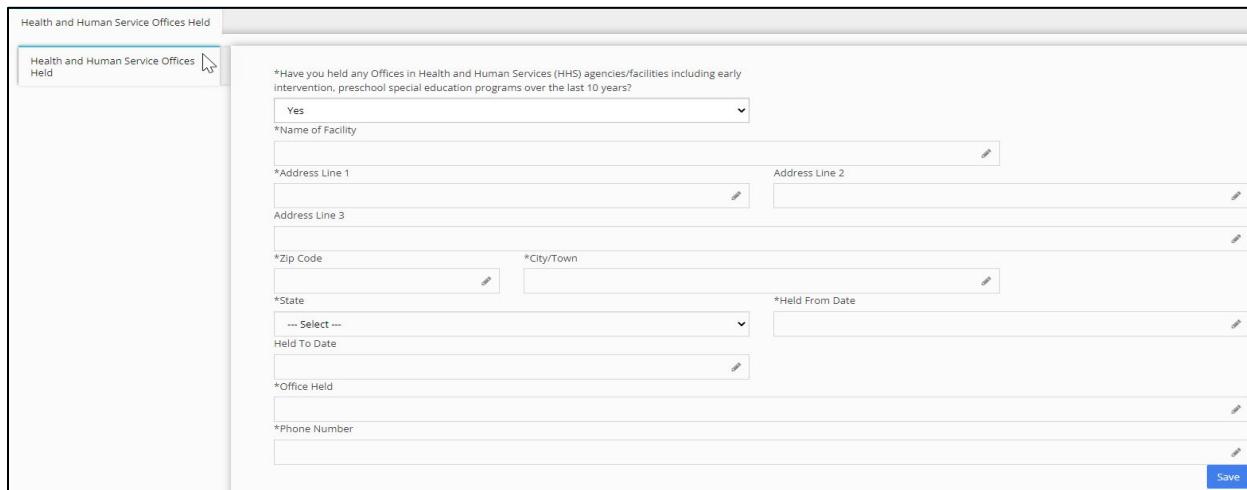
COLUMN	DESCRIPTION
Action	This column displays the corresponding action buttons (Edit and Delete) (if applicable and based on the user's role).

BUTTON	DESCRIPTION
Add Health and Human Services Offices Held 	Click this button to add a 'Health and Human Services Offices Held' record in the EI-Hub database. When clicked, the 'Health and Human Services Offices Held' record tab/panel appears (shown below).
Excel 	Click this button to export your results (based on the criteria you entered) to an MS Excel spreadsheet. (i) Leaving all the Report Filters fields blank will show “all” results. (i) The Excel export option is helpful if you have a lot of data to examine; this function helps perform data analysis tasks outside the EI-Hub system.
Edit 	When an existing record exists, click this button to view or edit the 'Health and Human Services Offices Held' record. The Disclosure Out of State tab and Out of State Address panel appear when clicked. (i) The fields and descriptions for editing the Health and Human Services Offices Held record are the same for adding a Health and Human Services Offices Held.
Delete 	When you need to delete an existing record, click this button adjacent to the appropriate record/row. When clicked, the system prompts a confirmation message pad popup (shown below); click the Delete button to proceed or select/click the Cancel button to retract. 

10.4.1.1.3.1.4.1 Health and Human Services Offices Held Tab/Panel

 Record those offices here if the person being disclosed held any offices in Health and Human Services (HHS) agencies/facilities, including early intervention preschool special education programs, over the last ten (10) years.

 Selecting “Yes” in the first field requires the other fields (see the example below). If choosing “No” in the first field, no other fields are required.



 An asterisk (*) adjacent to a field name/label means it is a required field for you to populate.

FIELD	DESCRIPTION
*Have you held any Offices in Health and Human Services (HHS)?	Use this drop-down and select the appropriate answer, ‘Yes’ or ‘No,’ from the list.  If you select "Yes," the *Address Line 1, *City, *State, and *Zip Code fields become mandatory.
*Name of Facility	Enter the name of the HHS facility.
*Address 1	Enter the HHS address line 1.
Address 2	If applicable, enter the address line 2.
Address 3	If applicable, enter the address line 3.
Zip Code	Enter the HHS zip code.
*City/Town	Enter the name of the city where the HHS resides.

EI-Hub Case Management v0.21.0

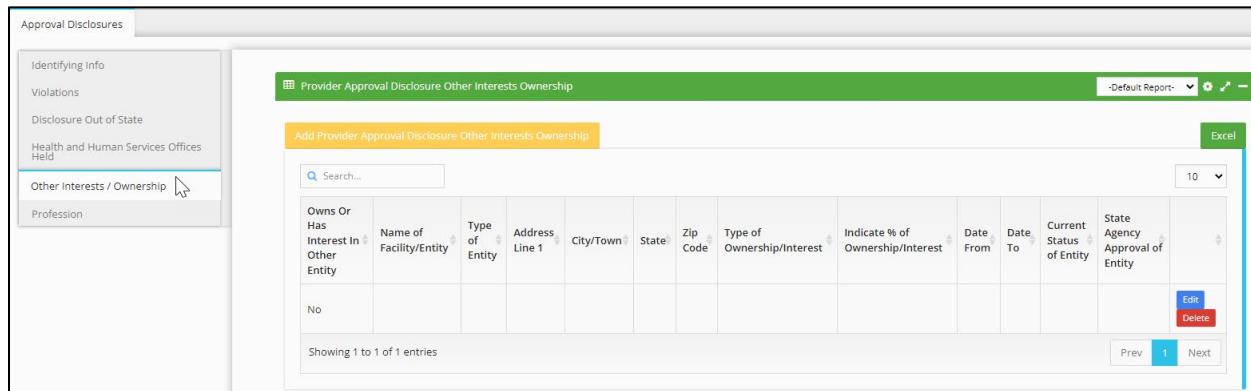
FIELD	DESCRIPTION
*State	Use this drop-down and select the state where the HHS resides.
*Held From Date	Manually enter the date or use the calendar picker (invoked by clicking this field) for the office first held.
Held To Date	Manually enter the date or use the calendar picker (invoked by clicking this field) for the office last held.
*Office Held	Enter the name of the person who held office.
*Phone Number	Enter the office phone number.

BUTTON	DESCRIPTION
Save 	To save your entry, click this button. When clicked, the system keeps the information in the EI-Hub database and updates the Health and Human Services Offices Held panel record.

10.4.1.1.3.2 Other Interests / Ownership Grid/Table

 Use this grid/table if the person disclosing information will note if they are interested in another ownership with early intervention that may have a conflict of interest.

 Providers (including individuals) who **do not** have an interest or ownership in a different agency or company must **still complete an entry on this grid with the response "No."**



For column sorting, see "ASCENDING / DESCENDING CONTROLLER" in the CM Unit 5 User Guide section Home Tab Controllers; selecting/clicking the '[Home Tab Controllers](#)' hyperlink downloads the Unit 5 User Guide.

 Once the "Add Provider Disclosure Other Interest Ownership" panel is completed, you will use the breadcrumb hyperlinks beside the "Home" icon at the top of the page to select the '[ProviderApprovalDisclosure](#)' link to return to the Approval Disclosures tab and complete the "Profession" panel.

FIELD	DESCRIPTION
 Search	To search the results grid/table for a specific record, enter a keyword into this field.

COLUMN	DESCRIPTION
Owns Or Has Interest In Other Entity	This column displays 'Yes' or 'No.'
Name of Facility/Entity	This column displays the name of the facility.
Type of Entity	This column displays the type of entity.
Address Line 1	This column displays the entity's address.

COLUMN	DESCRIPTION
City/Town	This column displays the entity's city/town.
State	This column displays the state where the entity resides.
Zip Code	This column displays the entity's zip code.
Type of Ownership/Interest	This column displays the type of ownership/interest.
Indicate % of Ownership/Interest.	This column Indicates % of Ownership/Interest.
Date From	This column displays the start ('from') date of the provider's approval disclosure.
Date To	This column displays the end ('to') date of the provider's approval disclosure.
Current Status of Entity	This column displays the entity's status ('Closed,' 'Open,' or 'Closed').
State Agency Approval of Entity	This column displays the name of the state agency that approved the entity.

BUTTON	DESCRIPTION
Add Provider Approval Disclosure Other Interests Ownership Add Provider Approval Disclosure Other Interests Ownership	Click this button to add a 'Provider Approval Disclosure Other Interests Ownership' record in the EI-Hub database. When clicked, the 'Provider Approval Disclosure Other Interests Or Ownership' panel appears (shown below).
Excel Excel	Click this button to export your results (based on the criteria you entered) to an MS Excel spreadsheet. (i) Leaving all the Report Filters fields blank will show "all" results. (i) The Excel export option is helpful if you have a lot of data to examine; this function helps perform data analysis tasks outside the EI-Hub system.

BUTTON	DESCRIPTION
Edit 	Click this button to view or edit an existing 'Provider Approval Disclosure Other Interests Or Ownership' record. The Disclosure Out of State tab and Out of State Address panel appear when clicked.  The fields and descriptions for editing the Provider Approval Disclosure Other Interests Or Ownership record are the same as for adding a Provider Approval Disclosure Other Interests Or Ownership.
Delete 	To delete a 'Provider Approval Disclosure Other Interests Or Ownership' record, click this button adjacent to the appropriate record/row. When clicked, the system prompts a confirmation message pad popup (shown below); click the Delete button to proceed or select/click the Cancel button to retract. 

10.4.1.1.3.2.1 Provider Approval Disclosure Other Interests Or Ownership

Enter the provider's name, address, and other data indicating other health or human service agencies or facilities you have owned or controlled in the past ten (10) years. Please include all entities that were approved to provide early intervention childhood services. **Source** (click the apple):



When submitting for **Re-approval**, you **must** complete the disclosures panel at re-approval. Selecting **Yes/No** is required, or the application will be rejected.

(i) Selecting “Yes” in the first field requires the other fields (see the example below). If choosing “No” in the first field, no other fields are required.

(i) An asterisk (*) adjacent to a field name/label means it is a required field for you to populate.

FIELD	DESCRIPTION
*Do you Own/Have Interest In Other Entity?	Use this drop-down and select the appropriate answer, ‘Yes’ or ‘No,’ from the list. (i) If you select "Yes," the *Address Line 1, *City, *State, and *Zip Code fields become mandatory.
*Name of Facility/Entity	Enter the name of the facility/entity.

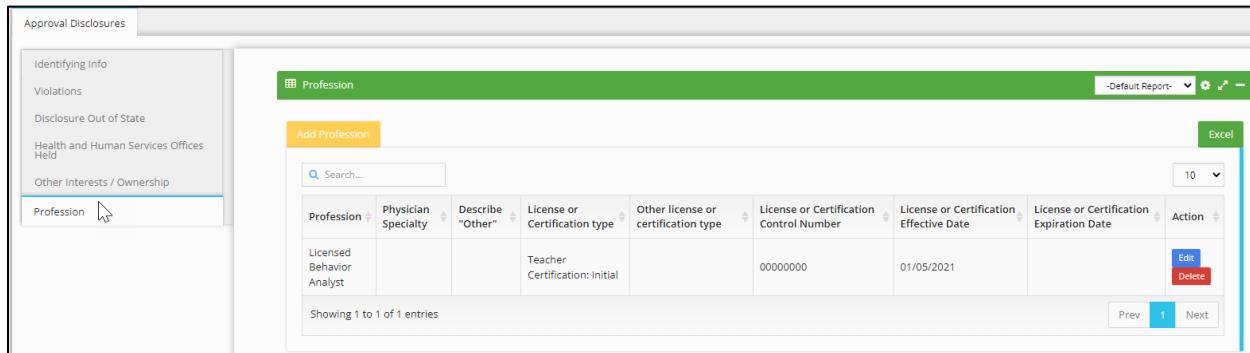
FIELD	DESCRIPTION
*Type of Entity	Enter the type of entity.
*Provider Address Type	Select the appropriate address type (e.g., Mailing) from the list using this drop-down.
*Address Line 1	Enter the entity's address line 1.
Address Line 2	If applicable, enter the entity's address line 2.
Address Line 3	If applicable, enter the entity's address line 3.
*City	Enter the entity's city/town.
*State	Use this drop-down and select the state where the entity resides.
*Zip Code	Enter the entity's zip code.
*Type of Ownership/Interest	Manually enter the type of ownership/interest or use the vertical toggle bar  .
*Indicate % of Ownership/Interest	Enter the percentage (%) of Ownership/Interest.
*Date From	Manually enter the 'from' date or use the calendar picker (invoked by clicking this field) for the provider's approval disclosure.
*Date To	Manually enter the 'to' date or use the calendar picker (invoked by clicking this field) for the provider's approval disclosure.
*Current Status of Entity	Use this drop-down and select the appropriate entity's status ('Closed,' 'Open,' or 'Closed') from the list.
*State Agency Approval of Entity	Use this drop-down and select the appropriate entity's status from the list.

BUTTON	DESCRIPTION
Save 	Click this button to save your entry. The system keeps the information in the EI-Hub database, and the record updates the Other Interests / Ownership panel (grid/table).

 Once the “Add Provider Disclosure Other Interest Ownership” panel is completed, you will use the “ProviderApprovalDisclosure” breadcrumb hyperlink beside the “Home” icon at the top of the page to return to the “Approval Disclosures” tab and complete the “Profession” panel.

10.4.1.1.3.3 Profession Grid/Table

 Use this grid/table for licenses and certifications for an individual provider. Providers who render EIP services must include their current licenses and credentials.



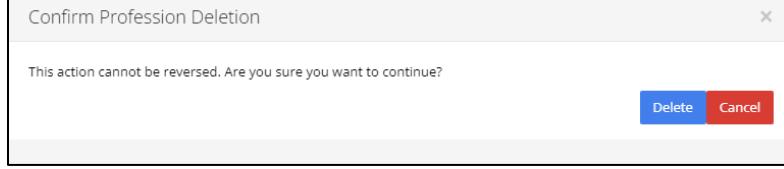
For column sorting, see "ASCENDING / DESCENDING CONTROLLER" in the CM Unit 5 User Guide section Home Tab Controllers; selecting/clicking the 'Home Tab Controllers' hyperlink downloads the Unit 5 User Guide.

FIELD	DESCRIPTION
 Search	To search the results grid/table for a specific record, enter a keyword into this field.

COLUMN	DESCRIPTION
Profession	This column displays the provider's profession/domain. The options included in the drop-down list are the professions recognized as qualified personnel in the Early Intervention Program.
Physician Specialty	This column displays the physician's specialty.
Describe "Other"	If applicable, this column displays another type of profession/specialty. "Other" would only be selected for agency staff not delivering EIP services (e.g., agency owner).
License or Certification type	This column displays the license or certification type.
Other license or certification type	This column displays another license or certification type.  Select "Other Under License Type to skip conditional fields.

COLUMN	DESCRIPTION
License or Certification Control Number	This column displays the license or certification number. <i>(i)</i>Please add the license or certification number exactly as identified in the NYS Education Department Office of Professions Online Verification system or the NYS Education Department TEACH Online Verification system.
License or Certification Control Effective Date	This column displays the effective date of the license or certification. <i>(i)</i>Please add the license or certification effective date exactly as identified in the NYS Education Department Office of Professions Online Verification system or the NYS Education Department TEACH Online Verification system.
License or Certification Control Expiration Date	This column displays the license or certification expiration date. <i>(i)</i>Please add the license or certification expiration date exactly as identified in the NYS Education Department Office of Professions Online Verification system or the NYS Education Department TEACH Online Verification system.
Action	This column displays the corresponding action buttons (Edit and Delete) (if applicable and based on the user's role).

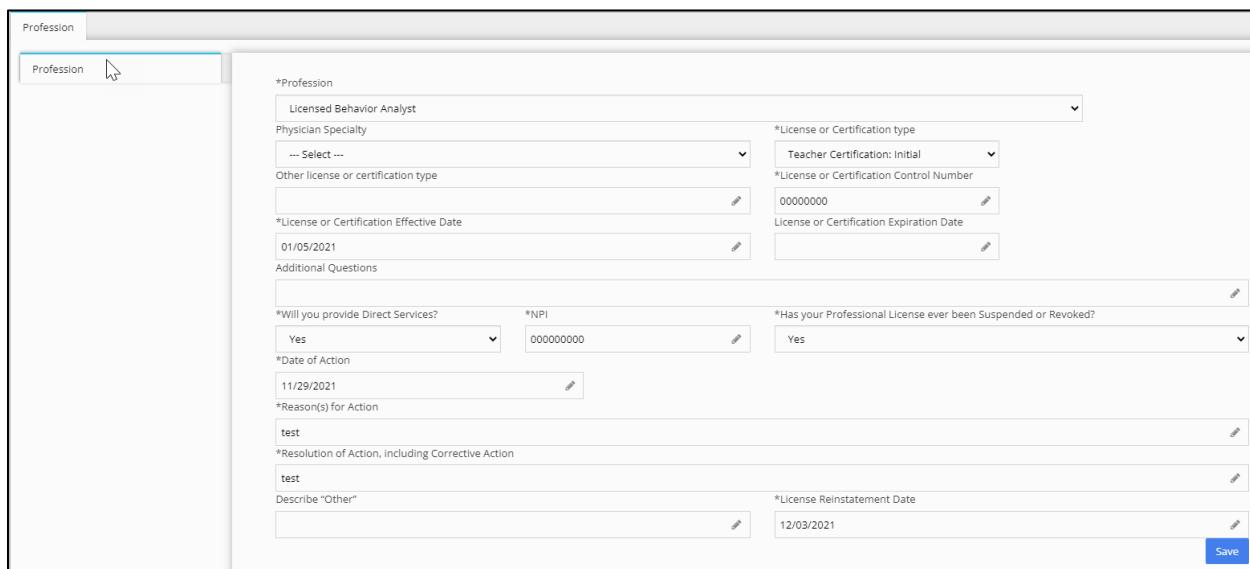
BUTTON	DESCRIPTION
Add Profession 	Click this button to add a Profession record to the EI-Hub database. When clicked, the Profession tab/panel appears (shown below).
Excel 	Click this button to export your results (based on the criteria you entered) to an MS Excel spreadsheet. <i>(i)</i> Leaving all the Report Filters fields blank will show “all” results. <i>(i)</i> The Excel export option is helpful if you have a lot of data to examine; this function helps perform data analysis tasks outside the EI-Hub system.

BUTTON	DESCRIPTION
Edit 	Click this button to view or edit an existing ‘Profession’ record. The Disclosure Out of State tab and Out of State Address panel appear when clicked.  The fields and descriptions for editing the professional record are the same as adding a Profession.
Delete 	To delete an existing Profession record, click this button adjacent to the appropriate record/row. When clicked, the system prompts a confirmation message pad popup (shown below); click the Delete button to proceed or select/click the Cancel button to retract.  <p>The dialog box is titled "Confirm Profession Deletion" and contains the message "This action cannot be reversed. Are you sure you want to continue?". It has two buttons at the bottom: "Delete" (blue) and "Cancel" (red).</p>

10.4.1.1.3.3.1 Profession Panel

 Individual providers record their professional and certification information in this panel.
Agency providers do not use this panel.

 Updating information in **Provider Management** and **Therapist** panels is critical. An individual therapist **must** be approved for a service in Provider Management to be selected for the child.



 An asterisk (*) adjacent to a field name/label means it is a required field for you to populate.

FIELD	DESCRIPTION
* Profession	Use this drop-down menu and select the appropriate profession from the list of providers. The options included in the drop-down list are the professions recognized as qualified personnel in the Early Intervention Program.
Physician Specialty	Use this drop-down and select the appropriate specialty from the list for the provider.
* License or Certification type	Use this drop-down and select the appropriate license or certification type from the list for the provider.
Other license or certification type	If applicable, enter another profession/specialty. "Other" would only be entered for agency staff not delivering EIP services (e.g., agency owner).
	 When selecting 'Other' in the 'License or Certification type' field, the license number and dates become optional, and the user can skip them.

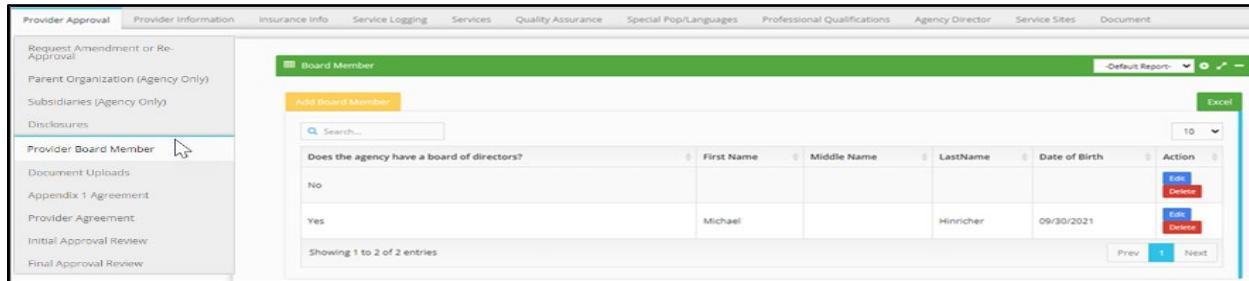
FIELD	DESCRIPTION
*License or Certification Control Number	Enter the provider's professional license or certification number. (i) Please add the license or certification number exactly as identified in the NYS Education Department Office of Professions Online Verification system or the NYS Education Department TEACH Online Verification system.
*License or Certification Control Effective Date	Manually enter the license or certification effective date or use the calendar picker (invoked by clicking this field) for the provider's professional.
License or Certification Control Expiration Date	Manually enter the license or certification control expiration date or use the calendar picker (invoked by clicking this field) for the provider's professional. (i) Please add the license or certification number exactly as identified in the NYS Education Department Office of Professions Online Verification system or the NYS Education Department TEACH Online Verification system.
Additional Questions	Enter (if applicable) any other questions about the provider's profession in the textbox.
*Will you provide Direct Services?	Use this drop-down menu and select Yes or No if you provide direct services.
*NPI	Enter the individual provider's National Provider Identifier number.
*Has your Professional License ever been Suspended or Revoked?	Use this drop-down and select Yes or No if your Professional License has been Suspended or Revoked.
*Date of Action	Manually enter the action date or use the calendar picker (invoked by clicking this field) for the provider's professional.
*Reason(s) for Action	Enter any reasons for actions about the provider's profession in the textbox.
*Resolution of Action, including Corrective Action	Enter any reasons for actions about the provider's profession in the textbox.
Describe "Other"	Enter (if applicable) any other actions about the provider's profession in the textbox. (i) The 'Profession' listed are the professions recognized as Qualified Personnel in the EIP. You will select "Other" if the agency owner or EIP Director's profession does not align with the drop-down options and describe in the "Describe Other" field.

FIELD	DESCRIPTION
*License Reinstatement Date	Enter the license reinstatement date manually or use the calendar picker (invoked by clicking this field) for the provider's professional.

BUTTON	DESCRIPTION
Save 	To save your entry, click this button. When clicked, the system keeps the information in the El-Hub database, and the record updates the Profession panel (grid/table).

10.4.1.1.1.4 Provider Board Member Grid/Table

 Use this grid/table to record information about agency board members. Agencies with specific ownership structures will need to list out the names and DOBs of their board members for background check purposes.



For column sorting, see "ASCENDING / DESCENDING CONTROLLER" in the CM Unit 5 User Guide section Home Tab Controllers; selecting/clicking the '[Home Tab Controllers](#)' hyperlink downloads the Unit 5 User Guide.

FIELD	DESCRIPTION
 Search	To search the results grid/table for a specific record, enter a keyword into this field.

COLUMN	DESCRIPTION
Does the agency have a board of directors?	This column displays 'Yes' or 'No' to the question.
First Name	This column displays the board member's first name.

COLUMN	DESCRIPTION
Middle Name	If applicable, this column displays the board member's middle name.
Last Name	This column displays the board member's last name.
Date of Birth	This column displays the board member's date of birth.
Action	This column displays the corresponding action buttons (Edit and Delete) (if applicable and based on the user's role).

BUTTON	DESCRIPTION
Add Board Member 	Click this button to add a Board Member record to the El-Hub database. When clicked, the Board Member tab / Board Members (Agencies Only) panel appears (shown below).
Excel 	Click this button to export your results (based on the criteria you entered) to an MS Excel spreadsheet. (i) Leaving all the Report Filters fields blank will show “all” results. (i) The Excel export option is helpful if you have a lot of data to examine; this function helps perform data analysis tasks outside the El-Hub system.
Edit 	Click this button to view or edit an existing board member in the El-Hub database. The Board Member tab > Board Members (Agencies Only) panel appears (see Board Member tab > Board Members panel below for fields/descriptions).
Delete 	To delete an existing board member, click this button adjacent to the appropriate record/row. When clicked, the system prompts a confirmation message pad popup (shown below); click the Delete button to proceed or select/click the Cancel button to retract. 

10.4.1.1.4.1 Board Member Tab / Board Members (Agencies Only) Panel

 Each board member must be identified in this panel if the agency has a board of directors.

 Selecting “Yes” in the 1st field requires the other fields. If choosing “No” in the 1st field, no other fields are required (for example, selecting ‘No’ shown below).



The screenshot shows a software interface titled "Board Member". A sidebar on the left has a tab labeled "Board Members (Agencies Only)". The main area contains a question "Does the agency have a board of directors?" followed by a dropdown menu with options "...Select ...", "Yes", and "No". Below this are four input fields: "First Name", "Middle Name", "Last Name", and "Date of Birth". In the bottom right corner of the main area is a blue "Save" button.

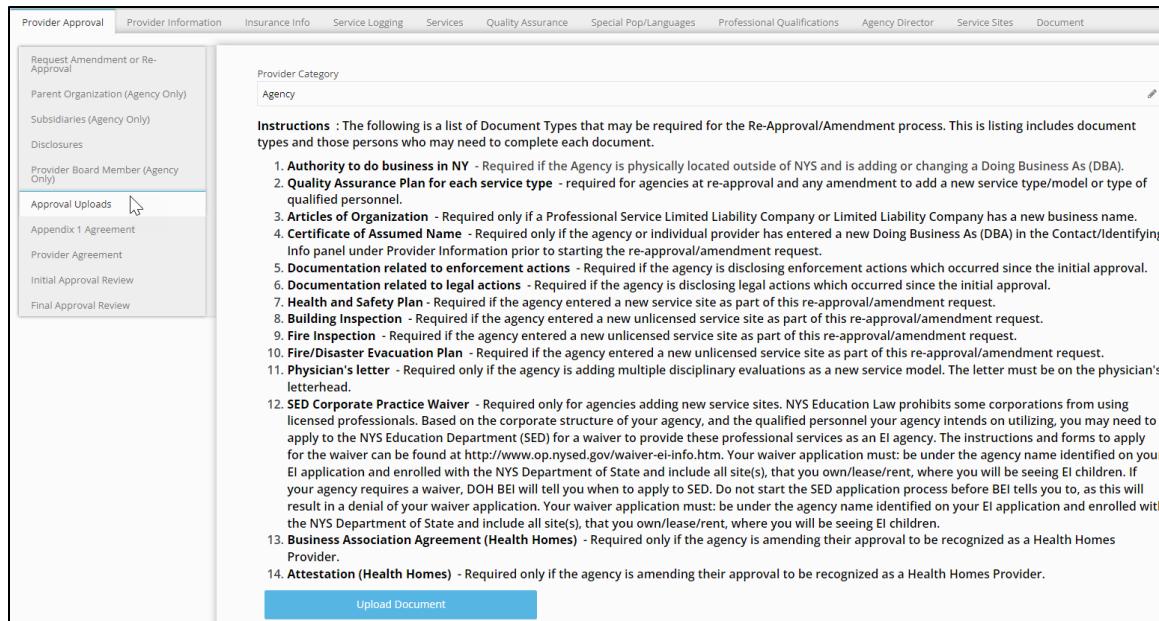
 An asterisk (*) adjacent to a field name/label means it is a required field for you to populate.

FIELD	DESCRIPTION
*Does the agency have a board of directors?	Use this drop-down and select the appropriate answer, ‘Yes’ or ‘No,’ from the list.  If you select "Yes," the *First Name, *Last Name, and *DOB fields become mandatory.
First Name	Enter the board member’s first name.
Middle Name	If applicable, enter the board member’s middle name.
Last Name	Enter the board member’s last name.
Date of Birth	Enter the board member’s date of birth.

BUTTON	DESCRIPTION
Save 	To save your entry, click this button. When clicked, the system keeps the information in the EI-Hub database, and the record updates in the Board Members (Agencies Only) panel (grid/table).

10.4.1.1.5 Approval Uploads Panel

 The instruction guidance on this panel describes precisely to the agency or individual provider what types of supporting documents are needed for their amendment or re-approval request. Providers should review the instructions carefully and attach (upload) all required documentation. Failure to include required documentation will result in the denial of your amendment or re-approval request.



Instructions : The following is a list of Document Types that may be required for the Re-Approval/Amendment process. This listing includes document types and those persons who may need to complete each document.

1. **Authority to do business in NY** - Required if the Agency is physically located outside of NYS and is adding or changing a Doing Business As (DBA).
2. **Quality Assurance Plan for each service type** - required for agencies at re-approval and any amendment to add a new service type/model or type of qualified personnel.
3. **Articles of Organization** - Required only if a Professional Service Limited Liability Company or Limited Liability Company has a new business name.
4. **Certificate of Assumed Name** - Required only if the agency or individual provider has entered a new Doing Business As (DBA) in the Contact/Identifying Info panel under Provider Information prior to starting the re-approval/amendment request.
5. **Documentation related to enforcement actions** - Required if the agency is disclosing enforcement actions which occurred since the initial approval.
6. **Documentation related to legal actions** - Required if the agency is disclosing legal actions which occurred since the initial approval.
7. **Health and Safety Plan** - Required if the agency entered a new service site as part of this re-approval/amendment request.
8. **Building Inspection** - Required if the agency entered a new unlicensed service site as part of this re-approval/amendment request.
9. **Fire Inspection** - Required if the agency entered a new unlicensed service site as part of this re-approval/amendment request.
10. **Fire/Disaster Evacuation Plan** - Required if the agency entered a new unlicensed service site as part of this re-approval/amendment request.
11. **Physician's letter** - Required only if the agency is adding multiple disciplinary evaluations as a new service model. The letter must be on the physician's letterhead.
12. **SED Corporate Practice Waiver** - Required only for agencies adding new service sites. NYS Education Law prohibits some corporations from using licensed professionals. Based on the corporate structure of your agency, and the qualified personnel your agency intends on utilizing, you may need to apply to the NYS Education Department (SED) for a waiver to provide these professional services as an EI agency. The instructions and forms to apply for the waiver can be found at <http://www.op.nysed.gov/waiver-ei-info.htm>. Your waiver application must: be under the agency name identified on your EI application and enrolled with the NYS Department of State and include all site(s), that you own/lease/rent, where you will be seeing EI children. If your agency requires a waiver, DOH BEI will tell you when to apply to SED. Do not start the SED application process before BEI tells you to, as this will result in a denial of your waiver application. Your waiver application must: be under the agency name identified on your EI application and enrolled with the NYS Department of State and include all site(s), that you own/lease/rent, where you will be seeing EI children.
13. **Business Association Agreement (Health Homes Provider)**.
14. **Attestation (Health Homes)** - Required only if the agency is amending their approval to be recognized as a Health Homes Provider.

Instructions: The following is a list of Document Types that may be required for the Re-Approval/Amendment process. This listing includes document types and those persons who may need to complete each document.

1. **Authority to do business in NY:** Required if the Agency is physically located outside of NYS and is adding or changing a Doing Business As (DBA).
2. **Quality Assurance Plan for each service type:** Required for agencies at re-approval and any amendment to add a new service type/model or type of qualified personnel.
3. **Articles of Organization:** These are only required if a Professional Service Limited Liability Company or Limited Liability Company has a new business name.
4. **Certificate of Assumed Name:** This is only required if the Agency or individual provider has entered a new Doing Business As (DBA) in the Contact/Identifying Info panel under Provider Information before starting the re-approval/amendment request.
5. **Documentation related to enforcement actions:** This is required if the Agency is disclosing enforcement actions that occurred since the initial approval.
6. **Documentation related to legal actions:** Required if the Agency discloses legal actions since the initial approval.
7. **Health and Safety Plan:** This is required if the Agency enters a new service site as part of this re-approval/amendment request.
8. **Building Inspection:** Required if the Agency entered a new unlicensed service site as part of this re-approval/amendment request.
9. **Fire Inspection:** Required if the Agency entered a new unlicensed service site as part of this re-approval/amendment request.

10. **Fire/Disaster Evacuation Plan:** Required if the Agency entered a new unlicensed service site as part of this re-approval/amendment request.
11. **Physician's letter:** This is only required if the Agency adds multiple disciplinary evaluations as a new service model. The letter must be on the physician's letterhead.
12. **SED Corporate Practice Waiver:** Required only for agencies adding new service sites. NYS Education Law prohibits some corporations from using licensed professionals. Based on the corporate structure of your Agency and the qualified personnel your Agency intends to utilize, you may need to apply to the NYS Education Department (SED) for a waiver to provide these professional services as an EI agency. The instructions and forms to apply for the waiver are found at <http://www.op.nysesd.gov/waiver-ei-info.htm>.
 - Your waiver application must be under the agency name identified on your EI application and enrolled with the NYS Department of State, and it must include all site(s) that you own/lease/rent where you will be seeing EI children.
 - If your Agency requires a waiver, DOH BEI will tell you when to apply to SED. Do not start the SED application process before BEI tells you to, as this will result in a denial of your waiver application.
 - Your waiver application must be under the agency name identified on your EI application and enrolled with the NYS Department of State, and it must include all site(s) that you own/lease/rent where you will be seeing EI children.
13. **Business Association Agreement (Health Homes):** This is only required if the Agency is amending its approval to be recognized as a Health Homes Provider.
14. **Attestation (Health Homes):** This is only required if the Agency is amending its approval to be recognized as a Health Homes Provider.
15. **Certificate of Occupancy (CO):** This is required if adding an unlicensed service site and states a building's legal use and type of permitted occupancy classification.
16. **Fire/Disaster Evacuation Plan and Site Diagram:** Required if you add a new unlicensed service site. A Fire/Disaster evacuation plan (site diagram) identifies and clearly posts all evacuation routes with the site where children are located (including classroom name or room number), identify emergency sheltering locations for children but notes that these specific locations may not be publicly posted, and identifies the procedures to be implemented in the case of emergency evacuation of non-ambulatory children. In addition, the diagram must include clearly labeled handwashing, diapering, bathrooms, and food preparation/storage areas.
17. **CPR Certificate:** This is required if adding a new service site. Include the certificate of any staff member who has CPR training.



Business Scenario: Provider Re-approval/amendment to add a new Service Site for the Provider Approval Uploads page.

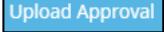
- a. When a provider lists a Service Site **without** a Daycare license, the EI-Hub requires additional uploads, such as a Building Inspection and a Fire Inspection conducted within the last year. In addition, the provider must add a Certificate of Occupancy.
- b. Add an Evacuation plan, a fire evacuation plan, a site diagram, and a fire inspection report from the last 12 months. The site diagram must include handwashing, diapering, bathrooms, and food preparation/storage areas.

Step/Action:

1. Navigate to the **Approval Uploads** panel.
2. Select/click the **Upload Documents** button.
3. Select **Certificate of Occupancy** in the popup panel listed in the Document Type dropdown.
4. In the **Document Name** field, name the document, which should probably include something referring to the Certificate of Occupancy.
5. Use the **Choose File** button to select your document file to upload.
6. Add any **Notes** as appropriate.
7. Select/click the **Upload** button.

 These steps will apply to uploading all documents, with 3 and 4 changes for each document type uploaded.

FIELD	DESCRIPTION
Provider Category	This read-only field populates the provider (e.g., Agency, Individual).

BUTTON	DESCRIPTION
Upload Approval 	To upload the accommodating file, click this button bar. When clicked, the "Upload Approval" popup panel appears (shown below).

10.4.1.1.1.5.1 Upload Approval Popup Panel

 The 'Upload Document' button prompts this popup panel to display. The panel acts as an interface to upload documents from your computer to the request.



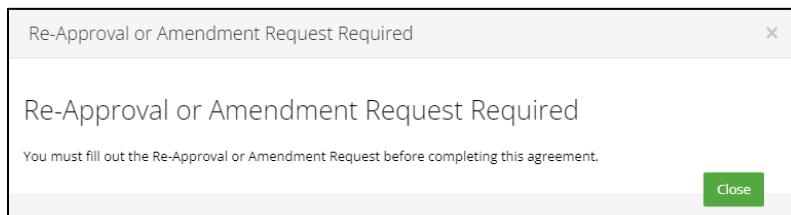
 An asterisk (*) adjacent to a field name/label means it is a required field for you to populate.

FIELD	DESCRIPTION
*Document Type	Use this drop-down and select the appropriate document type (e.g., IFSP Template, etc.) from the list.
*Document Name	Enter the name of the uploaded document.
Choose File <input type="button" value="Choose File"/>	To upload your file into the EI-Hub database, click this button. When clicked, your PC's web browser (e.g., MS Edge) prompts an "Open" window; navigate to where your document/file resides, click on the file (highlighted), and click the Open button on the window. The name of your file name should read adjacent to the 'Choose File' button.
Notes	Use this textbox to enter relevant notes about your document file uploaded into the system.

BUTTON	DESCRIPTION
Upload <input type="button" value="Upload"/>	After populating fields in the Upload File panel (mentioned above), your file will upload to the EI-Hub database when clicked.
Cancel <input type="button" value="Cancel"/>	To cancel the action for uploading a file, click this button. When clicked, the Upload File panel closes.

10.4.1.1.6 Appendix 1 Agreement

(i) Users can not fill out the Appendix 1 Agreement panel directly without first completing the Re-Approval or Amendment Request. Instead, the system prompts the users with a popup message pad (shown below).



(i) Selecting “Yes” in the 1st field requires the checkbox and other fields. If choosing “No” in the 1st field, no other fields are required (for example, selecting ‘Yes’ (shown below)).



When an agency or individual submits a request and wants to be a billing provider, they must complete this appendix agreement panel.



An asterisk (*) adjacent to a field name/label means it is a required field for you to populate.

FIELD / CHECKBOX	DESCRIPTION
*Are you interested in the Appendix 1 Agreement?	Use this drop-down and select the appropriate answer, 'Yes' or 'No,' from the list. (i) If you select "Yes," the <input type="checkbox"/> *I Read The Entire Appendix 1 Agreement and "Would you like to enter into the Appendix 1 Agreement?" fields become mandatory.
<input type="checkbox"/> I Read The Entire Appendix 1 Agreement	If the answer is 'Yes,' select/tick the checkbox. If 'No,' leave blank.
Would you like to enter into the Appendix 1 Agreement?	Use this drop-down and select the appropriate answer, 'Yes' or 'No,' from the list.
Explain reason and qualifications for entering into the Appendix 1 Agreement.	If applicable, use the textbox field below and enter a brief explanation.

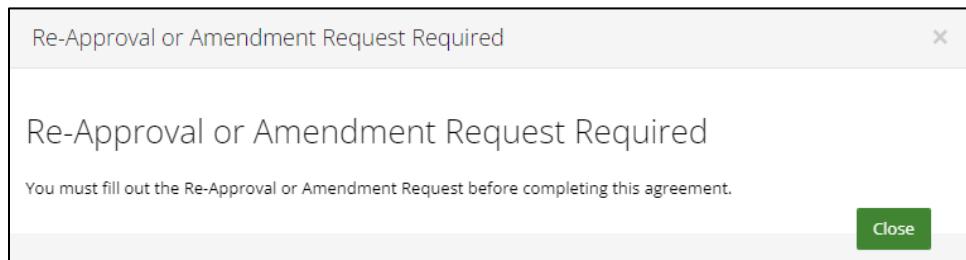
BUTTON	DESCRIPTION
Save 	To save your entry, click this button. When clicked, the system keeps the information in the EI-Hub database and updates the record in the Appendix 1 Agreement panel.

10.4.1.1.7 Provider Agreement Panel

 Things you need to know about the Provider Approval Panel.

- Providers must indicate via a 'Yes' or 'No' drop-down field if each panel has been altered when submitting an amendment or re-approval request.
- Each 'Yes' response requires a text field describing the change.
- The PAU staff must review each changeable panel for edits and approval. Still, the provider will indicate the nature of their request.

 If you attempt to select this panel without completing the panels above, you will receive a message pad (shown below).



 Due to the large panel size, the following pages display sections of this panel.

 You must complete this panel for every request in the Early Intervention program.

Information Check List below: Answer 'Yes' or 'No' to each question upon completing that section.

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Provider Approval Provider Information Insurance Info Service Logging Services Quality Assurance Special Pop/Languages Professional Qualifications Agency Professions Agency Director Service Sites Document

Request Amendment or Re-Approval
Parent Organization (Agency Only)
Subsidiaries (Agency Only)
Disclosures
Provider Board Member (Agency Only)
Approval Uploads
Appendix 1 Agreement
Provider Agreement 
Initial Approval Review
Final Approval Review

Requested Changes
Please indicate each of the sections with new or different information to be reviewed for approval by selecting Yes in the dropdown. Then describe in the text area below each change what changes were made.

*Request Re-Approval Information
... Select ...

Request Re-Approval Information Section Changes

Request Re-Approval Information Panel Changes
Panel: Request Re-Approval was last updated by Vanessa Charles on 7/20/2022.
Parent Organization (Agency Only)
... Select ...

Parent Organization (Agency Only) Section Changes

Parent Organization (Agency Only) Panel Changes

Subsidiaries (Agency Only)
... Select ...

Subsidiaries (Agency Only) Section Changes

Subsidiaries (Agency Only) Panel Changes

Identifying Info
... Select ...

Identifying Info Section Changes

Identifying Info Panel Changes
Panel: Identifying Info was last updated by Michael Coleman on 6/15/2022.
Violations
... Select ...

Violations Section Changes

Violations Panel Changes

Disclosures
... Select ...

Disclosures Section Changes

Disclosures Panel Changes
Disclosure Panel Changes: Identifying Info, Provider Approval Disclosure Other Interests Or Ownership
Health and Human Services Offices Held
... Select ...

Health And Human Services Offices Held Section Changes

Health and Human Services Offices Held Panel Changes



An asterisk (*) adjacent to a field name/label means it is a required field for you to populate.

FIELD	DESCRIPTION
*Request Re-Approval Information	Use this drop-down and select the appropriate answer, 'Yes' or 'No,' from the list.
Request Re-Approval Information Section Changes	Use this textbox to enter the Request Re-Approval Information Section Changes.
Request Re-Approval Information Panel Changes	A read-only field displays the name and date of the user who made the Request Re-Approval Information Panel Changes.
Parent Organization (Agency Only)	Use this drop-down and select the appropriate answer, 'Yes' or 'No,' from the list.
Parent Organization (Agency Only) Section Changes	Enter the Parent Organization (Agency Only) Section Changes in this textbox.
Parent Organization (Agency Only) Panel Changes	A read-only field displays the name and date of the user who made the Parent Organization Panel Change.
Subsidiaries (Agency Only)	Use this drop-down and select the appropriate answer, 'Yes' or 'No,' from the list.
Subsidiaries (Agency Only) Section Changes	Use this textbox to enter the Subsidiaries (Agency Only) Section Changes.
Subsidiaries (Agency Only) Panel Changes	A read-only field displays the name and date of the user who made the Subsidiaries (Agency Only) Section Changes.
Identifying Info	Use this drop-down and select the appropriate answer, 'Yes' or 'No,' from the list.
Identifying Info Section Changes	Use this textbox to enter the Identifying Info Section Changes.
Identifying Info Panel Changes	A read-only field displays the name and date of the user who made the Identifying Info Panel Changes.
Violations	Use this drop-down and select the appropriate answer, 'Yes' or 'No,' from the list.
Violations Section Changes	Use this textbox to enter the Violations Section Changes.

FIELD	DESCRIPTION
Violations Panel Changes	A read-only field displays the name and date of the user who made the Violations Panel Changes.
Disclosures	Use this drop-down and select the appropriate answer, 'Yes' or 'No,' from the list.
Disclosures Section Changes	Use this textbox to enter the Disclosures Section Changes.
Disclosures Panel Changes	A read-only field displays the name and date of the user who made the Disclosures Panel Changes.
Health and Human Services Offices Held	Use this drop-down and select the appropriate answer, 'Yes' or 'No,' from the list.
Health And Human Services Offices Held Section Changes	Enter the Health and Human Services Offices Held Section Changes in this textbox.
Health and Human Services Offices Held Panel Changes	A read-only field displays the user's name and date of making the Health and Human Services Offices Held Panel Changes.

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Other Interests/Ownership	<input type="text" value="... Select ..."/>
Other Interests Ownership Section Changes	
Other Interests/Ownership Panel Changes	
<small>Panel: Provider Approval Disclosure Other Interests Or Ownership was last updated by Michael Coleman on 6/15/2022.</small>	
Profession	<input type="text" value="... Select ..."/>
Profession Section Changes	
Profession Panel Changes	
Board Members	<input type="text" value="... Select ..."/>
Board Members Section Changes	
Board Members Panel Changes	
Uploads Documents	<input type="text" value="... Select ..."/>
Uploads Documents Section Changes	
Uploads Documents Panel Changes	
Appendix 1 Agreement	<input type="text" value="... Select ..."/>
Appendix 1 Agreement Section Changes	
Appendix 1 Agreement Panel Changes	

FIELD / CHECKBOX	DESCRIPTION
Other Interests/Ownership	Use this drop-down and select the appropriate answer, 'Yes' or 'No,' from the list.
Other Interests Ownership Section Changes	Use this textbox to enter the Other Interests Ownership Section Changes.

FIELD / CHECKBOX	DESCRIPTION
Other Interests/Ownership Panel Changes	A read-only field displays the name and date of the user who made the Other Interests Ownership Panel Changes.
Profession	Use this drop-down and select the appropriate answer, 'Yes' or 'No,' from the list.
Profession Section Changes	Use this textbox to enter the Profession Section Changes.
Profession Panel Changes	A read-only field displays the name and date of the user who made the Profession Panel Changes.
Board Members	Use this drop-down and select the appropriate answer, 'Yes' or 'No,' from the list.
Board Members Section Changes	Use this textbox to enter the Board Members Section Changes.
Board Members Panel Changes	A read-only field displays the name and date of the user who made the Board Members Panel Changes.
Uploads Documents	Use this drop-down and select the appropriate answer, 'Yes' or 'No,' from the list.
Uploads Documents Section Changes	Use this textbox to enter the Uploads Documents Section Changes.
Uploads Documents Panel Changes	A read-only field displays the name and date of the user who made the Uploads Documents Panel Changes.
Appendix 1 Agreement	Use this drop-down and select the appropriate answer, 'Yes' or 'No,' from the list.
Appendix 1 Agreement Section Changes	Use this textbox to enter the Appendix 1 Agreement Section Changes.
Appendix 1 Agreement Panel Changes	A read-only field displays the name and date of the user who made the Appendix 1 Agreement Panel Changes.

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Service Logging	<input type="button" value="... Select ..."/>	<input type="button" value="▼"/>
Service Logging Section Changes	<input type="button" value=""/>	
Service Logging Panel Changes	<input type="button" value=""/>	<input type="button" value=""/>
Services	<input type="button" value=""/>	<input type="button" value="▼"/>
... Select ...	<input type="button" value=""/>	
Services Section Changes	<input type="button" value=""/>	
Services Panel Changes	<input type="button" value=""/>	<input type="button" value=""/>
Agency Director	<input type="button" value=""/>	<input type="button" value="▼"/>
... Select ...	<input type="button" value=""/>	
Agency Director Section Changes	<input type="button" value=""/>	
Agency Director Panel Changes	<input type="button" value=""/>	<input type="button" value=""/>
Out of State Address	<input type="button" value=""/>	<input type="button" value="▼"/>
... Select ...	<input type="button" value=""/>	
Out Of State Address Section Changes	<input type="button" value=""/>	
Out of State Address Panel Changes	<input type="button" value=""/>	<input type="button" value=""/>
Service Sites	<input type="button" value=""/>	<input type="button" value="▼"/>
... Select ...	<input type="button" value=""/>	
Service Sites Section Changes	<input type="button" value=""/>	
Service Sites Panel Changes	<input type="button" value=""/>	<input type="button" value=""/>
Approved Professions	<input type="button" value=""/>	<input type="button" value="▼"/>
... Select ...	<input type="button" value=""/>	
Approved Professions Section Changes	<input type="button" value=""/>	
Approved Professions Panel Changes	<input type="button" value=""/>	<input type="button" value=""/>

FIELD	DESCRIPTION
Service Logging	Use this drop-down and select the appropriate answer, ‘Yes’ or ‘No,’ from the list.
Service Logging Section Changes	Use this textbox to enter the Service Logging Section Changes.
Service Logging Panel Changes	A read-only field displays the name and date of the user who made the Service Logging Panel Changes.
Agency Director	Use this drop-down and select the appropriate answer, ‘Yes’ or ‘No,’ from the list.
Agency Director Section Changes	Use this textbox to enter the Agency Director Section Changes.
Agency Director Panel Changes	A read-only field displays the name and date of the user who made the Agency Director Panel Changes.
Out of State Address	Use this drop-down and select the appropriate answer, ‘Yes’ or ‘No,’ from the list.
Out of State Address Section Changes	Use this textbox to enter the Out of State Address Section Changes.
Out of State Address Panel Changes	A read-only field displays the user's name and date of making the ‘Out of State Address Panel’ changes.
Service Sites	Use this drop-down and select the appropriate answer, ‘Yes’ or ‘No,’ from the list.
Service Sites Section Changes	Use this textbox to enter the Service Sites Section Changes.
Service Sites Panel Changes	A read-only field displays the name and date of the user who made the Service Sites Panel Changes.
Approved Professions	Use this drop-down and select the appropriate answer, ‘Yes’ or ‘No,’ from the list.
Approved Professions Section Changes	Use this textbox to enter the Approved Professions Section Changes.
Approved Professions Panel Changes	A read-only field displays the name and date of the user who made the approved professions panel changes.



El-Hub's Case Management has an added functionality: a new attestation on the Provider Agreement panel on the Provider Application panel; this will only be displayed for an **Agency or Municipality** and underneath the "Agency Version" header. **Note** the system uses the same logic as the other "Yes/No" attestation questions. The drop-down shows as follows:

The applicant assures that the agency attests to its fiscal viability and that it will meet all payment obligations for services rendered on behalf of the agency.

... Select ...

- "The applicant assures that the agency attests to its fiscal viability and that it will meet all payment obligations for services rendered on behalf of the agency."
 - This message will only be displayed directly under the **Agency Version** – "I Read the Entire Agency Agreement" (checkbox).
 - This message will **only** be displayed if the Provider Agreement Type is an '**Agency Agreement**,' as the system does for the other agency-required questions.

Provider Agreement

I Read The Entire Provider Agreement

AGENCY VERSION

The applicant assures that the agency will abide by department policies as stated in guidance issued by the Department that clarifies requirements of law and regulation related to the Early Intervention Program

– Select –

The applicant assures that the agency attests to its fiscal viability and that it will meet all payment obligations for services rendered on behalf of the agency.

– Select –

The applicant assures that the agency is appropriately staffed with qualified personnel with state licensure or certification as appropriate, and maintains a copy of current registration or certification for those personnel.

– Select –

The applicant assures that agency personnel have access to, and participate in, ongoing in-service training on the delivery of early intervention services.

– Select –

The applicant assures that the agency has the capacity to and will provide services to children in accordance with IFSPs and in natural settings to the maximum extent appropriate.

– Select –

The applicant assures that the agency has the capacity to deliver services on a twelve-month basis and to provide flexibility in hours of service delivery, including weekend and evening hours.

– Select –

The applicant assures that the agency has the capacity to deliver all approved service model options applied for in this application.

– Select –

The applicant assures that the agency is in compliance with all local fire, health, and safety codes; that the agency employs a policy for addressing health, safety and sanitation issues that conforms with standards established by the Department and, where applicable, is in compliance with the Americans with Disabilities Act.

– Select –

The applicant assures that agency personnel will immediately notify the Early Intervention Office if she becomes aware of any health or safety hazard posed in community-based settings where she is providing parent child groups, family support groups, or group developmental interventions.

– Select –

The applicant assures that it will comply with the confidentiality requirements as set forth in federal and state statute and regulation.

– Select –

The applicant assures that it will request, in writing, approval from the State Agency granting approval, if the agency wishes to modify any of the information contained in this application, including qualified personnel available to deliver services or service models provided or transfer, assignments, or other dispositions of less than ten percent of an interest or voting rights of the agency.

– Select –

The applicant assures that if the agency intends to cease services or intends to cease ownership, possession or operation of the agency, or chooses to voluntarily terminate status as an approved provider, the agency will submit to the Department and early intervention office written notice of such intention and a plan for transition of children not less than 90 days prior to the intended effective date of such action.

– Select –

I agree, and it is my intent, to sign this record/document by checking this box and clicking the "Submit" button, and thereby electronically submitting this record/document to the New York State Department of Health. I understand that my signing and submitting of this record/document in this fashion is the legal equivalent of having placed my handwritten signature on both the submitted record/document and this attestation. I do hereby certify under penalty of perjury, that I am duly authorized to subscribe and submit this application, enter into agreement with the New York State Department of Health, and request modifications to such agreement with the New York State Department of Health. I further affirm under penalty of perjury that all information contained herein and uploaded hereto is accurate, true, and complete in all material aspects. I further acknowledge that the application will be processed pursuant to the provisions of Title II-A of Article 25 of the Public Health Law, and the pertinent regulations adopted thereto.

I Agree

Date

*Name of Applicant or Authorized Representative

*Title of Applicant or Authorized Representative

FIELD	DESCRIPTION
Provider Category	This read-only field displays the provider's category ('Agency' or 'Individual').

BUTTON	DESCRIPTION
Provider Agreement Provider Agreement	To read the Provider Agreement, click this button bar. When clicked, the Provider Agreement message panel appears. After reading the agreement, you can print the form by clicking the Print Provider Agreement button. Finally, click the Close button to exit the form.

AGENCY VERSION

FIELD	DESCRIPTION
The applicant assures that the agency will abide by department policies as stated in guidance issued by the Department that clarifies requirements of law and regulation related to the Early Intervention Program.	Use this drop-down and select the appropriate answer, 'Yes' or 'No,' from the list.
<input type="checkbox"/> I Read The Entire Provider Agreement	If the answer is 'Yes,' select/tick the checkbox. If 'No,' leave blank.
The applicant assures that the agency is appropriately staffed with qualified personnel with state licensure or certification as appropriate and maintains a copy of current registration or certification for those personnel.	Use this drop-down and select the appropriate answer, 'Yes' or 'No,' from the list.
The applicant assures that agency personnel have access to and participate in ongoing in-service training on the delivery of early intervention services.	Use this drop-down and select the appropriate answer, 'Yes' or 'No,' from the list.

FIELD	DESCRIPTION
The applicant assures that the agency has the capacity to and will provide services to children in accordance with IFSPs and in natural settings to the maximum extent appropriate.	Use this drop-down and select the appropriate answer, ‘Yes’ or ‘No,’ from the list.
The applicant assures that the agency has the capacity to deliver services on a twelve-month basis and to provide flexibility in hours-of-service delivery, including weekend and evening hours.	Use this drop-down and select the appropriate answer, ‘Yes’ or ‘No,’ from the list.
The applicant assures that the agency has the capacity to deliver all approved service model options applied for in this application.	Use this drop-down and select the appropriate answer, ‘Yes’ or ‘No,’ from the list.
The applicant assures that the agency is in compliance with all local fire, health, and safety codes; that the agency employs a policy for addressing health, safety, and sanitation issues that conforms with standards established by the Department; and, where applicable, is in compliance with the Americans with Disabilities Act.	Use this drop-down and select the appropriate answer, ‘Yes’ or ‘No,’ from the list.
The applicant assures that agency personnel will immediately notify the Early Intervention Official if s/he becomes aware of any health or safety hazard posed in community-based settings where s/he is providing parent-child groups, family support groups, or group developmental interventions.	Use this drop-down and select the appropriate answer, ‘Yes’ or ‘No,’ from the list.

FIELD	DESCRIPTION
The applicant assures that it will comply with the confidentiality requirements as set forth in federal and state statute and regulation.	Use this drop-down and select the appropriate answer, 'Yes' or 'No,' from the list.
The applicant assures that it will request, in writing, approval from the State Agency granting approval if the agency wishes to modify any of the information contained in this application, including qualified personnel available to deliver services or service models provided or transfers, assignments, or other dispositions of less than ten percent of an interest or voting rights of the agency.	Use this drop-down and select the appropriate answer, 'Yes' or 'No,' from the list.
The applicant assures that if the agency intends to cease services or intends to cease ownership, possession, or operation of the agency, or chooses to voluntarily terminate status as an approved provider, the agency will submit to the Department and early intervention official written notice of such intention and a plan for transition of children not less than 90 days prior to the intended effective date of such action.	Use this drop-down and select the appropriate answer, 'Yes' or 'No,' from the list.

"I agree, and it is my intent, to sign this record/document by checking this box and clicking the "Submit" button, and thereby electronically submitting this record/document to the New York State Department of Health. I understand that my signing and submitting of this record/document in this fashion is the legal equivalent of having placed my handwritten signature on both the submitted record/document and this attestation. I do hereby certify, under penalty of perjury, that I am duly authorized to subscribe and submit this application, enter into agreement with the New York State Department of Health, and request modifications to such agreement with the New York State Department of Health. I further affirm under penalty of perjury that all information contained herein and uploaded hereto is accurate, true, and complete in all material aspects. I further acknowledge that the application will be processed pursuant to the provisions of Title II-A of Article 25 of the Public Health Law and the pertinent regulations adopted thereto."

FIELD / CHECKBOX	DESCRIPTION
<input type="checkbox"/> *I Agree	If the answer is 'Yes,' select/tick the checkbox; this is required.
*Date	Enter the agreement date manually or use the calendar picker (invoked by clicking this field).
*Name of Applicant or Authorized Representative	Enter the name of the applicant or authorized representative.
*Title of Applicant or Authorized Representative	Enter the title of the applicant or authorized representative.
Agency Background	Use this drop-down and select the appropriate answer, 'Yes' or 'No,' from the list.
Agency Background Section Changes	Use this textbox to enter the Agency Background Section Changes.
Agency Background Panel Changes	A read-only field displays the name and date of the user who made the Agency Background Panel Changes.

BUTTON	DESCRIPTION
Submit <input type="button" value="Submit"/>	To save your entry, click this button. The system will check for required fields and submit the request for consideration. The system keeps the information in the EI-Hub database, and the record updates in the Provider Agreement panel.

10.4.1.2 Provider Information Tab

 Approved Providers (agencies and individuals) can make changes/updates to the Provider Information tab/panels: **Basic Demographics**, **Contact/Identifying Information**, **Provider Address**, **Phone Number**, **Contracted Provider**, **NPI Information**, and **Contracted Vendors** panels are editable to reflect changes since approval.

 The applicant's name must match the name on all licenses and certifications exactly.

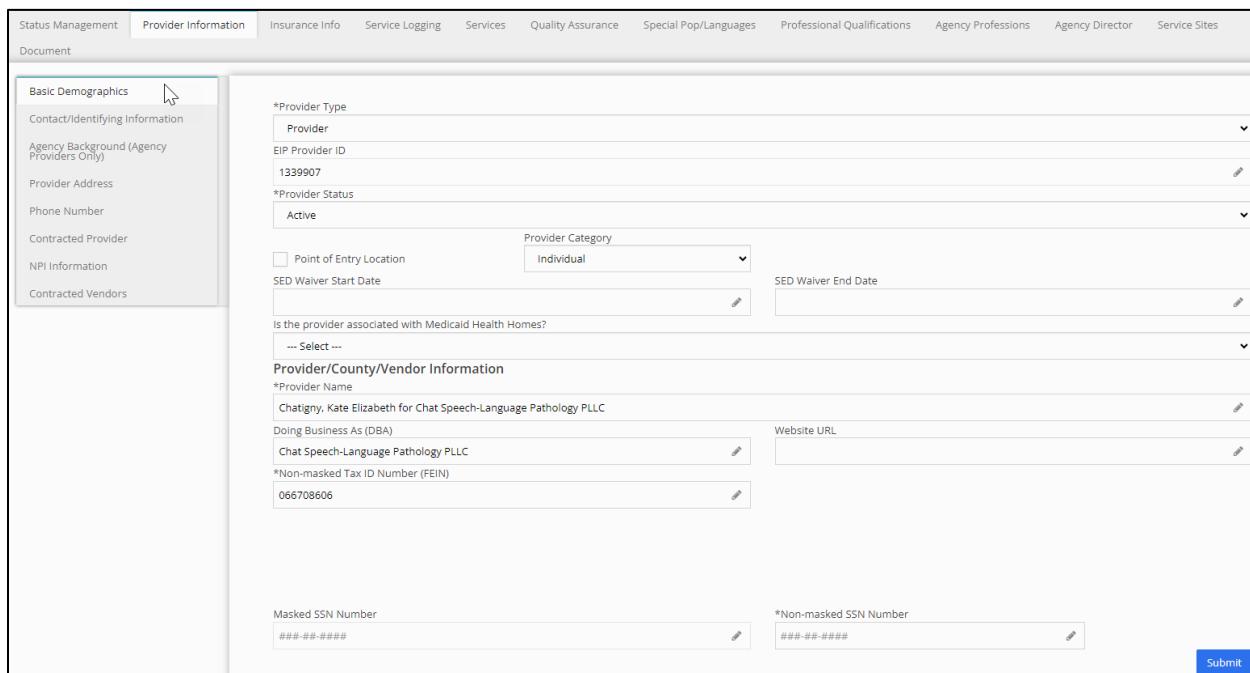
10.4.1.2.1 Basic Demographics Panel

 This panel is where the approved provider's demographic information is stored and viewed by the provider, county, and state provider approval unit.

 The provider 'Status' field drop-down must be changed to "Inactive" when PAU deactivates a provider.

 Some of this information (Provider Name, EI Provider ID, provider type, etc.) will be locked down and can only be changed with an official amendment request. The provider can edit others. For specific information, please refer to the "*Provider Amendments, Reapprovals, & Minor Changes*" job aid.

 *Provider Type = “Provider”



The screenshot shows the EI-Hub Case Management software interface. The top navigation bar includes links for Status Management, Provider Information, Insurance Info, Service Logging, Services, Quality Assurance, Special Pop/Languages, Professional Qualifications, Agency Professions, Agency Director, and Service Sites. The 'Provider Information' tab is selected. On the left, a sidebar lists several panels: Basic Demographics (selected), Contact/Identifying Information, Agency Background (Agency Providers Only), Provider Address, Phone Number, Contracted Provider, NPI Information, and Contracted Vendors. The main content area displays the 'Basic Demographics' panel with the following fields:

- *Provider Type: Provider
- EIP Provider ID: 1339907
- *Provider Status: Active
- Point of Entry Location (checkbox): Unchecked
- Provider Category: Individual
- SED Waiver Start Date: [empty]
- SED Waiver End Date: [empty]
- Is the provider associated with Medicaid Health Homes? (checkbox): Unchecked
- Provider/County/Vendor Information:
 - *Provider Name: Chatigny, Kate Elizabeth for Chat Speech-Language Pathology PLLC
 - Doing Business As (DBA): Chat Speech-Language Pathology PLLC
 - Website URL: [empty]
 - *Non-masked Tax ID Number (FEIN): 066708606
- Masked SSN Number: [empty]
- *Non-masked SSN Number: [empty]

A blue 'Submit' button is located at the bottom right of the form.

EI-Hub Case Management v0.21.0



***Provider Type = “County”**

Status Management Provider Information Insurance Info Service Logging Services Quality Assurance Special Pop/Languages Professional Qualifications Agency Professions Agency Director Service Sites

Document

<div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;">Basic Demographics</div> <div style="border: 1px solid #ccc; padding: 2px; margin-bottom: 2px;">Contact/Identifying Information</div> <div style="border: 1px solid #ccc; padding: 2px; margin-bottom: 2px;">Agency Background (Agency Providers Only)</div> <div style="border: 1px solid #ccc; padding: 2px; margin-bottom: 2px;">Provider Address</div> <div style="border: 1px solid #ccc; padding: 2px; margin-bottom: 2px;">Phone Number</div> <div style="border: 1px solid #ccc; padding: 2px; margin-bottom: 2px;">Contracted Provider</div> <div style="border: 1px solid #ccc; padding: 2px; margin-bottom: 2px;">NPI Information</div> <div style="border: 1px solid #ccc; padding: 2px; margin-bottom: 2px;">Contracted Vendors</div>	<div style="margin-bottom: 10px;"> <p>*Provider Type</p> <input style="width: 100%;" type="text" value="County"/> </div> <div> <p>EIP Provider ID</p> <input style="width: 100%;" type="text" value="1339907"/> </div> <div> <p>*Provider Status</p> <input style="width: 100%;" type="text" value="Active"/> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> Point of Entry Location</p> <input style="width: 100%;" type="text" value="Individual"/> </div> <div style="width: 45%;"> <p>Provider Category</p> <input style="width: 100%;" type="text" value="Individual"/> </div> </div> <div style="margin-top: 10px;"> <p>Provider/County/Vendor Information</p> <p>*Provider Name</p> <input style="width: 100%;" type="text" value="Chatigny, Kate Elizabeth for Chat Speech-Language Pathology PLLC"/> <p>Doing Business As (DBA)</p> <input style="width: 100%;" type="text" value="Chat Speech-Language Pathology PLLC"/> <p>Non-masked Tax ID Number (FEIN)</p> <input style="width: 100%;" type="text" value="066708606"/> </div>
<input style="background-color: #0070C0; color: white; padding: 5px; border: none; cursor: pointer; width: 100px;" type="button" value="Submit"/>	



***Provider Type = “Vendor”**

Status Management Provider Information Insurance Info Service Logging Services Quality Assurance Special Pop/Languages Professional Qualifications Agency Professions Agency Director Service Sites

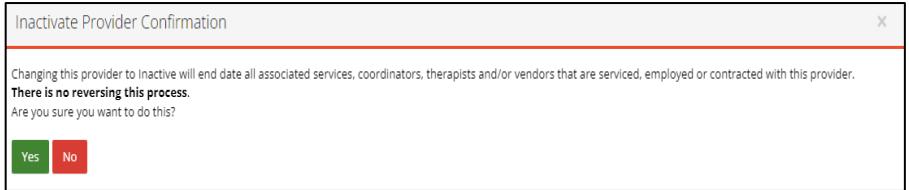
Document

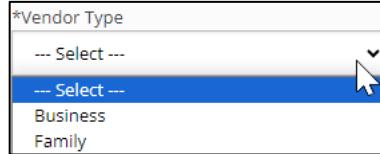
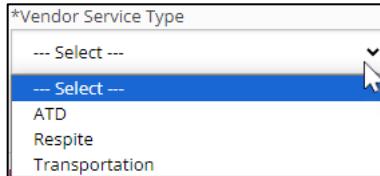
<div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;">Basic Demographics</div> <div style="border: 1px solid #ccc; padding: 2px; margin-bottom: 2px;">Contact/Identifying Information</div> <div style="border: 1px solid #ccc; padding: 2px; margin-bottom: 2px;">Agency Background (Agency Providers Only)</div> <div style="border: 1px solid #ccc; padding: 2px; margin-bottom: 2px;">Provider Address</div> <div style="border: 1px solid #ccc; padding: 2px; margin-bottom: 2px;">Phone Number</div> <div style="border: 1px solid #ccc; padding: 2px; margin-bottom: 2px;">Contracted Provider</div> <div style="border: 1px solid #ccc; padding: 2px; margin-bottom: 2px;">NPI Information</div> <div style="border: 1px solid #ccc; padding: 2px; margin-bottom: 2px;">Contracted Vendors</div>	<div style="margin-bottom: 10px;"> <p>*Provider Type</p> <input style="width: 100%;" type="text" value="Vendor"/> </div> <div> <p>EIP Provider ID</p> <input style="width: 100%;" type="text" value="1339907"/> </div> <div> <p>*Provider Status</p> <input style="width: 100%;" type="text" value="Active"/> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p><input type="checkbox"/> Point of Entry Location</p> <input style="width: 100%;" type="text" value="Individual"/> </div> <div style="width: 20%;"> <p>Provider Category</p> <input style="width: 100%;" type="text" value="Individual"/> </div> <div style="width: 20%;"> <p>*Vendor Type</p> <input style="width: 100%;" type="text" value="... Select ..."/> </div> <div style="width: 30%;"> <p>*Vendor Service Type</p> <input style="width: 100%;" type="text" value="... Select ..."/> </div> </div> <div style="margin-top: 10px;"> <p>Provider/County/Vendor Information</p> <p>*Provider Name</p> <input style="width: 100%;" type="text" value="Chatigny, Kate Elizabeth for Chat Speech-Language Pathology PLLC"/> <p>Doing Business As (DBA)</p> <input style="width: 100%;" type="text" value="Chat Speech-Language Pathology PLLC"/> <p>Non-masked Tax ID Number (FEIN)</p> <input style="width: 100%;" type="text" value="066708606"/> </div>
<input style="background-color: #0070C0; color: white; padding: 5px; border: none; cursor: pointer; width: 100px;" type="button" value="Submit"/>	



An asterisk (*) adjacent to a field name/label means it is a required field for you to populate.

FIELD	DESCRIPTION
*Provider Type	A read-only field that shows provider type (e.g., County, Provider, Vendor).

FIELD	DESCRIPTION
EIP Provider ID	A read-only field populates the provider's early intervention provider identification number, which does not change. In the past, the EIP Provider ID was referred to as the provider's "State ID."
Provider Category	A read-only field populates (e.g., Agency or Individual).
*Provider Status	<p>Using this drop-down menu, select the appropriate provider status ('Active' or 'Inactive') from the list.</p> <p>(i) If PAU selects "Inactive," a message popup appears (shown below).</p> <p>The message reads: "Changing this provider to Inactive will end date all associated services, coordinators, therapists, and/or vendors serviced, employed, or contracted with this provider. There is no reversing this process."</p> <p>"Are you sure you want to do this?"</p> 
SED Waiver End Date	<p>Enter the NYS Education Department (SED) waiver end date manually or use the calendar picker (invoked by clicking this field).</p> <p>NYS Education Law prohibits some corporations from using licensed professionals. Based on the corporate structure of your agency and the qualified personnel your agency intends to utilize, you may need to apply to the NYS Education Department (SED) for a waiver to provide these professional services as an Early Intervention (EI) agency. The instructions and forms to apply for a waiver are at http://www.op.nysed.gov/waiver-ei-info.htm. Your waiver application must be under the agency name identified on your EI application and enrolled with the NYS Department of State, and it must include all site(s) that you own/lease/rent where you will be seeing EI children.</p>
SED Waiver Start Date	Enter the SED waiver start date manually or use the calendar picker (invoked by clicking this field).
Is the provider associated with Medicaid Health Homes?	Select the appropriate answer ('Yes' or 'No') from the list using this drop-down.

FIELD	DESCRIPTION
*Vendor Type	Counties would use this drop-down and select the appropriate vendor type from the list.  (i) This conditional field that appears when *Provider Type = "Vendor."
*Vendor Service Type	Counties would use this drop-down and select the appropriate vendor type from the list.  (i) This conditional field that appears when *Provider Type = "Vendor."
*Is this Vendor also enrolled as an Early Intervention Provider?	Counties would select the appropriate answer ('Yes' or 'No') from the list using this drop-down. (i) Vendors only see this conditional field; providers won't see this field.

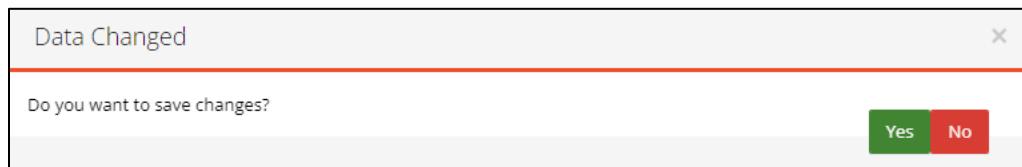
Provider/County/Vendor Information

FIELD	DESCRIPTION
Provider Name	Enter the provider's name.
Doing Business As (DBA)	Enter the provider's DBA when you want to use multiple names for one business or a sole proprietor wanting to be recognized as a name that is not your legal name.
Website URL	Enter the UL for the provider's website.
*Non-masked Tax ID Number (FEIN)	Enter the non-masked Tax Identification Number/Federal Tax Identification Number (FEIN)

10.4.1.2.1.1 Contact/Identifying Information Panel

 Like the demographics panel, the system will lock some areas, and others will be editable without a formal request.

 When tabbing/clicking on the information in the Contact/Identifying Information panel, even though you did not try to change or save (Submit) anything and exited the panel (e.g., select a different panel like 'Basic Demographics), the system may prompt you a "Data Changed" message pad (shown below). Clicking into a field(s) will be enough to tag it as having been modified, whether you changed the value(s) within a field(s) or not.



 An asterisk (*) adjacent to a field name/label means it is a required field for you to populate.

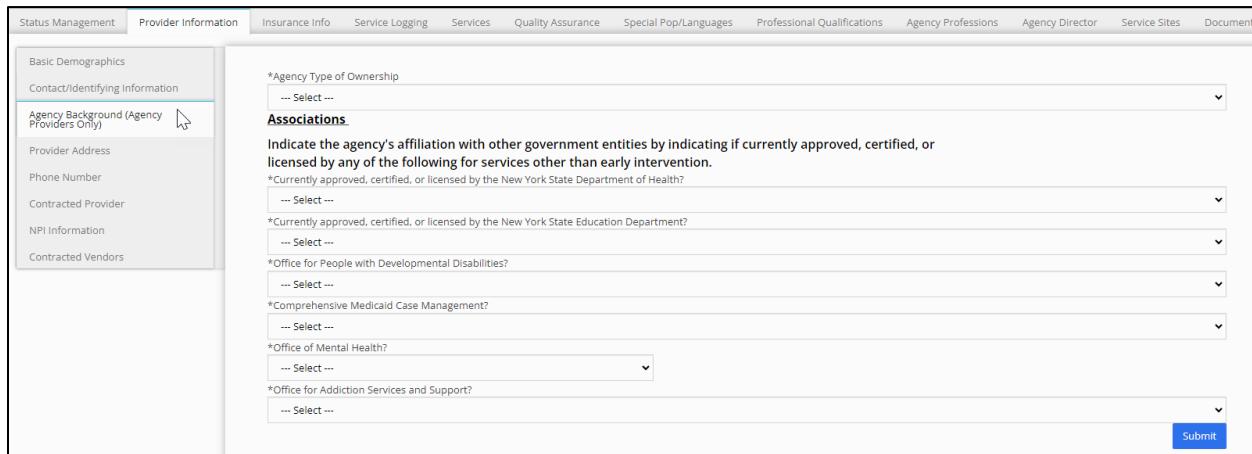
FIELD	DESCRIPTION
Provider Type	A read-only field displays the provider type.
Provider Status	A read-only field displays the provider's status ('Active' or 'Nonactive').
Provider Category	A read-only field displays the provider's category (e.g., Agency).
Salutation	Use the drop-down and select the appropriate provider's salutation/greeting.
*Legal Name	Enter the provider's full legal name.
*First Name	Enter the provider's first name.

FIELD	DESCRIPTION
	(i) For agencies, the person entered in 'Salutation,' 'First Name,' 'Middle Name,' 'Last Name,' 'Suffix,' 'Alias Name,' 'Title,' 'Email,' 'DOB,' and 'Sex' all apply to the Agency's Main Contact Person. They are the provider for Individual Providers only.
Middle Name	Enter the provider's middle name (optional).
*Last Name	Enter the provider's last name.
Suffix	Use this drop-down and select the provider's appropriate suffix from the list.
Alias Name	Enter the provider's alias name, also known as (AKA) first or maiden name.
Title	Enter the provider's job title.
Email Address	Enter the provider's email address.
EIP Provider ID	Enter the early intervention provider (EIP) identification number.
Date of Birth	A read-only field displays the provider's date of birth.
Sex	Use this drop-down and select the appropriate sex that identifies the provider from the list.
Health Commerce System (HCS) User ID	A read-only field displays the provider's HCS user identification number.
SCR Number	Enter the Statewide Central Register of Abuse and Maltreatment (SCR) number. PAU provides this number to new agency providers at the time of their approval. For additional details/info on SED, select/click the apple icon: 
SCR Date Entered	Enter the date manually or use the calendar picker (invoked by clicking this field).
SCR Agency Code	Enter the agency's SCR Agency RID Code. PAU provides this number to new agency providers at the time of their approval.
Alternate ID	Providers may have multiple 'reference' numbers within their agency. Enter the provider's alternate identification number as applicable.

BUTTON	DESCRIPTION
Submit  Submit	To save your entry, click this button. When clicked, the system keeps the information in the EI-Hub database, and the record updates in the Contact/Identifying Information panel.

10.4.1.2.1.1.1 Agency Background (Agency Providers Only)

 Use this panel to capture the agency's associations with various state agencies. Selecting 'Yes' to any questions opens additional fields to capture more information.



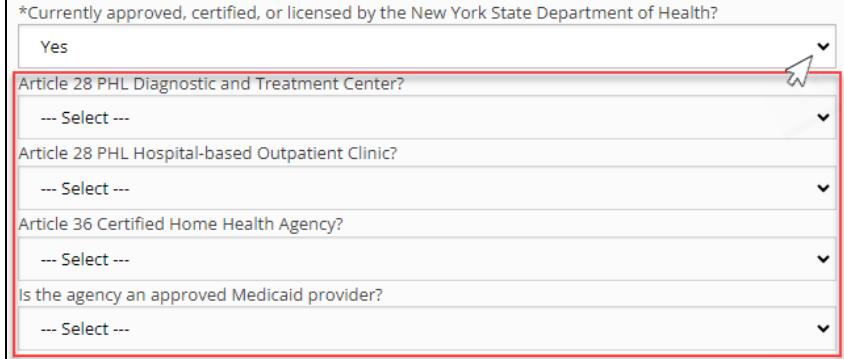
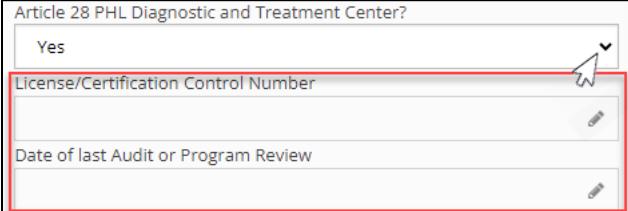
 An asterisk (*) adjacent to a field name/label means it is a required field for you to populate.

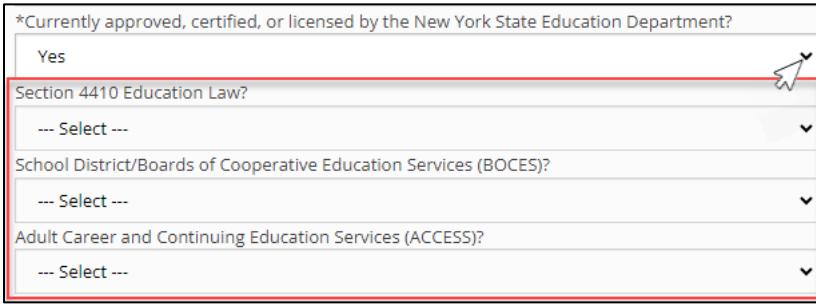
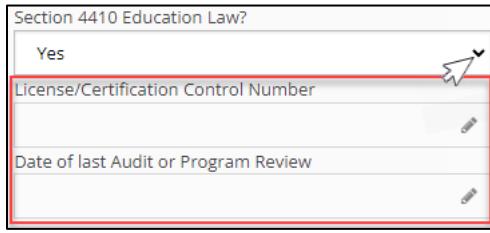
FIELD	DESCRIPTION
*Agency Type of Ownership	Use the drop-down list and select the appropriate type of ownership for the agency (shown below).

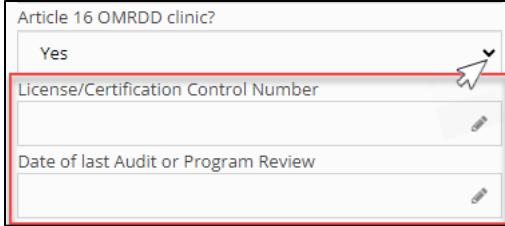


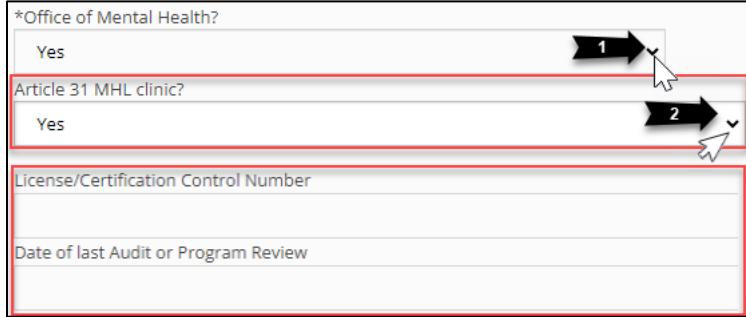
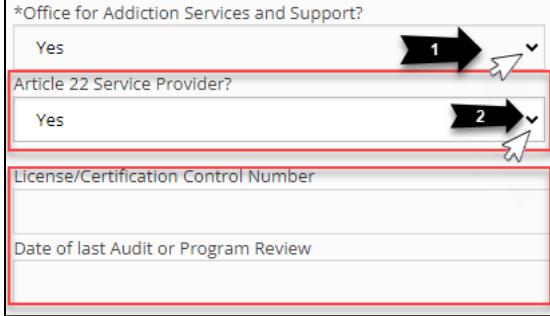
Associations

Indicate the agency's affiliation with other government entities by indicating if it is currently approved, certified, or licensed by any of the following for services other than early intervention.

FIELD	DESCRIPTION
*Currently approved, certified, or licensed by the New York State Department of Health?	<p>Use this drop-down to select the appropriate answer, Yes or No; this field is conditional. If you select "Yes," the following fields appear (shown below).</p>  <ul style="list-style-type: none"> • Article 28 PHL Diagnostic and Treatment Center? Use this drop-down to select the appropriate answer, Yes or No; this field is conditional. If you select "Yes," the following fields appear (shown below).  <ul style="list-style-type: none"> ▪ License/Certification Control Number: Enter the provider's license/certification control number. ▪ Date of last Audit or Program Review: Enter the last audit or program review date manually or use the calendar picker (invoked by clicking this field). <p>i The same fields ('License/Certification Control Number' and 'Date of last Audit or Program Review') appear as shown in the example screenshot above, selecting "Yes" for the following Articles:</p> <ul style="list-style-type: none"> ➤ Article 28 PHL Diagnostic and Treatment Center ➤ Article 28 PHL Hospital-based Outpatient Clinic ➤ Article 36 Certified Home Health Agency

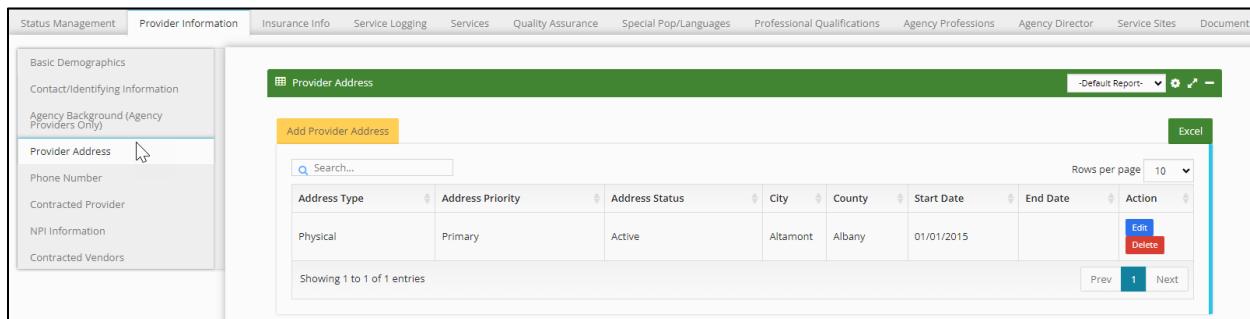
FIELD	DESCRIPTION
	<ul style="list-style-type: none"> • Is the agency an approved Medicaid provider? Use this drop-down to select the appropriate answer, Yes or No; this field is conditional. If you select “Yes,” the following fields appear (shown below). 
*Currently approved, certified, or licensed by the New York State Education Department?	<p>Use this drop-down to select the appropriate answer, Yes or No; this field is conditional. If you select “Yes,” the following fields appear (shown below).</p>  <ul style="list-style-type: none"> • Section 4410 Education Law? Use this drop-down to select the appropriate answer, Yes or No; this field is conditional. If you select “Yes,” the following fields appear (shown below).  <ul style="list-style-type: none"> ▪ License/Certification Control Number: Enter the provider's license/certification control number. ▪ Date of last Audit or Program Review: Enter the last audit or program review date manually or use the calendar picker (invoked by clicking this field). <p>(i) The same fields ('License/Certification Control Number' and 'Date of last Audit or Program Review') appear as shown in the example screenshot above, selecting "Yes" for the following Articles:</p> <ul style="list-style-type: none"> ➢ Section 4410 Education Law? ➢ School District/Boards of Cooperative Education Services (BOCES)? ➢ Adult Career and Continuing Education Services (ACCESS)?

FIELD	DESCRIPTION
*Office for People with Developmental Disabilities?	<p>Use this drop-down to select the appropriate answer, Yes or No; this field is conditional. If you select “Yes,” the following fields appear (shown below).</p>  <ul style="list-style-type: none"> • Article 16 OMRDD clinic? Use this drop-down to select the appropriate answer, Yes or No; this field is conditional. If you select “Yes,” the following fields appear (shown below).  <ul style="list-style-type: none"> ▪ License/Certification Control Number: Enter the provider's license/certification control number. ▪ Date of last Audit or Program Review: Enter the last audit or program review date manually or use the calendar picker (invoked by clicking this field).
*Comprehensive Medicaid Case Management?	<p>Use this drop-down to select the appropriate answer, Yes or No; this field is conditional. If you select “Yes,” the following fields appear (shown below).</p>  <ul style="list-style-type: none"> ▪ License/Certification Control Number: Enter the provider's license/certification control number. ▪ Date of last Audit or Program Review: Enter the last audit or program review date manually or use the calendar picker (invoked by clicking this field).
*Office of Mental Health?	<ol style="list-style-type: none"> 1. Use this drop-down to select the appropriate answer, Yes or No; this field is conditional. If you select “Yes,” the ‘Article 31 MHL clinic?’ field appears. 2. If you select “Yes,” the following fields appear (shown below).

FIELD	DESCRIPTION
	 <ul style="list-style-type: none"> License/Certification Control Number: Enter the provider's license/certification control number. Date of last Audit or Program Review: Enter the last audit or program review date manually or use the calendar picker (invoked by clicking this field).
*Office for Addiction Services and Support?	<ol style="list-style-type: none"> 1. Use this drop-down to select the appropriate answer, Yes or No; this field is conditional. If you select "Yes," the 'Article 22 Service Provider?' field appears. 2. If you select "Yes," the following fields appear (shown below).  <ul style="list-style-type: none"> License/Certification Control Number: Enter the provider's license/certification control number. Date of last Audit or Program Review: Enter the last audit or program review date manually or use the calendar picker (invoked by clicking this field).

10.4.1.2.1.2 Provider Address Grid/Table

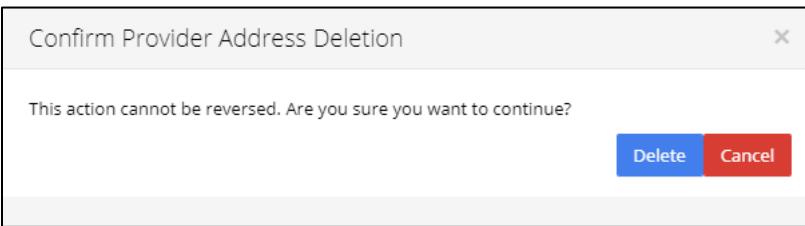
 Use the Provider Address grid/table to maintain your billing, mailing, and physical location addresses. If an address changes, use the **Edit** button to add an 'End Date,' then add a new entry with the updated address and Start Date. State users can edit this grid/table as well.



For column sorting, see "ASCENDING / DESCENDING CONTROLLER" in the CM Unit 5 User Guide section Home Tab Controllers; selecting/clicking the '[Home Tab Controllers](#)' hyperlink downloads the Unit 5 User Guide.

FIELD	DESCRIPTION
 Search	To search the results grid/table for a specific record, enter a keyword into this field.

COLUMN	DESCRIPTION
Address Type	This column displays the provider's address type (e.g., Mailing, etc.).
Address Priority	This column displays the provider's address priority ('Primary' or 'Secondary').
Address Status	This column displays the provider's address ('Active' or 'Inactive').
City	This column displays the provider's city name.
County	This column displays the provider's county name.
Start Date	This column displays the provider's address record start date.
End Date	This column displays the provider's address end date.
Action	This column displays the corresponding action buttons (Edit and Delete) (if applicable and based on the user's role).

BUTTON	DESCRIPTION
Add Provider Address 	To add a 'Provider Address' record, click this button. The Add Provider Address popup panel appears (shown below).
Excel 	<p>Click this button to export your results (based on the criteria you entered) to an MS Excel spreadsheet.</p> <p>To see your results in Excel, click Open.</p> <p>(i) Leaving all the Report Filters fields blank will show "all" results.</p> <p>(i) The Excel export option is helpful if you have a lot of data to examine; this function helps perform data analysis tasks outside the EI-Hub system.</p>
Edit 	<p>To view or edit a 'Provider Address,' click this button. Then, the 'Edit Provider Address' popup panel appears.</p> <p>(i) The fields and descriptions for editing the Provider Address are the same as adding a Provider Address.</p>
Delete 	<p>To delete an existing provider address record, click this button adjacent to the appropriate record/row. When clicked, the system prompts a confirmation message pad popup (shown below); click the Delete button to proceed or select/click the Cancel button to retract.</p> 

10.4.1.2.1.2.1 Add Provider Address Popup Panel

 Selecting the 'Add Provider Address' button prompts this popup panel to display. Use this panel to capture the information about each address.

 **The system will save your data without the county, as it's not a required field. However, when you add an address, you must identify the county where the address resides.**



The screenshot shows a modal window titled 'Add Provider Address'. It contains the following fields:

- *Address Type: A dropdown menu with 'Select' option.
- *Address Status: A dropdown menu with 'Select' option.
- *Start Date: An input field.
- End Date: An input field.
- *Address Priority: A dropdown menu with 'Select' option.
- *Address Line 1: An input field.
- Address Line 2: An input field.
- Address Line 3: An input field.
- *Zip Code: An input field.
- City/Town: An input field.
- Address State: A dropdown menu with 'Select' option.
- Address County: A dropdown menu with 'Select' option.

At the bottom are two buttons: 'Address Validate' (blue) and 'City / State / Zip Lookup' (blue), followed by 'Submit' (blue) and 'Cancel' (red).

 An asterisk (*) adjacent to a field name/label means it is a required field for you to populate.

FIELD	DESCRIPTION
*Address Type	Use this drop-down and select the provider's appropriate address type (e.g., Mailing, etc.).
Address Priority	Select the appropriate provider's address priority ('Primary' or 'Secondary') using the drop-down list.
*Start Date	Manually enter the start date or use the calendar picker (invoked by clicking this field) for the provider's address.

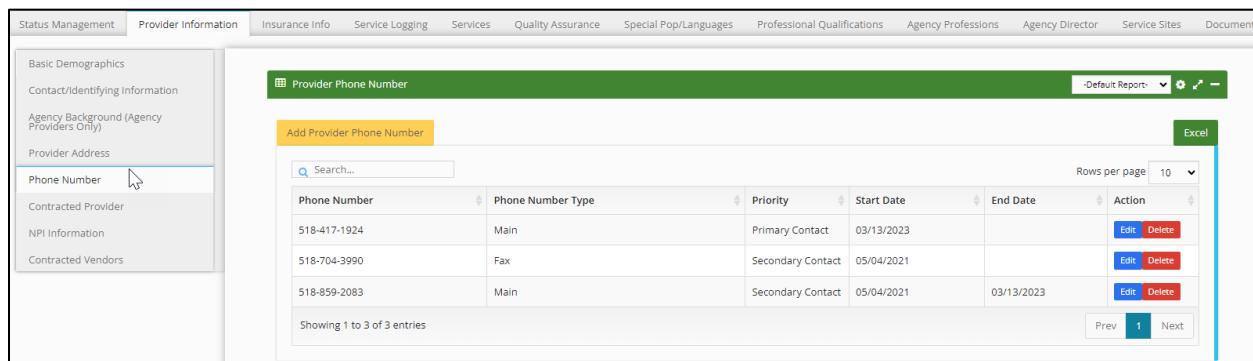
FIELD	DESCRIPTION
End Date	Manually enter the end date or use the calendar picker (invoked by clicking this field) for the provider's address.
Address Priority	Select the appropriate provider's address priority ('Primary' or 'Secondary') using the drop-down list.
*Address Line 1	Enter the primary address line 1, where the provider resides.
Address Line 2	Enter the secondary address line 2 (e.g., APT#) where the provider resides.
Address Line 3	If applicable, enter the address line 3.
*Zip Code	Enter the zip code where the provider resides.
City/Town	Enter the name of the city/town where the provider resides.
Address State	Use this drop-down and select the state abbreviation where the provider resides.
*Address County	Use this drop-down and select the county where the provider resides.

BUTTON	DESCRIPTION
Address Validate 	Address Validate: To validate the address entered, click this button. When clicked, the system prompts an "Address Validation" message pad (example below). <ul style="list-style-type: none"> • Change - Change: Click this button to accept/change the USPS address validation suggestion. • Cancel - Cancel: Click this button to cancel the USPS address validation suggestion.
City / State / Zip Lookup 	If you do not know the zip code for the company you entered, leave the "Zip Code" field blank and click this button. The system will then populate the Zip Code field with the correct zip code.
Submit 	To save your entry, click this button. When clicked, the system keeps the information in the EI-Hub database, and the record updates in the Provider Address panel (grid/table).

BUTTON	DESCRIPTION
Cancel  Cancel	To cancel your entry, click this button. The system does not save the information entered in the Add Provider Address popup panel; it closes and returns you to the Provider Address (grid/table).

10.4.1.2.1.3 Phone Number Grid/Table

 Use the Phone Number grid/table to maintain multiple provider phone numbers. If a phone number changes, edit the existing entry to add an **End Date**, then add a new phone number with the proper Start Date. State users can also edit this grid/table.

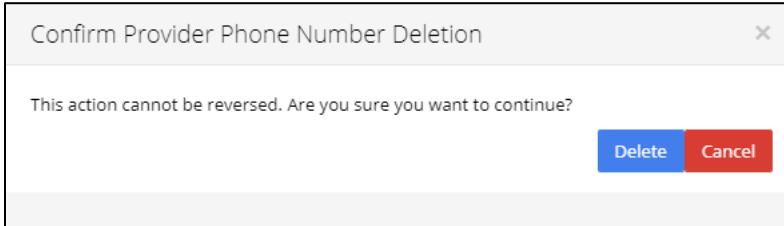


For column sorting, see "ASCENDING / DESCENDING CONTROLLER" in the CM Unit 5 User Guide section Home Tab Controllers; selecting/clicking the '[Home Tab Controllers](#)' hyperlink downloads the Unit 5 User Guide.

FIELD	DESCRIPTION
 Search	To search the results grid/table for a specific record, enter a keyword into this field.

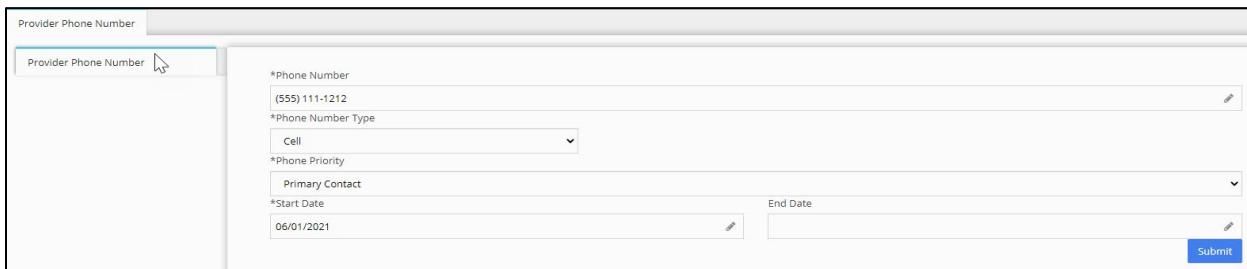
COLUMN	DESCRIPTION
Phone	This column displays the provider's contact phone number.
Phone Number Type	This column displays the provider's phone number type (e.g., Cell, etc.).
Priority	This column displays the provider's contact priority (e.g., Primary Contact).
Start Date	This column displays the provider's start date.
End Date	This column displays the provider's end date.

COLUMN	DESCRIPTION
Action	This column displays the corresponding action buttons (Edit and Delete) (if applicable and based on the user's role).

BUTTON	DESCRIPTION
Add Provider Phone Number 	To add a 'Provider Phone Number' record, click this button. When clicked, the Provider Phone Number tab/panel appears (shown below).
Excel 	<p>Click this button to export your results (based on the criteria you entered) to an MS Excel spreadsheet.</p> <p>To see your results in Excel, click Open.</p> <p>i Leaving all the Report Filters fields blank will show "all" results.</p> <p>i The Excel export option is helpful if you have a lot of data to examine; this function helps perform data analysis tasks outside the El-Hub system.</p>
Edit 	<p>Click this button to view or edit a 'Provider Phone Number'. When clicked, the Provider Phone Number tab/panel appears.</p> <p>i The fields and descriptions for editing the Provider Phone Number tab/panel are the same as those for adding a 'Provider Phone Number' tab/panel.</p>
Delete 	<p>To delete an existing provider phone number record, click this button adjacent to the appropriate record/row. When clicked, the system prompts a confirmation message pad popup (shown below); click the Delete button to proceed or select/click the Cancel button to retract.</p> 

10.4.1.2.1.3.1 Provider Phone Number Tab/Panel

 Selecting the 'Add Provider Phone Number' button prompts this popup panel to display. Use this panel to capture the information pertaining to each number.



The screenshot shows a modal dialog titled "Provider Phone Number". Inside, there's a field labeled "*Phone Number" containing "(555) 111-1212". Below it is a dropdown for "*Phone Number Type" set to "Cell". Another dropdown for "*Phone Priority" is set to "Primary Contact". At the bottom, there are two date pickers for "*Start Date" (set to 06/01/2021) and "End Date". A blue "Submit" button is located at the bottom right of the form area.

 An asterisk (*) adjacent to a field name/label means it is a required field for you to populate.

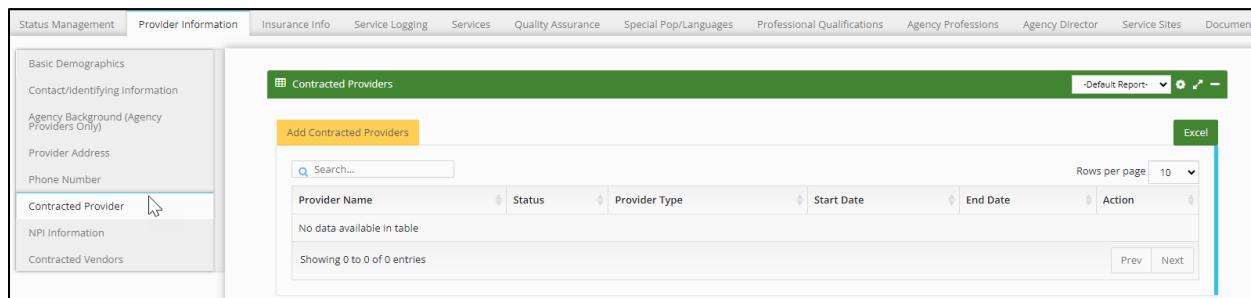
FIELD	DESCRIPTION
*Phone Number	Enter the provider's contact phone number.
*Phone Number Type	Use this drop-down and select the provider's phone number type (e.g., Cell, etc.).
*Phone Priority	Use this drop-down and select the provider's contact priority (e.g., Primary Contact).
*Start Date	Manually enter the start date or use the calendar picker (invoked by clicking this field) for the provider's phone number.
End Date	Manually enter the end date or use the calendar picker (invoked by clicking this field) for the provider's phone number.

BUTTON	DESCRIPTION
Submit	To save your entry, click this button. When clicked, the system keeps the information in the EI-Hub database, and the record updates in the Provider Phone Number panel (grid/table). 

10.4.1.2.1.4 Contracted Provider Grid/Table

 This grid/table shows an agency's affiliations (contracts) with another EIP provider (DOH-approved agency or DOH-approved individual).

 **This is only applicable to approved agencies and municipal providers. After completing this step to affiliate contracted EIP providers, agencies/municipalities must also record their affiliation with DOH-approved individual providers in the Therapist panel. Issues with billing and service authorizations will occur if the contracted relationship is not recorded in both the Provider and Therapist panels.**



For column sorting, see "ASCENDING / DESCENDING CONTROLLER" in the CM Unit 5 User Guide section Home Tab Controllers; selecting/clicking the 'Home Tab Controllers' hyperlink downloads the Unit 5 User Guide.

FIELD	DESCRIPTION
 Search	To search the results grid/table for a specific record, enter a keyword into this field.

COLUMN	DESCRIPTION
Provider Name	This column displays the contracted provider's name.
Status	This column displays the contracted provider's status ('Active' or 'Inactive').
Provider Type	This column displays the contracted provider's type.
Start Date	This column displays the contracted provider's start date.
End Date	This column displays the contracted provider's end date.
Action	This column displays the corresponding action buttons (Edit and Delete) (if applicable and based on the user's role).

BUTTON	DESCRIPTION
Add Contracted Providers 	To add a 'Contracted Provider' record, click this button. The Contracted Provider tab/panel appears (shown below) when clicked.
Excel 	Click this button to export your results (based on the criteria you entered) to an MS Excel spreadsheet. To see your results in Excel, click Open . (i) Leaving all the Report Filters fields blank will show "all" results. (i) The Excel export option is helpful if you have a lot of data to examine; this function helps perform data analysis tasks outside the EI-Hub system.
Edit 	Click this button to view or edit a Contracted Provider. When clicked, the Provider Phone Number tab/panel appears. (i) The fields and descriptions for editing the Contracted Provider tab/panel are the same as those for adding a 'Contracted Providers' tab/panel.
Delete 	To delete an existing contracted provider record, click this button adjacent to the appropriate record/row. When clicked, the system prompts a confirmation message pad popup (shown below); click the Delete button to proceed or select/click the Cancel button to retract.

10.4.1.2.1.4.1 Contracted Provider Tab/Panel

 Selecting the 'Add Contracted Provider' button prompts this popup panel to display. Use this panel to capture information about each DOH-approved provider.



The screenshot shows a modal dialog titled 'Contracted Provider'. It contains the following fields:

- *Provider Name: An input field with a search icon.
- Provider Type: A read-only field.
- Status: A read-only field.
- City: A read-only field.
- Address Line 1: A read-only field.
- State: A read-only field.
- Zip: A read-only field.
- *Start Date: An input field with a calendar icon.
- End Date: An input field with a calendar icon.
- Submit: A blue button at the bottom right.

 An asterisk (*) adjacent to a field name/label means it is a required field for you to populate.

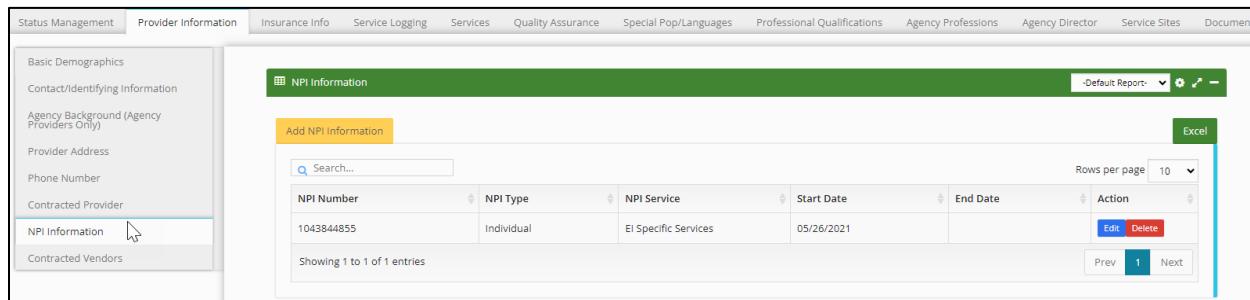
COLUMN	DESCRIPTION																												
*Provider Name	Enter (type ahead) the contracted provider's name in this field and select the appropriate company name from the drop-down list (example below).																												
	<table border="1"> <thead> <tr> <th colspan="7">a</th> </tr> <tr> <th>Company Name</th> <th>Address Line 1</th> <th>City</th> <th>State</th> <th>Zip</th> <th>Type</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td>ABC Company</td> <td>1234 ABC Road</td> <td>New York City</td> <td>NY</td> <td>12345</td> <td>Provider</td> <td>Active</td> </tr> <tr> <td>Albany County</td> <td>99 Washington Ave</td> <td>Albany</td> <td>NY</td> <td>12210</td> <td>Provider</td> <td>Active</td> </tr> </tbody> </table>	a							Company Name	Address Line 1	City	State	Zip	Type	Status	ABC Company	1234 ABC Road	New York City	NY	12345	Provider	Active	Albany County	99 Washington Ave	Albany	NY	12210	Provider	Active
a																													
Company Name	Address Line 1	City	State	Zip	Type	Status																							
ABC Company	1234 ABC Road	New York City	NY	12345	Provider	Active																							
Albany County	99 Washington Ave	Albany	NY	12210	Provider	Active																							
Provider Type	A read-only field displays the contracted provider's type.																												
Status	A read-only field displays the contracted provider's status ('Active' or 'Inactive').																												
Address Line 1	A read-only field displays the contracted provider's address.																												
City	A read-only field displays the contracted provider's city name.																												
State	A read-only field displays the contracted provider's state name.																												
Zip	A read-only field displays the contracted provider's zip code.																												
*Start Date	Manually enter the start date or use the calendar picker (invoked by clicking this field) for the contracted provider.																												
End Date	Manually enter the end date or use the calendar picker (invoked by clicking this field) for the contracted provider.																												

BUTTON	DESCRIPTION
Submit  Submit	Click this button to save your entry. The system keeps the information in the EI-Hub database, and the record updates are in the Contracted Providers panel (grid/table).

10.4.1.2.1.4.2 NPI Information Panel

 Use the NPI Information grid/table to maintain your NPI numbers. Use the **Edit** button to make corrections or end an NPI entry by adding an End Date. Then, add any additional NPI numbers obtained, as appropriate. For example, the agency/organization has an NPI, and individuals will have an NPI. The provider can update without a formal request.

 Only use the 'Delete' button to remove an NPI number that was added in error.



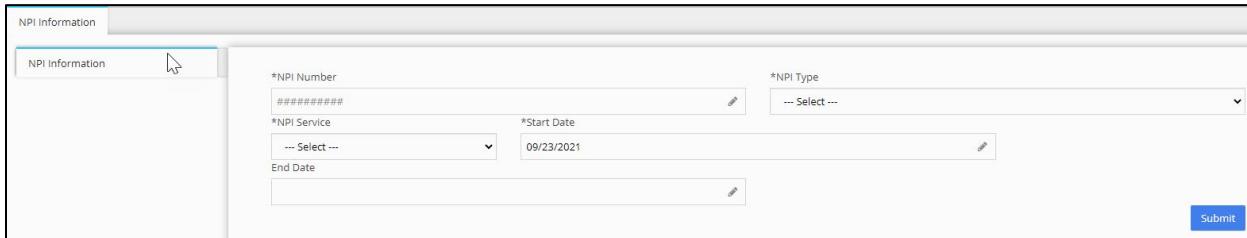
NPI Number	NPI Type	NPI Service	Start Date	End Date	Action
1043844855	Individual	EI Specific Services	05/26/2021		 

COLUMN	DESCRIPTION
NPI Number	This column displays the 10-position all-numeric identification number of the provider's National Provider Identifier (NPI).
NPI Type	This column displays the NPI type.
NPI Service	This column displays the NPI service.
NPI Start Date	This column displays the NPI record entry start date.
NPI End Date	This column displays the NPI end date.
Action	This column displays the corresponding action buttons (Edit and Delete) (if applicable and based on the user's role).

BUTTON	DESCRIPTION
Add NPI Information 	Click this button to add an 'NPI' record for the child. The NPI Information tab/panel appears (shown below).
Edit 	Click this button to view or edit an NPI record for the child. The NPI Information tab/panel appears (shown below).  The fields and descriptions for editing the NPI Information panel are the same as those for adding one.
Delete 	To delete an existing 'NPI' record, click this button adjacent to the appropriate record/row. When clicked, the system prompts a confirmation message pad popup; click the Delete button to proceed or select/click the Cancel button to retract.  Delete should ONLY be used immediately following an instance when incorrect information is entered into the system. At any other time, the inaccurate or old data should be end-dated, and the updated or correct information should be added as a new record.

10.4.1.2.1.4.2.1 NPI Information Tab/Panel

 Selecting the 'Add NPI Information' button prompts this popup panel to display. Use this panel to capture information about each NPI.



The screenshot shows a modal dialog titled 'NPI Information'. Inside, there's a sub-panel titled 'NPI Information'. The form contains the following fields:

- *NPI Number: A text input field with placeholder '#####'.
- *NPI Type: A dropdown menu with placeholder '... Select ...'.
- *NPI Service: A dropdown menu with placeholder '... Select ...'.
- *Start Date: A date picker showing '09/23/2021'.
- End Date: An empty date picker.

A 'Submit' button is located at the bottom right of the panel.

 An asterisk (*) adjacent to a field name/label means it is a required field for you to populate.

FIELD	DESCRIPTION
*NPI Number	Enter the 10-position all-numeric identification number of the provider's National Provider Identifier (NPI) to narrow your search.
*NPI Type	Use this drop-down list to select the appropriate NPI type (e.g., Individual, etc.).
*NPI Service	Use this drop-down and select the appropriate NPI service (e.g., Service Coordination, etc.) from the list.
*NPI Start Date	Enter the NPI start date manually or use the calendar picker (invoked by clicking this field).
NPI End Date	Enter the NPI end date manually or use the calendar picker (invoked by clicking this field).

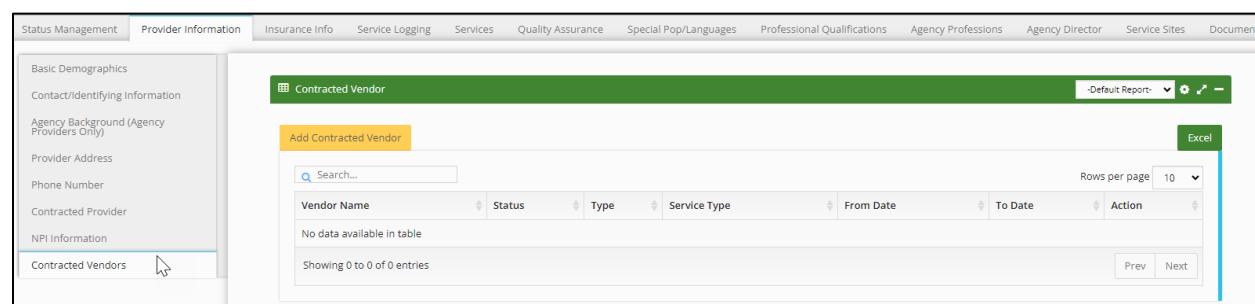
BUTTON	DESCRIPTION
Submit	To save your entry, click this button. When clicked, the system keeps the information in the EI-Hub database, and the record updates in the NPI Information panel (grid/table). <input type="button" value="Submit"/>

10.4.1.2.1.5 Contracted Vendors Grid/Table

(i) Providers will not see this panel.

 Municipalities that contract with Vendors (transportation and respite) in the EIP use this grid/table to maintain a record of the vendor agreements. When the agreement ends, edit the entry to add an End Date.

(i) Only use the 'Delete' button to remove a contractual arrangement that was added incorrectly.



For column sorting, see "ASCENDING / DESCENDING CONTROLLER" in the CM Unit 5 User Guide section Home Tab Controllers; selecting/clicking the '[Home Tab Controllers](#)' hyperlink downloads the Unit 5 User Guide.

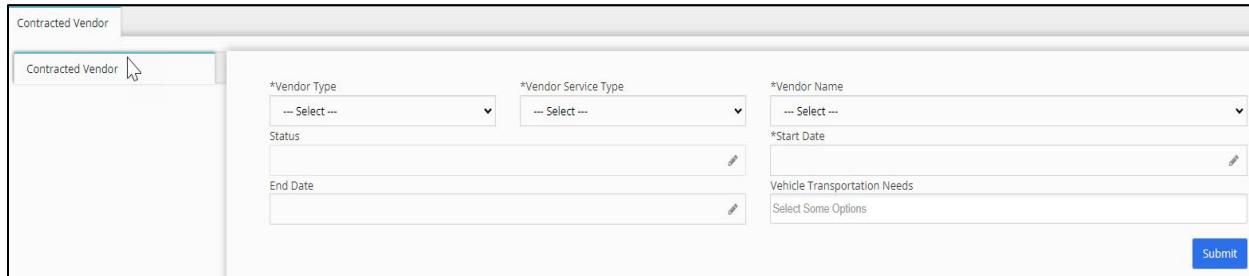
FIELD	DESCRIPTION
 Search	To search the results grid/table for a specific record, enter a keyword into this field.

COLUMN	DESCRIPTION
Vendor Name	This column displays the contracted vendor's name.
Status	This column displays the contracted vendor's status ('Active' or 'Inactive').
Service Type	This column displays the contracted vendor's type.
From Date	This column displays the contracted vendor's record entry start date.
End Date	This column displays the contracted vendor to date.
Action	This column displays (if applicable) corresponding action buttons (Edit and Delete).

BUTTON	DESCRIPTION
Add Contracted Vendor 	To add a 'Contracted Vendor' record, click this button. The Contracted Vendor tab/panel appears (shown below).
Excel 	Click this button to export your results (based on the criteria you entered) to an MS Excel spreadsheet. To see your results in Excel, click Open . (i) Leaving all the Report Filters fields blank will show "all" results. (i) The Excel export option is helpful if you have a lot of data to examine; this function helps perform data analysis tasks outside the EI-Hub system.
Edit 	To view or edit a 'Contracted Vendor,' click this button. When clicked, the Contracted Vendor tab/panel appears. (i) The fields and descriptions for editing the Add Contracted Providers tab/panel are the same as those for adding a Contracted Providers tab/panel.
Delete 	To delete an existing contracted vendor record, click this button adjacent to the appropriate record/row. When clicked, the system prompts a confirmation message pad popup (shown below); click the Delete button to proceed or select/click the Cancel button to retract. (i) Delete should ONLY be used immediately following an instance when incorrect information is entered into the system. At any other time, the inaccurate or old data should be end-dated, and the updated or correct information should be added as a new record.

10.4.1.2.1.5.1 Contracted Vendor Tab/Panel

 Selecting the 'Add Contracted Vendor' button prompts this popup panel to display. Use this panel to capture information about each vendor.

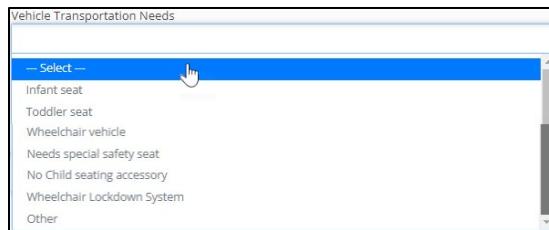


The screenshot shows a 'Contracted Vendor' form with the following fields:

- *Vendor Type: A dropdown menu with '... Select ...' as the placeholder.
- *Vendor Service Type: A dropdown menu with '... Select ...' as the placeholder.
- *Vendor Name: A dropdown menu with '... Select ...' as the placeholder.
- *Start Date: A date input field with a calendar icon.
- End Date: A date input field with a calendar icon.
- Vehicle Transportation Needs: A dropdown menu with 'Select Some Options' as the placeholder. Below it is a list of options: 'Infant seat', 'Toddler seat', 'Wheelchair vehicle', 'Needs special safety seat', 'No Child seating accessory', 'Wheelchair Lockdown System', and 'Other'. The 'Select' option is highlighted with a blue background.
- Submit: A blue rectangular button.

 An asterisk (*) adjacent to a field name/label means it is a required field for you to populate.

COLUMN	DESCRIPTION
*Vendor Type	Select the appropriate contracted vendor type ('Business' or 'Family') from the list using this drop-down.
Vendor Service Type	Use this drop-down and select the appropriate contracted vendor service type. For example, select "Family" from the 'Vendor Type' drop-down field mentioned above. This drop-down list selects "Respite" or "Transportation."
Status	A read-only field displays the contracted vendor's status ('Active' or 'Inactive').
End Date	Manually enter the end date or use the calendar picker (invoked by clicking this field) for the contracted vendor.
*Vendor Name	Select the appropriate contracted vendor's name from the list using this drop-down.
*Start Date	Manually enter the start date or use the calendar picker (invoked by clicking this field) for the contracted vendor.
*Vehicle Transportation Needs	Click in this field and select the appropriate vehicle transportation needs from the list.



BUTTON	DESCRIPTION
Submit 	To save your entry, click this button. When clicked, the system keeps the information in the El-Hub database, and the record updates in the Contracted Vendors grid/table.

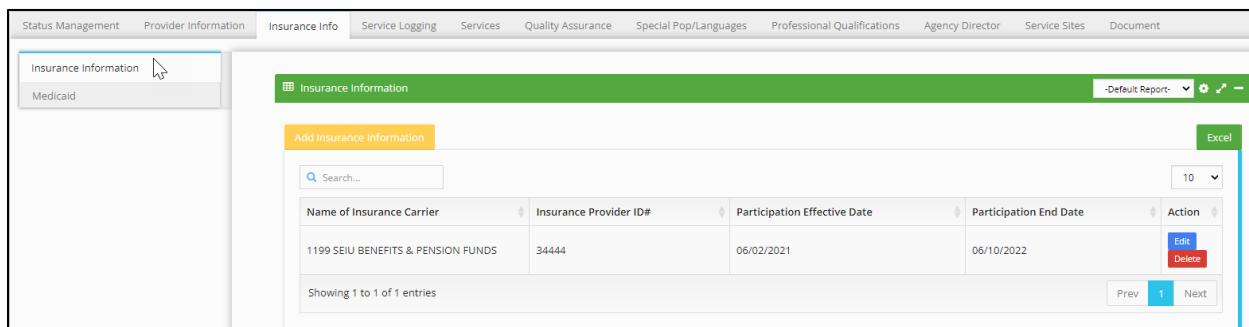
10.4.1.3 Insurance Info Tab

 Providers can update their affiliations with insurance carriers on the Insurance Information panel under the Insurance Info tab/panels. This tab also includes the Medicaid panel, which captures all Medicaid provider IDs and recertification dates.

10.4.1.3.1 Insurance Information Grid/Table

 This grid/table shows the insurance carries an agency or individual providers accepted; if insurance in-network may be removed with **NYS Covered Lives**.

 **The Covered Lives/Assessments/Surcharges will be available at go-live but may discontinue.**



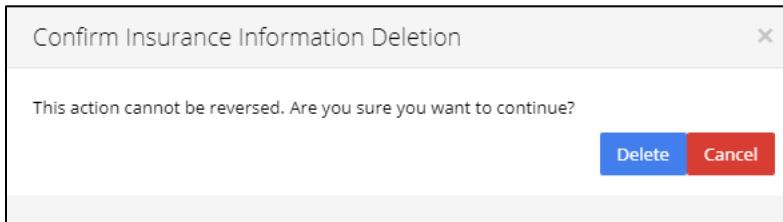
Name of Insurance Carrier	Insurance Provider ID#	Participation Effective Date	Participation End Date	Action
1199 SEIU BENEFITS & PENSION FUNDS	34444	06/02/2021	06/10/2022	 

For column sorting, see "ASCENDING / DESCENDING CONTROLLER" in the CM Unit 5 User Guide section Home Tab Controllers; selecting/clicking the '[Home Tab Controllers](#)' hyperlink downloads the Unit 5 User Guide.

FIELD	DESCRIPTION
 Search	To search the results grid/table for a specific record, enter a keyword into this field.

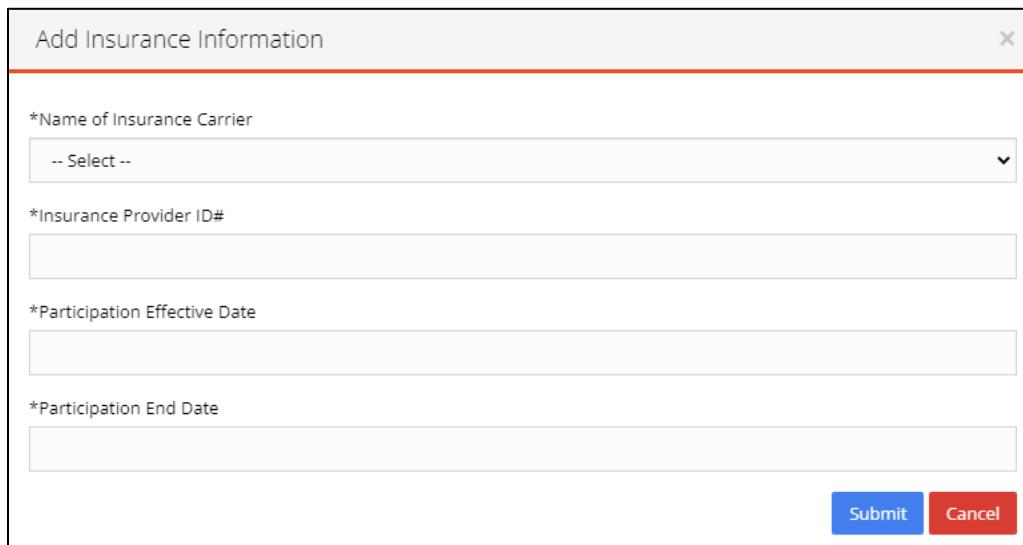
COLUMN	DESCRIPTION
Name of Insurance Carrier	This column displays the provider's insurance carrier.
Insurance Provider ID#	This column displays the provider's insurance identification number.
Participation Effective Date	This column displays the provider's participation effective date.
Participation End Date	This column displays the provider's participation end date.
Action	This column displays (if applicable) corresponding action buttons (e.g., Add, Edit, Delete, etc.).

BUTTON	DESCRIPTION
Add Insurance Information 	To add an 'Insurance Information' record, click this button. The Add Insurance Information popup panel appears (shown below).
Excel 	<p>Click this button to export your results (based on the criteria you entered) to an MS Excel spreadsheet.</p> <p>To see your results in Excel, click Open.</p> <p>(i) Leaving all the Report Filters fields blank will show "all" results.</p> <p>(i) The Excel export option is helpful if you have a lot of data to examine; this function helps perform data analysis tasks outside the EI-Hub system.</p>
Edit 	<p>Click this button to view or edit an existing 'Insurance Information' record. When clicked, the Edit Insurance Information popup panel appears.</p> <p>(i) The fields and descriptions for editing the Insurance Information popup panel are the same as those for adding one.</p>

BUTTON	DESCRIPTION
Delete 	To delete an insurance information record, click this button adjacent to the appropriate record/row. When clicked, the system prompts a confirmation message pad popup (shown below); click the Delete button to proceed or select/click the Cancel button to retract.  <p>The dialog box has a title bar "Confirm Insurance Information Deletion" with a close button "X". The main content area contains the message "This action cannot be reversed. Are you sure you want to continue?". At the bottom are two buttons: a blue "Delete" button and a red "Cancel" button.</p>

10.4.1.3.1.1 Add Insurance Information Popup Panel

 Selecting the 'Add Insurance Information' button prompts this popup panel to display. Use this panel to capture information about each insurance carrier.



The dialog box has a title bar "Add Insurance Information" with a close button "X". It contains four input fields with validation messages:
 - *Name of Insurance Carrier: A dropdown menu with the placeholder "-- Select --".
 - *Insurance Provider ID#: An empty text input field.
 - *Participation Effective Date: An empty text input field.
 - *Participation End Date: An empty text input field.
 At the bottom are two buttons: a blue "Submit" button and a red "Cancel" button.

 An asterisk (*) adjacent to a field name/label means it is a required field for you to populate.

FIELD	DESCRIPTION
*Name of Insurance Carrier	Use this drop-down and select the appropriate insurance carrier for the provider from the list.
*Insurance Provider ID#	Enter the insurance provider's identification number.

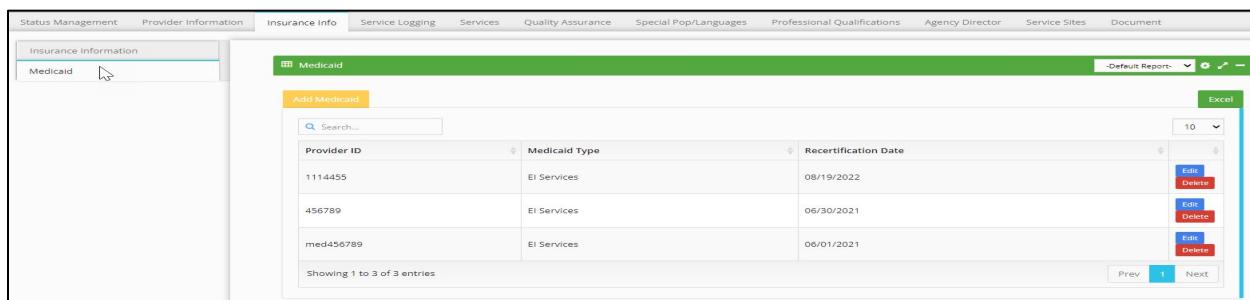
FIELD	DESCRIPTION
*Participation Effective Date	Manually enter the effective participation date or use the calendar picker (invoked by clicking this field) for the provider.
*Participation End Date	Enter the participation end date manually or use the calendar picker (invoked by clicking this field) for the provider.

BUTTON	DESCRIPTION
Submit 	To save your entry, click this button. When clicked, the system saves the information in the EI-Hub database, and the record updates in the Insurance Information panel (grid/table).
Cancel 	To cancel your entry, click this button. The system does not save the information entered in the Add Insurance Information popup panel; it closes and returns you to the Insurance Information (grid/table).

10.4.1.3.1.2 Medicaid Grid/Table

 This grid/table shows if an agency or individual provider accepts Medicaid. When the provider is first approved in the Provider Enrollment tool, they might not have a Medicaid number. The provider may only have a tracking number until they get their Medicaid number. Providers will return to this grid/table and update when the number is received. Use the Medicaid grid/table to maintain your Medicaid numbers. Use the **Edit** button to make corrections or end an entry by adding an End Date. Then, add any additional Medicaid numbers obtained, as appropriate.

 Only use the 'Delete' button to remove an added entry in error.



Provider ID	Medicaid Type	Recertification Date
1114455	EI Services	08/19/2022
456789	EI Services	06/30/2021
med456789	EI Services	06/01/2021

For column sorting, see "ASCENDING / DESCENDING CONTROLLER" in the CM Unit 5 User Guide section Home Tab Controllers; selecting/clicking the '[Home Tab Controllers](#)' hyperlink downloads the Unit 5 User Guide.

FIELD	DESCRIPTION
 Search	To search the results grid/table for a specific record, enter a keyword into this field.

COLUMN	DESCRIPTION
Provider ID	This column displays the provider's identification number.
Medicaid Type	This column displays the provider's Medicaid type (e.g., EI Services).
Recertification Date	This column displays the provider's recertification date.
Action	This column displays (if applicable) corresponding action buttons (e.g., Add, Edit, Delete, etc.).

BUTTON	DESCRIPTION
Add Medicaid 	To add a Medicaid record, click this button. When clicked, the Medicaid tab/panel appears (shown below).
Excel 	<p>Click this button to export your results (based on the criteria you entered) to an MS Excel spreadsheet.</p> <p>To see your results in Excel, click Open.</p> <p>(i) Leaving all the Report Filters fields blank will show "all" results.</p> <p>(i) The Excel export option is helpful if you have a lot of data to examine; this function helps perform data analysis tasks outside the EI-Hub system.</p>
Edit 	<p>Click this button to view or edit an existing 'Medicaid record. When clicked, the Medicaid tab/panel appears.</p> <p>(i) The fields and descriptions for editing the Medicaid tab/panel are the same as those for adding one.</p>
Delete 	<p>To delete an existing Medicaid record, click this button adjacent to the appropriate record/row. When clicked, the system prompts a confirmation message pad popup (shown below); click the Delete button to proceed or select/click the Cancel button to retract.</p> <div style="border: 1px solid #ccc; padding: 10px; width: fit-content; margin-left: auto; margin-right: auto;"> <p>Confirm Medicaid Deletion X</p> <p>This action cannot be reversed. Are you sure you want to continue?</p> <div style="text-align: right; margin-top: 10px;"> Delete Cancel </div> </div>

10.4.1.3.1.2.1.1 Medicaid Tab/Panel

 Selecting the Add Medicaid button prompts this popup panel to display. Use this panel to capture information about Medicaid participation.



 An asterisk (*) adjacent to a field name/label means it is a required field for you to populate.

FIELD	DESCRIPTION
*Provider ID	Enter the provider's identification number.
*Medicaid Type	Use this drop-down and select the provider's Medicaid type (e.g., EI Services).
*Recertification Date	Manually enter the certification date or use the provider's calendar picker (invoked by clicking this field).

BUTTON	DESCRIPTION
Submit	To save your entry, click this button. When clicked, the system keeps the information in the EI-Hub database, and the record updates in the Medicaid panel (grid/table).

10.4.1.4 Service Logging Tab

 The Service Logging tab/panels allow users to record and view detailed information about the service logging system the provider will use. Data points include the submitter status and 837 submitter ID.



Please call the PCG Call Center if you are changing from 837 Loader to Service Logging or vice versa.



The changes to the panel mentioned above may only be initiated through an amendment or re-approval request.

10.4.1.4.1 Service Logging Report Grid/Table

 This grid/table is viewed only by providers who cannot update. It indicates whether the provider is using EI-Hub Service Logging or a third-party system. Administrator users can edit the information.

Service Logging Report														
Service Logging														
Add Service Logging														
<input type="button" value="Search..."/>		Rows per page <input type="button" value="10"/>												
Service Logging System	Other Third-Party SL System	Submitter Status	837 Submitter ID	Start Date	End Date	Action								
EI-Hub Service Logging	N/A	Pending	0123456789	06/13/2022		<input type="button" value="Edit"/> <input type="button" value="Delete"/>								
Showing 1 to 1 of 1 entries														
<input type="button" value="Prev"/> 1 <input type="button" value="Next"/>														

For column sorting, see "ASCENDING / DESCENDING CONTROLLER" in the CM Unit 5 User Guide section Home Tab Controllers; selecting/clicking the '[Home Tab Controllers](#)' hyperlink downloads the Unit 5 User Guide.

FIELD	DESCRIPTION
 Search	To search the results grid/table for a specific record, enter a keyword into this field.

COLUMN	DESCRIPTION
Service Logging System	This column displays the name of the service logging system ('EI-Hub Service Logging' or 'Other Third-Party System').
Other Third-Party-SL System	This column displays the name of another third-party service logging system (if applicable).

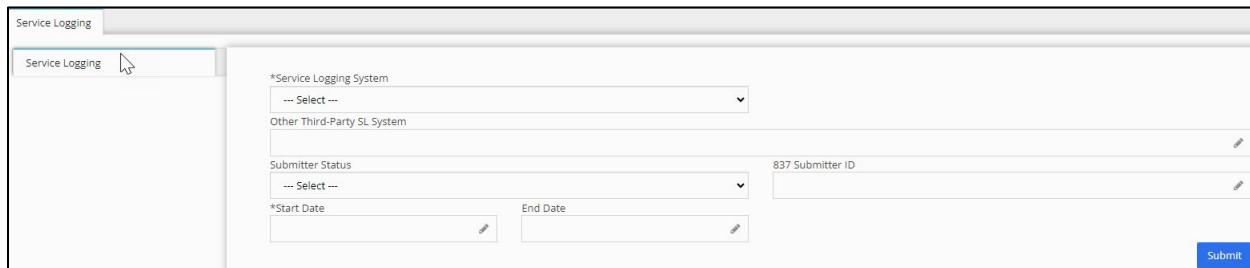
COLUMN	DESCRIPTION
Submitter Status	This column displays the submitter's status ('Pending,' 'In Progress,' 'Approved,' or 'Cancelled').
837 Submitter ID	This column displays the submitter's 837 identification number.
Start Date	This column displays the start date for the service logging system.
End Date	This column displays the end date for the service logging system.
Action	<p>This column displays (if applicable) corresponding action buttons (Edit or Delete).</p> <p> Only a Superuser will see action buttons.</p>

BUTTON	DESCRIPTION
Add Service Logging 	<p>To add a 'Service Logging' record, click this button. The Service Logging tab/panel appears (shown below).</p>
Excel 	<p>Click this button to export your results (based on the criteria you entered) to an MS Excel spreadsheet.</p> <p>To see your results in Excel, click Open.</p> <p> Leaving all the Report Filters fields blank will show "all" results.</p> <p> The Excel export option is helpful if you have a lot of data to examine; this function helps perform data analysis tasks outside the EI-Hub system.</p>
Edit 	<p>Click this button to view or edit an existing 'Service Logging' record. When clicked, the Medicaid tab/panel appears.</p> <p> The fields and descriptions for editing the Service Logging tab/panel are the same as for adding a Service Logging.</p>

BUTTON	DESCRIPTION
Delete 	<p>To delete an existing Service Logging record, click this button adjacent to the appropriate record/row. When clicked, the system prompts a confirmation message pad popup (shown below); click the Delete button to proceed or select/click the Cancel button to retract.</p> <div style="border: 1px solid #ccc; padding: 10px; margin-top: 10px;"> <p>Confirm Service Logging Deletion X</p> <p>This action cannot be reversed. Are you sure you want to continue?</p> <div style="text-align: right; margin-top: 10px;"> Delete Cancel </div> </div> <p>(i) Delete should ONLY be used immediately following an instance when incorrect information is entered into the system. At any other time, the inaccurate or old data should be end-dated, and the updated or correct information should be added as a new record.</p>

10.4.1.4.1.1 Service Logging Tab/Panel

 Editing this panel can not be done in Case Management via amendment/re-approval; only a superuser may change it.



The screenshot shows the 'Service Logging' tab within a larger interface. At the top left is a 'Service Logging' button. To its right is a dropdown menu labeled '*Service Logging System' with the option 'Other Third-Party SL System' selected. Below this are fields for 'Submitter Status' (dropdown menu), '837 Submitter ID' (text input field), 'Start Date' (date input field), and 'End Date' (date input field). A 'Submit' button is located at the bottom right.

 An asterisk (*) adjacent to a field name/label means it is a required field for you to populate.

FIELD	DESCRIPTION
*Service Logging System	Use the drop-down and select the appropriate service logging system (shown below).
Other Third-Party-SL System	This column displays the name of another third-party billing & claiming (B&C)
Submitter Status	Use the drop-down and select the appropriate submitter status (shown below).
837 Submitter ID	This column displays the submitter's 837 identification number.  837 Submitter ID must be 9 or 10 characters long; only alphanumeric are allowed.

BUTTON	DESCRIPTION
Submit 	To save your entry, click this button. When clicked, the system keeps the information in the EI-Hub database, and the record updates in the Service Logging panel (grid/table).

10.4.2 Services Tab

 The Services tab—grid/table panels collect and display information about the provider's approved services. This table includes the service types and service models available in specific catchment areas and their start and end dates.

 **Providers and Agencies:**

- Individual providers and agencies are approved to provide services recorded in Case Management—Provider Management. Providers are assigned authorizations only if they are approved for their services.

 The changes to the panel mentioned above may only be initiated through an amendment or re-approval request.

 Please utilize the *EI-HUB RESOURCE: Service Models and Methods for Qualified Professions in the New York State Early Intervention Program* document for information about appropriate service types, models, and profession combinations. Your request must include accurate combinations, or it will be denied.

 You must include each county to deliver that service type/model combination.

10.4.2.1 Services Grid/Table

 The provider can only provide or bill for approved services. This grid/table lists the catchment areas where the provider can deliver the service , as well as the service types and models. It also includes valid dates.

Provider Service						
		Add Provider Service				
		Search...				
Catchment Area	Service Type	Service Model	Start Date	End Date	Action	Action
Albany	Service Coordination	Service Coordination	06/01/2021	06/30/2021	Edit	Delete
Albany	Applied Behavior Analyst Service	Home/Community-Based Individual/Collateral Visit	08/01/2021		Edit	Delete

For column sorting, see "ASCENDING / DESCENDING CONTROLLER" in the CM Unit 5 User Guide section Home Tab Controllers; selecting/clicking the '[Home Tab Controllers](#)' hyperlink downloads the Unit 5 User Guide.

FIELD	DESCRIPTION
 Search	To search the results grid/table for a specific record, enter a keyword into this field.

COLUMN	DESCRIPTION
Catchment Area	This column displays the provider's catchment area (e.g., Albany).  NYEIS migrated data may contain inconsistencies.
Service Type	This column displays the provider's service type (e.g., Occupational Therapy).
Service Model	This column displays the provider's service model (e.g., Home/Community-Based Individual/Collateral Visit).
Start Date	This column displays the provider service start date.
End Date	This column displays the provider service end date.
Action	This column displays the corresponding action buttons (Edit and Delete) (if applicable and based on the user's role).

BUTTON	DESCRIPTION
Add Provider Service 	To add a 'Provider Service' record, click this button. The Provider Services tab/panel appears (shown below).
Excel 	<p>Click this button to export your results (based on the criteria you entered) to an MS Excel spreadsheet.</p> <p>To see your results in Excel, click Open.</p> <p>i Leaving all the Report Filters fields blank will show "all" results.</p> <p>i The Excel export option is helpful if you have a lot of data to examine; this function helps perform data analysis tasks outside the EI-Hub system.</p>
Edit 	<p>Click this button to view or edit an existing Provider Service record. When clicked, the Provider Services tab/panel appears.</p> <p>i The fields and descriptions for editing the provider services tab/panel are the same as adding a provider services tab/panel.</p>

10.4.2.1.1 Provider Services Tab/Panel

 Selecting the 'Add Provider Service' button prompts this popup panel to display. Use this panel to capture information about each service.

- Agencies and Applicants should not modify the catchment area, service type, or model for Amendment and Re-approvals that have an approved status. First, you will edit the existing record by adding an end date to the service. Once the change is saved, you will create or add a new record with the current information, including the required fields such as Catchment Area, Service Type, Service Model, and Start Date for the service.
- You must enter service models and service types in appropriate combinations for each catchment area. For each service model (e.g., Physical Therapy), you may need to create multiple entries into the Service Types Grid/Table to ensure you are approved to provide all appropriate service types (Extended, Basic, Facility-Based).
- When applying to provide a service, providers must create a separate entry for each service model, service type, and catchment area combination, resulting in multiple entries for the provider to apply for a service model.
- Please refer to *EI-Hub Resource: Service Models and Methods for Qualified Professions in the New York State Early Intervention Program* for more information about the appropriate service models and types based on 'Qualified Professions' at the agency or qualifications of the individual provider.

 Providers should only select valid combinations for services they are qualified to apply at the time of the request.



The screenshot shows a 'Provider Services' form. At the top left is a 'Provider Services' tab. Below it is a grid with four columns: 'Catchment Area', 'Service Type', 'Service Model', and 'Start Date'. Each column has a dropdown menu labeled 'Select'. To the right of the grid is an 'End Date' field and a 'Submit' button.

 An asterisk (*) adjacent to a field name/label means it is a required field for you to populate.

FIELD	DESCRIPTION
*Catchment Area	Select the provider's catchment area (e.g., Albany) from the list using this dropdown. The identified catchment areas should be counties where you can deliver EIP services (or, for agencies, have staff to provide services).

FIELD	DESCRIPTION
	 NYEIS migrated data may contain inconsistencies.
*Service Type	Select the provider's service type (e.g., Audiology) from the list using this drop-down.
*Service Model	Select the provider's service model (e.g., Service Coordination) from the list using this drop-down.
*Start Date	You can manually enter the start date or use the calendar picker (invoked by clicking this field) for the provider service.
End Date	You can manually enter the end date or use the calendar picker (invoked by clicking this field) for the provider service.

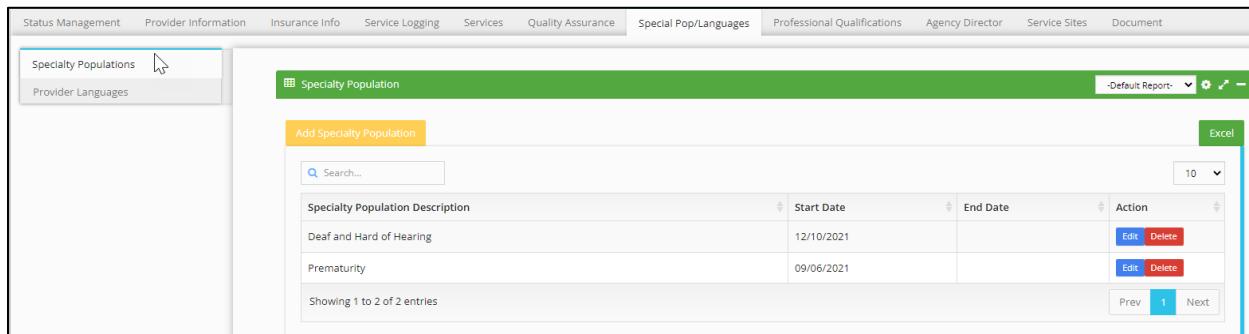
BUTTON	DESCRIPTION
	To save your entry, click this button. When clicked, the system keeps the information in the EI-Hub database, and the record updates in the Provider Service panel (grid/table).

10.4.3 Special Pop/Language Tab

 The Special Pop/Languages tab lets providers update the Specialty Populations and Provider Languages panels. The Specialty Populations panel captures the start and end dates for each specialty population served and each language entered.

10.4.3.1 Specialty Populations Grid/Table

This grid/table data populates from the Provider Enrollment tool (**for newly approved providers**). This grid/table information indicates the provider's special population expertise. The provider maintains it after approval.



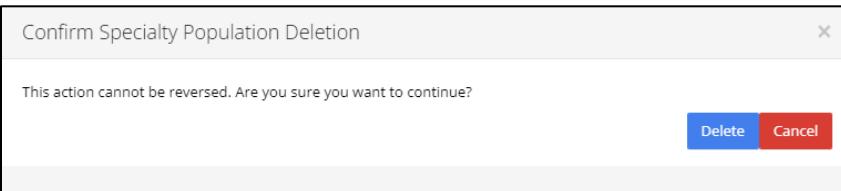
Specialty Population Description	Start Date	End Date	Action
Deaf and Hard of Hearing	12/10/2021		Edit Delete
Prematurity	09/06/2021		Edit Delete

For column sorting, see "ASCENDING / DESCENDING CONTROLLER" in the CM Unit 5 User Guide section Home Tab Controllers; selecting/clicking the '[Home Tab Controllers](#)' hyperlink downloads the Unit 5 User Guide.

FIELD	DESCRIPTION
 Search	To search the results grid/table for a specific record, enter a keyword into this field.

COLUMN	DESCRIPTION
Specialty Population Description	This column displays the specialty population.
Start Date	This column displays the specialty population start date.
End Date	This column displays the specialty population end date.
Action	This column displays the corresponding action buttons (Edit and Delete) (if applicable and based on the user's role).

BUTTON	DESCRIPTION
Add Specialty Population 	To add a 'Service Language' record, click this button. The Specialty Population tab/panel appears (shown below).
Excel 	Click this button to export your results (based on the criteria you entered) to an MS Excel spreadsheet. To see your results in Excel, click Open .  Leaving all the Report Filters fields blank will show "all" results.  The Excel export option is helpful if you have a lot of data to examine; this function helps perform data analysis tasks outside the EI-Hub system.
Edit 	Click this button to view or edit an existing 'Specialty Population' record. When clicked, the Service Language tab/panel appears.  The fields and descriptions for editing the Specialty Population tab/panel are the same as those for adding a Specialty Population.

BUTTON	DESCRIPTION
Delete 	To delete an existing specialty population record, click this button adjacent to the appropriate record/row. When clicked, the system prompts a confirmation message pad popup (Confirm Specialty Population Deletion); click the Delete button to proceed or select/click the Cancel button to retract.  i Delete should ONLY be used immediately following an instance when incorrect information is entered into the system. At any other time, the inaccurate or old data should be end-dated, and the updated or correct information should be added as a new record.

10.4.3.1.1 Specialty Population Tab/Panel

 Selecting the 'Add Specialty Population' button causes this popup panel to display. Use this panel to capture the information pertaining to each specialty population.



The screenshot shows a 'Specialty Population' dialog box. It has a title bar 'Specialty Population'. Inside, there is a section labeled '*Specialty Population' with a dropdown menu showing '... Select ...'. Below it are two input fields: '*Start Date' containing '10/18/2021' and 'End Date' which is empty. A 'Submit' button is at the bottom right.

i An asterisk (*) adjacent to a field name/label means it is a required field for you to populate.

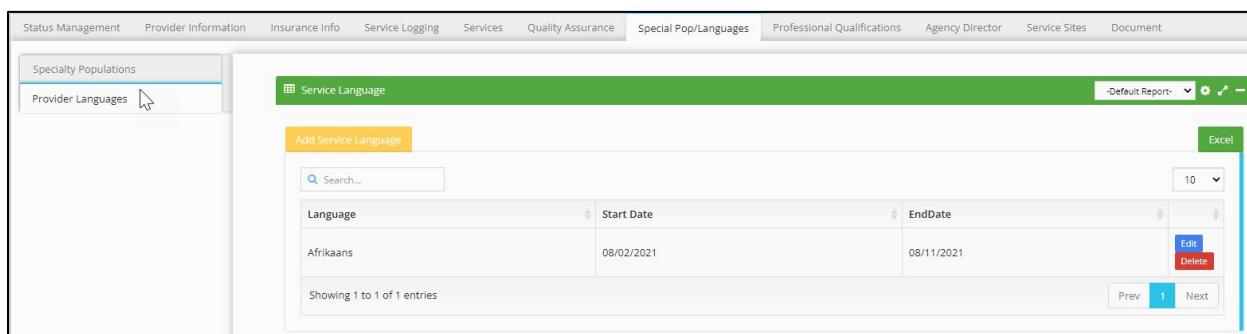
FIELD	DESCRIPTION
* Specialty Population	Use this drop-down and select the appropriate specialty population item (e.g., Cerebral Palsy, etc.) from the list.
* Start Date	For the specialty population, manually enter the start date or use the calendar picker (invoked by clicking this field).
End Date	Manually enter the end date or use the calendar picker (invoked by clicking this field) for the specialty population.

BUTTON	DESCRIPTION
Submit 	To save your entry, click this button. When clicked, the system keeps the information in the El-Hub database, and the record updates in the Specialty Population panel (grid/table).

10.4.3.2 Provider Languages Grid/Table

 This grid/table, populated from the Provider Enrollment tool, is for new providers. Approved providers maintain this grid/table to represent the provided language(s) services.

 **Use the 'Edit' button to add an End Date to entries. Only use the 'Delete' button to remove an added entry in error.**



Language	Start Date	End Date	Action
Afrikaans	08/02/2021	08/11/2021	 

For column sorting, see "ASCENDING / DESCENDING CONTROLLER" in the CM Unit 5 User Guide section Home Tab Controllers; selecting/clicking the '[Home Tab Controllers](#)' hyperlink downloads the Unit 5 User Guide.

FIELD	DESCRIPTION
 Search	To search the results grid/table for a specific record, enter a keyword into this field.

COLUMN	DESCRIPTION
Language	This column displays the provider's language.
Start Date	This column displays the provider language start date.
End Date	This column displays the provider language end date.
Action	This column displays the corresponding action buttons (Edit and Delete) (if applicable and based on the user's role).

BUTTON	DESCRIPTION
Add Service Language 	To add a 'Service Language' record, click this button. The Service Language tab/panel appears (shown below).
Excel 	<p>Click this button to export your results (based on the criteria you entered) to an MS Excel spreadsheet.</p> <p>To see your results in Excel, click Open.</p> <p>i Leaving all the Report Filters fields blank will show "all" results.</p> <p>i The Excel export option is helpful if you have a lot of data to examine; this function helps perform data analysis tasks outside the EI-Hub system.</p>
Edit 	<p>Click this button to view or edit an existing 'Service Language' record. When clicked, the Service Language tab/panel appears.</p> <p>i The fields and descriptions for editing the Service Language tab/panel are the same as those for adding a Service Language.</p>
Delete 	<p>To delete an existing service language record, click this button adjacent to the appropriate record/row. When clicked, the system prompts a confirmation message pad popup (shown below); click the Delete button to proceed or select/click the Cancel button to retract.</p> <div style="border: 1px solid #ccc; padding: 10px; width: fit-content; margin-left: auto; margin-right: auto;"> <p>Confirm Service Language Deletion X</p> <p>This action cannot be reversed. Are you sure you want to continue?</p> <div style="text-align: right; margin-top: 10px;"> Delete Cancel </div> </div> <p>i Delete should ONLY be used immediately following an instance when incorrect information is entered into the system. At any other time, the inaccurate or old data should be end-dated, and the updated or correct information should be added as a new record.</p>

10.4.3.2.1 Service Language Tab/Panel

 Selecting the 'Add Service Language' button prompts this popup panel to display. Use this panel to capture information about each language.



 An asterisk (*) adjacent to a field name/label means it is a required field for you to populate.

FIELD	DESCRIPTION
*Language	Select the appropriate service language item (e.g., English) from the list using this drop-down.
*Start Date	Manually enter the start date or use the calendar picker (invoked by clicking this field) for the service language.
End Date	Manually enter the end date or use the calendar picker (invoked by clicking this field) for the service language.

BUTTON	DESCRIPTION
Submit	To save your entry, click this button. When clicked, the system keeps the information in the EI-Hub database, and the record updates in the Service Language panel (grid/table).

10.4.4 Professional Qualifications Tab

 Individual billing providers maintain their professional information under the Professional Qualifications tab.

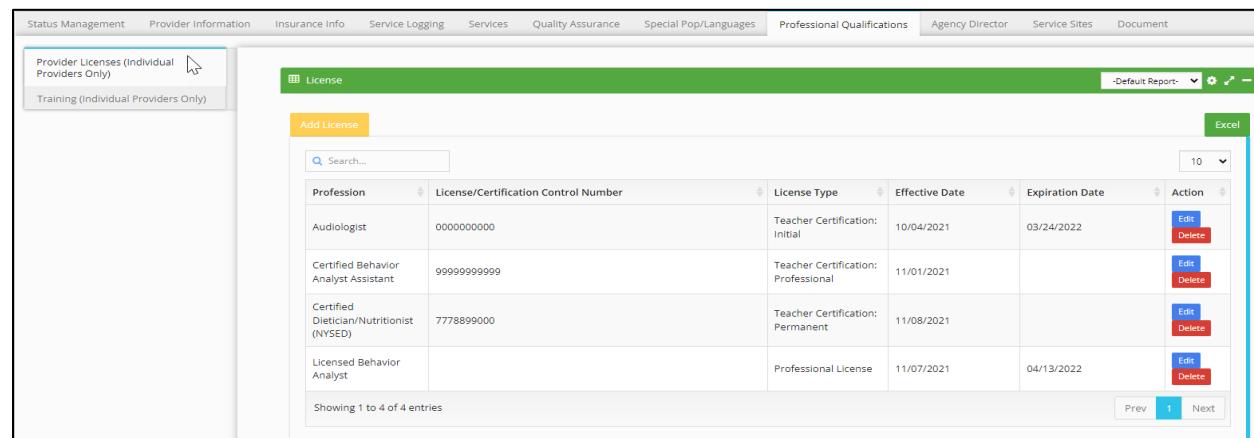
10.4.4.1.1 Provider Licenses (Individual Providers Only) Grid/Table

 Individual providers use this panel to maintain a record of their professional licenses and certifications. Non-permanent credentials will require a recertification date, with a new entry once recertified.

 The grid/table is only for individuals and is not seen by an agency.

Permanent certification vs. expiring licenses

- The individual provider maintains a record of licenses and recertification dates. Some licenses require the provider to enter recertification, an end date, and a new start date. Other licenses are permitted and will not need to be updated.
- Individuals must ensure that their license/certification information is always accurate and updated. License and certification information should match the information in the **NYS Office of Professions** and/or **NYS TEACH** websites.



Profession	License/Certification Control Number	License Type	Effective Date	Expiration Date	Action
Audiologist	0000000000	Teacher Certification: Initial	10/04/2021	03/24/2022	Edit Delete
Certified Behavior Analyst Assistant	9999999999	Teacher Certification: Professional	11/01/2021		Edit Delete
Certified Dietician/Nutritionist (NYSED)	7778899000	Teacher Certification: Permanent	11/08/2021		Edit Delete
Licensed Behavior Analyst		Professional License	11/07/2021	04/13/2022	Edit Delete

For column sorting, see "ASCENDING / DESCENDING CONTROLLER" in the CM Unit 5 User Guide section Home Tab Controllers; selecting/clicking the 'Home Tab Controllers' hyperlink downloads the Unit 5 User Guide.

FIELD	DESCRIPTION
 Search	To search the results grid/table for a specific record, enter a keyword into this field.

COLUMN	DESCRIPTION
Profession	This column displays the provider's profession.
License/Certification Control Number	This column displays the provider's license/certification control number.
License Type	This column displays the provider's license type.
Effective Date	This column displays the provider's license effective date.
Expiration Date	This column displays the provider license expiration date.
Action	This column displays the corresponding action buttons (Edit and Delete) (if applicable and based on the user's role).

BUTTON	DESCRIPTION
Add License 	To add a 'Provider License' record, click this button. When clicked, the License tab/panel appears (shown below).
Excel 	<p>Click this button to export your results (based on the criteria you entered) to an MS Excel spreadsheet.</p> <p>To see your results in Excel, click Open.</p> <p>(i) Leaving all the Report Filters fields blank will show "all" results.</p> <p>(i) The Excel export option is helpful if you have a lot of data to examine; this function helps perform data analysis tasks outside the EI-Hub system.</p>
Edit 	<p>Click this button to view or edit an existing 'Provider License' record. When clicked, the License tab/panel appears.</p> <p>(i) The fields and descriptions for editing the License tab/panel are the same as those for adding a License.</p>

BUTTON	DESCRIPTION
Delete 	To delete an existing license record, click this button adjacent to the appropriate record/row. When clicked, the system prompts a confirmation message pad popup (shown below); click the Delete button to proceed or select/click the Cancel button to retract.  i Delete should ONLY be used immediately following an instance when incorrect information is entered into the system. At any other time, the inaccurate or old data should be end-dated, and the updated or correct information should be added as a new record.

10.4.4.1.1.1 License Tab/Panel

 The ‘Licenses panel’ must be maintained as individuals add, remove, or renew their licenses.



The screenshot shows a software interface titled 'License'. On the left is a sidebar with a 'License' button highlighted. The main area contains several input fields: a dropdown for 'Profession' (set to 'Licensed Practical Nurse'), a text input for 'License/Certification Control Number', a dropdown for 'License Type' (set to 'Professional License'), a date input for 'Effective Date' (set to '08/31/2021'), and a date input for 'Expiration Date' (set to '12/31/2021'). A blue 'Submit' button is located at the bottom right.

i An asterisk (*) adjacent to a field name/label means it is a required field for you to populate.

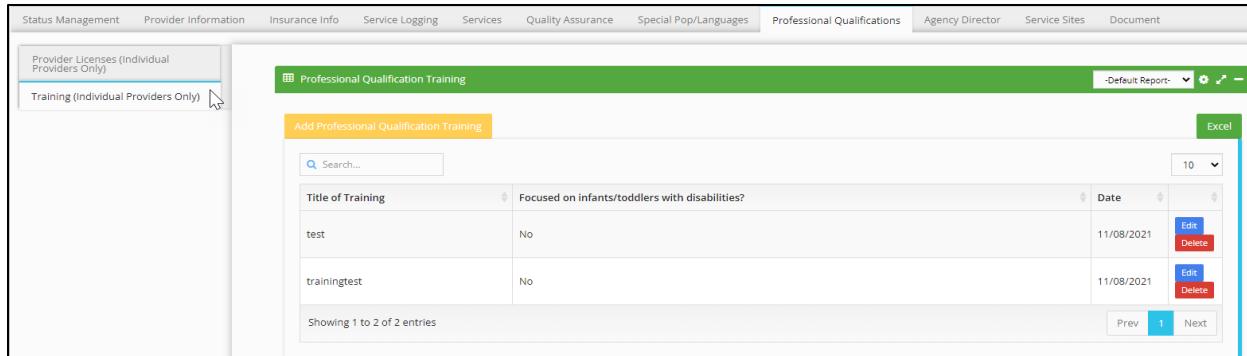
FIELD	DESCRIPTION
*Profession	Use this drop-down list to select the appropriate profession (e.g., Audiologist).
License/Certification Control Number	Enter the provider’s license/certification control number. i Please add the license or certification number exactly as identified in the NYS Education Department Office of Professions Online Verification system or the NYS Education Department TEACH Online Verification system.

FIELD	DESCRIPTION
*License Type	Select the appropriate license type (e.g., Certification) from the list using this drop-down.
*Effective Date	Manually enter the effective date or use the calendar picker (invoked by clicking this field) for the provider's license.
*Expiration Date	Manually enter the expiration date or use the calendar picker (invoked by clicking this field) for the provider's license.

BUTTON	DESCRIPTION
Submit 	To save your entry, click this button. When clicked, the system keeps the information in the EI-Hub database, and the record updates in the License panel (grid/table).

10.4.4.1.1.2 Training (Individual Providers Only) Grid/Table

 The grid/table is only for individuals; it captures professional training outside the Learning Management System (LMS).



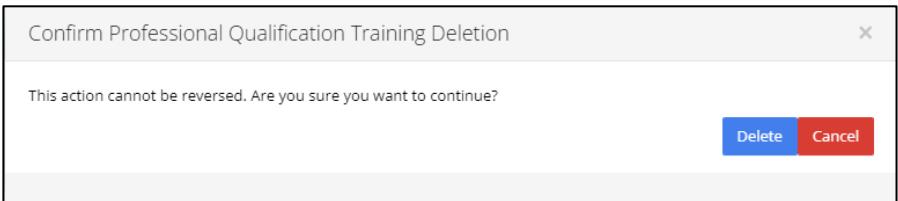
Title of Training	Focused on infants/toddlers with disabilities?	Date	
test	No	11/08/2021	Edit Delete
trainingtest	No	11/08/2021	Edit Delete

For column sorting, see "ASCENDING / DESCENDING CONTROLLER" in the CM Unit 5 User Guide section Home Tab Controllers; selecting/clicking the 'Home Tab Controllers' hyperlink downloads the Unit 5 User Guide.

FIELD	DESCRIPTION
 Search	To search the results grid/table for a specific record, enter a keyword into this field.

COLUMN	DESCRIPTION
Title of Training	This column displays the name (title) of the training.
Focused on infants/toddlers with disabilities?	This column displays the 'Yes' or 'No' if the training focuses on infants or toddlers with disabilities.
Date	This column displays the date the provider took the training.
Action	This column displays (if applicable) corresponding action buttons (Edit and Delete).

BUTTON	DESCRIPTION
Add Professional Qualification Training 	To add a training record, click this button. When clicked, the Professional Qualification Training tab/panel appears (shown below).
Excel 	<p>Click this button to export your results (based on the criteria you entered) to an MS Excel spreadsheet.</p> <p>To see your results in Excel, click Open.</p> <p>(i) Leaving all the Report Filters fields blank will show "all" results.</p> <p>(i) The Excel export option is helpful if you have a lot of data to examine; this function helps perform data analysis tasks outside the EI-Hub system.</p>
Edit 	<p>Click this button to view or edit an existing Professional Qualification Training record. When clicked, the License tab/panel appears.</p> <p>(i) The fields and descriptions for editing the Professional Qualification Training tab/panel are the same as those for adding a Professional Qualification Training.</p>

BUTTON	DESCRIPTION
Delete 	To delete an existing training record, click this button adjacent to the appropriate record/row. When clicked, the system prompts a confirmation message pad popup (shown below); click the Delete button to proceed or select/click the Cancel button to retract.  <p>(i) Delete should ONLY be used immediately following an instance when incorrect information is entered into the system. At any other time, the inaccurate or old data should be end-dated, and the updated or correct information should be added as a new record.</p>

10.4.4.1.1.2.1 Professional Qualification Training Tab/Panel

 Individual providers will maintain their professional information under the Professional Qualifications tab.



(i) An asterisk (*) adjacent to a field name/label means it is a required field for you to populate.

FIELD	DESCRIPTION
*Title of Training	This column displays the name (title) of the training.
*Focused on infants/toddlers with disabilities?	Use this drop-down and select the appropriate answer ('Yes' or 'No') from the list if the training focuses on infants/toddlers with disabilities.

FIELD	DESCRIPTION
*Date	For the provider's professional qualification training, manually enter the date or use the calendar picker (invoked by clicking this field).
Description of training	Use this textbox to provide a brief description of the training taken.

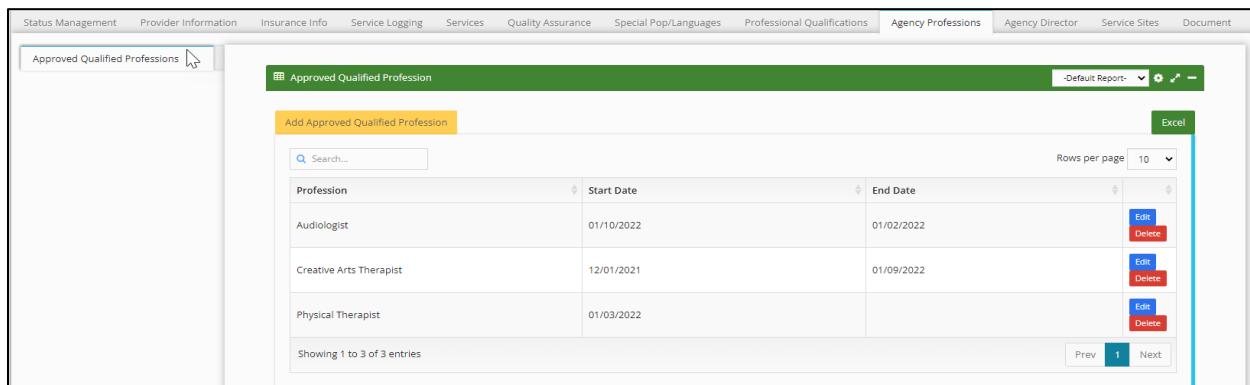
BUTTON	DESCRIPTION
Submit 	To save your entry, click this button. When clicked, the system keeps the information in the EI-Hub database, and the record updates in the Professional Qualification Training panel (grid/table).

10.4.5 Agency Professions Tab

10.4.5.1 Approved Qualified Professions Grid/Table

 This grid/table captures the professions the agency approved employing or contracted to provide services. This info populates from the Employees & Contractors panel in the Agency PAT for newly approved EIP agencies. After initial approval, to add a new profession to your agency approval, you must submit an amendment request or update this information during re-approval. Agencies may be required to apply for or amend their SED Waiver of Corporate Practice to employ specific NYS-licensed qualified personnel in the program.

 The Approved Qualified Professions panel populates with approved 'Profession' and a 'Start Date.'



Profession	Start Date	End Date	Action
Audiologist	01/10/2022	01/02/2022	 
Creative Arts Therapist	12/01/2021	01/09/2022	 
Physical Therapist	01/03/2022		 

 For column sorting, see "ASCENDING / DESCENDING CONTROLLER" in the CM Unit 5 User Guide section Home Tab Controllers; selecting/clicking the '[Home Tab Controllers](#)' hyperlink downloads the Unit 5 User Guide.

FIELD	DESCRIPTION
 Search	To search the results grid/table for a specific record, enter a keyword into this field.

COLUMN	DESCRIPTION
Profession	This column displays the name of the profession.
Start Date	This column displays the start date the agency was approved to hire the person/profession.
End Date	This column displays the end date the agency was approved to hire the person/profession.
Action	This column displays the corresponding action buttons (Edit and Delete) (if applicable and based on the user's role).

BUTTON	DESCRIPTION
Add Approved Qualified Profession 	To add an 'Approved Qualified Profession' record, click this button. The Approved Qualified Profession tab/panel appears (shown below).
Excel 	<p>Click this button to export your results (based on the criteria you entered) to an MS Excel spreadsheet.</p> <p>To see your results in Excel, click Open.</p> <p>(i) Leaving all the Report Filters fields blank will show "all" results.</p> <p>(i) The Excel export option is helpful if you have a lot of data to examine; this function helps perform data analysis tasks outside the El-Hub system.</p>
Edit 	<p>Click this button to view or edit an existing 'Approved Qualified Profession' record. When clicked, the Approved Qualified Profession tab/panel appears.</p> <p>(i) The fields and descriptions for editing and adding the Approved Qualified Profession tab and panel are the same as those for adding them.</p>

BUTTON	DESCRIPTION
Delete 	<p>Click this button adjacent to the appropriate record/row to delete an approved qualified record. When clicked, the system prompts a confirmation message pad popup (shown below); click the Delete button to proceed or select/click the Cancel button to retract.</p> <div style="border: 1px solid #ccc; padding: 10px; margin-top: 10px;"> <p style="margin: 0;">Confirm Approved Qualified Profession Deletion X</p> <p style="margin: 0; font-size: small;">This action cannot be reversed. Are you sure you want to continue?</p> <div style="text-align: right; margin-top: 5px;"> Delete Cancel </div> </div> <p style="margin-top: 20px;">i Delete should ONLY be used immediately following an instance when incorrect information is entered into the system. At any other time, the inaccurate or old data should be end-dated, and the updated or correct information should be added as a new record.</p>

10.4.5.1.1 Approved Qualified Profession Tab/Panel

 Selecting the 'Add Approved Qualified Profession' button prompts this popup panel to display. Use this panel to capture information about each profession.



The screenshot shows a modal dialog titled 'Approved Qualified Profession'. It contains a dropdown menu labeled 'Profession' with the placeholder '--- Select ---'. Below it are two date input fields: 'Start Date' and 'End Date', each with a calendar icon. A blue 'Submit' button is located at the bottom right of the form.

FIELD	DESCRIPTION
Profession	Enter the name of the person's profession.
Start Date	Enter the start date the agency approved to hire and have this person/profession begin providing services.
End Date	Enter the end date for the agency to end this person/profession providing service.

BUTTON	DESCRIPTION
Submit 	To save your entry, click this button. When clicked, the system keeps the information in the EI-Hub database, and the record updates the Approved Qualified Professions panel.

10.4.6 Agency Director Tab

 Agency providers maintain the Agency Director tab to keep information about agency EI leadership up to date. Data points include the name, HCS username, and start and end dates. Agencies may update the director's license information, but changes to the agency director will require an amendment or re-approval request.

10.4.6.1 Agency Director (Agency Providers Only) Grid/Table

 Agency providers maintain the Agency Director tab to keep information about agency EI leadership up to date. Data points include the name, HCS username, and start and end dates. Agencies may update the director's license information, but changes to the agency director will require an amendment or re-approval request.



Instructional Guidance on Amendment Changes

When an agency provider submits an amendment for a **new director**, the director will also render services. However, the new director's information does not flow into the Case Management Therapist menu. After EIP approval, the agency must add the director to the Therapist menu before the Director can render EIP services.



An agency must employ a full-time Early Intervention (EI) Program Director who has a minimum of two (2) years full-time or the equivalent of experience as follows:

- Early Intervention, clinical pediatric, or early childhood education programs include serving children ages birth to five years of age. The experience consists of direct experience delivering services to children with disabilities and their families.
- Should have at least one year of experience delivering services to children less than three years of age and their families. The Program Director's duties may include the provision of services. This individual must be available for a sufficient amount of time to develop and ensure the implementation of a Program Standards Plan and ensure that the agency complies with all federal and state requirements.
- When adding a new EI Program Director through an amendment or at re-approval, several items must be attached through the Documents Tab available during the Amendment and Re-Approval Process, including a resume, list of out-of-state addresses over the previous five years (if applicable), and director's profession information (including license and certification numbers). Failure to provide this additional information will result in a denial of approval request.

- The requested EI Program Director must complete the Disposition Panel with the amendment or re-approval request.

For column sorting, see "ASCENDING / DESCENDING CONTROLLER" in the CM Unit 5 User Guide section Home Tab Controllers; selecting/clicking the '[Home Tab Controllers](#)' hyperlink downloads the Unit 5 User Guide.

FIELD	DESCRIPTION
Search	To search the results grid/table for a specific record, enter a keyword into this field.

COLUMN	DESCRIPTION
Salutation	This column displays the agency director's salutation.
First Name	This column displays the agency director's first name.
Middle Name/Initial	This column displays the agency director's middle name.
Last Name	This column displays the agency director's last name.
Suffix	This column displays the agency director's suffix.
AKA/Maiden Name	This column displays the agency director's aka/maiden name if applicable.
Health Commerce System (HCS) Username	This column displays the agency director's HCS username.
EIP Provider ID	This column displays the agency director's early intervention provider identification number.
Start Date	This column displays the start date for the agency director.

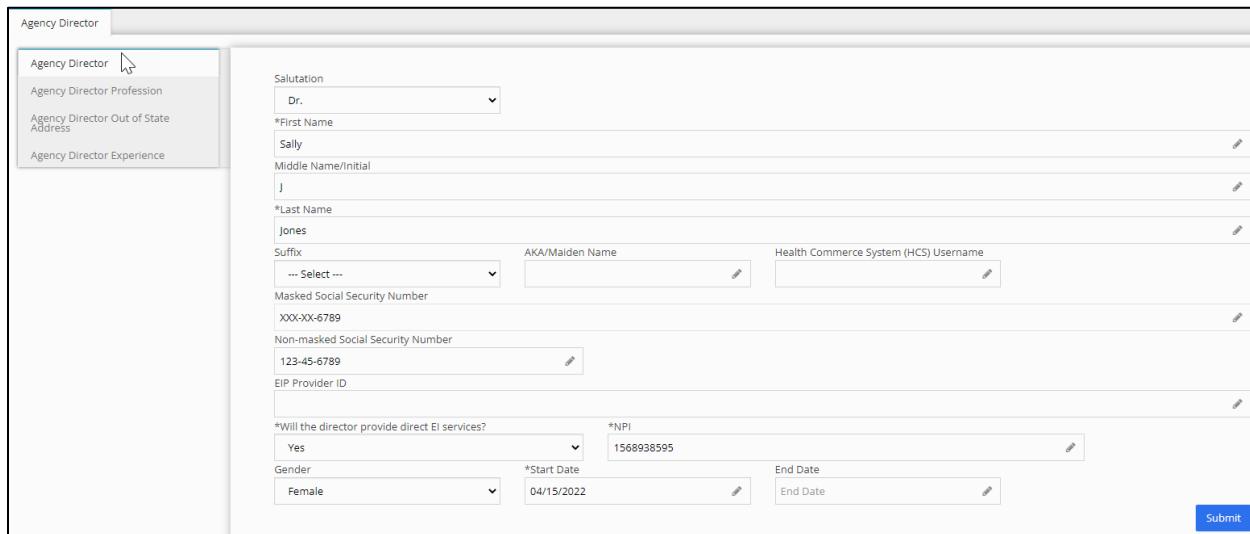
EI-Hub Case Management v0.21.0

COLUMN	DESCRIPTION
End Date	This column displays the end date for the agency director.
Action	This column displays the corresponding action buttons (Edit and Delete) (if applicable and based on the user's role).

10.4.6.1.1 Agency Director Tab

10.4.6.1.1.1 Agency Director Panel

 Use this panel to enter the director's contact and license information.



 An asterisk (*) adjacent to a field name/label means it is a required field for you to populate.

FIELD	DESCRIPTION
Salutation	Select the appropriate salutation for the agency's director from the list using this drop-down.
*First Name	Enter the agency director's first name.
Middle Name/Initial	If applicable, enter the agency director's middle name.
*Last Name	Enter the agency director's last name.
Suffix	Use this drop-down and select the appropriate suffix for the agency director's suffix from the list.
AKA/Maiden Name	If applicable, enter the agency director's aka/maiden name.
Health Commerce System (HCS) User name	Enter the agency director's HCS user name.
Masked Social Security Number	A read-only field displays the last four (4) digits of the agency director's social security number.

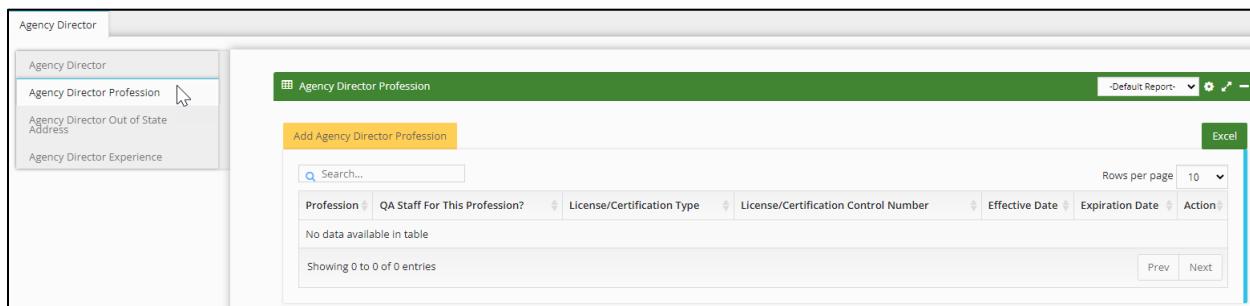
FIELD	DESCRIPTION
Non-masked Social Security Number	Enter the agency director's social security number, depending on your user role.
EIP Provider ID	Enter the agency director's early intervention provider identification number.
*Will the director provide direct EI services?	Please use this drop-down and select ' Yes ' or ' No ' if the director provides direct Early Intervention (EI) services.
*NPI	Enter the 10-position all-numeric identification number of the agency director's National Provider Identifier (NPI) to narrow your search.
*Gender	Use this drop-down and select the appropriate sex/gender that identifies the agency's director from the list.
*Start Date	Manually enter the agency director's start date (or use the calendar picker by clicking this field).
End Date	Manually enter the agency director's end date (or use the calendar picker by clicking this field).

BUTTON	DESCRIPTION
Submit 	To save your entry, click this button. When clicked, the system keeps the information in the EI-Hub database, and the record updates the Agency Director panel.

10.4.6.1.1.2 Agency Director Profession Grid/Table

 Agencies use this grid/table to maintain their director's information. Although adding a new director requires an amendment request, agencies can update their current director's information, including licenses, contact information, and more.

 Changes to reflect this grid/table can only be initiated through an Amendment or Re-approval request.



For column sorting, see "ASCENDING / DESCENDING CONTROLLER" in the CM Unit 5 User Guide section Home Tab Controllers; selecting/clicking the '[Home Tab Controllers](#)' hyperlink downloads the Unit 5 User Guide.

FIELD	DESCRIPTION
 Search	To search the results grid/table for a specific record, enter a keyword into this field.

COLUMN	DESCRIPTION
Profession	This column displays the agency director's profession.
QA Staff for This Profession?	This column displays 'Yes' or 'No.'
License/Certification Type	This column displays the agency director's license/certification type.
License/Certification Control Number	This column displays the agency director's license/certification control number.
Effective Date	This column displays the agency director's effective date.
Expiration Date	This column displays the agency director's expiration date.

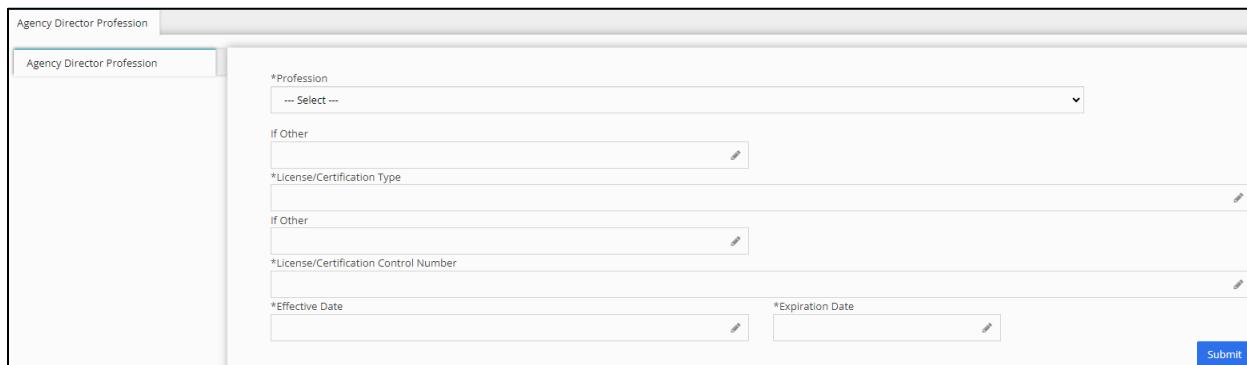
COLUMN	DESCRIPTION
Action	This column displays the corresponding action button (Edit) (if applicable and based on the user's role).

BUTTON	DESCRIPTION
Add Agency Director Profession Add Agency Director Profession	To add an 'Agency Director' record, click this button. The Agency Director Profession tab/panel appears (shown below).
Excel Excel	<p>Click this button to export your results (based on the criteria you entered) to an MS Excel spreadsheet.</p> <p>To see your results in Excel, click Open.</p> <p>(i) Leaving all the Report Filters fields blank will show "all" results.</p> <p>(i) The Excel export option is helpful if you have a lot of data to examine; this function helps perform data analysis tasks outside the El-Hub system.</p>

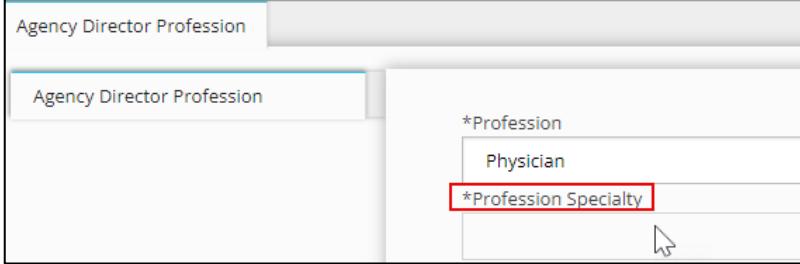
10.4.6.1.1.2.1 Agency Director Profession Tab/Panel

 Selecting the 'Add Agency Director Profession' button prompts this popup panel to display. Use this panel to capture information about each profession.

 Changes to this grid/table mentioned above may only be initiated through an amendment or re-approval request.



 An asterisk (*) adjacent to a field name/label means it is a required field for you to populate.

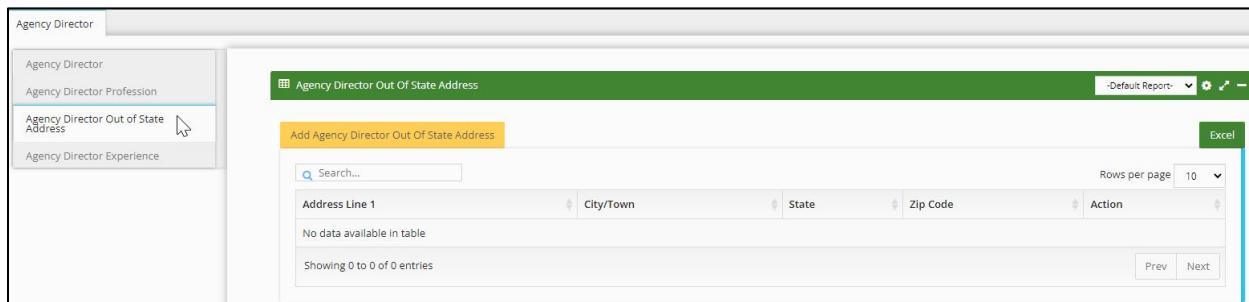
FIELD	DESCRIPTION
*Profession	<p>Use the drop-down and select the appropriate profession item from the list.</p> <p> Selecting "Physician" for a profession, the "*Profession Specialty," a required field, is added to the 'Agency Director Profession' panel (see below).</p> 
If Other	If there is another type of qualification, enter it here.
*License/Certification Type	Enter the agency director's license/certification type.
If Other	If there is another type of qualification, enter it here.

FIELD	DESCRIPTION
*License/Certification Control Number	Enter the agency director's license/certification control number. (i) Please add the license or certification number exactly as identified in the NYS Education Department Office of Professions Online Verification system or the NYS Education Department TEACH Online Verification system.
*Effective Date	Enter the license/cert effective date manually or use the calendar picker (invoked by clicking this field) for the agency director.
*Expiration Date	Manually enter the license/cert expiration date or use the calendar picker (invoked by clicking this field) for the agency director.

BUTTON	DESCRIPTION
Submit	To save your entry, click this button. When clicked, the system keeps the information in the EI-Hub database, and the record updates the Agency Director Profession tab/panel.

10.4.6.1.1.3 Agency Director Out of State Address Grid/Table

 Selecting the 'Add Agency Director Out of State Adress' button prompts this popup panel to display. Use this panel to capture information about each out-of-state address.



(i) See "ASCENDING / DESCENDING CONTROLLER" for column sorting in the [Home Tab Controllers](#) section.

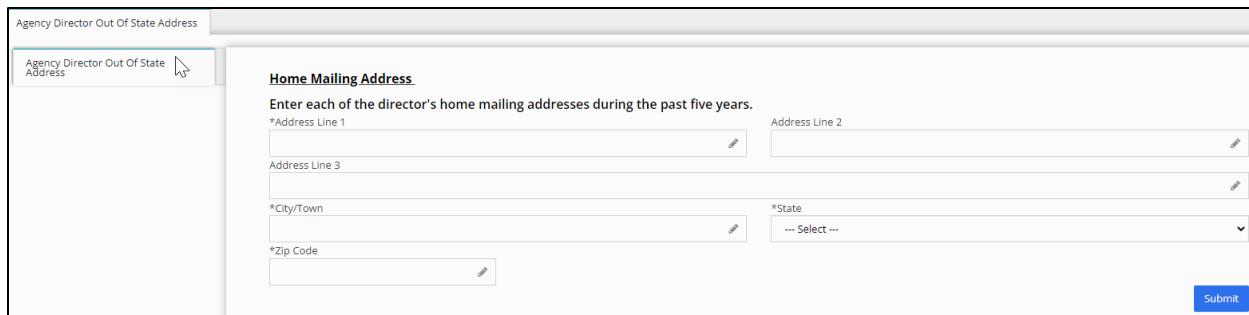
FIELD	DESCRIPTION
🔍 Search	To search the results grid/table for a specific record, enter a keyword into this field.

COLUMN	DESCRIPTION
Address Line 1	This column displays the agency director's out-of-state address.
City/Town	This column displays the agency director's city/town.
State	This column displays the agency director's state.
Zip Code	This column displays the agency director's zip code.
Action	This column displays (if applicable and based on the user's role) the corresponding action button (Edit).

BUTTON	DESCRIPTION
Add Agency Director Out Of State Address Add Agency Director Out Of State Address	To add an 'Agency Director' record, click this button. The Agency Director Out Of State Address tab/panel appears (shown below).
Excel Excel	<p>Click this button to export your results (based on the criteria you entered) to an MS Excel spreadsheet.</p> <p>To see your results in Excel, click Open.</p> <p>(i) Leaving all the Report Filters fields blank will show "all" results.</p> <p>(i) The Excel export option is helpful if you have a lot of data to examine; this function helps perform data analysis tasks outside the EI-Hub system.</p>

10.4.6.1.1.3.1 Agency Director Out Of State Address Tab/Panel

 Selecting the 'Add Agency Director Out of State Address' button prompts this popup panel to display. Use this panel to capture the information pertaining to each profession.



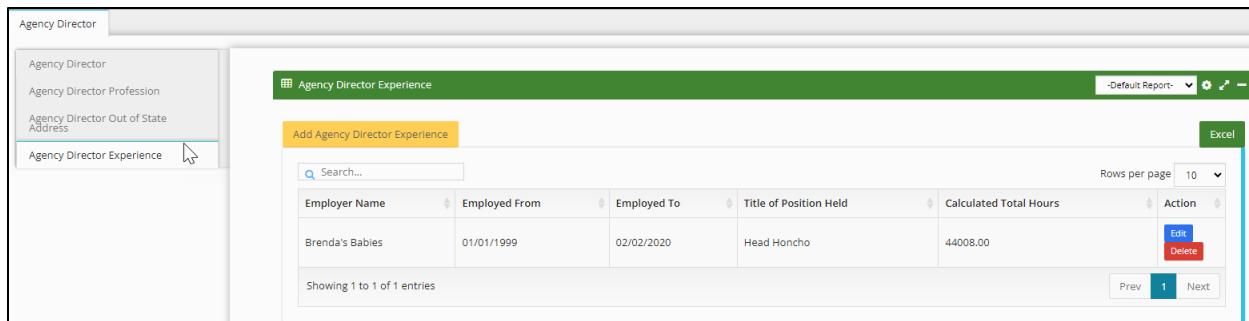
 An asterisk (*) adjacent to a field name/label means it is a required field for you to populate.

FIELD	DESCRIPTION
*Address Line 1	Enter the agency director's out-of-state address 1.
Address Line 2	Enter the agency director's out-of-state address 2 (if applicable).
Address Line 3	Enter the agency director's out-of-state address 3 (if applicable).
City/Town	Enters the agency director's city/town.
State	Enter the agency director's state.
Zip Code	Enter the agency director's zip code.

BUTTON	DESCRIPTION
Submit	To save your entry, click this button. When clicked, the system keeps the information in the EI-Hub database, and the record updates the Agency Director Out of State grid/table.

10.4.6.1.1.4 Agency Director Experience Grid/Table

 Selecting the 'Add Agency Director Experience' button prompts this popup panel to display. Use this panel to capture information about each director's experience.



The screenshot shows a modal window titled 'Agency Director Experience'. On the left is a sidebar with tabs: 'Agency Director', 'Agency Director Profession', 'Agency Director Out of State Address', and 'Agency Director Experience' (which is selected and highlighted in blue). The main area contains a table with one row of data. The columns are: Employer Name, Employed From, Employed To, Title of Position Held, Calculated Total Hours, and Action. The data row is: Brenda's Babies, 01/01/1999, 02/02/2020, Head Honcho, 44008.00, with 'Edit' and 'Delete' buttons. At the bottom of the table are 'Prev' and 'Next' buttons. A green header bar at the top of the modal has a 'Default Report' dropdown and an 'Excel' export button. A search bar is also present at the top of the table area.

 See "ASCENDING / DESCENDING CONTROLLER" for column sorting in the [Home Tab Controllers](#) section.

FIELD	DESCRIPTION
 Search	To search the results grid/table for a specific record, enter a keyword into this field.

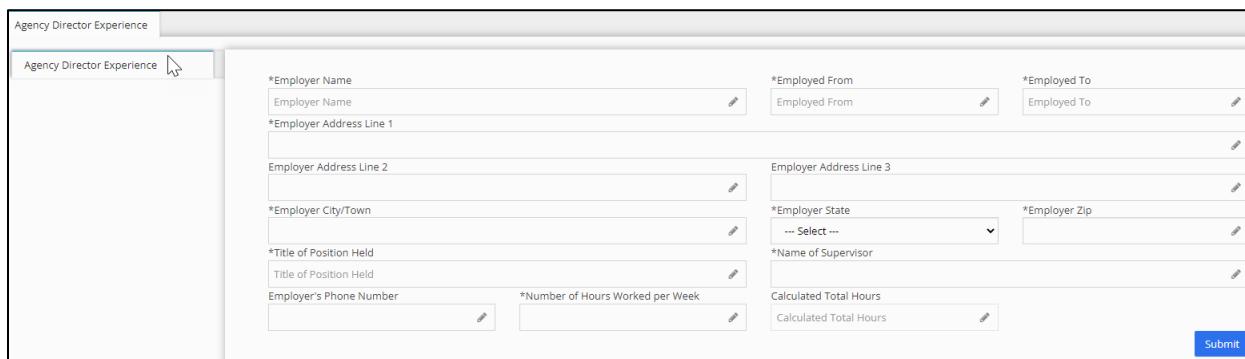
COLUMN	DESCRIPTION
Employer Name	This column displays the employer's name and the agency director's work.
Employed From	This column displays the agency director who started working for the employer.
Employed To	This column displays the agency director stopping working for the employer.
Title of Position Held	This column displays the agency director's title for the employer.
Calculated Total Hours	This column displays the total hours the agency director works for the employer.
Action	This column displays the corresponding action buttons (Edit and Delete) (if applicable and based on the user's role).

BUTTON	DESCRIPTION
Add Agency Director Experience	To add an 'Agency Director' record, click this button. The Agency Director Experience tab/panel appears (shown below).

BUTTON	DESCRIPTION
Excel 	<p>Click this button to export your results (based on the criteria you entered) to an MS Excel spreadsheet.</p> <p>To see your results in Excel, click Open.</p> <p>(i) Leaving all the Report Filters fields blank will show "all" results.</p> <p>(i) The Excel export option is helpful if you have a lot of data to examine; this function helps perform data analysis tasks outside the EI-Hub system.</p>

10.4.6.1.1.4.1 Agency Director Experience Tab/Panel

 Selecting the 'Add Agency Director Experience' button prompts this popup panel to display. Use this panel to capture the information pertaining to each employer.



The screenshot shows a 'Agency Director Experience' form. It includes fields for Employer Name, Address Line 1, Address Line 2, Address Line 3, City/Town, State, Zip, Supervisor Name, Position Title, Phone Number, and hours worked per week. There are also fields for Employed From and Employed To dates, and calculated total hours. A 'Submit' button is located at the bottom right.

(i) An asterisk (*) adjacent to a field name/label means it is a required field for you to populate.

FIELD	DESCRIPTION
*Employer Name	Enter the agency director's employer name.
*Employed From	Manually enter the agency director's employment from/start date (or use the calendar picker by clicking this field).
*Employed To	Manually enter the agency director's employment to/end date (or use the calendar picker by clicking this field).
*Address Line 1	Enter the agency director's employer address 1.
Address Line 2	Enter the agency director's employer address 2 (if applicable).

FIELD	DESCRIPTION
Address Line 3	Enter the agency director's employer 3 (if applicable).
*Employer City/Town	Enter the agency director's employer's city/town.
*Employer State	Enter the agency director's employer state.
*Employer Zip	Enter the agency director's employer zip code.
*Title of Position Held	Enter the agency director's title for the employer.
*Name of Supervisor	Enter the agency director's supervisor's name.
Employer's Phone Number	Enter the agency director's employer's phone number.
*Number of Hours Worked per Week	Enter the agency director's hours worked per week manually by using the vertical bar (invoked by clicking in this field – shown below). <div style="border: 1px solid black; padding: 5px; width: fit-content;"> *Number of Hours Worked per Week <input type="text" value="40.00"/>  </div>
Calculated Total Hours	A read-only field that populates the calculated total hours after selecting/clicking the ' Submit ' button.

BUTTON	DESCRIPTION
Submit 	To save your entry, click this button. When clicked, the system keeps the information in the EI-Hub database, and the record updates the Agency Director Experience grid/table.

10.4.7 Service Sites Tab

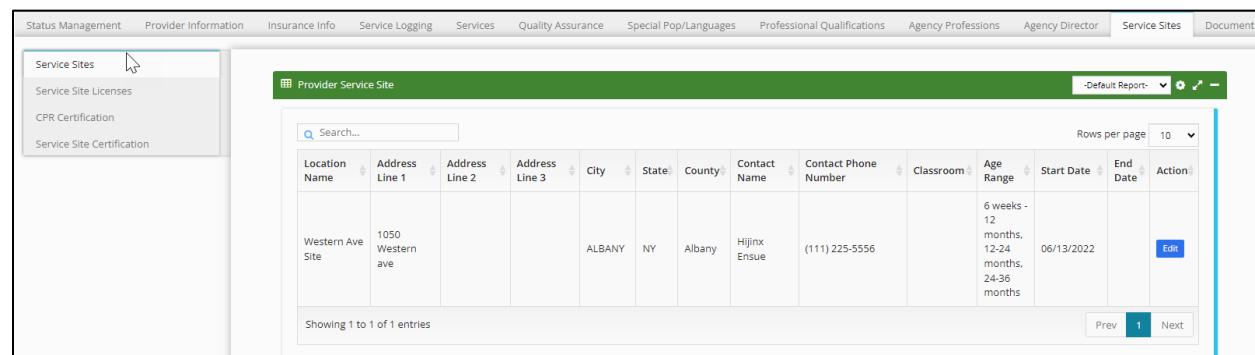
 The Service Sites tab includes four panels for collecting and updating information about each site's licenses and certifications, including the CPR certification status of individuals.

 **Service sites may only be added or removed through an amendment or re-approval request. Service Site Certifications and CPR Certifications for new service sites must be uploaded through the Documents tab, which is available during the amendment or re-approval process.**

 **If the agency is adding a service site for the first time, it will also need to add Facility-based individual/collateral visits and/or group developmental visits as a service model.**

10.4.7.1.1 Service Sites Grid/Table

 The Service Sites grid/table records the provider's approved service sites. Changes to this grid/table require an amendment request to be submitted or included during the 5-year re-approval process.



Location Name	Address Line 1	Address Line 2	Address Line 3	City	State	County	Contact Name	Contact Phone Number	Classroom	Age Range	Start Date	End Date	Action
Western Ave Site	1050 Western ave			ALBANY	NY	Albany	Hijinx Ensure	(111) 225-5556		6 weeks - 12 months, 12-24 months, 24-36 months	06/13/2022		Edit

Showing 1 to 1 of 1 entries

For column sorting, see "ASCENDING / DESCENDING CONTROLLER" in the CM Unit 5 User Guide section Home Tab Controllers; selecting/clicking the '[Home Tab Controllers](#)' hyperlink downloads the Unit 5 User Guide.

FIELD	DESCRIPTION
 Search	To search the results grid/table for a specific record, enter a keyword into this field.

COLUMN	DESCRIPTION
Location Name	This column displays the site/location name (e.g., Albany).

COLUMN	DESCRIPTION
Address Line 1	This column displays the site/location address line 1.
Address Line 2	This column displays the site/location address line 2 (if applicable).
Address Line 3	This column displays the site/location address line 3 (if applicable).
City	This column displays the site/location city.
State	This column displays the site/location state.
County	This column displays the site/location county.
Contact Name	This column displays the site/location contact person's name.
Contact Phone Number	This column displays the site/location contact person's phone number.
Classroom	This column displays the site/location, classroom name, and room number.
Age Range	This column displays the age range served at this site/location.
Start Date	This column displays the service site start date.
End Date	This column displays the service site end date.
Action	This column displays (if applicable and based on the user's role) the corresponding action button (Edit).

BUTTON	DESCRIPTION
Submit 	Click this button to view or edit an existing 'Service Site License' record. When clicked, the Service Site License tab/panel appears.

10.4.7.1.1 Provider Service Site Tab/Panel

The screenshot shows the 'Provider Service Site' tab in the El-Hub Case Management system. The form contains the following fields:

- Location Name:** test
- Address:** 283 W 118TH ST, APT 5A
- Zip Code:** 10026, City: NEW YORK, State: NY
- County:** ... Select ...
- Phone Number:** Location Phone Number
- Classroom Details:** Classroom Name/Room Number
- Age Range:** *Age Range served at this site (Select Some Options)
- Building Use:** *Building used for other purpose (Yes)
- Provide Details:** TEST
- ADA Compliance:** *Is this Site ADA Compliant? (Yes)
- Site Contact Person:**
 - Salutation: Dr.
 - First Name: LIAM
 - Last Name: SINGH
 - Title: Director
- Contact Information:** Contact Phone Number: (346) 235-2342, Contact Primary Email: alsdkj@te.com, Contact Secondary Email
- NYC Location:** *Is this Service Site located inside of NYC? (Yes)
- Child Presence:** *Will each child's parent or guardian be present for all sessions? (Yes)
- Group Services:** *Will the agency provide group services to three or more children for five or more hours per week, for more than 30 days in a 12-month period? (Yes)
- Day Care Licenses:**
 - *Do you currently hold a NYC DOH and Mental Hygiene day care permit/license for children ages birth through age 2 at this site? (Yes)
 - Name of Day Care: High school
 - *License/permit number: 93423542
 - *License Effective Date: 02/02/2021
 - *License Expiration Date: 03/03/2025
- Other Licenses:**
 - Will each child's parent or guardian be present for all sessions? (... Select ...)
 - Will the agency provide group services to three or more children for three or more hours a day, per child? (... Select ...)
 - Do you currently hold a NYS Office of Children and Family Services day care permit/license for children ages birth through age 2 at this site? (... Select ...)
 - Name of Day Care
 - *License/permit number
 - *License Effective Date
 - *License Expiration Date

A blue 'Submit' button is located at the bottom right of the form.

An asterisk (*) adjacent to a field name/label means it is a required field for you to populate.

FIELD	DESCRIPTION
*Location Name	Enter the site/location name (e.g., Albany).
*Address Line 1	Enter the site/location address line 1. <small>If entering a PO Box, please do not enter the periods(.)</small>
Address Line 2	Enter the site/location address line 2 (if applicable).
Address Line 3	Enter the site/location address line 3 (if applicable).
*Zip Code	Enter the site/location zip code.
City	Enter the site/location city.
State	Enter the site/location state.
County	Select the appropriate site/location county from the list using this drop-down.
Location Phone Number	Enter the site/location phone number.
Classroom Name/Room Number	Enter the site/location, classroom name, and room number.
*Age Range served at this site	Click on this field and select the appropriate age range from this site/location list.
*Building used for other purpose	Answer this question by selecting ' Yes ' or ' No ' from the drop-down list.

Site Contact Person

FIELD	DESCRIPTION
Salutation	Use this drop-down and select the appropriate salutation from the list.
*First Name	Enter the site contact person's first name.
*Last Name	Enter the site contact person's last name.
*Title	Enter the site contact person's title.
Contact Phone Number	Enter the site/location contact person's phone number.
Contact Primary Email	Enter the site/location contact person's primary email address.

FIELD	DESCRIPTION
Contact Secondary Email	Enter the site/location contact person's secondary email address.
*Is this Service Site located inside of NYC?	The applicant starts answering if inside NYC by selecting 'Yes' or 'No' from the drop-down list. <ul style="list-style-type: none"> • If you answer 'Yes,' you continue the inside NYC questions. • If you answer 'No,' skip to the outside NYC questions. • If they are a licensed daycare, enter the daycare questions; if they are 'No,' additional uploads are required.
*Will each child's parent or guardian be present for all sessions?	Answer this question by selecting 'Yes' or 'No' from the drop-down list.
*Will the agency provide group services to three or more children for five or more hours per week for more than 30 days in a 12-month period?	Answer this question by selecting 'Yes' or 'No' from the drop-down list.
* Do you currently hold a NYC DOH and Mental Hygiene day care permit/license for children ages birth through age 2 at this site?	Answer this question by selecting 'Yes' or 'No' from the drop-down list.
*Name of Day Care	Enter the site/location daycare name.
*License/permit number	Enter the site/location license/permit number.
*License Effective Date	Enter the license effective date manually or use the calendar picker (invoked by clicking this field) for the location/site.
*License Expiration Date	Enter the license expiration date manually or use the calendar picker (invoked by clicking this field) for the location/site.
*Will each child's parent or guardian be present for all sessions?	Answer this question by selecting 'Yes' or 'No' from the drop-down list.

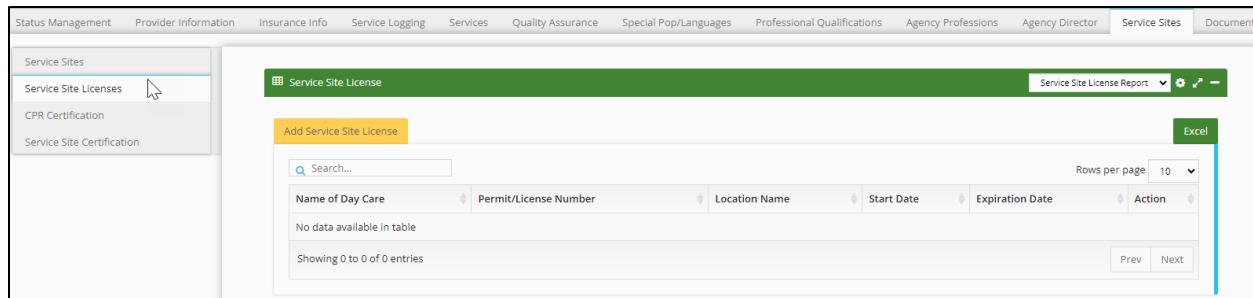
FIELD	DESCRIPTION
*Will the agency provide group services to three or more children for three or more hours a day per child?	Answer this question by selecting 'Yes' or 'No' from the drop-down list.
Do you currently hold a NYS Office of Children and Family Services day care permit/license for children ages birth through age 2 at this site?	Answer this question by selecting 'Yes' or 'No' from the drop-down list.
Name of Day Care	Enter the site/location daycare name.
License/permit number	Enter the site/location license/permit number.
License Effective Date	Enter the site/location license effective date.
License Expiration Date	Enter the site/location license expiration date.

BUTTON	DESCRIPTION
Submit <input type="button" value="Submit"/>	To save your entry, click this button. When clicked, the system keeps the information in the EI-Hub database, and the record updates the Provider Service Site panel (grid/table).

10.4.7.1.2 Service Site Licenses Grid/Table

 Providers use the Service Sites License grid/table to maintain records of their service site licenses. After a license expires, add a new row with the renewal information.

 Only use the 'Delete' button to remove an added entry in error.



For column sorting, see "ASCENDING / DESCENDING CONTROLLER" in the CM Unit 5 User Guide section Home Tab Controllers; selecting/clicking the '[Home Tab Controllers](#)' hyperlink downloads the Unit 5 User Guide.

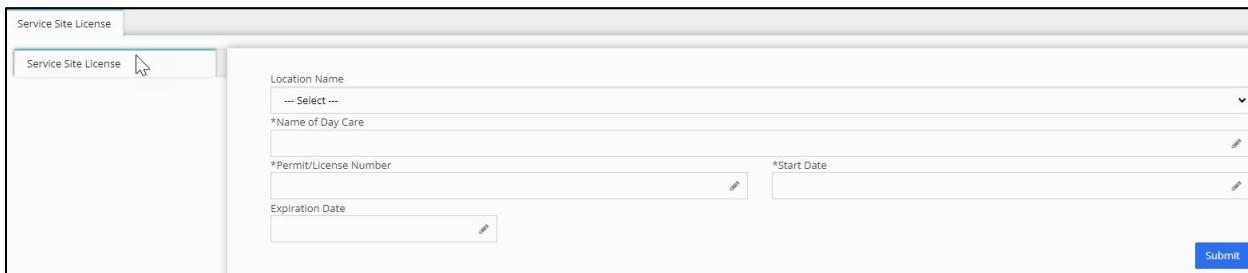
FIELD	DESCRIPTION
 Search	To search the results grid/table for a specific record, enter a keyword into this field.

COLUMN	DESCRIPTION
Name of Day Care	This column displays the name of the daycare.
Permit/License Number	This column displays the service site permit/license number.
Location Name	This column displays the location name.
Start Date	This column displays the service site start date.
Expiration Date	This column displays the service site expiration date.
Action	This column displays the corresponding action buttons (Edit and Delete) (if applicable and based on the user's role).

BUTTON	DESCRIPTION
Add Service Site License 	To add a 'Provider License record, click this button. When clicked, the Service Site License tab/panel appears (shown below).
Excel 	<p>Click this button to export your results (based on the criteria you entered) to an MS Excel spreadsheet.</p> <p>To see your results in Excel, click Open.</p> <p>i Leaving all the Report Filters fields blank will show "all" results.</p> <p>i The Excel export option is helpful if you have a lot of data to examine; this function helps perform data analysis tasks outside the EI-Hub system.</p>
Edit 	<p>Click this button to view or edit an existing 'Service Site License' record. When clicked, the Service Site License tab/panel appears.</p> <p>i The fields and descriptions for editing the Service Site License are the same as those for adding one.</p>
Delete 	<p>To delete an existing service site license record, click this button adjacent to the appropriate record/row. When clicked, the system prompts a confirmation message pad popup (shown below); click the Delete button to proceed or select/click the Cancel button to retract.</p> <div style="border: 1px solid #ccc; padding: 10px; width: fit-content; margin-left: auto; margin-right: auto;"> <p>Confirm Service Site License Deletion X</p> <p>This action cannot be reversed. Are you sure you want to continue?</p> <div style="text-align: right; margin-top: 5px;"> Delete Cancel </div> </div> <p>i Delete should ONLY be used immediately following an instance when incorrect information is entered into the system. At any other time, the inaccurate or old data should be end-dated, and the updated or correct information should be added as a new record.</p>

10.4.7.1.2.1 Service Site License Tab/Panel

 Selecting the 'Add Service Site License' button prompts this popup panel to display. Use this panel to capture the information pertaining to each license.



 An asterisk (*) adjacent to a field name/label means it is a required field for you to populate.

FIELD	DESCRIPTION
Location Name	Select the appropriate service site permit/license type from the list using this dropdown (example below).
*Name of Day Care	Enter the name of the daycare.
*Permit/License Number	Enter the service site permit/license number.
Start Date	Manually enter the daycare's start date (or use the calendar picker by clicking this field).
Expiration Date	Enter the service site expiration date.

BUTTON	DESCRIPTION
	To save your entry, click this button. When clicked, the system keeps the information in the EI-Hub database, and the record updates the Service Site License panel (grid/table).

10.4.7.1.3 CPR Certification Grid/Table

 Providers with approved service sites use the CPR Certification grid/table to maintain a record of their CPR-certified staff. After a certification expires, add a new row with the renewal information. Providers will add a new row for each additional staff member. A provider is required to have a CPR-certified person for each site.

Cardiopulmonary resuscitation (CPR)

 Only use the 'Delete' button to remove an entry added in error.

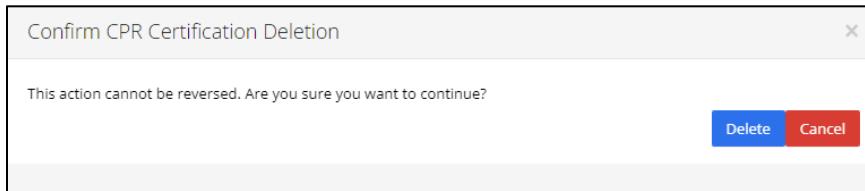
For column sorting, see "ASCENDING / DESCENDING CONTROLLER" in the CM Unit 5 User Guide section Home Tab Controllers; selecting/clicking the '[Home Tab Controllers](#)' hyperlink downloads the Unit 5 User Guide.

FIELD	DESCRIPTION
 Search	To search the results grid/table for a specific record, enter a keyword into this field.

COLUMN	DESCRIPTION
Service Site Location	This column displays the name of the Service Site Location.
First Name	This column displays the first name of the location/site person holding a CPR certification.
Last Name	This column displays the last name of the location/site person holding a CPR certification.
Entity Issuing Certification	This column displays the entity's name (e.g., AHA, Red Cross) that issued the CPR certification to the location/site.
Certification Number	This column displays the CPR certification number.

COLUMN	DESCRIPTION
Certification Effective Date	This column displays the effective date of the CPR certification.
Certification Expiration Date	This column displays the CPR certification expiration date.
Action	This column displays the corresponding action buttons (Edit and Delete) (if applicable and based on the user's role).

BUTTON	DESCRIPTION
Add CPR Certification 	To add a CPR Certification record, click this button. The CPR Certification tab/panel appears (shown below).
Excel 	<p>Click this button to export your results (based on the criteria you entered) to an MS Excel spreadsheet.</p> <p>To see your results in Excel, click Open.</p> <p>(i) Leaving all the Report Filters fields blank will show "all" results.</p> <p>(i) The Excel export option is helpful if you have a lot of data to examine; this function helps perform data analysis tasks outside the EI-Hub system.</p>
Edit 	<p>Click this button to view or edit an existing CPR Certification record. When clicked, the Service Site License tab/panel appears.</p> <p>(i) The fields and descriptions for editing the CPR Certification are the same as for adding a CPR Certification.</p>

BUTTON	DESCRIPTION
Delete 	To delete an existing CPR certification record, click this button adjacent to the appropriate record/row. When clicked, the system prompts a confirmation message pad popup (shown below); click the Delete button to proceed or select/click the Cancel button to retract.  i Delete should ONLY be used immediately following an instance when incorrect information is entered into the system. At any other time, the inaccurate or old data should be end-dated, and the updated or correct information should be added as a new record.

10.4.7.1.3.1 CPR Certification Tab/Panel

The screenshot shows a form titled "CPR Certification". It contains six input fields: "First Name", "Last Name", "Entity Issuing Certification", "Certification Number", "Certification Effective Date", and "Certification Expiration Date". Each field has an asterisk (*) next to its label. A "Submit" button is located at the bottom right.

An asterisk (*) adjacent to a field name/label means it is a required field for you to populate.

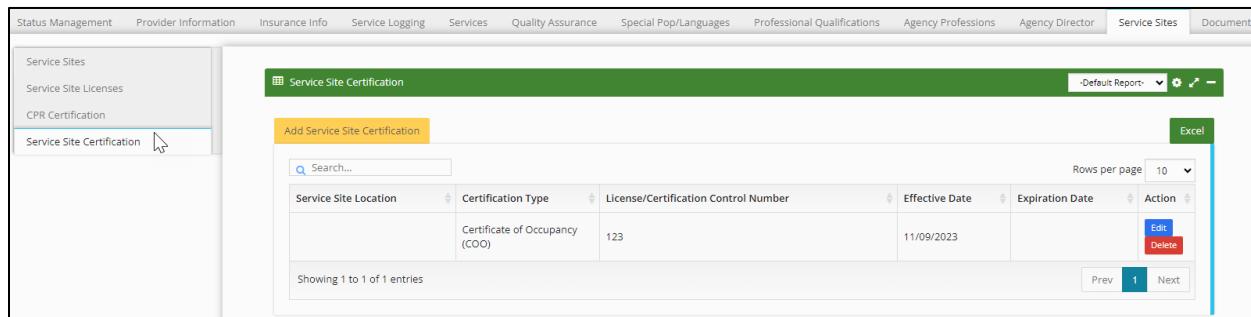
FIELD	DESCRIPTION
*First Name	Enter the first name of the location/site person holding a CPR certification.
*Last Name	Enter the last name of the location/site person holding a CPR certification.
*Entity Issuing Certification	Enter the entity's name (e.g., AHA, Red Cross) that issued the CPR certification to the location/site.
*Certification Number	This column displays the CPR certification number.
*Certification Effective Date	For the CPR certification, manually enter the effective date or use the calendar picker (invoked by clicking this field).
*Certification Expiration Date	For the CPR certification, manually enter the expiration date or use the calendar picker (invoked by clicking this field).

BUTTON	DESCRIPTION
Submit	To save your entry, click this button. When clicked, the system keeps the information in the EI-Hub database, and the record updates the CPR Certification panel (grid/table).

10.4.7.1.4 Service Site Certification Grid/Table

 Providers with approved service sites use the Service Site Certification grid/table to maintain a record of their site certifications. When a certification expires, add a new row for the site's CPR renewal.

 Only use the 'Delete' button to remove an entry that was added in error.

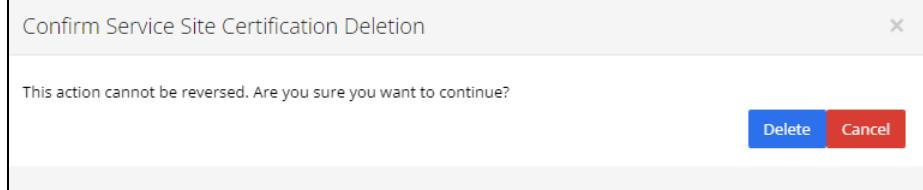


The screenshot shows the 'Service Site Certification' grid within the EI-Hub Case Management system. The grid has columns for Service Site Location, Certification Type, License/Certification Control Number, Effective Date, and Expiration Date. A single row is displayed, showing 'Certificate of Occupancy (COO)' as the type and '123' as the control number. The effective date is '11/09/2023'. The grid includes standard table controls like sorting arrows and a search bar at the top. On the right side, there are 'Edit' and 'Delete' buttons. The overall interface is clean with a light blue header and a white body.

For column sorting, see "ASCENDING / DESCENDING CONTROLLER" in the CM Unit 5 User Guide section Home Tab Controllers; selecting/clicking the '[Home Tab Controllers](#)' hyperlink downloads the Unit 5 User Guide.

FIELD	DESCRIPTION
 Search	To search the results grid/table for a specific record, enter a keyword into this field.

COLUMN	DESCRIPTION
Service Site Location	This column displays the service site location.
Certification Type	This column displays the service site certification type (e.g., Fire Inspection).
License/Certification Control Number	This column displays the service site license/certification control number.
Effective Date	This column displays the effective date of the service site license/certification.
Expiration Date	This column displays the service site license/certification expiration date.
Action	This column displays the corresponding action buttons (Edit and Delete) (if applicable and based on the user's role).

BUTTON	DESCRIPTION
Add Service Site Certification 	To add a 'Service Site Certification' record, click this button. The Service Site Certification tab/panel appears (shown below).
Excel 	Click this button to export your results (based on the criteria you entered) to an MS Excel spreadsheet. To see your results in Excel, click Open . i Leaving all the Report Filters fields blank will show "all" results. i The Excel export option is helpful if you have a lot of data to examine; this function helps perform data analysis tasks outside the EI-Hub system.
Edit 	Click this button to view or edit an existing Service Site Certification record. When clicked, the Service Site License tab/panel appears. i The fields and descriptions for editing the Service Site Certification are the same as for adding a Service Site Certification.
Delete 	To delete an existing Service Site certification record, click this button adjacent to the appropriate record/row. When clicked, the system prompts a confirmation message pad popup (shown below); click the Delete button to proceed or select/click the Cancel button to retract.  i Delete should ONLY be used immediately following an instance when incorrect information is entered into the system. At any other time, the inaccurate or old data should be end-dated, and the updated or correct information should be added as a new record.

10.4.7.1.4.1 Service Site Certification Tab/Panel

The screenshot shows a form titled "Service Site Certification". It contains the following fields:

- *Certification Type: A dropdown menu with the placeholder "... Select ...".
- *Service Site Location: A dropdown menu with the placeholder "... Select ...".
- *License/Certification Control Number: An input field.
- *Effective Date: An input field with a calendar icon.
- Expiration Date: An input field with a calendar icon.
- Submit: A blue rectangular button at the bottom right.

(i) An asterisk (*) adjacent to a field name/label means it is a required field for you to populate.

FIELD	DESCRIPTION
*Certification Type	Use this drop-down and select the appropriate service site certification type (e.g., Fire Inspection).
*Service Site Location	Use this drop-down and select the appropriate service site location.
*License/Certification Control Number	Enter the service site license/certification control number. (i) Please add the license or certification number exactly as identified in the NYS Education Department Office of Professions Online Verification system or the NYS Education Department TEACH Online Verification system.
*Effective Date	For the service site certification, manually enter the effective date or use the calendar picker (invoked by clicking this field).
Expiration Date	For the service site certification, manually enter the expiration date or use the calendar picker (invoked by clicking this field).

BUTTON	DESCRIPTION
Submit	To save your entry, click this button. When clicked, the system keeps the information in the EI-Hub database, and the record updates the Service Site Certification panel (grid/table). 

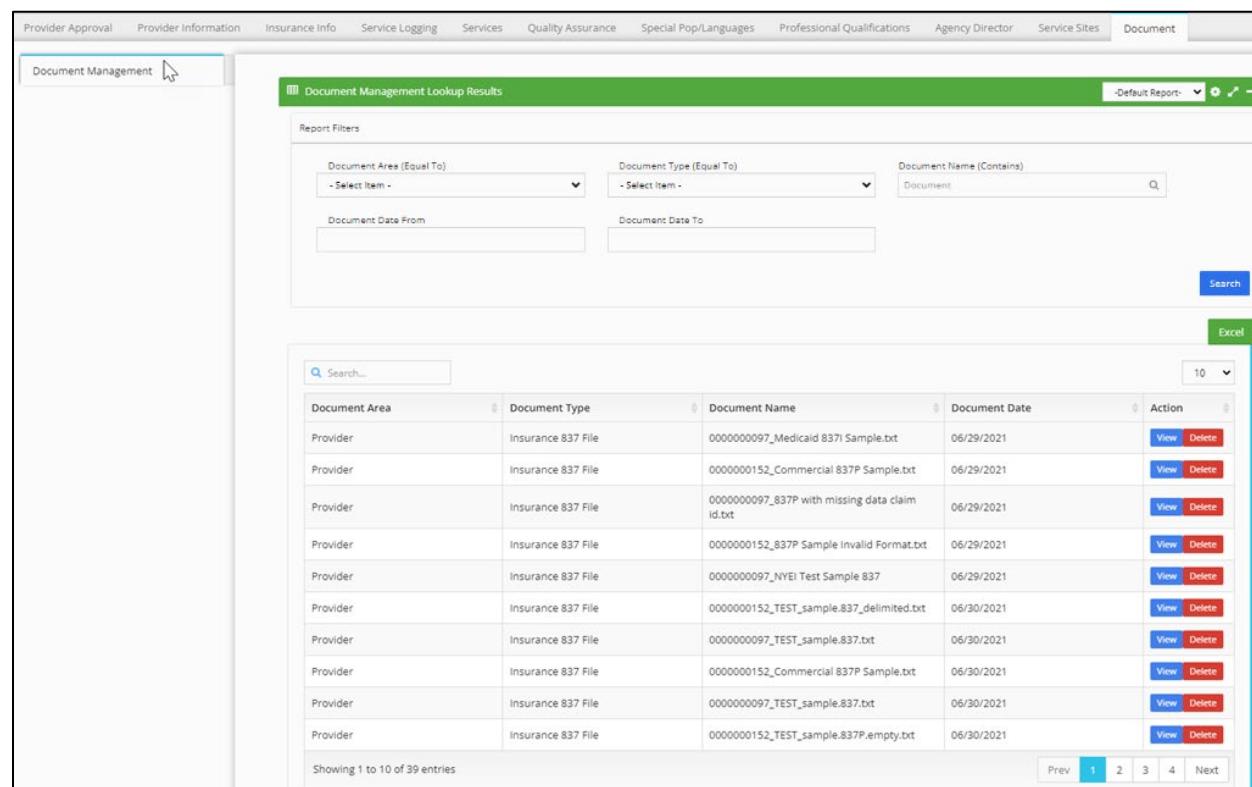
10.4.8 Document Tab

 The Document tab enables providers to search for and view documents uploaded to the provider record. A table on the panel summarizes the document area, document type, document name, and the date it was last added.

 **The Document Tab** is not currently functional in the EI-Hub but will be further developed after the system launch.

Users should utilize the Submitted Approval Requests Dashboard to access documents uploaded as part of the provider's re-approval or amendment submitted through provider management. While on the dashboard, users can view the document management grid for each approval submission. Users can select the **"View" button** to re-approve or submit amendments. This button will bring the user to the submission, where the uploaded documents will be available on the **Documents Tab**.

10.4.8.1 Document Management Grid/Table



The screenshot shows a "Document Management Lookup Results" page. At the top, there are report filters for "Document Area (Equal To)", "Document Type (Equal To)", and "Document Name (Contains)". Below the filters is a search bar and an "Excel" export button. The main area displays a table of 39 entries, each with columns for Document Area, Document Type, Document Name, Document Date, and Action (View, Delete). The table is paginated at the bottom with links for Prev, 1, 2, 3, 4, and Next.

Document Area	Document Type	Document Name	Document Date	Action
Provider	Insurance 837 File	000000097_Medicaid 837 Sample.txt	06/29/2021	View Delete
Provider	Insurance 837 File	0000000152_Commercial 837P Sample.txt	06/29/2021	View Delete
Provider	Insurance 837 File	000000097_837P with missing data claim id.txt	06/29/2021	View Delete
Provider	Insurance 837 File	0000000152_837P Sample Invalid Format.txt	06/29/2021	View Delete
Provider	Insurance 837 File	000000097_NYEI Test Sample 837	06/29/2021	View Delete
Provider	Insurance 837 File	0000000152_TEST_sample.837_delimited.txt	06/30/2021	View Delete
Provider	Insurance 837 File	000000097_TEST_sample.837.txt	06/30/2021	View Delete
Provider	Insurance 837 File	0000000152_Commercial 837P Sample.txt	06/30/2021	View Delete
Provider	Insurance 837 File	000000097_TEST_sample.837.txt	06/30/2021	View Delete
Provider	Insurance 837 File	0000000152_TEST_sample.837P.empty.txt	06/30/2021	View Delete

For column sorting, see **"ASCENDING / DESCENDING CONTROLLER"** in the CM Unit 5 User Guide section Home Tab Controllers; selecting/clicking the '[Home Tab Controllers](#)' hyperlink downloads the Unit 5 User Guide.

Document Management Lookup Report Filters Panel



Use the Report Filters section to narrow your search.

FIELD	DESCRIPTION
Document Area (Equal To)	Select the appropriate document area (e.g., Child or Family) from the list using this drop-down.
Document Type (Equal To)	Select the appropriate document type (e.g., Medical Records) from the list using this drop-down.
Document Name (Contains)	Begin typing in this field (activates the type-ahead) and select the appropriate document name (e.g., Medical Records) from the drop-down list.
Document Date From	Manually enter or click in this field (invoke the calendar picker) and select the from date.
Document Date To	Manually enter or click in this field (invoke the calendar picker) and select the from date.

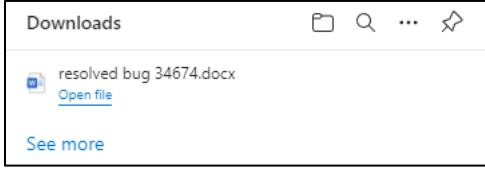
BUTTON	DESCRIPTION
Search 	To search on your report filter's selection, click this button.

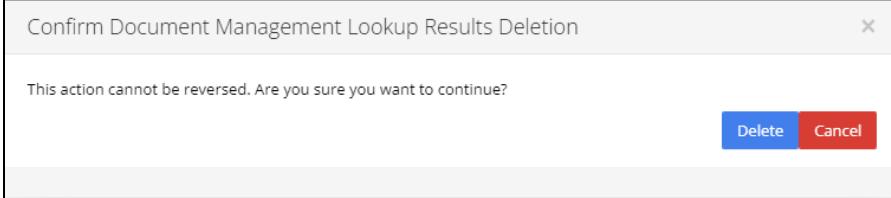
Document Management Lookup Results Grid/Table

FIELD	DESCRIPTION
Search 	To search the results grid/table for a specific record, enter a keyword into this field.

COLUMN	DESCRIPTION
Document Area	This column displays the document area.
Document Type	This column displays the document type.
Document Name	This column displays the document name.
Document Date	This column displays the document date.

COLUMN	DESCRIPTION
Action	This column displays the corresponding action buttons (Edit and Delete) (if applicable and based on the user's role).

BUTTON	DESCRIPTION
Excel 	<p>Click this button to export your results (based on the criteria you entered) to an MS Excel spreadsheet.</p> <p>(i) Leaving all the Report Filters fields blank will show "all" results.</p> <p>(i) The Excel export option is helpful if you have a lot of data to examine; this function helps perform data analysis tasks outside the El-Hub system.</p>
View 	<p>To view an existing document for a provider, click this button adjacent to the appropriate record/row. When clicked, the system downloads the document file and prompts you with a 'Downloads' message box (MS Edge browser example below). You can click the Open file hyperlink or access this file in your 'Downloads' folder on your Windows OS.</p> 

BUTTON	DESCRIPTION
Delete 	<p>A Superuser can delete an existing document for a provider; click this button adjacent to the appropriate record/row. When clicked, the system prompts a confirmation message pad popup (shown below); click the Delete button to proceed or select/click the Cancel button to retract.</p>  <p>This action cannot be reversed. Are you sure you want to continue?</p> <p>Delete Cancel</p> <p>(i) Document Management is a shared process that impacts the child, therapist, and provider.</p> <p>(i) Delete should ONLY be used immediately following an instance when incorrect information is entered into the system. At any other time, the inaccurate or old data should be end-dated, and the updated or correct information should be added as a new record.</p>

10.5 Reports

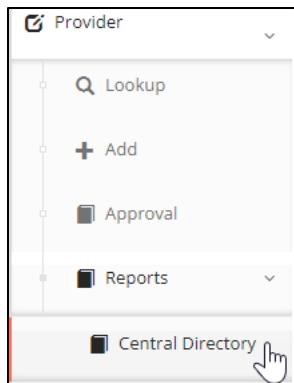
Numerous reports are available for users. Some will be available Pre-Go Live, and others are still in development or on the schedule for later development.

(i) The logic and code used for Reports differ from the Lookup Results.

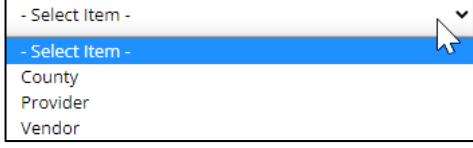
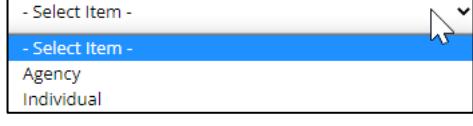
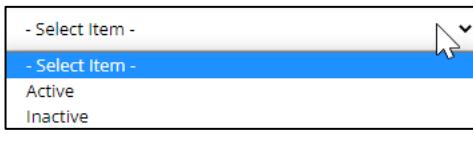
10.5.1.1 Central Directory

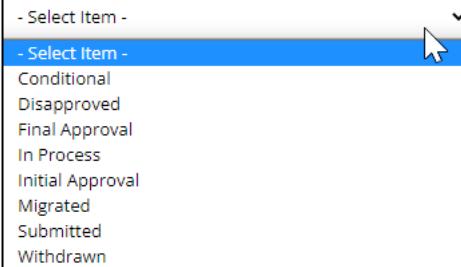
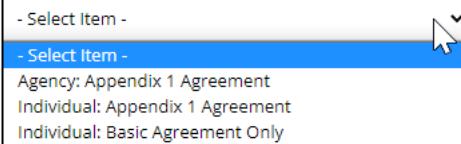
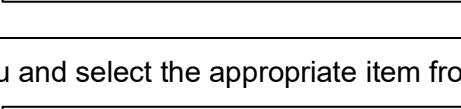
(i) The Central Directory Report identifies approved DOH providers based on results from specific filter criteria that can be assigned or recommended to children.

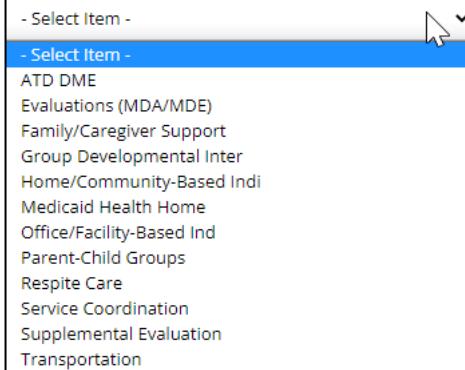
(i) Agency providers must record their affiliation with employed and contracted individual providers in the therapist's profession panel. After this affiliation is made, the agency's Therapist Reports will correctly display the provider as a subcontractor.



10.5.1.1.1 Central Directory Report Filters

FIELD	DESCRIPTION
Provider Type (Equal To)	Use the drop-down menu and select the appropriate item from the list (shown below). 
Provider Category (Equal To)	Use the drop-down menu and select the appropriate item from the list (shown below). 
Provider Status (Equal To) Provider Name (Contains)	Use the drop-down menu and select the appropriate item from the list (shown below). 

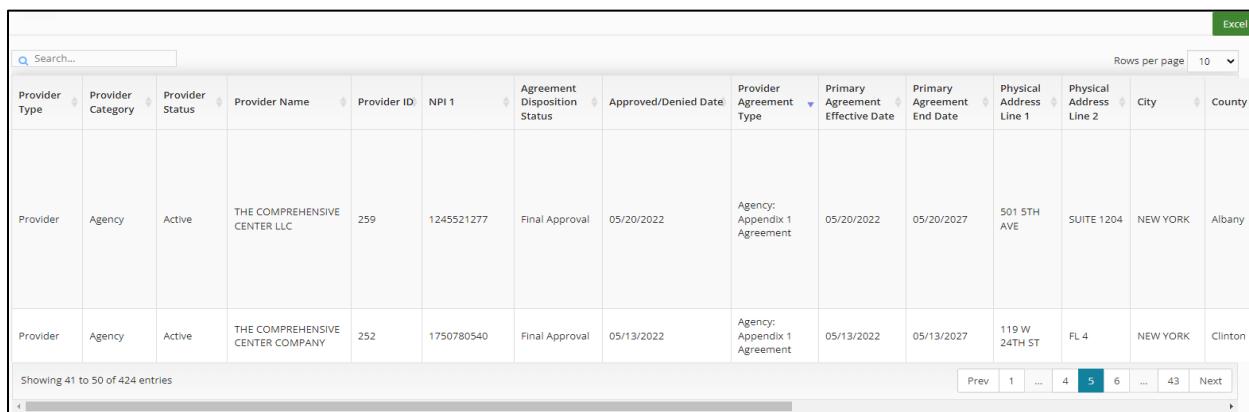
FIELD	DESCRIPTION
Provider Name (Contains)	To narrow your search, enter the provider's name in this field.
NPI (Contains)	To narrow your search, enter the 10-position all-numeric identification number of the provider's National Provider Identifier (NPI).
Agreement Disposition Status (Equal To)	Use the drop-down menu and select the appropriate item from the list (shown below). 
Primary Agreement (Equal To)	Use the drop-down menu and select the appropriate item from the list (shown below). 
City (Contains)	To narrow your search, begin typing (type ahead functionality) in a county name and select the correct location from the drop-down list. 
County (Contains)	Use the drop-down menu and select the appropriate county from the list.
Zip (Contains)	Enter the provider's zip code in this field to narrow your search.
Professional Discipline/Qualified Personnel (Equal To)	Use the drop-down menu and select the appropriate item from the list.
Service Model (Equal To)	Use the drop-down menu and select the appropriate item from the list (shown below). 

FIELD	DESCRIPTION
	 <p>A screenshot of a dropdown menu titled '- Select Item -'. The menu lists various service categories: ATD DME, Evaluations (MDA/MDE), Family/Caregiver Support, Group Developmental Inter, Home/Community-Based Indi, Medicaid Health Home, Office/Facility-Based Ind, Parent-Child Groups, Respite Care, Service Coordination, Supplemental Evaluation, and Transportation. The 'ATD DME' option is highlighted with a blue background.</p>
Service Area (Equal To)	Use the drop-down menu and select the appropriate item from the list.
Languages (Equal To)	Use the drop-down menu and select the appropriate item from the list.

10.5.1.1.2 Central Directory Results Grid/Table

With the transition to the EI-Hub, provider information was migrated from NYEIS. Because of the differences between the two systems, some information may need to be updated after the EI-Hub has launched. If the provider information included in the results of the Central Directory Report is inaccurate or missing, providers are advised to make the updates to their Provider Tab in the EI-Hub case management module.

For example, if a provider does not have a physical address in NYEIS designated as their "Primary," the address field in the Central Directory Report in the EI-Hub will be blank until they designate a primary physical address in the EI-Hub. The Universal Provider can do this by navigating to the Provider Tab, selecting the Provider Information Panel, and then updating their address in the Provider Address Panel. Remember that only certain user roles can see information about other providers or provider agencies in this report.



The screenshot shows a grid-based interface for managing provider data. The columns are labeled as follows: Provider Type, Provider Category, Provider Status, Provider Name, Provider ID, NPI 1, Agreement Disposition Status, Approved/Denied Date, Provider Agreement Type, Primary Agreement Effective Date, Primary Agreement End Date, Physical Address Line 1, Physical Address Line 2, City, and County. The first row displays data for 'THE COMPREHENSIVE CENTER LLC' with Provider ID 259, NPI 1245521277, Final Approval status, and an agreement effective date of 05/20/2022. The second row displays data for 'THE COMPREHENSIVE CENTER COMPANY' with Provider ID 252, NPI 1750780540, Final Approval status, and an agreement effective date of 05/13/2022. Both rows show 'Agency: Appendix 1 Agreement' as the provider type. The interface includes a search bar at the top left, a 'Rows per page' dropdown set to 10, and a navigation bar at the bottom right showing page numbers 1 through 43.

For column sorting, see "ASCENDING / DESCENDING CONTROLLER" in the CM Unit 5 User Guide section Home Tab Controllers; selecting/clicking the 'Home Tab Controllers' hyperlink downloads the Unit 5 User Guide.

FIELD	DESCRIPTION
 Search	To search the results grid/table for a specific record, enter a keyword into this field.

BUTTON	DESCRIPTION
 Excel	<p>Click this button to export your results (based on the criteria you entered) to an MS Excel spreadsheet.</p> <p> Leaving all the Report Filters fields blank will show "all" results.</p> <p> The Excel export option is helpful if you have a lot of data to examine; this function helps perform data analysis tasks outside the EI-Hub system.</p>

COLUMN	DESCRIPTION
Provider Type	This column displays the provider type (e.g., County, Provider, or Vendor).
Provider Category	This column displays the provider category (Agency or Individual).
Provider Status	This column displays the provider's status (Active or Inactive).
Provider Name	This column displays the provider's name.
Provider ID	This column displays the provider's identification number.
NPI	This column displays the 10-position all-numeric identification number of the provider's National Provider Identifier (NPI).
Agreement Disposition Status	This column displays the provider's agreement disposition status (e.g., Final Approval, Conditional, Disapproved, etc.).
Approved/Denied Date	This column displays the provider's approved or denied date.
Provider Agreement Type	This column displays the provider's agreement type (Agency or Individual Appendix 1 Agreement, or Individual Basic- Agreement Only).
Primary Agreement Effective Date	This column displays the provider's primary agreement effective date.
Primary Agreement End Date	This column displays the provider's primary agreement end date.
Physical Address Line 1	This column displays the provider's physical address.
Physical Address Line 2	This column displays the provider's second physical address (optional).
City	This column displays the provider's city.
County	This column displays the provider's county.
State	This column displays the provider's state.
Zip	This column displays the provider's zip code.
Primary Phone Number	This column displays the provider's primary phone/contact number.
Primary E-Mail	This column displays the provider's primary email address.

COLUMN	DESCRIPTION
Professional Discipline/Qualified Personnel	This column displays the provider's professional discipline/qualified personnel description.
Service Models	This column displays the provider's service models.
Service Areas	This column displays the provider's service areas.
Languages	This column displays the provider's multilingual abilities.
Special Population Served	This column displays the provider's specialties, providing populations served.
Web Address	This column displays the provider's web address.

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